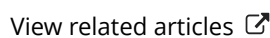
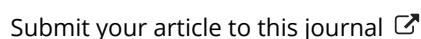


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IN MEMORIAM
Dorian Feigenbaum, M.D.
1887-1937

No more melancholy task has ever devolved upon the Editors than that of reporting the untimely death on January 2nd, after a sudden and brief illness, of Dr. Dorian Feigenbaum, co-founder and Editor-in-Chief of the *PSYCHOANALYTIC QUARTERLY*. To his colleagues, to his many friends, to the *PSYCHOANALYTIC QUARTERLY*, and to the science of psychoanalysis—to all of these his loss is in the most literal sense an irreparable one.

Dr. Feigenbaum was born on May 19, 1887 in Lemberg, then in Austria. He was graduated in medicine from the University of Vienna in 1914, his medical preparation including a period of study at the Institute of Psychiatry in Munich under Kraepelin. There followed three years of war service, 1915 to 1918, in the Austrian Army. After a period of psychiatric practice in Switzerland, Dr. Feigenbaum went to Palestine, where, until 1924, he served as Director of the Hospital for Mental Diseases in Jerusalem and as psychiatric consultant to the Government of Palestine. In June of 1924, making what he has himself referred to as his third attempt to establish himself, he came to the United States. Thereafter, until his death a little more than twelve years later, he was continuously engaged in the practice of psychoanalysis in New York City, while he was also for various periods during this time attending physician to the Neurological Institute, instructor in neurology at the College of Physicians and Surgeons of Columbia University, lecturer at the New York Psychoanalytic Institute, and, since its initial issue in April 1932, Editor-in-Chief of the *PSYCHOANALYTIC QUARTERLY*, of which, together with the late Dr. Frankwood E. Williams and two of the present editorial staff, he was the founder. The professional success which Dr. Feigenbaum achieved here was the more notable, and the more eloquent of his character and ability, that he came to this country knowing no one, with few resources, and with a rather imperfect com-

mand of the language. In 1927 he married Miss Yaffa Tirza, whom he had known in Palestine. Two children, Lou Esther, aged 6, and Daniel Dorian, aged 4, were born of this marriage.

It was not alone by reason of his professional attainments, very considerable though these were, that Dr. Feigenbaum achieved the position he held as one of the outstanding representatives of psychoanalysis in this country; for this place he owed equally to the rare personal qualities which endeared him to all who knew him. And of these qualities none was more conspicuous than his generosity—a generosity of the spirit, of which his generosity in the material sphere was but a mirror. His quite exceptional ability to give of himself bore direct fruit, in particular, in his founding and editorship of the *PSYCHOANALYTIC QUARTERLY*, which provided the opportunity he had long desired to stimulate clinical study and publication on the part of analysts in this country. To this work, to which he devoted himself in the enthusiastic belief, since fully vindicated, that there was room for a psychoanalytic periodical in English in addition to the two already in existence, Dr. Feigenbaum gave unstintingly of his time and effort. To this task he brought not only his abundant enthusiasm—an enthusiasm which was never uncritical and which seldom if ever overshot its mark, confusing geese with swans—but also a readiness to recognize and a capacity to evoke the abilities of others, together with an exceptional openmindedness and receptivity to the ideas of others, even when in these he happened to have little interest of his own. These latter qualities had their roots in what was surely one of the major traits of Dr. Feigenbaum's character, one which alone would distinguish him from the great majority of his fellowmen, his absolute freedom from envy of any kind. It is small wonder, indeed, that to know Dr. Feigenbaum was to learn the real meaning of a word for which there is no exact English equivalent, *Gemütlichkeit*; for of this sincere out-going geniality Dr. Feigenbaum was so perfect an example that on this ground alone he must have struck many who knew him as unique among their acquaintances. His faculty for putting people completely at their ease, his concern that people should be happy, the keen pleasure

that he so obviously took in other people's enjoyment, were among the offshoots of this attribute.

Nothing human was alien to him, but his greatest love, next to psychiatry, was music. At one time, indeed, he had considered making music his profession. He studied the violin for some years, achieving a proficiency with this instrument which never deserted him in later life, when he still found time to practice and to take part in ensemble work. Needless to say, his taste in music, as indeed in all other things, if not especially catholic, was impeccable.

In the field of psychiatry Dr. Feigenbaum was particularly interested in the problem of paranoia; he had planned a book on the subject, having collected a large amount of clinical material for this purpose. He edited the Psychopathology Number of the Medical Review of Reviews, which appeared in March 1930; he was largely instrumental in making available in English, Fenichel's *Outline of Clinical Psychoanalysis*, Ferenczi's *Versuch einer Genitaltheorie*, and Freud's *Hemmung, Symptom und Angst*; he translated for the PSYCHOANALYTIC QUARTERLY two articles by the late Victor Tausk, entitled "Ibsen the Druggist" and "The 'Influencing Machine' in Schizophrenia". A complete list of the original articles which Dr. Feigenbaum published appears below.

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Depersonalization as a Defense Mechanism

Dorian Feigenbaum

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DEPERSONALIZATION AS A DEFENSE MECHANISM

BY DORIAN FEIGENBAUM †

In the summer of 1904 when Professor Freud was forty-eight years old, he and his brother were in Trieste on their way to Corfu for a vacation. At the eleventh hour a friend urged them to go instead to Athens, and although the brothers did not like the idea and felt ill-humored because of it, yet that same evening, not knowing exactly why, they found themselves on a boat bound for Piræus.

They reached Athens and climbed the Acropolis and there, while gazing over the wonderful landscape Professor Freud suddenly had this thought: "So all this really does exist just as we learned it in school!"

The astonishment, Freud reasons, actually implied a falsification of memory. He had never doubted the existence of the Acropolis. But at the moment he *did* doubt, and even denied the reality of his experience, and projected this denial into the past. It is a retroactive doubt originating in a momentary feeling of estrangement, against which he protected himself by this very memory falsification. When a youth of limited means and tied up with his family, he did not expect ever to have the opportunity of seeing the Acropolis. Now he was seeing it. The resistance against the excursion to Athens and the ill-humor he had experienced before embarking were also manifestations of doubt. It was "too good to be true". His momentary feeling of estrangement, he views as an instance of being "wrecked by success" due to guilt: he had fulfilled a boyhood ambition and surpassed his father.

This experience of thirty-two years ago has just been related by Freud in the 1937 *Almanach für Psychoanalyse*. Here the author dwells on the subject of estrangement and depersonali-

Read at the mid-winter meeting of the American Psychoanalytic Association at New York, December 27, 1936.

zation for the first time. True, the closely related *déjà* phenomena, such as *déjà vu*, etc., were studied by him in the early stages of his work, but, to my best knowledge, depersonalization is not mentioned a single time in all the twelve volumes of his Collected Papers.

His experience on the Acropolis leads Freud to reflection on these still obscure subjects. He notes two general characteristics of estrangement and depersonalization: first, that they belong to the defense mechanisms tending to hide something *from* the ego—estrangement, denying a portion of the outer world, depersonalization, denying a portion of the ego—and second, that they are rooted in the early past of the individual. The first characteristic, namely the denial of a reality as a defense against the fulfilment of an old desire, is illustrated in literature where denial of reality aims to preserve a glorious past, as for example, the old Spanish ballad in which King Boabdil, informed of the fall of his main stronghold, burns the message and executes its bearer, thus denying the reality of his misfortune and reasserting his power. The second characteristic, the historical roots of estrangement, is illustrated by the personal background of his own experience, the renunciation of success because of a sort of filial piety. In relating estrangement and depersonalization to *déjà* phenomena, Freud also contrasts the *detractive* nature of estrangement and depersonalization, with the *additive* nature of the *déjà* phenomena described by him years ago.

There is an apparent inconsistency in Freud's present discussion of estrangement and depersonalization. While classifying them with the defense mechanisms, in another paragraph, he designates them as parapraxic symptoms with a structure as pathologic as dreams,—which, although normal, in their structure are patterned after mental aberrations. In other words, in one place the author considers them as defense mechanisms causing symptoms, and in another paragraph as symptoms proper. Yet, this view is tenable. As we all know, there are more or less chronic states of depersonalization which must be designated as symptom formations, as in the incipient psychoses,

and in schizophrenic deterioration. On the other hand, if the analyst has once attuned himself to depersonalization phenomena, he will often observe transient states of depersonalization in neurotics, which must be recognized as vehicles of the defensive apparatus.

I touched upon this problem in my paper *On Projection*¹ read at our spring meeting in St. Louis. Since then, further observations have confirmed my view that the type of depersonalization I have in mind encountered in neurotics and possibly, present, though not discernible, in the rigid psychotic formations, properly belongs to the group of defense mechanisms. The defense mechanisms, on which there has been concentrated for some time a great amount of attention (see Anna Freud's recent book on the subject) have nevertheless not yet reached definitive formulation; inclusions and exclusions are still in order. I may be permitted, therefore, to take this opportunity to present some rather modest case material demonstrating depersonalization as a defense mechanism. This material is definitely unpretentious because it reproduces only two single sessions with different patients.

Case I The patient is a mechanical engineer, 38 years old, recently married, relatively impotent, with symptoms of sexual and social maladjustment. Character—compulsive; intellect, mathematically inclined, excellent when not involved emotionally. In his transference he exhibits both a fear of the analyst and a compulsion to debase him with obscene language. One day upon entering the office, embarrassed and fearful as usual, he begins to tease the analyst and swear at him. Associations soon lead him to a recollection of an East Side curiosity collector, a young man who kept a kind of private museum most carefully locked up in his attic. The curiosities included license plates, old newspapers, medical books, parts of wrecked automobiles and crashed airplanes, a dissecting set with which he had performed autopsies and vivisections of cats, and so on; also alcohol jars containing the extirpated tonsils and appen-

¹ This *QUARTERLY* V, 1936.

dices of friends. While recalling the peculiarities of this eccentric, my patient suddenly stops and reports a strange feeling he has just experienced while looking up at a corner of the ceiling: "my whole body was not shrinking or invisible, but as if it were away from me, like a strange body". When this feeling of the "alienated body" is linked up by the analyst with the "attic of horrors" and interpreted as a reaction to the patient's castration fantasies that persistently thrust themselves into his analysis, the patient recalls suddenly that there was also a stiletto in the corner of the attic and that he had inquired about its purpose. The collector had said, "it is to frighten boys and girls with".

"How do you frighten the girls?"

"I stick it in them and make them squeal."

After this the patient recollects a dream of the night before: "A fair-haired girl is standing high up on a staircase. I am leaning on the banister, my head about the same level as her hips, and am looking up at her."

With the *girl* he associates Mrs. B., the wife of a rich man who recently attempted to induce her estranged husband to return home by pretending that their adopted child had been injured in an accident. The husband had replied with irritation: "You want me to go home to Mama. I refuse." With this the dreamer immediately associates a rather unpleasant discussion with his wife the night before. She had hoped that the patient would spend the Easter vacation with her family in New York and was deeply hurt when she learned that he intended to visit his mother in another city. With *staircase*, he associates a conversation he had had with the chief engineer of his plant. The conversation was unpleasant to him though jocular; his chief and associates often tease him about his sexual life.

Not being concerned here with the case as a whole, we shall concentrate exclusively upon the psychological setting which produced the transient feeling of depersonalization. For a fuller understanding of it I must mention that in the first few months of analysis, during which this transient depersonali-

zation was observed, projection was the most outstanding feature of the transference. To quote from only one session: "You are stimulating me along the line of homosexual fantasies."—"You are afraid of my bringing up homosexual fantasies."—"This son of a bitch always asks me for this and that; he always wants something from me."—"Of course you don't believe me, you think I am a God damned liar."—"I'm sure you talk with other patients about me."—"You must think, why bother with such an uninteresting patient."—"You'll think now I'm ridiculing you."

Turning back to the session reported, we observe: First, the East Side collector of horrors—with his canned tonsils, knives, wreck-souvenirs, and what not—obviously the analyst, personifies the patient's castration fears. Second, Mrs. B., alias wife, alias analyst, shows of course the patient's helpless rebellious son-mother relation. Third, the dream—a fellatio fantasy, specifically with the phallic mother. Fourth, depersonalization coming suddenly at the moment of looking at the corner of the ceiling is associated with the stiletto in the corner of the "attic of horrors", and also with "looking up at the girl" in his dream. Fifth, the feeling of estrangement and shrinking of the whole body (described by him as "not shrinking"), a penis, is his compromise-defense against the castration urge-fear. The feeling of depersonalization is an ego-defense against destructive though enticing demands of the id, and the goal of this defense is: masochistic sacrifice of the penis to appease the dreaded phallus of the father while holding on to the mother. (Parenthetically, the patient has an intense, small-penis complex; medical examination revealed normal development.) The case, moreover, illustrates the coexistence of projection and depersonalization as defense mechanisms.

Case II This case is a rather interesting example of depersonalization in a dream state, illustrating at the same time the coexistence of projection and depersonalization as did the first case and showing, moreover, the coexistence of depersonalization and a *déjà* phenomenon.

The patient reports a unique experience on her way to the analyst's office. She had just gotten off the car around the corner when she suddenly felt overwhelmed by an unusual and strange odor which seemed to be associated with some significant past experience that she could not recall. The sensation was pleasant and she wondered where and when she had experienced it before. She was certain that she had. With the odor, she associated the honeysuckles at the village where she had spent the happiest years of her girlhood. Her lover, who detests perfume, had once brought her an expensive bottle of it from Bermuda. Next the patient associated two women much older than herself, connected with the store where she works. One of them, Mrs. A., had returned that day after a siege of illness. The patient recalls that she had caught herself wishing Mrs. A.'s death, in spite of many favors she had received from her. It is strange because she really admires and likes Mrs. A. The other, Miss X., a founder of the store, is an even older woman in her seventies. In the preceding session the patient had reported that Miss X. had had a tantrum that ended in frantic shouting and illness. In the present session she says she failed to report something very significant, namely that on this occasion, for the first time, she had felt no sympathy for Miss X. On the contrary, she had thought, "the woman got what she deserved. The old fool should quit." The way Miss X. had swung the annual directors' meeting the day before and had "railroaded" everything through, was amusing but irritating. The patient had felt guilty about her reaction, and on the following day she had had death fantasies regarding herself. Next, the patient remembers her lover and her lack of feeling for him. Then she reports a dream that shocked her profoundly. She dreamed that her mother committed suicide. It was a shock to her in the dream to realize that she was not reacting properly to this misfortune; her indifference stupified her, and while still dreaming she said to herself: "But, I have no feelings about anything!" And with that she felt instantly released and acquitted of her lack of emotion. Her associations then turned to her college years.

She was miserable, had continual conflicts with her mother, at the same time an unceasing longing for her; lack of money and clothes, and to cap it all, she was fat and considered herself homely. The Well of Loneliness comes to her mind, and she recalls college girls' crushes. At the close of the session she mentions that she had death fantasies during the past two days, and suddenly recalls a day-dream: passing the public lavatory in her building she had noticed a stench and had opened the window. With this she had begun to wonder what people would think if she were to die suddenly, say, from heart attack,—and had a palpitation at the moment. She wondered whether the employees would mourn her death, and concluded that Miss X. would surely be glad to be rid of her and feel happier.

Reviewing the material of this session, we observe that we have encountered two main phenomena (A) *déjà senti* and (B) *depersonalization* in a dream. All the associations reveal a constellation of three almost synchronous principal reactions of guilt. They are: (1) Lack of feeling for her lover—to which the patient reacts with the thought—"though averse to perfume, he brought me some." (2) Death wishes towards older women: (a) Towards old Mrs. A., the reaction taking the form of the thought—"and she did so much for me". (b) Towards old Miss X., in connection with whom the patient is shocked at her awareness of her own death wishes. (3) Day-dreams of dying herself; the thought of how happy Miss X. would then be—a form of revenge for the patient's death wishes against Miss X.

It is interesting to note that the *déjà* sensation of odor is, on the one hand, connected with the happy honeysuckle years of her girlhood and, on the other hand, with the lavatory stench and the dream of dying—that is, with the unhappy present.

Turning to the second phenomenon, the dream of the mother's suicide, with her shock at the lack of grief and with the following depersonalization, we find that the depersonalization is undoubtedly employed as a defense mechanism, the wording of which may be given as follows: "*I do not want to*

kill mother—how can I desire her death, since I am actually devoid of feeling, since I myself am dead.

Thus we see in this case that the mechanism of depersonalization being an ego-defense against ego-alien cravings, the ego can still find a solution and be victorious by self-denial or self-annihilation.

Parenthetically, I should like to ask those of us especially interested in suicide, whether their studies show the depersonalization mechanism at work in cases of suicide. Is it possible that frequent resort to so ego-destructive a method of defense as depersonalization acts in neurotics as a preventative by immunization?

To conclude the second case, I would add that projection was prominent in the transference situation. Beneath an efficient disguise of extreme cordiality the patient exhibited marked distrust of everyone, the distrust taking the form of projection. Three cardinal aspects of her transference were noted: first, her id demands, which could be called a cry for "love or death"; second, her masochistic lust: if neither love nor death be granted, she must surrender to her severe super-ego; third, her affect of distrust, pessimism and resignation, expressed by projection, and the depersonalization mechanism, as defense against her wishes for the death of the mother, mother-images, and her lover.

In both the cases cited here, depersonalization is seen to serve as a means of defense, and to be coexistent with a second form of defense—namely, projection.

Absence of Grief

Helene Deutsch & Edith Jackson

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ABSENCE OF GRIEF

BY HELENE DEUTSCH (BOSTON)

In publishing this paper I am fulfilling the wish of my beloved friend, Dorian Feigenbaum. It is a tragic coincidence that my last interchange of ideas with him was largely concerned with the problem of death and with mourning. In his last letters to me he pressed me repeatedly to send this paper, incomplete as it is, for the Quarterly. At that time we had no suspicion that this man, so full of the joy of life, so deeply and actively interested in everything intellectual, would himself become so soon an object of mourning to all those who knew and loved him.

Mourning as a process, is a concept introduced by Freud¹ who considers it a normal function of bereaved individuals, by which the libido invested in the lost love-object is gradually withdrawn and redirected toward living people and problems.

It is well recognized that the work of mourning does not always follow a normal course. It may be excessively intense, even violent, or the process may be unduly prolonged to the point of chronicity when the clinical picture suggests melancholia.

If the work of mourning is excessive or delayed, one might expect to find that the binding force of the positive ties to the lost object had been very great. My experience corroborates Freud's finding that the degree of persisting ambivalence is a more important factor than the intensity of the positive ties. In other words, the more rigorous the earlier attempts to overcome inimical impulses toward the now lost object, the greater will be the difficulties encountered in the retreat from that ultimately achieved position.

Psychoanalytic findings indicate that guilt feelings toward the lost object, as well as ambivalence, may disturb the normal

¹ Freud: *Trauer und Melancholie*. *Gesammelte Schriften*, Bd. v. (Trans. by Joan Riviere in *Coll. Papers*, Vol. IV.)

course of mourning. In such cases, the reaction to death is greatly intensified, assuming a brooding, neurotically compulsive, even melancholic character. Indeed the reaction may be so extreme as to culminate in suicide.

Psychoanalytic observation of neurotic patients frequently reveals a state of severe anxiety replacing the normal process of mourning. This is interpreted as a regressive process and constitutes another variation of the normal course of mourning.

It is not my purpose to dwell at length upon any of the above mentioned reactions. Instead, I wish to present observations from cases in which the reaction to the loss of a beloved object is the antithesis of these—a complete absence of the manifestations of mourning. My convictions are: first, that the death of a beloved person must produce reactive expression of feeling in the normal course of events; second, that omission of such reactive responses is to be considered just as much a variation from the normal as excess in time or intensity; and third, that unmanifested grief will be found expressed to the full in some way or other.

Before proceeding to my cases I wish to recall to your minds the phenomenon of indifference which children so frequently display following the death of a loved person. Two explanations have been given for this so-called heartless behavior: intellectual inability to grasp the reality of death, and inadequate formation of object relationship. I believe that neither of these explanations has exclusive validity. Should an intellectual concept of death be lacking, the fact of separation must still provoke some type of reaction. It is also true that although the capacity for an ultimate type of object relationship does not exist, some stage of object relationship has been achieved. My hypothesis is that the ego of the child is not sufficiently developed to bear the strain of the work of mourning and that it therefore utilizes some mechanism of narcissistic self-protection to circumvent the process.

This mechanism, whose nature we are unable to define more clearly, may be a derivative of the early infantile anxiety which we know as the small child's reaction to separation from the protecting and loving person. The children of whom we are

to speak, however, were already of a sufficiently advanced age when the loss occurred that suffering and grief were to be expected in place of anxiety. If grief should threaten the integrity of the ego, or, in other words, if the ego should be too weak to undertake the elaborate function of mourning, two courses are possible: first, that of infantile regression expressed as anxiety, and second, the mobilization of defense forces intended to protect the ego from anxiety and other psychic dangers. The most extreme expression of this defense mechanism is the omission of affect. It is of great interest that observers of children note that the ego is rent asunder in those children who do not employ the usual defenses, and who mourn as an adult does. Under certain circumstances an analogous reaction occurs in adults, and the ego takes recourse to similar defense mechanisms. The observations serve to show that under certain conditions forces of defense must be set in operation to protect a vitally threatened ego, when the painful load exceeds a threshold limit. Whether these defense mechanisms are called into operation depends upon the opposition of two forces: the relative strengths of the onrushing affects, and of the ego in meeting the storm. If the intensity of the affects is too great, or if the ego is relatively weak, the aid of defensive and rejecting mechanisms is invoked. In the first instance quantitative considerations are of greater importance; in the second, special circumstances render the ego incapable of working through the mourning process. This might be the case, for example, should the ego at the time of the loss be subjected to intense cathexis on some other account. For instance, the ego might be in a state of exhaustion by virtue of some painful occurrence just preceding the loss or conversely, be engrossed in some narcissistically satisfying situation. In brief, if the free energies of the ego have been reduced by previous withdrawals for other interests, the residual energy is unable to cope with the exigent demands of mourning.

We speak then of a relative weakness of the adult ego induced through experiences, as compared with the child's ego which is weak by virtue of the stage of its development. We assume,

therefore, that a particular constellation within the ego is responsible for the absence of a grief reaction; on the one hand the relative inadequacy of the free and unoccupied portion of the ego, and on the other hand a protective mechanism proceeding from the narcissistic cathexis of the ego.

But all considerations of the nature of the forces which prevent affect are hypothetical and lead into the dark realms of speculation. The questions—whether the psychic apparatus can really remain permanently free from expressions of suffering, and what is the further fate of the omitted grief—may be better answered by direct clinical methods.

Among my patients there have been several who had previously experienced a great loss and who exhibited this default of affect. I should like to present their stories briefly.

Case 1 The first case is that of a young man of 19. Until the death of his mother, when he was five years old, this patient had been a very much petted youngster with an affectionate and undisturbed attachment to his mother, and with no special neurotic difficulties. When she died, he showed no grief whatsoever. Within the family this apparently “heartless” behavior was never forgotten. After his mother’s death he went to live with his grandmother where he continued to be a thriving, healthy child.

His analysis revealed no special conflicts in his early childhood which could explain his affective behavior. He could remember from his early years having been angry with his mother for leaving him, but this anger did not exceed the normal ambivalent reaction common to children under similar circumstances. The young man brought no other material which could throw light on the unemotional behavior of his childhood. His later life, however, revealed certain features which indicated the fate of the rejected affect. Two characteristics of his behavior were particularly striking: he complained of depression which had first appeared without apparent cause during puberty and which had recurred with no comprehensible motivation, and he was struck by the fact that he could break off friendships, and love-relationships, with amazing ease, without feeling any regret or pain. He was, moreover, aware

of no emotional disturbance so long as the relationships lasted.

These facts rendered comprehensible the fate of the repressed affect in childhood which interested us. Lack of emotion repeatedly recurred in analogous situations, and the rejected affect was held in reserve for subsequent appearance as "unmotivated depressions". The service performed by the postulated defence mechanism was purely in the interest of the helpless, little ego and contented itself with a displacement in time, and a dynamic distribution of the mourning.

Case 2 A thirty-year-old man came into analysis for the treatment of severe neurotic organic symptoms¹ of purely hysterical character and, in addition, a compulsive weeping which occurred from time to time without adequate provocation. He was already grown up when his very dearly loved mother died. When the news of her death reached him, in a distant university city, he departed at once for the funeral but found himself incapable of any emotion whatsoever, either on the journey or at the funeral. He was possessed by a tormenting indifference despite all his efforts to bring forth some feeling. He forced himself to recall the most treasured memories of his mother, of her goodness and devotion, but was quite unable to provoke the suffering which he wanted to feel. Subsequently he could not free himself from the tormenting self-reproach of not having mourned, and often he reviewed the memory of his beloved mother in the hope that he might weep.

The mother's death came at a time in the patient's life when he was suffering from severe neurotic difficulties: inadequate potency, difficulties in studying, and insufficient activity in all situations. The analysis revealed that he was having severe inner conflicts in relation to his mother. His strong infantile attachment to her had led to an identification with her which had provided the motive for his passive attitude in life. The remarkable reaction to his mother's death was conditioned by several factors. In his childhood there had been a period of

¹ This case has been previously described as an example of conversion hysteria. See, Deutsch, Helene: *Psycho-analysis of the Neuroses*, Part I. London: The Hogarth Press, 1932.

intense hate for the mother which was revived in puberty. His conscious excessive affection for his mother, his dependence upon her and his identification with her in a feminine attitude, were the neurotic outcome of this relationship.

In this case, it was particularly clear that the real death had mobilized the most infantile reaction, "she has left me", with all its accompanying anger. The hate impulses which had arisen in a similar situation of disappointment in his childhood were revived and, instead of an inner awareness of grief, there resulted a feeling of coldness and indifference due to the interference of the aggressive impulse.

But the fate of the omitted grief is the question of chief interest for us in the analytic history of this patient. His feeling of guilt towards his mother, which betrayed itself even in conscious self-reproaches, found abundant gratification in severe organic symptoms through which the patient in his identification with his mother repeated her illness year after year.¹ The compulsive weeping was the subsequent expression of the affect which had been isolated from the concept—"the death of mother". Freud in *From the History of an Infantile Neurosis*,² describes a similar fate for an inhibited expression of grief. In this history the patient relates that he felt no suffering on hearing the news of his sister's death. The omitted suffering, however, found its substitute in another emotional expression which was quite incomprehensible, even to the patient himself. Several months after his sister's death he made a trip to the region where she had died. There he sought out the grave of a well-known poet whom he greatly admired, and shed bitter tears upon it. This was a reaction quite foreign to him. He understood, when he remembered that his father used to compare his sister's poems to those of this poet.

The situation in which the affect of Freud's patient broke through to expression had direct bonds of association with the

¹ Fenichel speaks of a "repression" in intense grief "wherein perhaps the mechanism of identification with the lost (dead) object plays a role". Fenichel, Otto: *Hysterie und Zwangsneurose*. Vienna: Int. Ztschr. f. Psa., 1931.

² Freud: *Coll. Papers*, Vol. III.

factors which had originally been repressed. In my patient the compulsive affect had been completely isolated from the original situation.

The identification with the mother which was such a preponderant factor in the libidinal economy of our patient was perhaps the most important motive for the refusal of the ego to grieve, because the process of mourning was in great danger of passing over into a state of melancholia which might effect a completion of the identity with the dead mother through suicide. When the analysis succeeded in bringing the patient into the situation of omitted affect, the danger of suicide became very actual. So we see, that in this neurotic individual there developed in addition to the existing pathological emotional conflict, a process of defense serving as protection to the severely threatened ego.

Case 3 A man in his early thirties without apparent neurotic difficulties came into analysis for non-therapeutic reasons. He showed complete blocking of affect without the slightest insight. In his limitless narcissism he viewed his lack of emotion as "extraordinary control". He had no love-relationships, no friendships, no real interests of any sort. To all kinds of experiences he showed the same dull and apathetic reaction. There was no endeavor and no disappointment. For the fact that he had so little success in life he always found well-functioning mechanisms of comfort from which, paradoxically enough, he always derived narcissistic satisfaction. There were no reactions of grief at the loss of individuals near to him, no unfriendly feelings, and no aggressive impulses.

This patient's mother had died when he was five years old. He reacted to her death without any feeling. In his later life, he had repressed not only the memory of his mother but also of everything else preceding her death.

From the meager childhood material brought out in the slow, difficult analytic work, one could discover only negative and aggressive attitudes towards his mother, especially during the forgotten period, which were obviously related to the birth of

a younger brother. The only reaction of longing for his dead mother betrayed itself in a fantasy, which persisted through several years of his childhood. In the fantasy he left his bedroom door open in the hope that a large dog would come to him, be very kind to him, and fulfil all his wishes. Associated with this fantasy was a vivid childhood memory of a bitch which had left her puppies alone and helpless, because she had died shortly after their birth.

Apart from this one revealing fantasy there was no trace of longing or mourning for his mother. The ego's efforts of rejection had succeeded too well and had involved the entire emotional life. The economic advantage of the defense had had a disadvantageous effect. With the tendency to block out unendurable emotions, the baby was, so to speak, thrown out with the bath water, for positive happy experiences as well, were sacrificed in the complete paralysis. The condition for the permanent suppression of *one* group of affects was the death of the *entire* emotional life.

Case 4 This was a middle-aged woman without symptoms but with a curious disturbance in her emotional life. She was capable of the most affectionate friendships and love-relationships, but only in situations where they could not be realized. She had the potentiality for positive and negative feelings but only under conditions which subjected her and her love-objects to disappointment. In order not to complicate the presentation I shall confine myself to describing the phenomena pertinent to our problem. For no apparent reason the patient wept bitterly at the beginning of every analytic hour. The weeping, not obsessional in character, was quite without content. In actual situations which should produce sadness she showed strikingly "controlled", emotionless behavior. Under analytic observation the mechanism of her emotional reactions gradually became clear. A direct emotional reaction was impossible. Everything was experienced in a complicated way by means of displacements, identifications, and projections in the manner of the "primary processes", described by Freud in *The Interpretation of Dreams*. For example: the patient was highly

educated and had a definite psychological gift. She was very much interested in the psychic life of others, made a study of it, and used to bring detailed reports of her observations. On investigation one discovered that what she had observed in the experience of another individual did not really pertain to him but represented a projection of her own unconscious fantasies and reactions. The true connection was not recognized for want of a conscious emotional reaction.

She found vicarious emotional expression through identification, especially with the sad experiences of others. The patient was capable of suffering a severe depression because something unpleasant happened to somebody else. She reacted with the most intensive sorrow and sympathy, particularly in cases of illness and death affecting her circle of friends. In this form of experience we could trace the displacement of her own rejected affects.

I am inclined to regard this type of emotional disturbance as schizoid and have the impression that it is a not infrequent type of reaction, which in its milder form usually passes unnoticed.

In the analysis of our patient one could discover how the displaced emotional discharges were related to early unresolved experiences. The original grievous experience was not a death but a loss in the divorce of her parents.

It gradually became clear that she had actually sought out the situations in which she had an opportunity to share the unhappiness of others, and that she even felt a certain envy because the misfortune had happened to another and not to herself. In such instances one is inclined to think only of masochistic tendencies as responsible. Certainly the gratification of masochism must play a role.

Observation of this patient, however, directed my attention in another direction. I believe that every unresolved grief is given expression in some form or other. For the present I limit the application of this *striving for realization* to mourning and am convinced that the unresolved process of mourning as

described by Freud¹ must in some way be expressed in full. This striving to live out the emotion may be so strong as to have an effect analogous to the mechanism which we see in criminal behavior from feelings of guilt,² where a crime is committed to satisfy unconscious guilt feelings, which preceded the crime instead of following it. Analogous is the situation in which suppressed affect following a loss seeks realization subsequently. We must assume that the urge to realization succeeds under the impetus of an unconscious source of affect-energy exactly as in the case of the criminal who is at the mercy of his guilt feelings. I suspect that many life stories which seem to be due to a masochistic attitude are simply the result of such strivings for the realization of unresolved affects. Our last-mentioned patient was a particularly clear example of this assumption.

The process of mourning as reaction to the real loss of a loved person *must be carried to completion*. As long as the early libidinal or aggressive attachments persist, the painful affect continues to flourish, and *vice versa*, the attachments are unresolved as long as the affective process of mourning has not been accomplished.

Whatever the motive for the exclusion of the affect—its unendurability because of the ego's weakness, as in children, its submission to other claims on the ego, especially through narcissistic cathexis, as in my first case, or its absence because of a previously existing conflict with the lost object; whatever the form of its expression—in clearly pathological or in disguised form, displaced, transformed, hysteriform, obsessional, or schizoid—in each instance, the quantity of the painful reaction intended for the neglected direct mourning must be mastered.

I have already postulated a regulator, the nature of which is not clear to me. I have thought that an inner awareness of inability to master emotion, that is, the awareness by the ego

¹ Freud: *Trauer und Melancholie*. Gesammelte Schriften, Bd. V. (Trans. by Joan Riviere in Coll. Papers IV, 152.)

² Freud: *Das Ich und das Es*. Gesammelte Schriften, Bd. VI. (Trans. by Joan Riviere, *The Ego and the Id*. London: The Hogarth Press, 1927.)

of its inadequacy, was the motive power for the rejection of the emotion or, as the case may be, for its displacement.

In any case the expediency of the flight from the suffering of grief is but a temporary gain, because, as we have seen, the necessity to mourn persists in the psychic apparatus. The law of the conservation of energy seems to have its parallel in psychic events. Every individual has at his disposal a certain quantity of emotional energy. The way in which emotional impulses are assimilated and discharged differs in each individual and plays its part in the formation of the personality.

Probably the inner rejection of painful experience is always active, especially in childhood. One might assume that the very general tendency to "unmotivated" depressions is the subsequent expression of emotional reactions which were once withheld and have since remained in latent readiness for discharge.

Translated by EDITH JACKSON

Reality and the Unconscious

Thomas M. French

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REALITY AND THE UNCONSCIOUS

BY THOMAS M. FRENCH (CHICAGO)

1. *The dynamic problem in reality adjustment*

The mechanisms of dreams, of wit and of the common mistakes of everyday life show plainly that even in normally adjusted adult individuals there are ever-present tendencies to revert not only to the wishes and emotional patterns of childhood but to irrational modes of thinking as well. This fact confronts us with a dynamic problem. If regression is so easy and attractive, what are the incentives that can induce one to follow the path of normal development? In other words, what are the dynamic or economic conditions that are necessary in order that development may proceed normally in spite of these ever-present regressive tendencies? What are the dynamic and economic conditions that determine whether irrational or rational modes of mental functioning shall prevail?

In a first approach to this problem Freud (1911) distinguished between pleasure principle and reality principle. According to the pleasure principle, one is dominated by the impulse to gain immediate pleasure and to avoid immediate pain. The reality principle demands, however, that a person renounce immediate pleasure and even endure pain for the sake of an assured future pleasure.

This distinction already enables us to state the problem of reality adaptation in dynamic terms. The hope of future pleasure is a notoriously weak force when pitted against immediate satisfaction. We should like to know therefore how one learns to renounce immediate pleasure and endure pain for the sake of future pleasure. What forces are strong enough to induce the psyche to renounce pleasure now and to accept pain for the sake of the future?

From the Institute for Psychoanalysis. This paper is an elaboration of a shorter paper presented at the Boston meeting of the American Psychoanalytic Association in May, 1933.

2. *Are neuroses and dreams able to ignore pain?*

Certain familiar psychoanalytic findings seem to present us with this problem in an even more perplexing form. Psychoanalysis has demonstrated that neuroses and psychoses (when they are not due to organic causes) are reactions to a conflict situation that is too difficult for the ego to face in reality. Psychoanalysis has also shown that neurotic and psychotic symptoms and dreams represent the fulfilment of wishes. We are tempted to infer from these two facts that dreams and neuroses are somehow able to banish the painful elements of reality, that they are somehow able to ignore the difficulties in the way of fulfilling one's wishes and the unhappy consequences that might result from them. According to Freud's earlier formulations, the unconscious can only wish and is dominated solely by the impulse to gain immediate pleasure and avoid immediate pain. If dreams and neuroses are really able to abolish pain, we might ask, what can induce anyone to wake up and come to terms with unpleasant realities?

When the question is put in this paradoxical form, it becomes evident that we must be making some false inferences. Dreams and neuroses are not unmodified products of the unconscious but rather the products of a compromise between repressed wishes and the censoring activity of the ego. The statement that the unconscious can only wish does not necessarily imply therefore that dreams and neuroses can ignore the painful elements of reality. As a matter of fact, we know that most neuroses and many psychoses are painful and that dreams are often unpleasant. According to Freud's earlier formulations, dreams become unpleasant when they express wishes that are disturbing to the ego. In any case it is certain that even dreams and neuroses do not possess an unlimited capacity to ignore the painful elements of reality.

Nevertheless an unformulated impression persists that neuroses and dreams are less painful than the real conflicts that they are striving to replace. The chief phenomena upon which this impression is based are (1) wish-fulfilling dreams and

(2) the phenomena of secondary gain in the neuroses. We shall return later to the discussion of wish-fulfilling dreams. In the secondary gain in the neuroses, however, we have not a product of the original irrational process of symptom formation but a new reality adjustment taking advantage of the already formed symptoms in order to improve the patient's situation in reality. The acute onset of a neurosis or psychosis is apt to be painful enough. The symptoms strive to achieve wish-fulfilment but must accept symbolic gratification that is usually mixed with much pain. Later, however, the patient is able to capitalize upon his pain to win real advantages, such as for example the privileged position of a sick person in the circle of his family or friends. In so doing, however, he renounces the possibility of real gratification of the wishes that originally involved him in conflict, and accepts in their place other secondary advantages that are more readily obtainable in real life. The secondary gain phenomena, therefore, must be regarded as a more or less successful adjustment to reality rather than evidence of the ability of neuroses to ignore pain.

In a later study (1922), as we know, Freud abandoned the idea that the unconscious is dominated solely by the pleasure-pain principle and demonstrated the existence of a still more primitive repetition compulsion, of a tendency to revive and relive even the most traumatic experiences. Freud has in fact laid particular emphasis upon just those extreme examples in which the repetition compulsion is in complete defiance of both pleasure and reality principles.

Such examples have, of course, the advantage that they illustrate the repetition compulsion, as it were, in pure culture, uncomplicated by other tendencies. It would be a mistake, however, to think of the repetition compulsion only in terms of its most extreme and dramatic manifestations. Psychoanalysis has so far not attempted to formulate under just what conditions the repetition compulsion is called into activity. Its most familiar manifestations, however, are best understood in terms of the conditioned reflex principle (French, 1933), which is

also the indispensable basis of learning by experience. A good clinical example is the castration fear. Once the fear of castration has been attached to the practice of masturbation it is impossible for the psyche even to wish for the forbidden gratification without being compelled to deal with the fear. In other words, in accordance with the conditioned reflex principle, we must expect that the search of a drive for satisfaction will regularly be accompanied by a tendency to call up memories of previously unsuccessful attempts at satisfaction.

In the light of Freud's later studies, therefore, we are able to characterise the activity of the unconscious more completely—as an interaction between repetition compulsion and wish-fulfilling tendencies, as a struggle between painful mental contents that are pressing for recognition and the striving of the unconscious to escape from them and substitute more pleasurable contents. Indeed, if the conditioned reflex principle be universally valid for emotionally significant events,¹ we must expect that even in neuroses and psychoses it will be impossible to withdraw from difficult conflict situations except by some sort of renunciation of the urges that have involved the patient in conflict. We must anticipate that in so far as neurotic symptoms represent the fulfilment of wishes, they must also represent the unhappy consequences of wish-fulfilment. In other words, we must expect that neuroses and psychoses are quite as unable permanently to ignore painful elements of reality as is the reality-adjusted conscious ego.

This thesis was first suggested to me not by the conditioned reflex experiments of Pavlov but by the work especially of Alexander upon the rôle of the superego in dreams and neuroses. The psychoanalytic literature has in fact been approaching similar conclusions by the route of direct clinical observation. After describing the repetition compulsion Freud began

¹ In the terminology of the conditioned reflex experiments, the unconditioned reflex (corresponding in the present discussion to the castration fear or other unpleasant consequences of an act) must be a prepotent one if conditioning is to be sure to take place. Hence my qualification that the conditioned reflex principle is universally valid only for emotionally significant events.

to direct a greater amount of attention to unconscious self-punishing tendencies and other evidences of an "unconscious sense of guilt." Following out these suggestions of Freud, Reik (1925) postulated a universal unconscious urge to confess forbidden impulses which he closely associated with the desire for punishment. Alexander (1930) focused particular attention upon the contributions of the superego to the dream work and to symptom formation. In the case of dreams with unpleasant content he showed that the superego functions not only as a psychic censor insisting upon the distortion of the content of repressed wishes but may also play a creative rôle, giving rise to dreams that express predominantly a wish for punishment. Further with regard to neurotic symptoms he arrived at the general formulation (Alexander, 1927) "that neurotic illness has two purposes; to wit, the gratification of forbidden tendencies, and at the same time the relief of the conscience anxiety developing as a reaction to this forbidden gratification".

We know, however, that the self-punishing and inhibiting activities of the superego arise by identification with the punishments inflicted and the prohibitions imposed by the parents in childhood. As Alexander (1929) points out in detail, the ego submits to the superego after the pattern it has learned in submitting to the parents in childhood. The ego's acceptance of self-punishment is thus derived from a previous adjustment to an external situation, and implies the recognition of the painful realities to be deduced from past experience. That unpleasant dreams and neuroses are compelled to incorporate self-punishing tendencies into their content is therefore clear evidence of the principle we are here proposing, that neuroses and some dreams are quite as unable to ignore the painful elements of reality as is the reality adjusted conscious ego.

In the meantime Freud (1926) had already reached the same conclusion directly, with reference to the origin of the anxiety in the phobia of little Hans. In a reëxamination of the anxiety problem he found that Hans' fear of his father was justified in reality as an unavoidable consequence of his hos-

tility toward the father. Finally in a recent article Ferenczi (1934) has come to a similar conclusion about dreams inasmuch as he suggests that the mastery of traumatic memories is the central function of the dream.

The field of the psychoses has, of course, not yet been adequately surveyed with reference to this point. Freud (1923) has interpreted the alternation between the manic and depressive episodes in circular psychoses as a successive gratification of id impulses and self-punishing tendencies, but this is, of course, not applicable to cases showing only periodic manic attacks. In the psychoses in general there is apt to be a regression to stages of ego development prior to the formation of the superego, and consequently we should not expect to find organized conscience reactions such as would correspond to Alexander's formula for the neuroses, but many examples would suggest that the psychotic also is unable permanently to ignore the painful elements of reality and is under the necessity to portray not only the fulfilment of wishes but also the unhappy consequences of their fulfilment. We must suspect for instance that the manic patient is betraying by his flight of ideas his fear of the inevitable consequences if he should carry to a conclusion the aggressive impulses to which he gives abortive expression. Paranoid fears, moreover, as is well known, have not only a significance as wish-fulfilments but also a real justification based upon the retaliatory reactions which the patient's own aggressive impulses would inevitably elicit. To cite only one more example, one is able frequently to observe in patients with grandiose delusions that these delusions alternate with most intense feelings of inferiority. There seem to be good grounds therefore for suspecting that even in psychoses there is a very definite limit to the power of wish-fulfilling tendencies to distort the patient's real situation by ignoring the painful elements of reality.

There is, however, one clear exception to our hypothesis that it is impossible to ignore painful reality. If our hypothesis is correct, the purely wish-fulfilling dream is a conspicuous

exception that requires explanation. In the literature there is just one hint from Freud that may furnish us with the needed explanation. In the theoretical chapter of *The Interpretation of Dreams* (1900), Freud calls attention to one difference between hysterical symptoms and dreams. A symptom is always the result of a condensation of a wish from the unconscious with a preconscious "thought stream of reaction against it" such as "for example, self-punishment." In the dream the reaction against the unconscious wish may be absent, "but the contribution from the preconscious which is missing here may be found in another place. The dream can provide expression for a wish from the unconscious by means of all sorts of distortions, once the dominant system has withdrawn itself in the wish to sleep." Following out this hint of Freud's we may perhaps expect to find that the wish to sleep may in some way serve as a substitute for the recognition of painful elements of reality that the dream would otherwise be unable to ignore. We shall return to this suggestion in our discussion of illustrative clinical material.

To return now to our original problem, we wished to know what forces are strong enough to induce the psyche to accept pain for the sake of the future. If our hypothesis is correct, that the unconscious is compelled to yield not only to wish-fulfilling tendencies but also to the compulsion to relive painful consequences, then the process of modification of the pleasure principle into reality principle becomes more intelligible. We have concluded that the unconscious is not only subject to urges toward wish-fulfilment but is also under compulsion to relive experiences of the most unpleasant sorts. It therefore becomes much less of a riddle to explain how the psyche can be induced to endure pain for the sake of the future. We now see that the establishment of the reality principle really introduces no new dynamic element into the situation. The urge to seek pleasure and the compulsion to recall unhappy consequences are both already present. It is only one-half of the truth when we speak of the reality principle as a modified form of the pleasure principle; it is much better described as a for-

tunate synthesis of pleasure principle and repetition compulsion, a sort of subordination and utilization of the repetition compulsion in the interests of a moderated pleasure principle. Since the psyche is compelled in any case to come to terms with the memory of its mistakes and of their unhappy consequences, it is therefore only making a virtue of necessity when it frankly accepts a minimum of renunciation for the sake of future pleasure in lieu of a merciless and futile compulsion to repeat its previous sufferings.

3. *Significance of quantitative factors in learning to adjust to reality*

Nevertheless we know that neuroses and psychoses occur as flights from conflicts that are too severe in real life. We may now wish to correct this statement by insisting that these attempts to flee from unpleasant reality do not succeed; but the fact remains that intense conflicts interfere with the normal processes of adjustment to reality and it is still necessary to inquire into the nature of this disorganizing effect of severe conflict upon rational mental functioning.

As I have pointed out in a previous paper (French, 1933), some of the results of Pavlov's experiments upon conditioned reflexes suggest a rather specific answer to this question. Pavlov (1927) has been able to produce what he calls experimental neuroses. The methods by which he accomplishes this consist in every case in putting the dog into what is analogous to an acute conflict situation. The dog, for example, may be conditioned to respond to many different painful stimuli with salivary secretion in expectation of being fed, or the dog may be faced with the problem of making a very fine differentiation or discrimination, for example, between a circle and an ellipse with nearly equal axes, by giving the dog food every time immediately after it sees the circle but withholding the food in every case after it sees the ellipse. In either case it is evident that very conflicting reactions tend to be called forth and the situation is analogous to the acute emotional conflict situations of our patients. The most conspicuous feature of the experi-

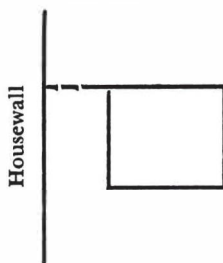
mental neuroses so elicited is the stereotyped character of the dog's subsequent behavior. In some cases the dog will react to all stimuli with excitement and salivary secretion; in others always with excitement and defense reactions and in still others with inhibitory reactions indiscriminately in response to every kind of stimulus. In every case these experimental neuroses not only have the effect of destroying the dog's capacity for forming new discriminatory reactions but also tend to destroy differentiations or discriminations that have already been formed.

In other words in these experiments the effect of a too severe conflict is to destroy the animal's capacity for discriminatory learning. Pavlov's experiments have illustrated most beautifully the importance of the previously indifferent stimulus for the learning process. When one is under the influence of very strong emotion, there is a tendency for one's attention to be completely absorbed by those aspects of a situation that are already of prepotent emotional significance. Every new step in learning, however, requires precisely that one should pay attention to some new aspect of the situation whose significance has as yet not been appreciated. Strong emotion or acute conflict makes this impossible. The experiments of Pavlov that we have just cited show indeed that too severe conflicts tend not only to prevent new steps in learning but also to destroy discriminations that have previously been learned.

A similar principle is illustrated by a very pretty experiment of Koehler (1917). In the first part of the experiment a "mature bitch is brought into a blind alley, . . . one end of which is cut off by a railing [Figure 1] where she is kept occupied with food, her face toward the railing. When the food is nearly gone, more is put down" at some distance on the other side of the rail; "the bitch sees it, seems to hesitate a moment, then quickly turns" and runs "around the fence to the new food. . . . On repeating this experiment the food was not thrown far out but was dropped just outside the fence so that it lay directly in front of her separated only by the wire." In this case "she stood seemingly helpless as if the very nearness of the

object and her concentration upon it (brought about by her sense of smell) 'blocked the idea' of the wide circle around the fence. She pushed again and again with her nose at the wire fence and did not budge from the spot." It is evident that here again we see the inhibiting effect of a strong emotion (in this case the fascination of the dog for the food that is so nearly within its reach) upon the capacity of the animal to take account of just the aspect of the situation that contains the clue to the solution of the problem. The possible detour has not an emotional charge high enough to compete with the food under the dog's nose. Hence the dog remains glued to the spot and ignores the only possibility of really gratifying its hunger.

FIGURE 1



It is not difficult to bring this principle into direct connection with our clinical experience. Alexander (1927) in particular has pointed out that one of the outstanding features of neuroses and psychoses is their stereotyped character. The neurotic repeats over and over again the same unsuccessful solutions of his conflicts and learns nothing from his mistakes. Here we see the repetition compulsion in its pure form. Reality adjustment on the other hand is the product of a learning process. In adjustments according to the reality principle one learns from one's mistakes. Learning too is based upon the repetition compulsion, but involves a modification of it. Past mistakes must be remembered or tentatively repeated but under the guidance of the urge to find a way of avoiding unpleasant consequences in the future.

Learning is a process of correcting previously established behavior patterns by taking account of the differences between present and past situations. Conflicts of too great intensity absorb too much energy to permit the individual to pay attention to such differential criteria. They constitute psychic traumata; they interrupt learning and thus lead to the stereotyped attempts at solution that we call neuroses and psychoses.

Thus severe conflicts disorganize rational mental functioning simply because too intense emotion disturbs the discrimination that forms the basis of the learning process. The neurotic is so absorbed in the pain of his conflict and in his vain attempts to wish it away that he fails to heed the new possibilities in his real situation that might offer him a way out of his difficulties. As a result of this disregard of just those features of reality that could serve as a basis for discrimination he lives in the present as though he were reliving the past and finds himself condemned either to futile attempts at renunciation or to a disastrous repetition of previous traumatic experiences.

Thus the reality principle involves, on the one hand, a modification of the pleasure principle to take account of future pleasure and pain but also, on the other hand, a modification of the repetition compulsion into learning by taking account of the differential aspects of reality. Conflicts of too great intensity leave no energy free to pay attention to such differential criteria, and result therefore in a futile struggle between pleasure principle and repetition compulsion. Learning becomes possible only when free energy is left available to pay attention to those less obtrusive aspects of reality that make it possible to distinguish between the painful experiences of the past and more favorable possibilities in the present.

It is important to realize that it is not the painful elements of reality that are most conspicuously ignored in neurotic behavior but rather just those emotionally indifferent aspects of reality whose sole value consists in the fact that they might serve as differential criteria to enable one to find new possibilities for gratification while at the same time avoiding past mistakes.

4. *Illustrative material (A nightmare)*

In order to test these conclusions, it occurred to me that it would be interesting to compare the tendencies revealed by a patient during some short period of analysis with a hypothetical rational solution of the same conflict.

We have mentioned Freud's suggestion that the wish to sleep may act in some part as a substitute for the need for punishment that is so regularly to be found in neurotic symptoms. In order to throw light also on this suggestion, I have therefore selected for study a nightmare from which the dreamer awoke in acute anxiety. We shall first make a careful analysis of this nightmare and then proceed to compare its manifest content with the psychic adjustments that we surmise might have been necessary in order to enable the patient to achieve a rational solution for his conflict.

The material is from a male patient who had been in analysis about two months, and followed a prolonged period of sexual abstinence. During the two months of the analysis, the patient had discussed rather freely his sexual life in the past but had on only one occasion mentioned any current sexual impulses. In the hour preceding the one to be discussed, occurred a second "confession" of current heterosexual fantasies. That night he went to bed early. He was awakened at midnight by a nightmare and remained awake until early in the morning. He went to sleep again at the hour at which, during his childhood, his father had been accustomed to awaken him. The nightmare was as follows:

The patient is in a sort of a room. In the background is a girl, the wife of one of the patient's best friends. There was something in the room. The patient wanted to get rid of it. At first it was a small bird. The patient opened the door and it flew out of its own accord. Then something grabbed the patient in the back of the neck. It was a large bird and the patient felt its claws in his neck. The patient thought how he might get rid of "him", but the bird answered as though it had heard his thoughts, "You just think you will. You better ask advice from John if you think you can get rid of me." The patient awoke in acute anxiety.

Of the associations I need mention only the following: the girl in the dream reminded the patient also of a girl to whom he had previously been sexually attracted. His sexual interest in her had begun shortly after she had had an abortion done by a physician to whom the patient had recommended her. In the analytic hour previous to the dream he had confessed to fantasies of getting in touch with her again. The position of the girl in the background seems to the patient to symbolize his recent desire to make confessions to the analyst. Letting the small bird out of the room suggests to him telling his secret thoughts "at the beginning of the analysis." As a boy the patient used to shoot small birds and sometimes would cut off their heads. The large bird reminds the patient of an owl. Its position behind him makes him think of the analyst's position behind the patient's head. He also has the impression that his father once took hold of him by the back of the neck as the big bird did in the dream, but he cannot remember anything about it. Months later in the analysis, however, he recalled that his father used to grab him in the back of the neck in this way when he waked him up in the morning. John in the dream is a friend of the patient's who has been analyzed and has described some of his difficulties to the patient.

The dream is plainly the fulfilment of a feminine and masochistic wish to be attacked by the analyst (father). The associations and the material from the preceding day further make it plain that the masochistic character of this wish has been dictated by the need for punishment. In the hour preceding the dream, the patient had succeeded in confessing to heterosexual fantasies whose content pointed to the sadistic wish to attack sexually the pregnant mother and get rid of the unborn child. These wishes bring him into conflict with his still stronger desire to retain the love of the father. In the hour previous to the dream, the patient had attempted to solve this conflict and seek reconciliation with the father (analyst) by confession. For reasons to be mentioned shortly this attempt failed. The solution in the dream is more drastic. The two sets of conflicting desires are gratified in succession. The little

bird¹ in the room symbolizes the mother's pregnancy. The patient first makes a sadistic attack on the mother and gets rid of the unborn child. In the second part of the dream it is undoubtedly not only a threat but also a reassurance and masochistic gratification when the analyst (father) wakes him roughly and reminds him that an analyst is not to be gotten rid of so easily.

After the interpretation the patient recalls that his mother had a miscarriage when he was ten years old. His associations run to various childhood speculations as to the relations between his father and mother and as to his own birth. . . . Once, when the patient was asleep, his father disappeared from the next room. The patient suspected that he had climbed out of the window and had gone out and had a sexual relationship with a neighbor's wife! Then the patient tells how he used to go to his grandmother for love when his parents seemed to favor the younger children.

The allusions to sleeping probably point to the precipitating cause of the dream. At the last analytic session the analyst had been compelled to struggle against a considerable drowsiness. The patient, though not consciously aware of this, has taken unmistakable notice of it in his dream. The analyst is an owl, a bird that sleeps in the day time and stays awake at night. The patient goes to sleep early and returns to sleep again at the very hour that his father used to wake him up. It is plain that his sleeping² is an act of defiance and retaliation. In the second (threatening) part of the dream, appropriately, the feel of the owl's claws on his neck is based upon the memory of his father's

¹ Reference will be made later to a second overdetermined meaning of this symbolism, bird as phallus, getting rid of the bird as self-castration.

² The analysis of subsequent nightmares of the same patient tend to confirm the impression suggested by the dream symbolism and associations that the emphasis upon sleeping in this dream is also based upon the reactivation of a primal scene that waked the patient out of sleep. For such a memory sleep is of course an appropriate defense and waking up out of sleep is the logical result of the failure of this defense mechanism. It will be noted that the associations to the dream concern themselves a great deal with speculations about the sexual relations between the parents.

awakening him. We may suspect that during the preceding hour the patient had wished to "wake up" the analyst roughly. In the dream the father and analyst retaliate for this impious wish.

The patient's unconscious rage becomes more readily understandable when we recall that the patient had been trying during that hour to win back the analyst's favor by confession of his forbidden impulses. The analyst's drowsiness signaled an abrupt failure of this attempt.

a. An arrested learning process: fixation upon a childhood situation

Let us inquire now as to what the dream has done with present reality. What is conspicuous here is the phenomenon of transference. The patient reacts to a present situation with reactions appropriate rather to a childhood situation. The analysis makes it necessary for the patient to tell of certain sexual impulses. The patient unconsciously reacts to this fact as though he were in the presence of his father in the early oedipus situation. The patient's rage has indeed been precipitated by an event in the present, but the intensity of the patient's reaction is understandable only when we realize that his struggle to confess was fraught with all the energy of the little child's longing for the love of the father whom he at the same time hates and fears.

In a previous paper (French, 1933) I characterized a psychic trauma as a point at which the learning process had been arrested. The original reaction to the traumatic memory becomes a generalized pattern reaction which may thenceforth be called forth by situations only remotely similar and which is more or less impervious to the modifying influence of later experience. This sort of an arrest of the learning process is well illustrated by the material under discussion. The patient's unconscious reacts as though it had not learned to take account of the differences between his situation in the analysis and his childhood relation to his father.

b. Fate of the painful real elements of the traumatic situation

In order to get light upon what has caused this remarkable arrest of the learning process, it will be of interest to study how the dream handles the traumatic memory of the patient's early œdipus situation.

We have already pointed out that the dream is a fulfilment of two sets of conflicting wishes. In the first part of the dream the patient is with his mother. The dreaded father is replaced by the helpless unborn brother and the patient succeeds easily in ridding himself of the disturber. The first part of the dream represents therefore a successful expression of the patient's defiance. In the second part of the dream his passive masochistic wishes toward the father are gratified. The dream ends with the reassurance that his hostile wishes cannot really get rid of the father he loves. Better a threatening, punishing father than to lose him entirely!

This last "wish-fulfilment" reminds us, on the other hand, that the dream has been quite unable to ignore the unpleasant realities of the traumatic situation. If the dream could carry wish-fulfilment to its logical conclusion, we should expect it to wipe away all traces of the patient's conflict. Instead of that the terrifying conclusion of the dream is only an emergency substitute for the tragic realization that if the patient gets rid of his father, he will not have him any more. The patient wants love from the father but he is utterly unable to get rid of the destructive energy that estranges them. When he brings back the father, the best he can do is now to let his own rage be reflected ¹ back upon himself. He discharges it in the form of fear.

¹ It will be noticed that the suggestion here offered that the unconscious is quite unable to get rid of the disturbing realities in the patient's situation makes unnecessary the hypothesis of a primary masochism in this material. Theoretically it is helpful to keep separate the two components in the patient's masochistic gratification: (1) the original desire for sexual gratification from the father and (2) the reflection back upon himself of his own rage. It is the patient's own reflected rage that gives the original passive erotic desires their masochistic coloring.

The mechanisms here cited have of course been abundantly discussed in the

If we turn now first to the dream's handling of the patient's aggressive wishes, we note a similar inability to ignore the element of frustration in the patient's situation. When the little bird flies away in response to the patient's merely opening the door, it sounds like a bit of infantile omnipotence. Very probably the mother's miscarriage helped to confirm such a claim for omnipotence in the patient's unconscious. But this time the patient's moment of omnipotence is followed immediately by a situation of helpless frustration—with the big bird's claws on his neck.

The patient's frustration in his infantile sexual wishes toward the mother is handled in a somewhat different way. The girl in the dream is in the background; this is a mild way of indicating that the patient's sexual desires are not gratified. Over against this is the fact that the patient is himself in the room from which he has expelled his brother. One may perhaps suspect that the patient's highly symbolic manner of fulfilling his wish for the mother is in itself a compromise between wish-fulfilment and a recognition of frustration.¹

The frustration of the patient's sexual wishes toward the mother is recognized still more plainly in quite another manner. Not only in the manifest dream but also in the emphasis of the dream thoughts is the mother in the background. The dream action centers upon a hostile impulse, upon the removal of an obstacle, the father. This shifting of emphasis from a sexual to a hostile aim is in itself an acknowl-

psychoanalytic literature (See especially Freud: *A Child is Being Beaten*, and Alexander: *The Psychoanalysis of the Total Personality*). I recapitulate them here for their bearing upon the dynamics of reality adjustment.

¹ It will be noted that the symbolism is of being within the mother's body (a room) rather than directly of coitus. Lewin (1933) has especially called attention to the fact that intrauterine fantasies represent a sort of compromise between the desire for coitus with the mother and the desire to flee to a safe place away from the father. He quotes Freud to the effect that "fantasies of 'returning to the mother' are 'coitus fantasies of the sexually inhibited.'" It will be noted that Lewin's analysis of the intrauterine fantasy makes still more specific our suggestion that the patient's "symbolic manner of fulfilling his wish for the mother is in itself a compromise between wish-fulfilment and a recognition of frustration."

edgment of frustration. The impulse to get rid of the two birds constitutes a giving up of the patient's primary sexual aim and a concentration of psychic energy upon the fact of frustration and the desire to remove its cause.

Objection will probably be raised at this point that there is nothing in this dream that is not a wish-fulfilment. We have, in fact, already recognized that the patient wishes to be wakened and attacked by the father. His love for the father demands also that his aggressive wishes should be frustrated. In accordance with the classical wish-fulfilment theory it would be easy to conclude therefore that the frustration and the terrifying awakening in this dream do not necessarily imply a recognition of the real consequences of the patient's aggressive wishes but are merely a fulfilment of the patient's masochistic desire to be attacked sexually by the father and of a desire for his aggressive wishes to be frustrated on account of his love for the father.

I must admit that it is difficult to find absolutely unimpeachable evidence to decide between this classical theory of dream interpretation and my own thesis. The difficulty lies in the fact that all anxiety dreams and most other dreams are the product of a conflict. It follows therefore that recognition in the dream of real difficulties in the way of the fulfilment of one wish is apt to coincide with the fulfilment of the other opposing wish. In all such cases, as in the dream under discussion, it is possible to interpret either in accord with the classical dream theory that the dream is a wish-fulfilment and all else is incidental or in terms of my thesis that the dream is also under pressure to recognize disturbing realities.

Nevertheless, there are several considerations that seem to me to speak for my own thesis and against the classical wish-fulfilment theory.

(1) The fact that this patient awakens in acute anxiety is a sign that the wish to be attacked by the father is an extremely masochistic one. How are we to account for the extremely masochistic character of this feminine sexual wish? Theoretically there are two possibilities. (a) The possibility plainly

suggested by the material is that the masochism is a secondary masochism, based upon a secondary erotization of the patient's need for punishment (Freud, 1919). This explanation, however, is equivalent to my thesis—that the patient must accept punishment in order to retain the love of the father, that he is quite unable to bring back the father he loves without also bringing back the angry father whose retaliation he fears, that the feminine desire for sexual gratification from the father has become masochistic only by being condensed with the patient's need for punishment in order to retain the father's love. (b) A second theoretical possibility would be that the masochism in the patient's desire to be attacked is primary. We have just seen in fact that this thesis is a necessary one if we wish to maintain that this dream is under no necessity to recognize real consequences. The assumption of a primary masochism in this material, however, is a purely gratuitous one, supported by no evidence, and particularly unwarranted in view of the fact that the attack the patient fears actually corresponds to the retaliation the patient should expect as a real consequence of his aggressive wishes.

(2) A second point against the classical wish-fulfilment theory has already been mentioned. If the dream is omnipotent in its wish-fulfilling capacities, why does it not wipe out all traces of the patient's conflict? Why does it not find a wish-fulfilling hallucination that symbolizes the gratification of both wishes and completely masks their incompatibility?

(3) Finally although the recognition of a real difficulty in the way of the fulfilment of one wish is apt to coincide with the fulfilment of an opposing wish, the converse does not hold true. The classical wish-fulfilment theory furnishes us with no reason why a dream should gratify one wish in a way that implies recognition of the real unpleasant consequences of the opposing wish. As just pointed out, we should expect rather the contrary, that the wish-fulfilling tendency in the dream should attempt to obliterate the incompatibility of the two wishes. In the present instance, therefore, when the dream chooses to gratify the patient's sexual wish toward the father

by masochistically accepting his well-grounded fear of retaliation from him, we must regard this as presumptive evidence that the dream is under compulsion to recognize painful realities. We must suspect that the dream is merely utilizing, in the service of its wish-fulfilling function, a fear of real consequences that it could not have escaped in any case.

c. Absorption of pain by sleep

We conclude, therefore, that the dream as a whole has been quite unable to avoid recognition of the essential real elements of the childhood situation. If we follow carefully the chronological order of appearance of the manifest dream elements, however, we notice that the recognition of painful elements increases progressively. Sleep has been likened to a regression to the intrauterine state in which presumably all or nearly all of the individual's needs are gratified without his having to become aware of them. Such we may assume was the patient's state before he began to dream. The first impression in the dream is significantly symbolic of the intrauterine state—the patient is in a room. The wish for the mother is recognized next, but is kept in the background. Then comes the first recognition of a difficulty, but it is only a little one, a small bird. The patient is then compelled to do something, or at least to dream that he is doing something, but his wish to get rid of the disturber is immediately fulfilled without further effort. Immediately afterward, however, it is a big bird instead of a small one that is threatening. The full intensity of the patient's anxiety is apparently reached only after the patient has waked up.

During this dream the patient is awakening out of sleep. We may assume, therefore, with a very high degree of probability, that the depth of sleep is progressively diminishing as the dream proceeds. Thus the progressive increase in the recognition of disturbing elements in the dream apparently runs parallel to a progressive diminution in the depth of sleep. The obvious inference from this fact is that sleep itself to some degree serves as a substitute for painful affects or, stated in

quantitative terms, that there is an absorption of painful affects during sleep that is roughly proportional to the depth of sleep.

It is obvious that this capacity of sleep itself to absorb pain must be one of the ego's main resources in its sleep preserving function. By mobilizing fatigue as a substitute for pain, the ego is able to deprive pain for a time of its sleep disturbing qualities. Here is obviously the explanation for Freud's observation that we have already quoted, to the effect that the wish to sleep may apparently play the same rôle in dreams as does the need for self-punishment in hysterical symptoms. Moreover our hypothesis that the absorption of pain by sleep is quantitative and proportional to the depth of sleep would also explain the fact that pain is banished from some dreams much less successfully than it is from others.

In the dream under discussion the progressively diminishing absorption of painful affects by sleep has had an important influence upon the order in which the most important dream wishes are dealt with in the manifest content. The most disturbing conflict is the ambivalence conflict toward the father which has been intensified and precipitated by the analyst's lack of response to the patient's confessions. In accordance with its sleep preserving function, however, the dream has turned away from this disturbing conflict to the desire for the shelter and protection of the intrauterine relationship to the mother. It is only later that the obstacles in the way of union with the mother begin to be sensed and usher in the impulse to remove the disturber and lead by this route to the awakening of the whole ambivalence conflict of which the father is the object.

d. Justification in reality for wish-fulfilling hallucinations by allusion to reassuring facts and memories

Freud has postulated that every dream and every neurotic symptom must represent the fulfilment of a wish dating from early childhood. The hypothesis proposed in the present study, if carried to its logical conclusion, would suggest a supplementary and limiting principle—that the wish-fulfilling tendency in symptoms and dreams must find a real basis and

justification for its wish-fulfilling hallucinations by reference to actual experiences of the patient or dreamer.

There is much in the psychoanalytic literature that would support such a hypothesis. We often quote Freud's statement that, when properly understood, the neurotic patient is always speaking the truth. What is usually meant, of course, is the subjective truth about his own motives, but instances are numerous in which the patient is shown to be telling the truth not only about his own motives but about objective external reality as well. A well-known example is Freud's suggestion that Goethe's characteristically optimistic attitude toward life may have been due to the fact that most of Goethe's rivals for his mother's love died in early childhood. "I have . . . already declared elsewhere that he who has been the undisputed darling of his mother retains throughout life that victorious feeling, that confidence in ultimate success, which not seldom brings actual success with it." (Freud, 1917.) As another example I may cite some neat observations of Pfister (1931). In an analysis of the thoughts that stream through the mind of individuals in moments of great danger he finds that these thoughts regularly lead back to other dangerous situations which have had a happy outcome. Numerous examples of this sort would seem to suggest that the wish-fulfilling tendency in dreams and symptoms cannot manufacture reassurances out of nothing but must draw them in some way from the individual's experiences in real life.

In the dream that we have been discussing this hypothesis is beautifully illustrated. In this dream every single wish-fulfilment is represented by a real occurrence in the patient's memory. The patient has undoubtedly been many times in a room with his friend's wife; the little bird's flying out of its own accord refers to a canary of the patient's that once flew away and still more significantly to the fact of his mother's miscarriage, probably also to one occasion when the analyst walked out of the room while the patient was still there. Moreover, we have already mentioned that the sensation of the large bird's claws on the patient's neck is derived from his

memory of his father's waking him in the morning. Finally, the reassuring speech at the end of the dream is a reminder that the patient is in analysis and that merely a hostile wish will not take the analyst away from him. The wish-fulfilling function in this dream appears therefore to be achieved by a very clever manipulation of actual memories.

e. Subsequent correction of distortions—similarity to trial and error method of adjusting to reality

That every wish-fulfilling hallucination is based upon one or more real memories which it condenses and reproduces, would probably be a too venturesome assumption; but we may perhaps anticipate that every distortion of reality in the direction of wish-fulfilment will be followed by a compensatory tendency to correct the distortion in subsequent material.

A principle of this sort has in fact already been suggested by Alexander in a study of dream pairs (1925). He points out that the two dreams of a pair often tend to supplement each other. "The first dream may, for instance, express the incest wish, the sexual act being disguised symbolically. For example, 'I am driving in a carriage with my sister.' In the second dream the act is disguised less, or not at all, but the incestuous object is replaced by a harmless one."

A very pretty example of such a tendency to correct distortions is contained in Freud's *Fragment of an Analysis of a Case of Hysteria* (1905). Dora, like every other hysterical patient, is unconsciously malingering. She does not admit this to herself or to Freud, but she corrects the omission, as it were, by being very much concerned over the fact that Frau K is malingering in an almost identical manner. This too, of course, is a distortion, a projection; but she betrays this distortion too by the fact that she unconsciously does not expect Freud to believe her, as is shown by the fact that she must reiterate her suspicions of Frau K over and over again.

The most elementary mechanism in dream distortion is displacement, the substitution of one mental content for another, the replacement of a wish or other affect-laden idea by a con-

tent of somewhat similar meaning or by some sort of an allusion to it. Indeed even the acceptance of a hallucination or a fantasy in place of the real fulfilment of a wish must itself be regarded as such a substitute gratification. In terms of our hypothesis substitutions of this sort must be looked upon as only incomplete forms of gratification. In terms of the principles just suggested we must expect to find that the acceptance of less satisfying substitutes will in every case be followed by evidences of unsatisfied tension.

It is of course this principle that forces one to adjust to reality in normal waking life. In rational waking behavior one is guided by wishes and purposes, in other words by goal concepts, but one does not content oneself with hallucinatory fulfilment of one's wishes. On the contrary the realization that one's wishes are not fulfilled spurs one on to appropriate action.

In dreams one accepts the dream hallucination in place of a real wish-fulfilment. Our discussion so far would lead us to conclude that the dream is able to content itself with hallucinated satisfactions only because sleep absorbs the unpleasant realization that one's wishes are not fulfilled just as it absorbs any other kind of pain. Therefore as the depth of sleep diminishes, we must expect a tendency, as in waking life, for wish-fulfilling hallucination to be followed by some sort of discontent with a gratification that is merely hallucinated, by some sort of urge to appropriate action in order to achieve something better than a hallucinated satisfaction.

We may illustrate this by tracing the dream's handling of the more important dream wishes and by comparing this with the elaboration that each would require if it were to seek fulfilment in real life.

(1) In real life if one's way is blocked by an obstacle, one allows oneself to be diverted for the time from one's original goal and concentrates one's attention upon removal of the obstacle; if a wish is thwarted, one seeks a substitute gratification, or the energy of a thwarted wish may be diverted into an impulse to seek revenge. In the dream the patient has turned from the analyst who has thwarted his desire for love; he seeks

consolation by dreaming that he is in a room with a mother-substitute. He does not become conscious of his desire¹ for the mother but diverts the energy of that desire into hostile wishes to get rid of rivals, to get rid of obstacles that separate him from his mother. His craving for love has been thwarted first by the mother's pregnancy and second by the analyst's failure to respond to the patient's confessions; his desire for revenge finds expression in the sadistic character of his desire to attack the pregnant mother.

In real life when one turns from an original goal in order to remove an obstacle it is important that the original goal be retained in some latent form in order that when the obstacle is once removed, one may then proceed toward one's first destination. In the dream the original desire to be loved is preserved in just such a latent form in the dream setting. The mother-substitute in the background probably represents both mother and analyst (as the analyst sits behind the patient) and being in a room with her is symbolic of the patient's desire to be in the mother's womb.

(2) Freud (1925) has pointed out that normal thinking is a sort of experimental living through of a possible line of action in one's mind before committing oneself to it in action. Such an experimental living through of necessity implies anticipation of the probable real consequences in case the patient should act upon his hostile wish to get rid of the father. The announcement that the patient cannot get rid of the big bird is a rational conclusion with reference to the childhood situation which the patient is reliving and his frightened awakening should be compared to the end of a normal train of thought such as, "If you attempt to vent your rage upon the powerful father, you will suffer all that you wish to inflict upon him".

¹ The birds in the dream probably symbolize not only the patient's rivals but also the penis. The realization that there is a little bird in the room therefore is a substitute for beginning awareness of genital desire toward the mother. The further elaboration of this genital desire for the mother is immediately interfered with by a self-castration impulse in deference to the love for the father (see note 1, page 48). Hence the patient proceeds to get rid of the "little bird".

It will be noticed that the patient's dream thoughts differ from normal thinking in that the whole energy of the patient's anger against the father becomes concentrated upon this experiment of thought, whereas normal thinking, as Freud (1925) has shown, is best performed with a minimum of psychic energy. The fact that the patient has been concentrating too much energy upon his anticipation of consequences is proved by the fact that he awakens in acute anxiety instead of merely concluding intellectually that it is best not to attack the father.

(3) In real life acting on one impulse may result in consequences that are in accordance with some other desire. In the dream the threat of being attacked by the father, which the patient's fear implies, now constitutes a gratification of the desire for love from the father which the patient attempted to renounce¹ by going to sleep early and dreaming of the mother. We have already called attention to the fact that the statement that he cannot get rid of the big bird is to the patient even more of a reassurance than a threat. This hallucinatory fulfillment of the patient's desire for a sexual attack by the father has, however, now gained a certain justification in reality, for it is also the anticipated consequence of the patient's desire to attack the father. It is as though the patient had set out to provoke² the attack that he so much desires.

(4) Thus seen as a whole the dream resembles³ the reactions

¹ Slight indications of the influence of the desire for the father are already present earlier in the dream. It is undoubtedly partly in deference to the patient's love for his father that the mother is relegated to the background. Moreover, since the little bird also represents the penis, getting rid of the little bird symbolizes self-castration. Dynamically, getting rid of the penis means getting rid of the desires toward the mother that are so disturbing to the patient's bond to the father.

² This suggestion is elaborated further in the next section (See Section f).

³ In the following paragraph I am using the chronological order of appearance of the manifest dream elements in order to trace shifts of emphasis that bring into focus one after another during the act of dreaming different parts of the latent dream thoughts. These shifts of emphasis I regard as quantitative indicators of the balance between conflicting tendencies just as conscious thoughts and actions during waking life are indicators of the quantitative balance between the motives that activate them. What we are tracing of course is a part of the dream work that takes place during the time the patient is actually dreaming.

of a person in waking life who is attempting by a clumsy method of trial and error to adjust to a reality situation in which he is not very well oriented. Disappointed by the analyst he turns for consolation to dreams of mother, then beginning to realize that he cannot have undisturbed possession of the mother he turns his energies to trying to get rid of his rivals, only to discover that in this way he runs the danger of losing the father whom he still continues to love. Faced with this danger he promptly recalls that his father will not let him get away with his aggressive impulses and awakens to reassure himself that it is all a bad dream. We are reminded of comic heroes on the screen who oblivious of their total situation are continually extricating themselves from one difficulty after another, only to find that escape from one difficult situation has precipitated them into another.

f. Contrast with rational elaboration—absence of essential synthetic insights

In some respects indeed the dream solution resembles a real solution of the patient's conflict. Freud has called attention to the fact that children are often aggressive and "naughty" in order to provoke their parents to punish them (1918). That such a motive has played an important part in the synthesis of this dream is made certain by a fragment from a dream of two days previous:

. . . There were two very black horses. One horse bumped into the other. . . . (Later) one horse took the harness of the other in his teeth and pulled him over to where he belonged. The patient thought this horse had almost human intelligence.

In association the patient reproached his father for not having shown much intelligence in the way he brought up his children. So also in the analysis (said the dream) if the analyst had anything like ordinary human intelligence, he would "pull the patient over to where he belonged".

In the "owl dream" of two days later, therefore, we are quite justified in assuming that the aggressive impulses in the first

part of the dream have also a provocative motive whose aim is achieved when the big bird wakes the patient up.

On the other hand, it is plain that in this dream the wish to provoke punishment has gotten out of hand—for the patient awakens out of his dream in acute anxiety. It is not hard to picture in a rough way what has happened. The wish to provoke punishment implies a subordination of the patient's aggressive impulses to a masochistic aim; but at the moment of the dream the motives of defiance and retaliation prove too strong to be so subordinated and escaping from the domination of the masochistic motive seek gratification on their own account.¹ Proof of this is the fact that the patient's ego cannot tolerate the punishment he originally tried to provoke.

We have already compared the dynamic adjustments implied by the chronological order of the manifest dream elements to the struggles of a comic hero who is able to appreciate only one small part of his total situation at a time. When compared with normal reality-adjusted behavior, what seems to be lacking in this dream is the capacity to view the situation as a whole.

We must surmise that the really traumatic moment in the œdipus complex is the first dawning realization that the little boy's desire to replace the father in the mother's love involves the danger of retaliation from the father and of loss of the father's love. We see in this material that this realization is in a sense still present—punishment follows inexorably upon aggression; but this "knowledge" persists rather as an associative bond than as an insight. In the dream there is almost no recognition of the fact that the patient's getting rid of the "little bird" is the cause of the threatening attitude of the father, that these two events belong together in the relation of cause and effect. We might think of the traumatic memory as having been

¹ At this point we have most conclusive evidence that the unconscious cannot ignore disturbing realities. Although the ego's attempt to subordinate its aggressive impulses has broken down, nevertheless the unconscious cannot rid itself of the fear of retaliation, a fear that is so excessive that the patient must awaken in acute anxiety.

fragmented.² All the essential parts are preserved but they are not perceived in relation to each other. It is as though the traumatic memory had been cut to pieces with a jig-saw to make a picture puzzle.

Let us return now to our original problem. We wanted to know what had arrested the learning process at the time of the patient's early œdipus conflict. Our recognition of the fragmentation of the memory of this conflict now furnishes us with an adequate reason for this disturbance in the learning process. In order for the patient to profit by his childhood experience he must recognize that forbidden impulse and punishment are cause and effect. The fragmentation of the traumatic memory makes this impossible. During the first part of the dream the possibility of punishment is suppressed. The threatening figure of the father comes as something unexpected. The causal connection between forbidden impulse and punishment is almost completely ignored. It is therefore not surprising that the learning process has been disturbed.

Even more fundamental for the learning process is the maintenance of an adequate incentive. Such an incentive can arise only when the realization of an unsatisfied need and the prospect of satisfaction set up a tension between them and operate together like the two poles of an electric motor. In this dream the patient is alternately omnipotent and helpless; the two poles of the motor instead of working together appear to discharge independently.

Thus the first incentive for the learning process involves a synthesis of elements that in the dream are separated. It is impossible for the patient to find a solution for his conflict so long as he alternates between wish-fulfilling hallucination and helpless fear. In order to find a solution for his conflict the

² A single important exception to this fragmentation of the patient's conflict is the overdetermined self-castrative meaning of getting rid of the small bird to which reference has already been made (footnote 1, page 47). This double meaning of getting rid of the small bird gives this symbolic act the significance of an elementary synthesis. By the choice of an ambiguous symbol the dream is attempting to reconcile the wish to get rid of the father with the wish to make peace with him by getting rid of the offending organ.

wish-fulfilling hallucination must become a wish that serves as a guide and a goal directing his activity.

A second requirement, in order that the patient may learn, is insight into the relation between cause and effect. The recognition of causal connections, as Nunberg (1931) in particular has emphasized, is also an act of synthesis. In terms of our dream material, the patient's aggression against the mother's pregnancy and the threatening attitude of the father must be recognized as belonging together in the relation of cause and effect. One might compare this act of synthesis with the union of two states in a federation. The federated state is the ego, whose function begins with the recognition of the causal connection. Armed with this understanding the ego could now begin to assume the rôle of arbiter and mediator between the patient's aggression and his fear.¹ The fear must be toned down so as to allow of an experimental search for substitutive satisfactions; but then the aggressive impulses must be modified to give place to less dangerous substitutes.

The recognition of this arbitrating rôle of the ego, moreover, throws into relief the dynamic source of the tendency to fragment the traumatic memory. The two conflicting tendencies—both the patient's desire for the mother and his fear—resist modification. As every analysis shows, the realization that the unconscious desire for the mother is unattainable is a shattering one. The infantile sexual wishes resist being modified in deference to fear and want no arbitrator; they prefer to take their own course and forget the fear, as the first part of the dream succeeds in doing.

g. Economic analysis of disappearance of insight

We are thus brought back to our central problem. We undertook first of all to compare the dream's attempt to solve the patient's conflict with the requirements for a rational solution of the same problem. Upon making this comparison we were struck first by the fact that the dream was dealing pri-

¹ By fear I mean, of course, not only fear of punishment but also fear of loss of love.

marily with the realities of a childhood situation, rather than with the realities of the present situation. Our further analysis then disclosed that the wish-fulfilling tendencies in the dream had not been successful in eliminating the unpleasant real elements in this childhood situation, but that the dream material portrayed side by side the hallucinatory fulfilment of the patient's wishes and the frustrations deriving from the fact that these wishes could not be gratified. We then found that the essential differences between the dream solution and a hypothetical rational solution of the patient's childhood conflict were due to the fact that essential synthetic insights were missing,—to the fact that the patient was unable to look at this childhood problem as a whole and therefore could not begin to learn the lesson that was contained in it. Due to the absence of this total view of the childhood memories to which the patient is reacting, the patient's dream consists of successive reactions to different fragments of his childhood conflict.

Our next problem is to inquire into the dynamic reasons for this absence of synthetic insights, for this inability of the dreamer to view his problem as a whole. To ask the same question in another way—what dynamic conditions would be necessary in order to enable the patient to gain a view of this unsolved childhood problem as a whole, and so find himself in a position to begin to learn the lesson from it?

(1) *The wish to sleep*

A first answer to this question is so obvious that it may seem a bit ridiculous to have put the question. It is not the function of a dream to achieve a solution for the patient's conflict that would be valid in real life. During sleep one does not wish primarily to find rational solutions for one's conflicts. One wishes first of all to sleep. Wishes derived from one's waking life are first of all disturbers of sleep which the dream is attempting to put to rest as expeditiously as possible.

We have already taken note of the fact that it is only in the process of waking up that this dream has been compelled to react to the painful elements in the traumatic situation that

he is reliving. The ignoring of painful elements in the first part of the dream has plainly been dictated by the wish to sleep. When the wish to get rid of the analyst becomes so importunate that it threatens the patient with the danger of really losing his father-substitute, he saves himself by waking up with what is equivalent to a reassurance that he has only been dreaming. The claws of the bird upon the back of the patient's neck awaken him just as his father used to do and the voice of the bird reminds him that it is quite impossible to get rid of his analyst.

We seem to be dealing therefore with another sort of synthesis of the elements of the patient's conflict, rather than with an evidence of the failure of the ego's synthetic function. The dream has acted as a sort of safety valve to conserve sleep and at the same time to allow a harmless outlet for wishes that might prove disturbing in real life. Then when he has been somewhat refreshed by sleep, the patient wakes up and reminds himself that he has only been dreaming.

This, as we know, is Freud's classical formulation of the function of dreams. It is useful to recapitulate it in order to remind ourselves that the ego's synthetic function is not obliterated during sleep and in dreams but rather focused in large part upon the task of preserving sleep.

(2) *Increased intensity of conflict*

In the present instance, however, the ego has failed also in this other synthetic function, that of preserving sleep. The patient wakes up, not refreshed and revived by his sleep but in acute anxiety. If the original purpose of the ego was merely to allow a harmless outlet for forbidden wishes, it is plain that these wishes have proved too strong to remain subordinated to the ego's wish to continue to sleep. On the contrary they have stirred up infantile fears that compel a precipitate awakening to prevent the ego's being overpowered by destructive forces that have escaped from its control.

We may convince ourselves further that the breakdown of synthesis in this dream is not solely due to the fact that the

patient is sleeping, by comparing this dream with the dream fragment already quoted from the hour of two days previous.

. . . There were two very black horses. One horse bumped into the other. . . . (Later) one horse took the harness of the other in his teeth and pulled him over to where he belonged. The patient thought this horse had almost human intelligence.

It will be noticed that this dream implies recognition of the conflict between the patient's hostile wish to attack the analyst (the other horse) and his desire for the analyst's love. The dream is an expression of the wish that the analyst would "pull him over to where he belonged". His wish to be put right is based, of course, upon his wish to be reconciled with his father, to be again accepted as one of the family group. His reproach to the analyst that the analyst does not put him in his place is at bottom a plea for reconciliation. The dream ends with this plea for reconciliation. The hope that he will be corrected and so retain the love of the father remains dominant and the aggressive wish remains subordinated.

The dream of two days later is in fact very similar in structure to the earlier dream. In this anxiety dream also an aggressive wish toward the analyst threatens to deprive the patient of his father-substitute. In this dream, moreover, the patient's hope that his father would put him in his place is actually realized. The father wakes the patient rudely and assures him that there is no possibility of his getting rid of his analyst.

The difference between the two dreams is plainly a quantitative one. In the dream of the two black horses the desire for reconciliation is able to retain dominance. In the anxiety dream the intensity of the hostile wish is so much stronger that it threatens completely to escape from the domination of this wish to be reconciled with the father. In order to regain control in behalf of its synthetic function the ego must allow the patient to awake in acute anxiety.

If we wish to find an explanation for this quantitative difference between the two dreams, we need only to recall that in

the interval has occurred the patient's confession and the frustration due to the fact that the analyst did not respond. This frustration both intensifies the patient's conflict and weakens the synthetic capacity of the patient's ego. It intensifies the patient's conflict by adding the resentment of frustration to the aggressive impulses that are already threatening to estrange him from the analyst. It weakens his ego by robbing it of the hope of success in its attempt to solve his conflict by seeking reconciliation with a father-substitute.

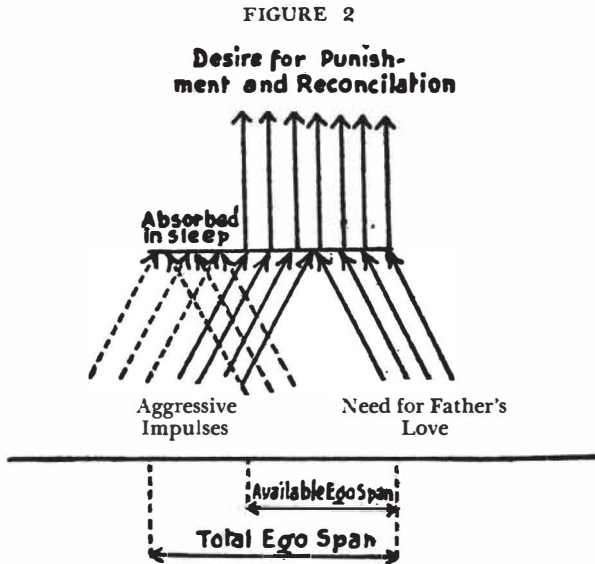
The patient's confessions in the analytic hour preceding the dream constituted in fact a very promising attempt to solve his conflict. Among other things, he confessed his sexual fantasies involving the girl for whom he had once arranged an abortion. It is plain, therefore, that he was already dealing with the aggressive and sexual impulses toward the pregnant mother that play such an important part in the subsequent dream. Moreover, just as in the dream, his admitted fear of telling these fantasies to the analyst is obviously based upon the tendency to react to the analytic situation according to the pattern of his childhood relation to his father. The patient's confessions differ from his dream, however, in one very important respect. The dream deals separately with conflicting tendencies and is unable to view the patient's problem as a whole. Closely associated with this is the fact that in the dream, except at the moment of waking, there is no recognition of the differences between the analytic situation and patient's childhood relation to the father. The patient's confessions, on the other hand, are an attempt at synthesis, an attempt to reconcile the patient's hostility with his desire for the father's love. Moreover they constitute specifically an attempt to correct the childhood pattern, to determine whether it might not be safe to confess to the analyst impulses that the patient would not have dared to tell the father.

We have already noted that the frustration at the end of this hour both increased the intensity of the patient's conflict and weakened the capacity of the patient's ego by depriving it of the hope of success in its synthetic function. In the subsequent

dream the energy of the conflicting impulses is too great to be mastered by the ego in its rôle of arbitrator.

Borrowing a concept of Pierre Janet (1889), we might picture the ego as having at any given moment a certain "span"¹ or "synthetic capacity".

In the dream of the two black horses we may picture the dynamic situation as in Figure 2. The synthetic capacity of



Available Ego Span is that part of Total Ego Span that is not absorbed in the Wish to Sleep

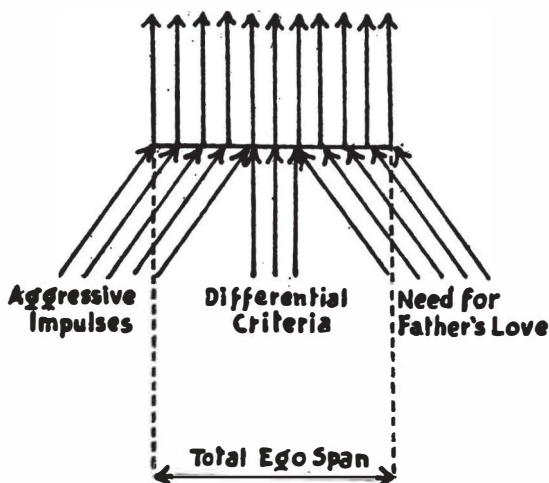
the ego is able to span both the patient's aggressive impulses and his desire to retain the love of the father. The result is an attempt to synthesize the conflicting impulses by provoking

¹ Janet uses the term "psychic tension". In a later work (Janet, 1924) I find a paragraph which states the same principle that I am here discussing, though of course without reference to the psychoanalytic concepts of the unconscious and repression. "Psychic force, that is, the power, the number, and the duration of movements, ought not to be confused with psychic tension, characterized by the degree of activation and the hierarchical degree of acts. It is probable that in normal behavior in well-balanced individuals a certain relationship must be maintained between available force and tension, and that it is not good to maintain a great force when tension has lowered; the result is excitement and

punishment and so obtain reconciliation with the father; but the attempt at synthesis follows an old pattern and takes no account of the specific differential features of the present situation.

The situation during the hour preceding the anxiety dream is represented in Figure 3. In this case the synthetic capacity

FIGURE 3
Confession

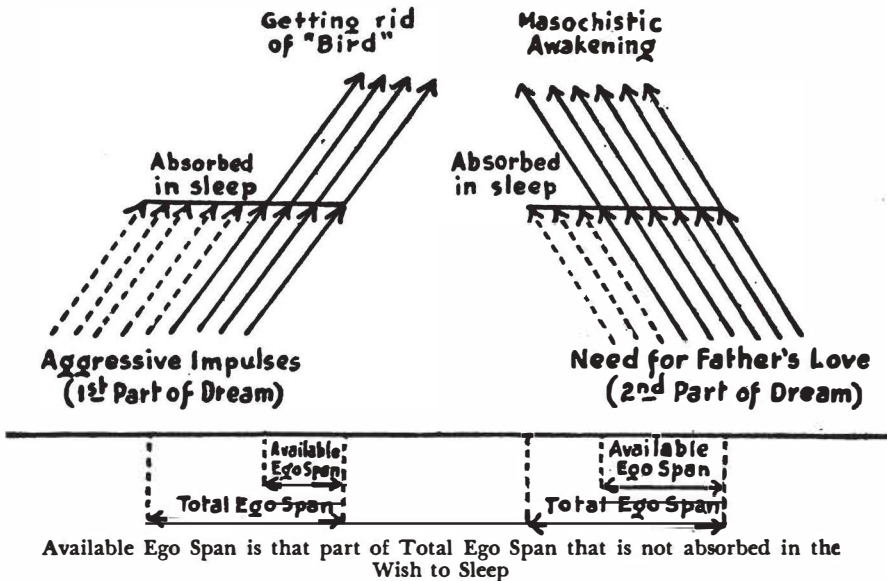


of the ego is sufficient not only to span the combined energy of the conflicting impulses but also to take some account of the differences between the present situation and past experience. This makes possible an attempt at discriminatory learning, an attempt to determine whether it might not be safe to confess to the analyst impulses that the patient would not have dared to tell his father.

disorder. A comparison allows the illustration of this little known law; individuals who are not accustomed to order and economy do not know how to behave and run risks if they have at once in their hands a large sum of money. 'If I am disgracefully drunk,' one poor woman told me, 'it is the fault of my employer who gave me seventy francs all at once. I cannot stand more than twenty-five francs at a time. What do you expect? I did not know what to do with seventy francs so I drank them.'"

The situation in the anxiety dream is represented in Figure 4. In this case the ego is able to span the conflicting impulses only one at a time. As a result the patient must discharge in a fragmentary fashion first his aggressive impulses and then his need for punishment in order to retain the love of his father.

FIGURE 4



4. Conclusions

We may tentatively summarize our conclusions in the following two main points:

(1) In order to understand dreams and neurotic symptoms it is not sufficient merely to find the wish or wishes that the dream or symptom is attempting to fulfil. We must also seek justification in the real memories of the patient for the particular kind of wish-fulfilment that the dream or symptom is able to achieve. Neuroses and psychoses are not able to ignore pain. Dreams are able to ignore unpleasant reality only in so far as the state of sleep itself in proportion to its depth is able

to absorb the pain. Reassurances cannot be manufactured out of nothing. If a dream or symptom is unable to provide reassurance by reference to the actual experiences of the patient, distortions of reality in the direction of wish-fulfilment will be followed by a compensatory tendency to correct the distortion in subsequent material.

(2) The fundamental differences that distinguish rational waking behavior from neuroses and dreams are based upon the quantitative relationship between the synthetic capacity of the ego and the intensity of conflict. Due to the ego's inadequate synthetic capacity neuroses and dreams are usually able to deal with the conflict only in a fragmentary way and tend to repeat in a stereotyped manner reactions to previous traumatic experiences. Rational behavior requires an ego span sufficient not only to view one's situation as a whole but also to enable one to pay attention to differential criteria so as to be able to learn from past mistakes instead of repeating them.

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Reality Testing in Dreams

Thomas M. French

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REALITY TESTING IN DREAMS

BY THOMAS M. FRENCH (CHICAGO)

Since earliest times, dreams have been credited with a prophetic significance. Freud has pointed out that this belief in the prophetic value of dreams is, in part, both justified and explained by the fact that the function of dreams is to represent wishes as fulfilled. Wishes often succeed in attaining fulfilment also in real life. Hence it is not strange that dreams should often prove to be prophetic.

Freud (1923) has also called attention to the fact that a person, immediately after awakening from sleep, may be able to solve a difficult intellectual problem with which he had been struggling in vain before going to sleep. It has been abundantly demonstrated that both the id and the superego continue to function in dreams. Observations of the sort just cited, indicate further that the ego's function to find solutions for problems in real life may also be continued in sleep.

A less dramatic, but more frequent observation, points to the same conclusion. I suspect that most analysts could recall dreams that are already, as it were, premonitory of a real conflict solution that the patient will achieve perhaps very soon, perhaps only after a period of weeks or months. Such dreams have been frequently reported in the literature. The following dream from the first case report in Alexander and Healy's book, *Roots of Crime*, is a dream of this sort.

The patient had been complaining that he would never achieve anything. He could be an elevator boy and slowly advance to a small job in a hotel or a department store, but such a man has no pleasure in life, nothing but duties and children, no hope of advancement. The patient prefers to be a crook.

From the Institute for Psychoanalysis. Read at the International Psychoanalytic Congress at Marienbad August, 1936.

In the following interview, however, he brings a dream that indicates a more hopeful attitude.

He was going into an office building, as he often did—one of his old tricks. There were raincoats and hats. He took a hat and some stamps from a brief case. An old white-haired fellow who was working in the elevator shaft saw him through the glass door of the office. He thought he had better “beat it.” He went out through another door, came to a lobby, and from there to the street.

He recognized in the old man looking from the elevator shaft the discouraging picture of his future if he goes straight. This is the kind of prematurely aged family man, an old man still an elevator boy, that he had in mind. Associating to the dream he says, “When this fellow looked at me in the dream, I suddenly saw that there were many doors in the room and I took another door, not the one through which the man saw me when I came in.” He discovers in the dream that it is not true that there are only two possibilities for him—to become an elevator boy or a crook. In the dream he says, “maybe there is another way out”. In other words, in this dream rather early in the patient’s analysis, there is a reorientation with reference to the patient’s future, that is anticipatory of the further course of his analysis.

This is indeed not an unequivocal instance of conflict solution in a dream. The sudden discovery of the many doors symbolizes a sudden realization that there are new possibilities in life for the patient. In the dream he goes out by another door, thus symbolically accepting the hope that he may find another way out of his conflict, but the rest of the dream indicates plainly that he is not yet able to take the emotional step that is here suggested.¹ The whole façade of the dream is a

¹ Alexander reports this dream merely as one of a series illustrating the course of an analysis. He does not take time, therefore, to discuss at this point the deeper instinctual basis for the patient’s awakening interest in becoming an honest man. Judging from the dream symbolism and from the subsequent course of the analysis, we may suspect that the new possibility that opens itself up before the patient is that of identification with the analyst who is perhaps

rejection of it. He is still a thief. As in his conscious associations, the possibility of becoming an honest man is depreciated in the figure of an old man who is still an elevator boy. Moreover, in the first version of the dream, he does not mention catching sight of a new possibility—it is rather the old man who sees him. Finally he decides to “beat it”, to run away from the urge to follow further the new possibility that has opened itself up before him.

The second example that I shall cite is a dream that achieves a much more complete conflict solution. The following dream is reported by Ruth Mack Brunswick in her supplement (1928) to Freud’s *History of an Infantile Neurosis*.

“The patient stands looking out of his window at a meadow beyond which is a woods. The sun shines through the trees dappling the grass. The stones in the meadow are of a curious mauve shade. The patient regards particularly the branches of a certain tree, admiring the way in which they are intertwined. He cannot understand why he has not yet painted this landscape.”

Brunswick points out that this dream is a sort of “clarified” version of the earlier traumatic dream of the wolves in the tree reported in Freud’s case history. The landscape is again the landscape of the childhood dream. In childhood “it was night, always a frightening time”. “Now the sun is shining. . . . The branches of the tree where the terrifying wolves sat are now empty and are intertwined in a beautiful pattern”, symbolizing the parents in sexual embrace. “What was fearful and ominous has become beautiful and reassuring. The patient wonders at his never having painted this scene before, that is, at his failure until now to admire it.”

the first successful honest man to whom the patient has become strongly attached. If one is to learn by identification, however, it is necessary that one become quite conscious of the differences between one’s own performance and the model one is attempting to copy. As the later analysis shows, the great difficulty in the way of successful identification with the analyst is the patient’s emotional resistance to recognizing the great disparity between his own passive desires and his masculine ideal. The subsequent analysis consists of a struggle months long on the patient’s part to accept recognition of his passive dependent desires and to overcome his envy of his brother and of the analyst.

Brunswick points out further that the reconciliation with what formerly terrified him can only mean that he has now, for the first time, overcome his castration fear and "become capable of admiring what others find beautiful, a love scene between a man and woman. So long as he identified himself with the woman he was incapable of such admiration;" his entire narcissism had reacted against the castration threat implied in the female rôle. If, however, he gives up his identification with the woman, he need no longer fear castration.

However, as Brunswick immediately takes pains to point out, the patient had not in real life progressed so far as the dream seems to indicate. It was really a considerable time before the patient finally experienced the relief which this dream had prophesied.

It will be noticed that Brunswick regarded the dream of the entwined branches as prophetic of an adjustment that the patient would later make in real life. I think that this accords with general analytic experience. When such dreams are properly understood, and if they represent real dream solutions of the patient's most active conflict, we are usually justified in the hope that the dream solution is a sort of prophecy of an adjustment that the patient will be able to make in real life, or at least that it indicates the potentiality of such an adjustment. In other words, the dream has been able to achieve a solution for a conflict that waking thought is still quite unable to solve. The dream work is, by several weeks or even months, cleverer than waking thought. When viewed in the light of our habitual overvaluation of waking thought, this would seem to be a paradox that urgently deserves further investigation.

Before attempting to explain this paradox, let us raise again the question as to whether it exists. Does the dreamer really find the solution ¹ for a conflict while he is asleep, or does the

¹ Maeder (1912, 1913-a, 1913-b) clearly formulated the suggestion that many dreams have a secondary "teleological" function, the function of attempting to find a solution for a conflict in real life. This he compares to the preparatory function of play as practice for real living. Alfred Adler (1912) also ascribed to the dream the function of "thinking ahead". Similar suggestions were also made in a much more vague form by Silberer (1910 and 1911). Since Maeder

dream only bring to manifest expression a solution that had already been found during the preceding day, perhaps without having actually become conscious? It is difficult to decide. As we have already noted, Freud has called attention to the fact that one may solve a difficult intellectual problem during sleep, but in the case of dreams that seem to find solutions for real conflicts, he is inclined to regard the solution as a product of preconscious waking thought which has been incorporated into the dream thoughts as a day residue.¹ Freud recognizes the fact that "many dreams contain attempts to find solutions of conflicts" and that these solutions that are found in the dream are often actually carried out later in real life; but he regards "the function of thinking ahead in the dream" rather as "a function of preconscious waking thought, the result of which may be disclosed to us by the analysis of dreams or by other phenomena".

It is, of course, often difficult to determine when the idea of how to solve a conflict first arises, especially when it is the product of unconscious and preconscious thinking and only later becomes conscious as in the cases under discussion. For the purposes of the present discussion, however, it is not so important to inquire when the solution of a conflict first arose as an idea. Much more important is the moment when it is first accepted by the ego as a satisfactory compromise product. In this respect it is interesting to contrast the two dreams we have cited from the literature. The dream reported by Alexander does not in fact register a real acceptance by the ego of the new solution for the dreamer's conflict. In this dream merely the idea of a possible new solution is suggested symbolically and symbolically accepted, but in contrast to this symbolic acceptance, the dream ego is frightened by the new

wrote, Freud has elucidated the rôle of the transference in psychoanalytic therapy, has described the repetition compulsion, and has sketched out a scheme of the structure of the total personality. My own paper is an attempt to reconsider the problems that were raised so long ago by Maeder and others, in the light of these later developments in psychoanalytic theory.

¹ *The Interpretation of Dreams*, footnote, page 533, in reply to Maeder and Adler.

idea and decides to "beat it". The manifest content of the dream reported by Brunswick, on the other hand, registers a real emotional readjustment which anticipates the more permanent adjustment achieved later in the patient's waking life.

Since Freud published *The Interpretation of Dreams* we have learned to recognize in dreams the products of a compromise between repressed wishes and the repressing forces. In normal, healthy persons, the dream may serve merely as a sort of safety valve allowing the periodic and harmless release during sleep of wishes that might otherwise prove disturbing in waking life. The dreams of neurotic persons, on the other hand, quite typically reflect the failure of the patient to find a solution for his conflict that can be acceptable to him in real life. Let us think of the typical situation in which the neurotic patient has attempted to repress too severely and indiscriminately the impulses deriving from his sexual life. The dreams of such patients only reflect in different language the continuous and bitter struggle between defiant, repressed impulses and the desperately repressive superego. In a psychoanalytic treatment we attempt to help the patient to achieve a redistribution of energy in his psychic economy that will result in a less severe superego, a less defiant id and a better working compromise between these two parts of the personality. The patient's too rigid superego has been built up in reaction to traumatic experiences in his early life. In order to modify his superego we must help him to reopen and relive the conflicts of which that too rigid superego was a product, and then under more auspicious circumstances to find a new and better solution for a conflict which the patient has never really solved. Prophetic dreams of the sort we have been discussing, represent crucial steps in this process of redistribution of energy. In order to understand them, therefore, we must think not in terms of superego and id as fixed structures, but rather in terms of the dynamic interplay of forces that led to the original formation of the superego and that must be now modified in order to permit of a correction of the original pattern.

As I have already discussed at length in a previous paper, this

dynamic interplay of forces may be most simply pictured in terms that are analogous to Pavlov's experiments upon the differentiation of conditioned reflexes. At some time in his childhood, the patient has had impulses that led or threatened to lead to unpleasant consequences. In order to avoid the repetition of these unpleasant consequences, the patient learns to inhibit the forbidden impulses. Up to this point, the patient's reaction was a simple adjustment to reality, but in the case of the neurotic superego the reaction went further than this. The patient not only inhibited, but vigorously repressed the forbidden impulses. By excluding the impulses from consciousness, he made impossible the later correction of his reaction pattern. Let us suppose, for instance, that these forbidden impulses were sexual ones directed toward the mother and sister. When puberty comes, the patient's too indiscriminate conscience forbids not only sexual impulses directed toward mother and sister, but similar impulses directed toward any woman. The patient's code of prohibitions is in urgent need of revision, but his desperate exclusion from consciousness of all heterosexual impulses makes it impossible for him to recognize that there is a difference between incestuous and other heterosexual longings. In analysis we must help him to bring to consciousness the incestuous wishes in order to compare them with other heterosexual wishes whose social consequences are less disturbing. This is the process that we call reality testing. The significant feature of the "prophetic", conflict-solving dreams, that we have been discussing, is the fact that the dream work has achieved a reality testing during sleep. It will be of interest to study more in detail this process of reality testing during sleep.

In *The Interpretation of Dreams*, Freud demonstrated that a dream in every case fulfils two conditions. (1) It represents the fulfilment of a wish dating from childhood. (2) It contains references to material of the day preceding. It is the second of these conditions that is of interest for our present problem. Freud finds that the references to the material of the day preceding need not be allusions to events of emotional importance.

He attributes their appearance in the dream to a process of transference over to recent experiences of energy deriving from the infantile conflict.

This transference process is the same sort of transference that one encounters regularly in the neuroses and that we are compelled to study so intensively in the course of a psychoanalytic treatment. Freud only later discovered its fundamental biological significance. It is one of the important manifestations of the repetition compulsion. There is a strong tendency to interpret present situations as though they were merely repetitions of previous experiences and to live in the present as though one were only reliving the past. The most extreme manifestations of this repetition compulsion are bizarre enough, but it is important to recognize that it is only by means of the repetition compulsion in a modified form that we are able to learn by experience. When confronted with a new experience, we tend to recall previous experiences that are similar and to react to the present according to patterns learned from the earlier experiences. If we are to learn to adjust to reality, we must first reactivate the old patterns and then attempt to correct them by comparing the new situation with the old one. This again is the process of reality testing. In the dream work, this tendency to bring present situations into relation with past experiences persists in the tendency to transfer some of the energy of the infantile conflict over to more recent experiences. The dream work continues to struggle with the task of trying to find a solution for the never solved problems of childhood in terms of the situations of the day before.

That the dream work is still struggling with a problem in adjustment to present reality is seen most clearly in the prophetic conflict-solving dreams that we are now discussing. I can best illustrate this by an example.

The patient is being analyzed in a hospital after a psychotic episode. He had entered upon the analysis rather reluctantly and in a number of dreams had indicated that a very important motive for his accepting the analysis originated in the fact that being analyzed gave him an excuse for remaining in the hospital

where he had no responsibilities and was well cared for. On the day previous to the hour from which material is to be cited, the patient had requested to be allowed to go to a nearby city unattended. The policy of the hospital, however, had made it necessary to insist that his wife meet him at the hospital and accompany him to the city.

He opens the next hour with the following dream:

The patient meets the analyst and the analyst tells him that in the future he shall have more freedom.

He immediately states that more freedom means parole and reminds the analyst of the denial of his request of the day before. He remarks that he had had a good time in the city where he met some old acquaintances who had previously worked for him.

After the analyst comments that this was a consolation dream, the patient then brings a second dream:

He is in a large house made of red brick with light, very neat brown tiles pointing downward. The house resembles his own house in a South African city (where he had had an administrative position), but is larger and finer. The patient and his wife are entertaining there his former employer and the employer's wife. The patient feels he is entertaining well, which is unlike his usual feeling that he is a poor host.

Then the patient is upstairs. He and his wife are in a room near the bathroom. He hears his wife apologizing gracefully to his employer's wife because the employer's room is some distance from the bathroom.

Next the patient is in a large open shower which consists of one very large upright iron column with several bent tubes branching out from it, each tube giving forth a stream which is about half an inch in diameter. The shower has a broken brick floor with a large drain hole. The patient is taking a shower bath. Other people, mostly negroes, are standing around but not bathing. The patient defæcates, then catches the stool in his hand and it becomes a piece of soap with which he washes himself.

It is this second dream that I am interested in discussing for the purposes of this paper. In association, the patient recalls that he actually did entertain his employer and his wife in this house shortly after his guest had lost a child. He recalls that he felt very uncomfortable in entertaining them, as he is a very poor host. The patient also recalls that his wife hurt her knee while the patient was living in this house. He had to take care of her. He had his own worries at the time (this was at the onset of his depression, which was the beginning of his psychosis) and had the impulse to kill her and commit suicide, which was provoked by his chagrin at the memory of a previous period of excitement. He also recalls that he and his wife were entertained by his employer one summer. At this time his employer had intestinal cramps and his wife made apologies for him. Ordinarily his employer is an athletic, happy, active sort of man. In association to the apology because his guest-room was so far from the bathroom, the patient remarks that it is always a matter of considerable concern to him to be near the bathroom whenever he goes anywhere. He gives much attention to avoiding constipation, and for this reason he feels uncomfortable when he goes to strange houses and always informs himself immediately where the bathroom is. Once in his childhood he recalls having defæcated in his trousers and the difficulty he had cleaning up. He hates to have to wait to go to the toilet.

We may interpret this dream as a reaction to the patient's chagrin at being reminded that his friends were living active lives and meeting life's responsibilities outside of the hospital, whereas he was continuing in the hospital and allowing his wife to earn her own living as best she could. The dream at first attempts to wish away these feelings of inferiority. The patient is at home with his wife and no longer the recipient of treatment in the hospital. On the contrary it is he that is entertaining one of the men whose success he most envies, his active, athletic employer. This denial of his chagrin, however, shortly proves unsuccessful. The comparison between the patient and his successful employer stimulates a more infantile

competitive impulse. The large upright iron column giving forth a stream of water into a large drainhole is symbolic of the primal scene. But the patient has revised this primal scene so as to draw all attention and glory upon himself. Instead of being merely a frustrated observer, he is between the symbols for father and mother; he is the center of attention. Inferior beings are standing about watching him. As an infantile substitute for ejaculation, he defæcates.

There is in fact a real basis for this grandiose fantasy. As an analytic patient, he is indeed the center of attention as compared with the other patients in the hospital (the "negroes" in the dream).

It is the last incident in the dream, however, that is of special interest for our present discussion. What can be the meaning of the stool becoming a piece of soap with which the patient washes himself? Washing, of course, is a reaction formation to the soiling impulse. On the other hand, washing is also a sublimated outlet for anal erotic impulses, a sublimated form of smearing. The reaction formation derives its energy in large part from the soiling impulse against which it is a reaction. That the stool becomes soap is a very plastic representation of this fact.

Nevertheless, we are struck by the ease with which the soiling impulse is succeeded by reaction formation without other evidence of shame or guilt in the transition. Instead of feeling ashamed, the patient seems to be boasting: "See, I can turn a stool into soap". It is as though he were performing a feat of magic before an audience. How can we account for the ease with which the patient replaces his shame by such a boast?

We have already mentioned that the patient is one of the few patients in the hospital who is being analyzed. Recalling this, we now discover that his boast is based upon a real fact. The stool that becomes soap is a most significant symbol of the analysis. To tell his dirty thoughts has been most painful for the patient's fastidious ego. This dream represents the patient's first acceptance of the tolerance of the analysis for his anal erotic impulses. In this situation, telling one's dirty thoughts

is no longer an offense against good taste, but a means of purifying one's self—which is the patient's conception of being cured of his neurosis.

Thus in this dream the patient has hit upon an element in his real situation that offers a possibility for a better solution of his conflict. In his infantile situation, defæcating in his bath could bring only shame and humiliation. In the analysis, telling his dirty thoughts is a kind of soap with which he can wash himself. The dream has taken account of the difference between the shame attaching to his soiling impulses in childhood and the encouragement given to these same impulses in the analysis, and has turned to the analysis as a solution for his conflict.¹ In other words the dream work has succeeded in a bit of reality testing of which the patient has not yet been capable in his waking life.

Since we are prone to the prejudice that dreaming is much less capable of finding a solution to a problem in real life than is wide-awake thinking, this sort of paradoxical dream should stimulate us to inquire into the dynamic mechanisms that have made possible the dream's solution. The first step in this solution was the frank appearance of the patient's infantile impulse to compete with his father's potency by an act of defæcation. Until this infantile impulse could be brought into consciousness it was of course impossible to make a comparison with the analytic situation and so discover that the analysis encouraged

¹ It is easy to underestimate the importance of unobtrusive and familiar facts. In every analysis it is first of all the tolerant and objective atmosphere of the analysis that makes it possible for the patient to bring repressed impulses to consciousness and give overt expression to them. This is obviously the result of an elementary bit of reality testing on the patient's part. The patient is taking account of the fact that the analytic situation is different from the childhood situation that first made repression necessary. In the analytic situation it is safe to say many things that one was afraid to say in childhood.

A second familiar fact that is illustrated by every analysis is the fact that the first open avowal of a repressed impulse often takes place in a dream. In other words, a dream is the first sign registering the fact that the patient has taken this elementary step in adjustment to reality. The dream under discussion is only a rather pretty illustration of this very common phenomenon.

rather than discouraged such infantile fantasies.¹ We must next inquire, therefore, why it is that the patient is better able in a dream to bring such a disturbing impulse into consciousness. In waking life we may surmise that his shame is too intense to permit the reanimation of such a fantasy. Even during his psychotic excitement, fantasies of this sort had not appeared and at this period the patient's psychotic excitement had been replaced by the extreme reserve which was normally characteristic of him. In waking life the patient tended rather to react more in accordance with the first part of his dream by priding himself upon his fastidiousness and taste for elegance and striving in this way to overbalance the feelings of inferiority that constantly distressed him.

It will be helpful to weigh carefully the advantages and disadvantages of such a reaction formation as a solution for the patient's conflict. Its obvious advantage is that it protects the patient from the intense shame that a reliving of his infantile impulses must reawaken. Over and against this we must weigh the disadvantage that such a reaction-formation leaves the patient a prey to strong inner tensions due to the constant necessity of holding his infantile impulses in check.

It is plain that in the course of the dream the dynamic balance shifts.² In the first part of the dream the reaction forma-

¹ It is, of course, a matter of everyday experience in psychoanalysis that a patient cannot once for all accept as a fact the analyst's tolerance for the patient's forbidden impulses. On the contrary, every important new disclosure costs the patient another struggle before he can believe again with reference to this particular forbidden impulse, that the analyst will be objective and tolerant.

² It will be noticed that I am here using the manifest content of the dream as an index of the quantitative balance between repressed and repressing forces. This is a procedure that is employed intuitively by all analysts. That repressed wishes are expressed more and more openly in the manifest content of the dream, as the repressing forces weaken, is a fact that can be corroborated during the course of nearly every analysis. I should regard it as superfluous to remark upon it were it not for the fact that Fenichel (1936) has recently questioned the validity of conclusions drawn from the manifest content of dreams even though the manifest content may have been studied, as in the present instance, after very careful attention has been paid to the latent dream content.

In the present discussion I am also using the manifest content to trace shifts in this dynamic balance during the course of the dream. This is also a procedure

tion is in the ascendancy. The wife's apology to the employer's wife is the first sign that the patient's anxiety on account of his repressed impulses is increasing. It is well to be as near as possible to the bathroom. Immediately afterward, the repressed impulses have attained the ascendancy.

How are we to account for this shift of balance? In an attempt to do so, I should like to utilize an hypothesis concerning the dynamic influence of sleep upon psychic equilibrium that was first suggested to me by a study of nightmares that waken patients out of sleep. In such nightmares one can observe that the recognition of painful elements in the dreamer's psychic situation is at a minimum at the beginning of the dream and increases progressively as the dream proceeds, reaching its maximum as the patient wakes up. It is only a short step to infer from this observation that the state of sleep itself absorbs and neutralizes pain. As one becomes refreshed by sleep we may surmise that the intensity of one's fatigue lessens, the depth of sleep diminishes and painful affects are released in increasing amounts from the neutralizing effects of deep sleep.

Pain, however, is of two sorts. There is the pain of unsatisfied desire, and then again there is the pain of unpleasant consequences on account of having gratified one's desires. A delicate dynamic balance must determine which one of these two sorts of pain one shall choose.

Applying these principles to the dream under discussion, we note that the patient is able at first to abolish or neutralize both of the types of pain to which we have referred. His sense of inferiority is gone. There are no disturbing infantile impulses. He is successfully entertaining his employer. In the sequel the intensity of the unsatisfied infantile impulses increases rapidly but the fear of consequences appears to be deadened sufficiently to allow the infantile impulses to break through. We might expect the patient immediately afterward to wake up out of his

that is not without precedent in the psychoanalytic literature. What I am tracing of course is a last phase of the dream work, the part of the dream work that occurs during the act of dreaming.

sleep acutely disturbed by the shame attaching to his soiling impulses. Instead of this, the patient's dream ego borrows a trick from the ego of waking life. He promptly recalls that he is in analysis; so it does not matter anyhow. By a sort of pseudo-awakening, the patient reduces the intensity of his sleep-disturbing anxiety and so makes it possible to continue sleeping a while longer.

Since I have been interested in the evidences of the persistence of the reality testing function in dreams, I have been struck by the frequency with which patients' dreams end by consolations of this sort drawn from the actual facts of real life.

If the above reconstruction of the alternations of dynamic balance in this dream is correct, we are now able to give an answer to the question that we raised a short time ago. We asked why it was that this dream was able to achieve a solution which the patient had been unable to find in real life. The answer is that the state of sleep has absorbed a considerable part of the shame attaching to the patient's soiling impulse and in this way has diminished the intensity of the patient's inhibitions and permitted an experimental reliving of the forbidden impulses under the encouragement of the analysis.

In previous papers (1933 and 1936) I have frequently pointed out that the discriminatory function of the ego is dependent upon maintaining the intensity of conflict at a certain optimum level. In waking life, the patient's conflict was too intense to permit of a discriminating solution. The state of sleep, by diminishing the intensity of the patient's conflict, provided better conditions for ego function. Hence the dream work was able to achieve a solution for a conflict which the dreamer's wide-awake ego could only seek to evade.

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Balzac's *Pere Goriot*

Milton L. Miller

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BALZAC'S *PERE GORIOT*

BY MILTON L. MILLER (CHICAGO)

A newcomer to the best society of Paris in the first third of the nineteenth century would have been startled to see a robust figure of a man consuming "a hundred oysters and dozen cutlets with frills" at one sitting, washed down by huge quantities of coffee. After dinner he would have observed the same man dominating a brilliant conversation covering a wide range of topics. There was nothing about the life of Paris in that period of which Balzac did not have knowledge gained through personal experience. In everything that he did Balzac displayed tremendous energy. In addition to ninety-four novels and numerous tales accredited to him, Balzac published under a pseudonym numerous others at the beginning of his career. He was a prodigious worker, a prodigious eater, a prodigious observer, with a remarkable memory for events and details. He had the capacity to identify himself completely with the lowliest workman in Paris and with the most brilliant society woman in the *Faubourg St. Germain*. It was through this unusual power of complete identification with hundreds of persons, most of whom appeared in his books thinly disguised, that Balzac found an outlet for such stupendous energy. The *Human Comedy*, the *Society of Manners*, is a living out of Balzac's conflicts in a myriad of characters and in an epoch of events. To say that Balzac was a manic personality and that he suffered from depressions is true, but does not in any way explain his tremendous accomplishment—which few other manic-depressives have ever equalled.

Balzac observed all phases of contemporary life and stored thousands of details in his massive memory to utilise them in the lives of his characters. Few writers have ever worked so hard as Balzac. It was his custom, dressed in a monk's robe,

Presented at the Literary Seminar of the Chicago Institute for Psychoanalysis on December 19, 1936.

to devote himself to writing all night and most of the day. He once finished a full length novel, *Les Chouans*, in twenty-two days, including the correcting of proofs which, for each work, he did over and over again, to the chagrin of his publishers. This great capacity to absorb, with its polar opposite, the drive to produce the greatest novels in France, was a reaction to thwarting and deprivation in his early life.

Associated with his acquisitiveness was Balzac's great zeal in collecting beautiful objects, with which he surrounded himself in order to satisfy his tremendous craving for all forms of luxury, so that in order to pay for them he had to work at a pace that shortened his life by many years.

Balzac had an older brother who died in infancy because of malnutrition. When the novelist was born in 1799 his mother put him in the care of a wet nurse in the village, where he remained until he was four. His early rejection by his mother was characteristic of her attitude toward him throughout his life. She often made him feel responsible for her imaginary illnesses and her gloomy outlook. She was much fonder of his two younger sisters and his brother. From the age of four to six he was at home under the care of a strict governess, who, according to his sister's memoirs, was too severe. He was always particularly close to this sister. Then he was dispatched to the *Collège de Vendôme* where he was very unhappy, for the next seven years. Finally at fourteen he "fell into a coma" and was brought home thin, undernourished and sad. During his early childhood his picture of his father was that of an austere, venerable old man dominated by his beautiful, unhappy wife, thirty-two years his junior. Balzac's father, the director of a hospital in Tours, was known for his kindness and generosity, as well as for his eccentricity. For example, he always talked about living to be a hundred—and talked unceasingly about it until his death at eighty-three. Toward him the novelist always maintained a complete reserve. Balzac never had a close relationship with a man friend.

After a period at home Balzac was sent to the *Sorbonne*, where he studied law. When he finished he begged for a two-

year period of grace in order to satisfy his drive to write. His mother, who considered such a career unsuitable, reluctantly permitted him this wish, but gave him an inadequate allowance in order "to force him into submission". For fifteen months he worked incessantly and produced *Cromwell*, a tragedy, which was unanimously considered a failure. The next five years he spent at home and wrote numerous novels which were published under a pseudonym. Finally his conflict over, his dependence and the decline of his family fortune, in no small part due to the unwise speculation of his mother, drove him to Paris. At twenty-three he began his extraordinary career in earnest. His first step was to enter a love affair with *Madame de Berny*, a woman ten years his senior. This kind mother figure was a guiding force for him during the next ten years. She it was who directed him into Paris Society and who encouraged him when he was often depressed. The ideal father with whom he identified was Napoleon, whose statue he kept constantly before him. Inscribed on the scabbard of his sword he wrote the words, "What he cannot accomplish with the sword, I will accomplish with the pen".

Pere Goriot, one of the most representative of the many novels comprising the Human Comedy, was finished in 1835, two years after the cessation of his first love affair, and two years after the beginning of the curious affair with *Madame de Hanska*, a Polish noblewoman whom he kept on a pedestal for ten years, until his marriage. After the termination of the affair with *Madame de Berny* he began an affair with *Madame de Castries* who belonged to the flower of French aristocracy. She was a beautiful but unhappy woman. As a result of his infatuation, Balzac "broke out in a fever of dandyism and extravagant tastes".¹ The affair was unsatisfactory for him and caused him much suffering. The duchess remained aloof and finally dismissed the despairing novelist. Like his mother she had frequent illnesses. To *Madame Hanska*, Balzac wrote two hundred and forty-eight published letters, some of them

¹ Dargan, E. P.: *Honoré de Balzac, A Force of Nature*. Chicago: University of Chicago Press, 1932. p. 26.

of novel length. They illustrate his unconscious attitude toward women in general and toward her specifically. The declaration of his passion alternates in the same sentences with a detailed account of his financial obligations and of his struggles to finish a novel in order to keep abreast of his creditors. Balzac unconsciously arranged his life so that he was kept by hounding creditors from meeting her over a period of eight years. The fears engendered by the possibility of a relationship with a woman like his mother was avoided by constant preoccupation with debts which he perpetually incurred.

In the same way, in *Pere Goriot* we see the two main characters, Eugene and Goriot, involved in a never-ending series of financial obligations which prevent them from attaining success in their relationship to women. The book is a polemic and a diatribe on the cruelty of Parisian society, which was in this period dominated by women. The story opens with a masterful detailed description of a dismal boarding house in the down-at-heel Latin Quarter, run by *Madame Vauquer*, a malicious, narrow abominable woman, whose sole interest is in greed and profit. When clean sheets are needed for Goriot's death bed, she demands payment in advance. The author's inner contempt for this parsimonious woman is clearly expressed. This miserable *pension*, so full of thwarted lives, serves as an admirable background for the development of the extreme receptivity of Eugene, a law student (as Balzac was), who through a series of intrigues hopes to become the lover of a society woman and through her efforts to attain wealth and prominence. In order to obtain money to further his schemes, he is forced to ask his parents and two sisters to give up their savings. (When Balzac began his career he was aided by the interest of his two sisters and spurred on in his ambition by the dwindling fortunes of his family.) Eugene, through a kind mother-figure, his cousin *Madame de Beauséant*, obtains *entrée* to the highest class of society, in which the bourgeois happy marriage does not exist. In this group the husbands are cruel, parsimonious and deny their wives all but barely enough to maintain an outward show of their luxurious position. They

are all harrowed by debt and are about to be exposed by their creditors. (We are reminded of Balzac's own fears of debtors in connection with having the affection of women of high social class.) The women all have lovers who treat them brutally, or are besieged by weak men whom they can treat cruelly. In the brilliant passages in which he comments on the social scene, Balzac describes the futility of this parasitic society and expresses clearly his hostility toward women. In a more subtle way, in his identification with women he shows his still greater hostility to men, particularly Father Goriot. In contrast to the numerous sadistic types of women, there is the rare, virtuous, kind mother, the ideal mother who gives favors and privileges, or the sweet, simple masochistic type like Victorine who has been rejected by her father and pines away in the boarding house, hoping for Eugene's favor.

There is little doubt that Eugene represents Balzac, who, in his statement to his sister when he went to Paris to begin his career, said, "My greatest hope is for fame and affection." The young lawyer Eugene finally gains affection from a daughter of the main character of this story, Father Goriot. Eugene, like Balzac, rapidly becomes disillusioned as he looks over Paris from a hill on Montmartre, the very spot where Balzac first viewed Paris and the place where he is buried.

Through a study of Goriot, with whom Balzac is also identified, the strong unconscious castration fear is brought out. Goriot, an obscure bourgeois, who had profited by the revolution to become a wealthy grain dealer, had, after his wife's death, devoted his whole life to getting love from his heartless daughters. With his great wealth he brought them up to be society women, married them off to aristocrats and gave up his entire fortune to their increasing demands. Even after they were married we find Goriot gratifying at every turn their expensive caprices. His two daughters increase their demands on him and at the same time express their sadism in many ways. The more they want the more effort he makes to get them money in order to insure some token of their affection, and the cooler they become toward him. There is no doubt that their

cruel attitude can lead only to his death. Balzac writes about money on almost every page. He shows us his own attitude in Goriot, who is "castrated" in his attempts to gain incestuous affection and in the end is drained dry by his demanding children, humbled by them in a thousand different ways. We see therefore the strong, wealthy, middle-aged bourgeois gentleman gradually change into a feeble, senile old man. As the aging Goriot loses his potency he himself undergoes a regression toward dependence. But this idea is intolerable, since it conflicts with his idea of himself as a strong man. Therefore he tries to deny the dependence by projecting it upon his daughters. He encourages them to demand more and more from him, and when he can no longer give, he does not admit he is rejected because of his own weakness but rather because his daughters never really loved him at all.

The author's dependent trends, represented mainly by Eugene; his castration fear, represented by Goriot, through loss of money; the incestuous wishes represented in all facets by the leading characters; and the intense sadism toward the father, represented by the attitude of the daughters, are all dynamically linked in Balzac. In the story, Goriot hopes to find affection from one of his daughters by setting up Eugene in an establishment where he can have an affair with the daughter and where Goriot can meet her occasionally. In this setting, the oedipus situation is developed. Eugene takes the woman away from the symbolically castrated old man, Goriot, who actually finances it for him at a tremendous sacrifice. (The young man takes the woman away from the father and castrates him in doing so.) The love of Goriot for his daughters is incestuous. On his deathbed, in a passage of great power, in which the dynamic structure of his whole life is clearly revealed, he says to Eugene, "If you love your daughters, do not let them marry. A son-in-law is a rascal who poisons a girl's mind and contaminates her whole nature. Let us have no more marriages. It robs us of our daughters." The punishment for incest is castration and finally degraded death for Goriot. Perhaps it is more than a coincidence that in actuality the ailing

author died a few months after he married *Madame* de Hanska.

Balzac unconsciously divided women into good and bad types: the bad, thwarting mother and the good, indulgent mother, but there is a constant shift between the two. He lives out this conception through Eugene's relationships and gives us a clue to the construction of his own œdipus complex. Eugene takes the good mother, represented by the beautiful daughter who is both good and bad, cruel and kind, from Goriot. She is like Balzac's own mother. The masculine side of his personality wins the woman; the feminine side of his personality kills the father.

Balzac expresses his conflict over his incest wishes and castration fears, characterized by the fear of loss of money, through numerous identifications. Thus the fear is avoided by a split in identifications, which permits a regression to Eugene, the receptive law student; while the fear is projected on Goriot who is old and feeble and faces inevitable death. When Balzac actually died he called for a character from this book, Dr. Bianchon, the medical student who attended the symbolically castrated Goriot in his last illness, showing how intensely Balzac identified his own fears with those of Goriot. Vautrin, the brilliant homosexual criminal, also finds an important place in this repertory of identifications. In his reaction to the thwarting women Eugene is fascinated by the criminal genius of Vautrin, who offers him affection and suggests to him the opportunity to gain a fortune by marrying Victorine, while Vautrin kills off her brother who stands in the way. Lastly, through his identification with the good women who appear infrequently, Balzac is able to avoid the fear by becoming an observer and commentator on the mad scene.

Balzac is primarily a fatalist. Throughout the novel, from the oppressive opening in the decayed atmosphere of the famous boarding house, there is a sense of inevitable destruction. As the story gains in momentum, minor tragic events succeed each other at a rapid pace to culminate in the final climax of the death of father Goriot. Few of his characters achieve any measure of mature happiness. The desire for love and money is

laden with so much guilt in the minds of the characters that it necessarily leads to destruction. All that is attained is transitory and disappears in the end. The pessimistic view of the author that human beings are like primitive animals who destroy each other is a sustained note in the novel and reflects the unconscious hostility of Balzac which he lives out in his characters. (It is interesting to note that if some of the names of his characters are slightly transposed, they come to mean "wart", "pig", etc. In reply to a literary critic he said, "*Pere Goriot* is like the murderer's dog who licks the bloody hand of his master".) Balzac has been called a great realist and perhaps he has earned this title because he portrays by projection the motivations from his unconscious, in addition to his detailed observations of the life of his time.

The force of the powerful fantasies of Balzac, which often expressed themselves in mad schemes whereby he could quickly gain huge fortunes and untold power, found an outlet through his work in the tremendous realism and fatalistic drives of his characters and in his insight into their underlying motives. The universal appeal of his writings is due to the way in which he expressed the instinctual drives common to his characters and to the readers.

Regression in a Case of Multiple Phobia

Edwin R. Eisler

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REGRESSION IN A CASE OF MULTIPLE PHOBIA

BY EDWIN R. EISLER (CHICAGO)

In cases of organ neurosis it has been shown that specific psychological situations make use of certain vegetative innervations to express quite uniform tendencies, and the predominating symptoms observed are physiological or organic in nature. In the case here to be described, the conflicts were manifested primarily in the psychic sphere, but also to some degree, in disturbances of physical function. For the most part, however, the latter were not accompanied by sustained objective physical changes; nevertheless it is instructive to observe the interrelationship between psychological conflicts and the occurrence of minor physiological symptoms.

The patient was a single woman of 36 years when she came for analysis. She was the elder of two daughters, although prior to the patient's birth the mother had been delivered of a dead female child. The sister, eighteen months younger than the patient, was considered an outstanding beauty, and was married to an aggressive, dominant man whom the patient identified with her father. The father, a banker, was an autocratic person who pounded on the table with his fist, issued commands, and generally terrified the patient. He was jealous of his wife, and assumed a worshipful attitude toward her. The mother had been a popular belle in her younger days—beautiful and outwardly very sure of herself. She was sweetly but firmly demanding, upheld very strict standards of conduct, and insisted upon a display of loyalty to herself. If she could not attain her ends, she threatened to become ill, holding one of the daughters responsible. She was evidently frigid, having told the patient that she had never enjoyed intercourse but had had to endure it. She had numerous anal character traits.

Based on a paper read before the American Psychoanalytic Association in New York, December 28, 1936.

The patient received the impression that her father was oversexed and that the mother tried to avoid his sexual advances. At the patient's birth the mother had had a severe hemorrhage which she said had been nearly fatal.

The patient spent most of her life in her parents' home where she led a sheltered life and had a carefully prescribed routine. She studied music without enthusiasm, attended a girls college, was presented to society and participated in club activities. She tried to do some work in a dress shop but stopped soon because of her feeling of self-consciousness in meeting people.

She was a virgin and had had no sexual experiences other than occasional kissing. Menstruation began at fifteen years, and prior to its onset she had dreaded the prospect of her periods from fear of the bleeding. She did not recall masturbating until about her twentieth year when she discovered clitoris sensitivity while taking a shower. She had a strong feeling of guilt and had stopped masturbating about five months before starting the analysis, at which time she developed a compulsive need to remember certain words and phrases.

She recalled that between the ages of ten and sixteen years she would stand outside the door of her parents' room, listen to their quarreling and remain fearful of the possible outcome of their disputes. Her first outbreak of anxiety occurred when she was about twenty years old and a senior in college. When she was preparing to return home, she became terrified at the thought of riding in a train, feared she was going insane, and lived in dread of entering closed places or being in any situation from which there was no exit. When she came for analysis she was unable to go on the street unaccompanied, and for the first few hours had to have her mother come with her to the office. She could not ride on an express train without panic unless she knew that there was some means of stopping the train by pulling a bell cord. Closed places terrified her; also any situation in which she felt trapped. She could not tolerate the thought that inanimate objects were locked within a container. The idea of bowel contents in a sealed septic tank

caused such intense fear that she felt compelled to carry bits of her own fæces wrapped in paper which she deposited surreptitiously. She developed an obsessive fear that she would get up in her sleep and swallow sharp pointed objects such as pen-knives and pins.

Each night before retiring she had to crawl on her hands and knees touching every protruding pipe in the bath-room. During the early part of the analysis, her conflict between an infantile dependent attitude towards the mother and her independent ideal, was clearly revealed. A regressive inclination was expressed in extreme passivity, and a dependence upon her mother with intra-uterine fantasies. The acute symptoms soon subsided, especially the inability to walk alone, and the compulsion to touch. The latter cleared up completely soon after the analysis of material bearing upon masturbation fears associated with penis envy and strong castrative drives. The touching compulsion has not recurred to date. Hostility towards her father was evident from her many dreams in which there were scenes of quarreling violently with him, including castrative fantasies. Jealousy of her sister became conscious, with dreams of the latter's death and an overwhelming sense of guilt. The street phobia subsided so that she was able to go about alone without acute panics, and she managed to take a train trip without great discomfort. Her anxiety on the street was determined largely by unconscious prostitution fantasies. Analysis revealed a very strong masochistic coloring of these fantasies. Because of a rather good clinical improvement, the analysis was interrupted after about eight months.

The patient then began to take an active part in civic affairs and obtained an administrative position which required occasional public speaking. She married a man ten years her senior who was unaggressive and somewhat dependent upon her. Sexual intercourse was not satisfactory because the patient experienced only clitoris orgasm. After an interval of four years, she returned to the analyst with symptoms of anxiety precipitated by a family quarrel. Her mother had threatened to commit suicide if the patient did not agree with her. Analysis was

resumed, and very shortly the patient's unconscious hostility towards her mother began to appear in dreams and fantasies of the mother's death. After a period of six months, she began to demand that the analyst make decisions for her. She developed a sore throat and used this as an excuse to break off the analysis.

She resumed analysis the following spring having meanwhile developed a new phobia. When invited to lunch with acquaintances, men or women, she found that she experienced severe anxiety which became worse if she had to sit facing anyone. She would become acutely ill and feel very weak as if about to faint; she would cough steadily, have difficulty in breathing, and be compelled to leave the room. When her oral demanding attitude became manifest in the transference, it was possible to analyze the eating phobia, which, although strongly over-determined, had principally the function of defending the patient against very strong oral aggressive cravings. The latter began to appear in the form of symptomatic acts, fantasies and minor physical symptoms. Her oral guilt was manifested in her over-concern about the appearance of her mouth—whether it revealed character traits of sensual indulgence. She believed that her jaw was growing larger. A canker at the tip of her tongue kept her preoccupied during one hour, and she associated her tongue with a penis. For years she had been apprehensive about her teeth, and had developed acute anxiety over the fact that X-rays revealed two buried roots which the dentist had told her must be removed. As her oral aggressions were becoming conscious, she developed a compulsive fear that she must get rid of the roots immediately, fantasied tearing them out, or digging them out with a knife. To roots, she associated testes, and a foetus being removed by forceps, as a dentist might extract a tooth. Then she fantasied a hemorrhage connected with ideas of castration and also with her mother's hemorrhage during childbirth. At this time the patient's rapidly beating heart revived her phobia of thoughts of objects locked in containers, and she felt impelled to tear

out her own heart, to get it out of her body at all costs. It made her think of a foetal heart beating.

The unconscious fantasy of destroying the foetus within the mother is evident here, and the patient's dread of retaliation accounts for her wish never to become pregnant. In all probability, her early compulsion to dispose of faeces had to do with fears of this character in which the aborted foetus is anally conceived. She developed nosebleed which corresponded with fantasies of castration and parturition. On one such occasion her mother had had a nosebleed only a day or two before the patient's epistaxis. At the same time the father was to have had several teeth extracted, and the patient felt responsible for possible untoward consequences of the extractions. One nosebleed occurred at the time of an expected menstrual period which was delayed a few days, during which she had fantasies of pregnancy.

Before entering the analytic room she began to carry out a ritual which consisted of taking little sips of water. This was related to her wish to deny her oral demanding attitude toward the analyst. She would take a deep breath and then cough repeatedly. She wanted the pillow on the couch elevated, and asked if the window were open. She said that she felt that air was not being adequately expelled. The cough was markedly expulsive in character, a pushing out of air, which apparently had no relation to mucous congestion. Physical examination at this time of her respiratory and cardio-vascular systems was negative.

On her way to an analytic hour, she suddenly felt weak and fantasied being unable to walk. She stated that this would be intelligible to her had she had a fight or if she were hungry. She coughed repeatedly, then depreciated the analyst's therapeutic potency. At this point an interpretation was made of her inhibition of receptive desires due to her hostilities—that she wanted to fight because her hunger was not gratified. Thereupon, she began to feel weak, and faint, and noted a pain in her right side which she associated with appendicitis. The appendix, she said, is an internal organ that bursts. It re-

minded her of a penis. She thought of the abdomen as the place where babies are carried. Because of her masochistic conception of coitus and pregnancy she had regressed to an oral level, and attempted to act out the wishes she had so vehemently denied.

Then she reported a nightmare, which revealed her masochistic conception of the female role and her castration fear. In the dream she had come to grips with someone. "It was terrifying like an operation," or as though she were being "torn apart". She associated to the dream thoughts about a man who had castrated a doctor. She admitted that she was angry with the analyst last time for asking for associations to the word, cigarette. This nightmare, she continued, was also like a dentist climbing upon her chest to pull a tooth and she felt that the analyst, like the dentist, was forcing her. She reacted to the analysis of her oral aggressions with castration fear, and the affect accompanying her sado-masochistic conception of intercourse was mobilized.

Hostility towards her husband became expressed. She criticized the way he drove the car, became furious with a cab-driver and shouted at him to drive slowly. Such direct expressions of anger, she said, acted like a tonic. She reported a dream in which she saw a pretty woman, one who is usually prim, but who appeared with modern hair dress. An unattractive colored man sat at a table with her. The waitress brought candies and round patties with frosting but the patient asked for cake. As she walked through a hallway she came upon a mass of flames which blocked the passageway. She remembered her kitten and felt that she would be responsible all of her life for its death unless she rescued it which she did by wrapping it up. In the ruins of the fire she saw her mother and father calmly and in a matter of fact manner going to bed. She and her parents called back and forth to each other.

The colored man represented sexual temptation, but she went on eating, that is, clinging to her oral attachment to the mother. Her usually prim self was in conflict with her sexually attractive self. The fire and the blocked passageway repre-

sented her fear of destructive genital wishes, but she observed that her mother and father had withstood the presumably devastating experience of intercourse, had not been destroyed, and went calmly to bed. The kitten, which she saved, represented not only her genitals but probably also her sister whom she wished to destroy.

Later, she had acute pain in the epigastrium. She felt as though there were a lump inside her stomach and described a sensation of feeling bruised and sore inside. She had eaten some sausage, apple pie, and a large quantity of nuts. Sausage is one of her father's favorite dishes. The apples in the pie reminded her of breasts, but the sensation of a hard lump in the stomach made her think of a penis, and also of a baby. The pain in the abdomen frightened her and again she had an impulse to get the lump out, and considered being operated upon.

She was able to recognize the fantasy of an oral impregnation with its masochistic consequences. Soon afterwards she complained about her husband's lack of initiative, and envied her sister whose husband was aggressive and a genial host. She noticed recently that she had been feeling very close to her father but that she had had to conceal it from her mother who became easily hurt and jealous if anyone else in the family received more attention than she.

During the succeeding four months there were clear expressions of genital strivings, always with strong sado-masochistic colorings. There were allusions to a primal scene. She admitted that she had certain feminine attributes that might be attractive. However in a series of dreams, her beautiful sister would invariably win the man who had been interested in the patient.

Once in a dream, when a man chose the patient in preference to her sister, she took flight into intra-uterine fantasies, had considerable difficulty in breathing during the analytic hour, had fears of being trapped in a passageway, feared that she would develop anxiety in closed places or in trains, and wondered whether she would remain in analysis for ever. She thought of submarines and of diving. The next day she said

that she had disagreed with her husband and now believed that she should let him control his own business. The same day she had fallen on the sidewalk, torn her clothes, hurt her knee, and dirtied herself. She had felt helpless and was willing to let a man help her up.

In this material the patient revealed her ambivalent attitude towards separation from her mother. She tried to maintain an oral attachment to the analyst, but when the masochistic genital wishes appeared she reacted as though trapped, wanted to go back to the mother but then felt smothered. Falling, being bruised and dirtied, were connected with her masochistic and anal conception of the female rôle. Her former fear of high places reappeared now that her phallic defense was being undermined.

Occasional gastro-intestinal upsets recurred and an attack of diarrhoea followed an oral aggressive trend but, the material centered principally about genital urges.

In a dream she was sitting on the sidewalk with her purse open, her hair down and all mussed. She recognized the prostitution fantasy, which was consistent with her conscious fantasies of flirtations with strange men. She began to fear that she might attract the analyst and take him from his wife, had difficulty in breathing again, and fantasied the analyst infecting her with a cold or pneumonia which was associated with ideas of impregnation. Fantasies of crushing a penis were followed by thoughts of fainting in the office which concealed the fantasy of being raped.

As her dreams began to show some reduction in the masochistic component of her feminine sexual desires, she was correspondingly easier, friendlier and more informal in her manner. Intense vaginal sensitivity then developed. Fantasies of separation from her mother appeared, but a tendency to cling to the mother colored this phase of the analysis.

Summary:

The patient's neurosis seems to have been precipitated by her return to the parents after four years at college. Claustrophobia represented the struggle between her independent striv-

ings and the dependent infantile wishes to return to the mother, even to enter her body. Genital desires were inhibited by the taboo of incest and by an extremely masochistic conception of female sexual functioning. To the latter she reacted with castrative aggressions but consciously she defended herself from these aggressions by presenting a façade of humility and sweetness, of conciliatory rituals and expiations.

A sado-masochistic conception of intercourse was derived in part from the parental discord, the mother acting out the role of a martyred partner. Probably the chief source of her masochism was the hostile rivalry with her sister, the oral envy of the sister being reinforced by the mother's preference for the sister.

An ambivalent attitude towards separating from her mother sprang from the patient's hostility as expressed in fantasies of attacking the pregnant mother.

The presenting symptoms were anxiety with several well defined phobias, and a marked obsessional disposition clearly shown in compulsive symptoms, rituals, in anal character traits, and in the high degree of intellectual hair splitting and doubt. Numerous hysterical conversion symptoms developed. The patient acted out her pregenital dependent wishes by means of oral and respiratory symptomatic acts, and by various subjective physiological disturbances such as irregularities in breathing, sensations of air hunger and expiratory blocking.

A strong phallic organization and an unresolved œdipus complex determine the abundant, hysterical reactions. Like some cases of organ neurosis, there are strong fixations at early pregenital stages of development. For example, the inhibition of oral receptive urges was accompanied by gastric distress, and diarrhœa followed oral aggressive wishes. The anxiety seemed bound to symbolic representations for the most part, but there were present also, episodic physical reactions such as, gastrointestinal disturbances, tachycardia, recurrent epistaxis, pharyngitis, coughing, delayed menstruation and dyspnœa—all without demonstrable organic disease. Whether all of these reactions should be considered ordinary conversion symptoms, or transi-

tional stages between hysteria and organ neurosis presents an interesting question.

One wonders whether such physiological disturbances might ultimately, in certain cases, become organized into chronic physical changes in the organs, or whether the latter are dependent upon specific factors such as constitutional predisposition or quantitatively stronger early fixations.

Defense Mechanisms and Structure of the Total Personality

Therese Benedek

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DEFENSE MECHANISMS AND STRUCTURE OF THE TOTAL PERSONALITY

BY THERESE BENEDEK (CHICAGO)

Authors who are concerned with the problems of analytic technique should first clarify their own attitude and take a positive or negative stand on different technical innovations. I would prefer, however, not to do this at present, being fully convinced that nothing new in principle would be offered were I to refer to the rôle, and consequently to the handling, of the superego during analysis.

Freud in his technical writings has stated often and in different ways that the analyst has to act as the counsel for the unconscious against the repressed forces. That the analyst represents a mild and understanding superego instead of a severe one, is often viewed as one of the most efficacious factors in analytic therapy. This helpful attitude of the analyst seems proper, especially as long as he concerns himself but little with the ego-reaction of the patient and is equally well disposed toward the emerging id-content. It was always the chief task of analysis to make the ego capable of bearing impulses emerging from the unconscious and to help integrate them.¹

This task is not theoretical or one to be postponed as a synthesis after analysis. It is, on the contrary, the daily work of the analysis to release the ego, step by step, from its dependence and thereby to free it from the superior force of repressions.

We regard a part of these repressing forces as belonging to the ego. They are integrated as defense-mechanisms in the ego, and their function is to adjust the ego to the demands of the id and to the demands of the environment. Another part

Based on a paper delivered before the Chicago Psychoanalytic Society on October 17, 1936.

¹ Alexander, Franz: *The Problem of Psychoanalytic Technique*. *PSA QUARTERLY* IV, 1935.

of the repressing forces which Freud has described as an agency constantly at work, is the superego, also the result of the integrating function of the ego.¹ Perhaps we could say that the superego is distinguished from the other integrating defense-factors in the ego by its quantitatively greater cathexis, by which it is a quasi state within a state. Because of this stronger charge (cathexis), the superego forces the ego into exaggerated, pathological defense actions. We know the diagnostic significance of the structural connection between the superego and the ego. It has always been considered one of the analyst's tasks to free the ego from the superior power of the superego and thus to make it capable of fulfilling its duty of mediating between the instinct demands of the id, the demands of the environment, and of the superego. During analytic treatment the efficiency of the ego is subjected to unusual demands. All drives and ideas coming to consciousness are supposed to be elaborated by, or integrated in the ego in the above-mentioned way. Even though intellectual insight is a necessary preparation, more is implied in this process. Integration signifies that the ego, freed from the pressure of the repressed and from the defensive necessity of repressing, incorporates knowledge; which means, it identifies itself with the material emerging from the unconscious. Thus the ego is expanded in relation to the other parts of the total personality. This ego-expansion we may expect as the proper result of an interpretation. In our experience the process is indicated by the ego's becoming almost hypomanic. As a result of this freedom, there then comes a further flow of material which verifies what is already known, and opens new paths into deeper material. Yet, this a rare occurrence. More often the patient reacts otherwise, in spite of all our precautions not to give too premature an interpretation. It often happens, indeed, that the interpretation is apparently accepted, yet there is no ensuing flow of new material,—instead, an increase in resistance, either in the form of a suspension of

¹ Nunberg, Herman: *The Synthetic Function of the Ego*. Int. J. Ps-A. XII, 1931.

material or in the form of reactions which we consider negative therapeutic effects. To avoid this we must become more aware of what we are dealing with in defense-mechanisms.

Of the manifold defense-mechanisms, I should like in this paper to treat only of those which are due to the structural relationship between superego and ego. These reactions predominate, so to speak, in the analysis of adult neurotics and in what we call neurotic characters; their recognition aids us in diagnosis, so that we may learn from them the structure of the case, and aids us also in our technique, so that we may better handle resistance reactions which originate in the superego. The defense-reactions in question are characteristic of the individual, and appear repeatedly during the analysis in a stereotyped manner. A consistent account of these structural reactions should afford us a valuable aid in freeing the analysis from accidental factors. A precise understanding of the reactions of the total personality in every phase of the analysis enables us to be conscious of what we are doing in our analysis of resistances.

We can observe in every analysis that the ego debates with the conscious part of the superego, that is, the ego-ideal, and receives permission from it for the analysis. This seems so self-evident to us that in the analytic literature the struggle with the superego that precedes analytic treatment is scarcely noted. I wish to demonstrate by an example that this struggle may also discover for us the essentials of the structural relationship of superego to ego.

Patient 1 A patient seeks analysis because his increasing compulsive-neurotic symptomatology has got so far out of hand that his life is almost completely occupied with compulsive defense-mechanisms. He could bear neither this increasing symptomatology, which threatened his life with ruin, nor the fear which arose from the repression of the symptoms, and he came for treatment. At the end of the first consultation, as we were about to discuss the second consultation and the treatment, he said that analytic treatment should not be permitted

in compulsion neuroses, because a neurotic ought to bear his punishment. As I started to help him over this point, he interrupted me to tell a joke. "One Jew met another, who asked him how he was. The first answered, 'Excellent'. The other, astonished, inquired, 'How can that be? I'm sure I heard that your business affairs are going badly.' To this, the first one replied, 'That's true. However, I have hired a worrier who has made arrangements with my creditors, pays my debts, bears my worries over my sick wife, etc.' Then his friend asked, 'What do you pay him for this?' 'Twenty thousand marks,' he answered. 'Where will you get the money?' 'That's his worry,' answered the first Jew calmly." Thus it is also the analyst's affair to assume responsibility for the compulsive-neurotic God-superego.

We see that the ego of this patient is so near a breakdown that his sole means of being saved is to thrust off his responsibility. The compulsive ego underwent regression: the responsibility which was displaced on to the analyst helped keep his fear latent. Through the projection of the superego on to the analyst the compulsive structure immediately ceases, and the patient begins his analysis in a passive-oral state with great dependence on the analyst. After this projection, we deal with an almost infantile ego-structure which seeks in the analysis only protection from fear, and the patient is not capable of facing the analysis critically. Thus, for a long stretch in this analysis we do not have to struggle with superego reactions (to be discussed in this paper) such as must be overcome in the analysis of other types of better integrated neurotic personalities.

Patient 2 This patient came for treatment, convinced of the correctness of analytic theory, and therefore hoping for a change in his introverted character. He had slowly developed this introverted personality, renouncing external aggression and competition after two events: (1) the demise of his father, when the patient was ten years old, and (2) after the shock of fear and guilt which he experienced when he threw a stone at

a playmate, who fainted immediately thereafter. He was a physically and mentally well-developed child, with a marked boyish aggressiveness, the second of three brothers, and the favorite son of his father. This aggression was particularly dangerous because the patient soon became stronger and taller than his older brother, so that his aggression had to be fought off with great effort. His character was dominated primarily by this repressed aggression. (In reality he got along splendidly with his brother. And in another connection this case would be a good example of the superego-building rôle of the brother.) In the analysis he produced resistances which led to an ever-increasing tension. The resistance was not, as its immediate content seemed to show, a spite reaction or a desire to be superior. The true import of the resistance that led to the suspension of material occurred to me when I noted that the patient was treating and accepting the emergent unconscious material completely differently from the manner he wished or consciously had intended to. He wanted to affirm these drives, yet in spite of this, whatever material arose, he disapproved of, and speculated as to how he should change himself in order to conduct this or that instinct so as to reach his ideal. That is to say, he treated all of his analytic productions as an opponent of psychoanalysis might, who was afraid that his morality and humanity would be undermined if he admitted his unconscious instinctual drives to consciousness. He was afraid of his instincts. This fear did not become conscious, and the aggression also was not acted out during this period of analysis. What came to consciousness was an intellectual but strong attempt to see his own mistakes. He worked, as he himself expressed it, against his narcissism so that it should not get out of bounds. What happened in this analysis was that the emerging unconscious material was confronted (in the preconscious) by the demands of the superego given a negative evaluation. The ideational content was accepted as his own mistake, and the instinct-charge (cathexis) was again repressed.¹ Thus the dis-

¹ This type of association is known to be characteristic of the compulsion neurosis.

posal of the instinct-events characteristic of the patient was repeated. The superego was gratified—but the instinct-tension was increased, evoking thereby a negative therapeutic effect.

We know that the most important function of the integrating capacity of the ego is the elaboration of the œdipus complex after this is repressed. The result of this process is the appearance of the superego. The disposal of the instincts in this process sets the pattern for the later disposal of the instinct processes. The libidinal balance between superego and ego determines the later disposal. In fortunate cases the libidocathexis between ego and superego is so balanced that the superego function is incorporated in the ego. It often happens that the ego impoverishes the libido as a result of those repression and identification processes which give birth to the superego. The desexualized libido originated by the denied instincts invests the superego with secondary narcissism. This narcissism, one's pride and satisfaction in all moral and other accomplishments, is now compensation for relinquishing instinct gratification. However this narcissism of the superego compels every association and every emerging impulse to fall under the control of the superego and its destiny is determined by the libidinal relation between ego and superego.

As long as the structural relation is not changed, the material emerging from the unconscious is confronted with the superego, the instinct or libido cathexis directed against the environment is again repressed, while the psychic representation is admitted to consciousness. We know that the strength of the superego grows through these processes, which can evoke a negative therapeutic effect. Therefore we have to attack this structural relation, and we must touch upon the libido balance of the personality, first by making this repetition of the superego reaction conscious, and then analyzing the narcissistic meaning of this superego reaction. The revealing and working through of this superego reaction clears a path for a flow of unconscious material, which can then be integrated in the ego because the superego has lost its narcissistic strength. After a while the flow of material is exhausted. A new analytic situa-

tion, a new transference phase, can again evoke a similar narcissistic superego resistance, which can be recognized more quickly and correspondingly better evaluated for the purpose of the analysis.¹

In this case the mounting tension and intellectualization was the only sign of the introversion of the analytic material. Frequently we can observe that the effect of the superego reaction, manifested as a symptom or attitude characteristic of the individual, accompanies the analysis and necessarily is the first object of the analysis in our attack on the structural conflict.

I should like to present a few examples of the defense attitudes which arise from the introversion of unconscious material, from which the superego was strengthened. That this can cause self-punishment, depression and fear is evident; however we can distinguish different shades in the secondary working through of the superego reaction before this negative therapeutic effect appears.

Patient 3 This was one who reacted to analysis with introversion. He was of the type of compulsion neurotic often described who quickly gets lost during analysis because he interprets all unconscious contents and accepts them, but does not react to the unconscious material with perceptible mounting of superego tension. Such patients save themselves by passivity not only from the analyst but also from the material emerging from the unconscious. The instinct charge of the unconscious is repressed and the fantasy-content is accepted passively. The process is one of isolation, used for the purpose of inner psychic defense.

Reich, in describing these cases, pointed out that they immediately react differently, that is to say with much emotion, if

¹ I wish to call attention at this point to a relatively superficial resistance, one due to a fear of the increasing strength of the superego. Persons with this fear attempt to keep the analysis in their own hands, in order to protect themselves from sudden injury to their narcissism. In such cases we can very often satisfy the demand of Reich for "analysis in layers". But I believe that this production of material in layers is the result of an intellectualization of the analysis and is to be interpreted as a resistance in the above-explained sense.

the ego is attacked. To evoke a severe reaction of the superego in the form of a depression it takes no more than a slight reference to the resistance. This occurred in our case. The patient perceived as a criticism the slightest hint of his incapacity to express sentiments directly. He was surprised and afraid; he introjected the criticism and reacted with depression. If he became conscious of this depressive reaction, he took it amiss again, since this unconscious reaction of his superego did not comply with his conscious wish to be coöperative in the analysis. But the anxiety of getting deeper in the depression was so great that he reacted with resistance to it: his associations became diffuse and superficial; he was lost in details. He explained that this way of associating represented a fear of pain, and he knew that his fear of pain impeded him in life, as in analysis, from experiencing his emotions. This fear is expressed at present in a hypersensitivity sometimes so severe as to be actual pain. The interpretations of his resistance injure his narcissism and he feels that he is being attacked, but he cannot answer with frank aggression. He represses the aggression again and again. This process increases both his intrapsychic tension and his hypersensitivity. This is not the only expression of the emerging masochism; the hypersensitivity extends to the organs; the patient feels painful and hypochondriac sensations in the stomach and abdomen, which represent the beginning of the analysis of his deeply repressed masochism. At this stage of the analysis he expresses his first directly uttered aggression, his first utterance of negative transference.

Patient 4 Her masochism activated by an intensification of the superego was repressed, but manifested as a stable symptom in the ego.

The patient, a girl of twenty-six, came into analysis because she suffered from an unappeasable, tormenting, almost permanent sexual irritation. She had tried to quench it with masturbation. She had had no relations with men. The patient entered the room with bashfully closed eyes, sat on the

edge of the couch and did not lift her eyes during the first three preliminary consultations. These were necessary to establish that this attitude was only a neurotically exaggerated reaction of shame. There were no signs of psychosis. The patient surmounted her bashfulness with much effort to the extent of being able to tell the story of her life, in which we are interested only as follows: The patient was the second of four children. As far as she can remember she was shy, silent and seclusive. At school she had many friends and was popular and intelligent. The symptom developed suddenly seven years before she came to analysis. Up to this date, she had not been aware of any urgent or pressing sexual need. A young man fell in love with her, and he began sexual play by touching her genitals. She felt nothing then but a strong repulsion against any feeling. The following day when she was alone and studying for her forthcoming examination, she suddenly felt a strong sexual urge and lay on the floor and masturbated.

It was difficult to find out how this masturbation occurred. She proved to be ignorant of the anatomy of the female genitals, and felt so bashful about her body that she did not dare touch herself. It was fantasy masturbation. By pressing her legs together she brought on a brief orgasm. The essential content of the masturbatory fantasy was that she was compelled by men to exhibit herself. It is well known that such a masturbation fantasy is not primarily a psychic act but the product of an intricate development of the libido. Her strong tendency to expose herself was the fundamental impulse against which her shame arose as a defensive reaction. This masochistic fantasy was unfortunately the first that happened to be transferred to the analytic situation. She felt compelled to lie down, to speak of herself, to show herself, to expose herself mentally. By this transference the analytic situation became the sexualized fulfilment of masochistic fantasies, which then strengthened the defense against the instinct, i.e., her bashfulness, which was also transferred to the analytic situation.¹ This bashfulness was not simply a resistance in the sense that it barred the

¹ Anna Freud has described the transference of defense mechanisms in *Das Ich und die Abwehrmechanismen*.

patient from any utterances. As an active function of the superego it enforced the repression of the masochistic masturbatory fantasy which had been comparatively satisfying up to date. This is not to say that the patient did not wish to speak of her masturbation—quite the contrary. She could speak about it more easily than before, but she could not masturbate with these fantasies any more. In her great need, the fantasy did not appear. When she remembered that these fantasies helped to induce orgasm, the fantasy was without emotional content and ineffective. The need to masturbate did not diminish but increased because of her unsatisfactory attempts. We see that this transference of the masochism to the analytic situation released a vicious circle: (1) because of the repression of her masturbation fantasies, the masturbation becomes more unsatisfying; (2) the tendency to masturbate therefore increases; (3) this initiates an increase of the defensive mechanism: the bashfulness becomes more and more intense.

The emotion of shame expresses the tension between superego and ego, but it grants the ego the masochistic satisfaction which was lost by the repression of the masturbatory fantasies.

We may thus say that the bashfulness has the structure of a symptom. It complies with the demands of her superego; it partly satisfies her masochism. It seems clear that the analytic task is to attack this bashfulness in order to solve the conflict concentrated within it, but this is by no means an easy task. The symptom of bashfulness has two strong supporting sources, one of them the narcissism of the superego. This symptom means: "See how good and decent I am, and how I am suffering from my immoral needs. I am more moral than anyone else." If the analyst attacks the narcissism in order to depreciate it, the reaction is a repressed aggression or a repressed spite-reaction. The masochism is so strong that the patient represses the aggression again and the masochism increases once more. But in addition to this masochism there developed more and more demands upon the analyst. The demands could not be satisfied. The refusal of her wishes brought the negative transference to a head, and with this she experienced and accepted her aggressive wishes behind the maso-

chism. The masochistic vicious circle was broken, and it was possible to analyze the narcissistic and sexual content of her masochism. Then she was overwhelmed by impulses of all kinds, the analysis became quite painful, after which it terminated in a normal way, with quite a good therapeutic result.

What is particularly striking in this example is the fact that the transference put the tension of the superego into action and made it dynamically more efficient. The transference is an actual emotional and instinctual tension which, meeting with the superego, activates the same defense mechanism as does the instinct. The analysis of the defense mechanism is thus seen to be an analysis of the dynamic play of the forces between the transference and resistance, as Freud originally stated.

So far we have dealt only with examples in which the function of the intensified superego was put in the foreground. In all these cases the instinct to master, characteristic of the individual's ego-structure, was an autoplasmic reaction. The instinct did not invest the object, but was turned in on the person, so that a new entity appeared in the personality. It intensifies the superego and produces a negative therapeutic effect, unless such effects are thwarted.

But several kinds of adjustments for the reactions of the superego occur during analysis.

We all know the narcissistic, sensitive patient, whose general attitude in the analysis depicts: "I am humiliated." The most precautionous, objective and unbiased attitude of the analyst is of no avail. It is easy to understand that these patients confront every phase of the analytic situation with their ego-ideal and identify the "self" with the demands of the superego. The content of the analysis is correspondingly considered derogatory to the "self". In some cases this judgment of the ego is accepted as justified and thus the demand of the superego is acknowledged. In other cases or in other phases of the analysis it is resisted as unjustified and becomes more and more resented. In all these cases the reaction of measuring strength with the superego is quite obvious. I present these cases, how-

ever, isolated from those described above, because this "feeling of humiliation" expresses not only phenomenologically different reactions from the cases treated previously, but because it corresponds to another ego-structure and accordingly to another mechanism of defense.

Some of these patients, whose ego is intensely invested with infantile narcissism and masochism, sexualize the humiliation and for a long while accept it without defending themselves. (Case 1.) These patients apparently become subordinated to the analysis. Their dependence and their infantile demands on the transference increase. They are adjusted for a while through a conscious comprehension of the analytic situation. But the instinctual tension increases, because of the unconsciously growing, infantile libidinal demands, to an intensity at which it cannot be repressed any more. The frustration of the wishes in the transference is experienced as humiliation. This frequently enforces a negative therapeutic effect in order to attain a satisfaction of the transference wishes. These cases belong mostly to the narcissistic-infantile, oral-dependent characters. The sense of the negative therapeutic effect can often be expressed by the words, "It serves my father right, if my hands freeze, because he doesn't buy me any gloves."

But we can observe the defense mechanisms against this "feeling of humiliation" better in those cases in which the ego is strong enough to defend itself against the superego, as for example, in the following case.

Patient 6 This patient was accustomed to interpret immediately every association and every analytic situation as something wrong, or contrary to her character. These quick interpretations, even though self-reproaches, did not represent an opposition to the emergent unconscious material, as in the aforesaid cases. On the contrary, the tension of the superego was not increased. The interpretations verbalized the demands of the superego, but it was as if each interpretation meant, "I am humiliating myself—you do not need to do it for me." This patient, as do so many others, anticipated the analyst with

interpretations to show herself and the analyst that she could bear humiliation if she inflicted it upon herself, but not if it were inflicted upon her.

At first this attitude yields good coöperation, and is productive. But after a short while we observe that the analysis loses intensity. Not that the patient does not give material, but that she anxiously endeavors to keep the analysis in her own hands, and to keep it going because she is afraid of "being humiliated", but this occurs differently from the way we have observed it in the above-mentioned cases. The patient produces pictures—mostly in hypnagogic states—with the intention of producing material for the analysis. I present a few examples: (1) A man is driving an automobile, he is wearing a soldier's helmet. (2) A little child, two years old, dressed in a sailor's suit, is sitting beside his mother. The child feeds himself independently, the mother is embracing the child. Pictures from next day: (3) An airplane going through a framework. (4) An excavation in a mine, filled with dirt.

The dream-material at this time is very similar. Although we can draw conclusions from these pictures and from these dreams as to the unconscious contents, the impression is that the patient projects them upon a screen to look at for herself. Flight from the depths causes this production on the surface.

In the cases that react with introversion, the inner tension increases during analysis and this blocks the material. In this case and in similar ones we experience an abating of the inner tension, and the resistance is expressed in an apparently free influx of material. But the patient carries the material further and further from the genuine dynamically effective conflict. Interpretation of the material expressed in this manner would be ineffectual, because the material is too remote from the fundamental intrapsychic conflict, so that the interpretation can evoke no dynamic effect. This period of the analysis is thus the proper one for making the resistance conscious and for analyzing the fear of "being humiliated" in its whole significance. By this we increase the resistance, and thus pro-

duce at first a noticeable conflict. It is an unavoidable step, for the tension prevents the patient from producing superficial material. The procedure is lengthy, but I may say briefly that the analysis of this defense mechanism clears up the fear of humiliation and brings to the surface the material which was genuinely responsible for the development of this defense reaction. In our case, analysis of this defense mechanism led to material relevant to the mother-fixation in the anal phase. Fear and distrust of the mother were connected with her training in cleanliness when a narcissistic shell was developed by the child to protect herself from humiliating and painful experiences. This fixation in the libido development caused the patient to waver between attitudes of taking and receiving.

What is there in the ego-structure that produces this form of resistance which differs from those represented in the above-mentioned cases? We may surely justifiably ask whether the patient who is afraid of humiliation fundamentally differs from the patient who takes refuge in bashfulness. The impression may arise that we are making an artificial separation in order to isolate types, whereas it is in fact possible to observe these and many other defense mechanisms in every case simultaneously or at different times, and it is true that in none of these cases are we justified in assuming only a single defense reaction. Nevertheless it seems to me justifiable to emphasize the fundamental differences in the modes of defense.

In the second case, the ego was impoverished on account of the strength of the superego; hence the repeated introversion in the analysis again and again. In the third, the aggressive effect of the superego is still more outspoken; it activates noticeable masochism. In the fourth case, the masochism activated by the superego is concentrated in one symptom: bashfulness. The bashfulness humiliates the ego, but this humiliation is terminated within the structure of the personality. This patient does not feel that the analyst blames her. The conflict remains intrapsychic. Juxtaposed to these cases are those reacting with a feel-

ing of humiliation, which are able to extrude a part at least of the intrapsychic conflict. The analyst plays the part of the superego, and fear of the superego is experienced as a fear of the analyst. *The analytic material of our cases seems to justify the contention that in these types the balance of the narcissism between superego and ego is such that the superego cannot enforce an introversion. The narcissism between superego and ego is so balanced that the ego has enough narcissistic energy to defend itself. The more narcissistic ego is able to defend itself by projection.*

The defense mechanisms developing from the projection of the superego's conflicts are particularly difficult to treat in some persons whose reaction to the analysis is one of feeling "hurt and offended". *Being hurt* is different from *being humiliated*. In the reaction of humiliation the demand of the superego is acknowledged, while in the reaction of being hurt and offended the demand of the superego is denied. The ego is always convinced that it is right.

I choose a hysterical-depressive patient to illustrate this defense mechanism.

Patient 7 From the beginning we observed in the analysis an irritated narcissistic tension. She followed the analysis with an anxiously suspicious, intense attention, always awaiting some occurrence that she might interpret as an injustice so that she might fight against it. This close attention was directed inwardly as well as outwardly. If the stimulus came from the unconscious, it was repressed and denied. If it came from the analyst, she promptly caught it and either bore ironically the injustice inflicted upon her or became overtly aggressive. She had, it seemed, more injustice to contend with than other people. When the tension between transference wishes and narcissism was too intense, her aggression could not be restrained so long as there was occasion for aggression. The principle involved was that to be on the offensive is the best defense. Her aggression was to be explained thus in analysis as in life; she projected into the environment what she desired

from it and challenged it until what she was waiting for actually occurred. She was thrown to and fro in perpetual dissatisfaction between the extremes of her personality.

She was narcissistically self-confident, and she often concluded that everybody loved her. All these statements did not correspond with reality. There was no true paranoia. In paranoia such narcissistic ideas are so strong that we see no anxiety on the surface. But in this case the patient was really convinced that nobody loved her, and she lived in a conscious insecurity and fear of rejection and of being forsaken. This anxiety dominated her life and her neurotic symptomatology, in which jealousy was one of the more conspicuous symptoms.

In a case in which the defense against anxiety occurs by continuous projections, it is our painstaking task to explain these projections to the patient first of all as projections, until we can succeed in tracing back this offended, humbled attitude (accusing the whole world of injustice) into early childhood.

The turning point in this analysis occurred in its second half. At first the patient apparently had to react off a great deal of aggression and in spite of this she had to strengthen her confidence in me. She could only thereafter grasp the significance of the fact that despite her description of her family and environment, it was impossible for me to get a clear-cut image of the personality of her mother. She effaced everything, and what she stated one day she took back the next day, in the same manner in which she gave contradictory information about herself at different times. Her fear of expressing her hatred for her mother was as great as her identification with the mother. After she recognized the reason for this vagueness about her mother, she was able to accept the interpretation of the identification and then the analysis of this material became possible.

The material relating to disappointment in the mother at the oral phase, renewed at the birth of the next sibling and much intensified in the phallic phase is too familiar to be worth citing. In this respect it is only important to emphasize that the patient never succeeded in repressing her aggressive tend-

encies against her mother, sister or even her father (she was the elder of two sisters). She never succeeded in overcoming her ambivalence toward the objects constituting the superego. Owing to these aggressive tendencies she constantly anticipated punishment: to be hated as she hated, and to be forsaken as she wanted to be alone. But her infantile dependence on her mother, and her infantile need for protection, were so great that the idea of being forsaken activated a fear of death. She experienced this fear of losing a protective mother, as an adult in attacks of jealousy, which took the form of choking, smothering anxiety, such as she remembered from childhood. The fear of losing her mother was the worst threat to her ego and thus was the strongest punishment of the superego. The personality, thus constructed, could not subdue the anxiety intrapsychically but could project the punishment that she feared to the object world.

I have pointed out that unresolved ambivalence to objects that constituted the superego was the fundamental reason for this structure. Because of this ambivalence the superego never became an unconsciously functioning agency of the personality. The communication between object world and the rudiments of the superego were more labile than usual. The cathexes, both libidinal and aggressive, seemed more mobile. We get the impression of an aggression hovering between the parts of the psychic apparatus, at times in the service of the superego, causing the ego to have anxiety, and at other times concentrated in the ego in an attempt to destroy the outer world. Because of this lability it becomes possible that an increase in conflict-tension may destroy the integration of the personality. She anticipates aggression from without and is thus protected from the feeling of guilt and from the anxiety which she felt as a reaction to her own tendencies of aggression.

It is impossible to present the different nuances in these projecting defense mechanisms. They are manifold, ranging from the strong narcissism of those patients who wish constantly to be aloof, to genuine paranoia. It is easy to realize how

many possibilities of negative transference and how many motives for a negative therapeutic effect may result from this structure. A great many of the cases described by Horney¹ belong to these oral-fixated, projecting types of defense.

In certain cases we can observe the defense of the intrapsychic conflict in different projections without observing any such dynamically effective anxiety or any such rapid transformation within the psychic structure. These cases are the ones that give the impression of a narcissistic, strongly cathected ego, not threatened by conscious anxiety and not showing any striking emotional reactions against feelings of guilt, for the guilt feeling does not approach consciousness. The ego considers that it is in the right under all circumstances. The conflict between superego and ego is so much repressed that scarcely anything need show of a conflict-tension between superego and ego. In the structure-relation between superego and ego the ego is dominant; it possesses more narcissistic energy. We may say that this defense against the strength of the superego was most successful. Extreme cases of this type are to be found among "impulsive characters" and criminals, who lack any awareness of being ill. But there are cases, in which the narcissistic ego-protection corresponds to an equally strong instinct-defense, as in certain cases with hysteric conversion-symptoms as well as in frigidity, in paranoid personalities or in long-lasting hypomanic phases. While in the analysis of the cases described above we were confronted clearly by reactions to the claims of the superego, in these cases we have to bring out and intensify traces of the superego's activity, and to make the ego recognize the claims of the superego.

Patient 8 As an example, I present a patient, a socially relatively well adjusted personality, but with essential difficulties in her heterosexual relations, and pronounced frigidity. Her characteristic attitude was that of feigned superiority. She acted out this superiority quite well in life, and this also was her attitude in the analysis. In analysis it soon became clear that

¹ Horney, Karen: *The Problem of the Negative Therapeutic Reaction*. This QUARTERLY V, 1936.

all her accomplishments, those due to sublimation and to neurotic activity, could be traced back to competition with her mother and sisters. She could do things better than the hated mother, whom she wished to show she was not afraid. The patient was the third of four sisters. The father was a remarkable scientist, but passive at home; the mother more aggressive, but mentally insignificant, a compulsive personality. The patient's constant complaint was that her mother could not cook, and that the soup was too salty. Competition between the sisters was very strong. The patient was convinced that she was the most masculine, most boyish of the sisters, and always pretended that she could achieve the most. She soon comprehended that her point of view was a reaction to her anxiety, as was her feigned superiority, by which she desired to demonstrate her indomitable self-assurance. This attitude manifested itself vehemently also in the transference, and she behaved, indeed, like an adolescent challenging a teacher, as if to say: "You cannot frighten me, you cannot catch me. I am clever and skillful enough to escape you." This active narcissistic defense frequently was expressed in a way which rendered the method of free association useless. Her superficial gossip, the narration of a thousand everyday minute details, served as a flight, as did her vain rehashing of seemingly important material, recollections and fantasies, that were devoid of dynamic content. Her material represented a constant flight from the anxiety that lurked behind her narcissism, which was a threat to her ego. No matter how dynamic this material might seem, it served as a defiant struggle against the analysis and against the analyst, and was a repetition of her defiant struggle with her parents.

This type appears to be structurally and characterologically the antithesis of the types described above as autoplasic, since it alters its environment by externalizing its intrapsychic conflicts, using alloplastic defense mechanisms. It is our technical task to make this alloplastic method of defense impossible for the patient.

Reich has this type of narcissistic defense mechanism in

mind, when he recommends the breaking of the narcissistic armor of the personality as a technical measure. Reich's general thesis is that the narcissistic energy repressing the instincts is frozen in the characteristic attitudes of the individuals, and of this he tries to make the patient conscious. The analysis of these symptoms is the starting point of his analytic activity. The patient's narcissism shaken from its resting position would have to be defended and thus the analysis would become a dynamic active attack. Consequently Reich¹ would, for instance, focus the analysis upon a mode of speech or the head posture, etc. In the analysis of various patients with various ego-structures, as Reich correctly states, the patients react very strongly to an attack against their ego. This hint of attacking the resistance-symptom activates the mechanism of resistance which is characteristic for the patient. One patient, at any reference to his defense-symptom, would introvert. As any other interpretation, this evoked the same superego reaction only a little more definitely. The other patient would be ashamed or would feel humiliated or offended, or would react with aggression; perhaps one would have feelings of guilt for this aggression while another would not. Through this kind of interpretation Reich also expected to intensify the defense mechanism, hoping to produce more reactions. But the anxiety and the aggression activated by these interpretations are unrelated at first with the acting out of repressed infantile hostility and aggression or with the original defended anxiety. It represents merely a strengthened repetition of the defense mechanism that is determined in the ego structure. At first these reactions do not touch on the dynamic structure of the symptom. We have no more direct access to these symptoms than to others. The analysis must first prepare the abreaction of the instinct which is built into the symptom. If we pursue the analysis to this extent, we often find that the character symptom disappears or is abated. Although we do not expect that the analysis of the "character symptom" will cause the material (arranged in definite layers) to unroll

¹ Reich, Wilhelm: *Charakteranalyse*. Vienna, 1933.

without friction, we would not want to state that we do not take these attitudes into consideration in analysis. This manoeuvre is not at all new.¹ It has always been part of the equipment of analysis, and these attitudes were always analyzed when they strikingly expressed actual resistance. *In the handling of these ego-symptoms we possess a method by which we are able to measure to a certain degree the analysis of the resistance. Though calling attention to the symptoms, as I have just stated, activates the characteristic resistance-mechanism, it should not be used when we do not wish to increase the tension, and it should be used if we want to force the patient to more stringent self-observation.* Reich believes that he can attack the strongest resistance with this character interpretation. As all his critics have emphasized, calling attention to the symptom too soon has no dynamic effect. Recently Anna Freud² has stated that to choose the congealed narcissism as a starting point is to run counter to the essential principles of analytic technique. Though the character symptom represents the psychic result of the strongest resistance, this does not imply that its interpretation will be the most dynamically effective tool of the analysis. We should not attack the economically strongest resistance, but instead that resistance which makes possible a dynamic effective interpretation. For such an interpretation acquires an economic sense in the actual analytic situation. As Anna Freud has pointed out, the best solution to the conflict is found where the defense of the instinct has arisen through fear of the superego. Here the conflict is really intrapsychic. My case material corroborates this statement.

I have attempted to demonstrate (1) that the dynamically efficient narcissism (narcissistic cathexis) is responsible for the defense mechanism characteristic of the individual. The dynamically efficient narcissism in one type of case is concen-

¹ Abraham, Karl: *Über eine besondere Form des neurotischen Widerstandes gegen die psychoanalytische Methodik.* Int. Ztsch. f. Ps. V, 1919.

² Freud, Anna: *Das Ich und die Abwehrmechanismen.* Vienna: Int. Ps. Verlag, 1936.

trated in the superego and produces a defense mechanism in introversion. Here we may speak of an autoplasic defense or resistance. In another type of case ego-narcissism is stronger than superego-narcissism; the stronger ego-narcissism produces projective defense mechanisms. The stronger the ego-narcissism, the more inaccessible the projection. In this sense we may speak of an alloplastic defense or resistance mechanism. There are cases which do not seem to fit in this classification. These are cases presenting melancholic symptomatology and structure. In analysis they produce superficial association material which may not be pertinent to the intrapsychic structural conflict. In these cases the fear of the superego is so intense that the superficial defense is not introverted but projected. Case 3 is such an example. (2) In the genesis of the defense mechanism there is also involved the aggression which hovers between superego and ego, sometimes directed against the ego, other times against the outer world. (3) By observing the narcissism within the psychic agencies—as they are repeatedly presented in the typical defense mechanism—we obtain a method of treating resistances.

The cases I have described for the purpose of exemplifying the distribution of narcissism within the parts of the personality do not illustrate all nuances of the defense mechanisms. In this paper, no attempt will be made at completeness and we may return to this topic, but we may in a few words discuss the “negative therapeutic effect”.

Horney has presented some cases of negative therapeutic effect and of the technique to use in overcoming the negative reaction. In this field there is great confusion in the analytic literature. Reich would probably welcome certain negative utterances of his patients as active affective reactions, which Horney might call a negative therapeutic effect on the ground that aggression and anxiety accompanied the resistance. A general dynamic consideration of our cases makes it possible to establish several viewpoints that help to clarify the concept of the negative therapeutic effect. To be sure, we must speak

of negative therapeutic effect in cases with introversion, if the tension of the superego (as anxiety or depression) reaches such a dimension that it is no longer transformable into a psychic reaction capable of analysis. I do not consider it a negative therapeutic effect, however, if Patient 3, owing to an increased inner tension, reacts hypochondriacally and acquires organ symptoms.¹ In this reaction was obtained for the first time a constant state, relieved by defense symptoms capable of analysis.

I considered the reaction of Patient 4 (bashfulness) a negative therapeutic reaction, because it was particularly strengthened by the repression of the transference and was therefore not accessible to analysis for a long time. I have already pointed out that we should welcome an increase in the inner psychic tension in those cases in which projections render the analysis weak. We should attempt to avoid the negative therapeutic reaction, that is to say, when we cannot govern the anxiety or the aggression by means of analysis.

To be sure, this too is not a final remedy conducting us without any danger between the Scylla and Charybdis of the analysis. We are always surprised at the versatility and inexhaustibility of psychic reactions. Again and again we find that the patient—like a child adjusting itself to the rules of adult education—will adjust himself to the rules of the analysis of resistance. Any interpretation, any attitude of the analyst, makes the patient expect a repetition, and the next defense-reaction will be complicated by the reaction of this expectation. Thus it is our task to act correspondingly, to adapt our technique to the ever-developing demands of the situation.

¹ Ferenczi places a similar interpretation on transient symptoms.

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Zur Menschenkenntnis. By Hanns Sachs. Vienna: Internationaler Psychoanalytischer Verlag, 1936. 122 pp.

Robert Fliess

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BOOK REVIEWS

ZUR MENSCHENKENNTNIS. By Hanns Sachs. Vienna: Internationaler Psychoanalytischer Verlag, 1936. 122 pp.

Form and content of this small volume are in complete harmony. Under its modest title we find the informal *causeries* of a wise and scholarly man, mature in his knowledge of life and the human soul. However these are not the only qualities deserving praise. We find here a booklet not only brilliantly written, amusing and instructive at the same time, but also the continuation of what might be called the life work of the author: the creating of models for the application of psychoanalysis.

This last appears to us to be important enough to warrant detailed consideration. Analysis itself may in principle be applied to the social sciences in two ways. The first is the well-known method established by Freud and continued by others. This consists in using psychoanalysis as an instrument for the study of problems which—in whatever realm they lie, that of ethnology, history, sociology, æsthetics, etc.—remain psychological problems. The titles which Freud chooses for his monographs show this very clearly by the delimitation expressed in them: *Der Witz und seine Beziehung zum Unbewussten*, *Eine Kindheitserinnerung des Leonardo da Vinci*, etc. A discussion which appears in *Imago* on the question why a famous poet jilted his early love would therefore of necessity be expected to select from the whole topic the psychological motivation of this step, and to examine it from a psychoanalytic angle.

For the purpose of establishing the second of the two fundamentally possible applications of psychoanalytic knowledge to social sciences, let us imagine for a moment that the person who is to make use of this knowledge is not an analyst but a specialist in the particular field of social science in question. Let us suppose, for example, that an historian has to write the biography of a Roman emperor—a modern portrait wrought in the incomparable style of Plutarch. Aside from the purely historical aspects of the particular epoch, such an historian will necessarily have to study at least as much of the cultural, the economic, as well as other aspects, to become able productively to apply the latest

discoveries in these fields to his subject. This means that with their help he will be able to view the historical data at his disposition from such an angle as to recognize something new. A possible scarcity of these data covering a particular field, for example, the socio-economic one, will make possible the appearance of only a few socio-economic statements in such an historical work; but these few will then be correct. The resultant book will therefore not be a politico-economic one, but an historical one; the acquired mastery in handling methods of economic research enables the author to use an auxiliary science pertinently and correctly.

It is one of the missions of Dr. Sachs to initiate this method for psychoanalysis by means of models, as it were,—his first being his biography of Caligula and the present volume the second. The subject, *Menschenkenntnis*, is not a psychoanalytic subject. We analysts often possess a remarkably poor practical knowledge of men. We are excelled by any good business organizer, just as the botanist who spends his time analyzing specimens under the microscope, is by the gardener, as to practical knowledge of plants. *Menschenkenntnis* is a chapter of heuristic psychology. But cannot psychoanalysis make contributions to it? Certainly. Psychoanalysis is here an auxiliary science and that is just what enables Sachs, the discerner of men, to employ Sachs, the analyst, as a collaborator. The net result of this procedure is the second of his model examples in contradistinction to the numerous counter-examples, one of which—Ludwig's book on Kaiser Wilhelm II—has been condemned with such good cause by Freud in his New Introductory Lectures to Psychoanalysis.

The chapter titles of the book are given here for the purpose of whetting the prospective reader's appetite. After an introduction concerning the knowledge of human nature appears a chapter called The Ego in Intimate Conversation. “. . . If you want to be liked by your fellowmen you must be on good terms with yourself in the first place; and the fact that you like someone well is indicated, is it not, by your not having any objections to being alone with him for a space of time. . . .” Then we are allowed a keen glance at Fellowmen—Seen From a Distance. “Treason spills out of all the pores of man.” The next chapter is entitled Family: With and Without Love. “. . . Suppose you come into

a social gathering knowing that among the ladies is she whose trail Mr. X is following since his interest in his wife has flagged, and you wish to find out which one is she. If one strikes you as resembling Mrs. X, or at least as belonging to the same type, you need look no further. . . ." And the last chapter—About Happiness: No Address Given. ". . . When people talk about happiness it is as though someone, gone blind in childhood, talks to his companions in blindness of the blue of the summer sky. . . ."

We shall refrain from an abstract of the content; the delicately worded *causeries* do not submit to such treatment. Instead we shall quote a few aphorisms as proof of the author's mature knowledge of man.

"Since it is simpler to think in contradictions than in precise gradations of thought, man makes a contradiction out of every difference he notices in woman. This error found its way into many theories, and if a sentence starts with angelic mien,—'Woman is . . .' one may anticipate meeting it."

"Bachelor friendships cannot continue in the old form; and they do not allow being recast into a new one. Good will alone will not suffice. If the bridal pair promised you the best easy chair by the fireside, you will do well to stay away for a while."

"Need-for-love brought to the boiling point frightens its object, who dimly senses the danger of being burnt by the flame, or devoured by this ravenous appetite, and thereupon takes to flight. Temperate need for love lures because most people enjoy playing with fire. Also, because each one thinks that it is reserved for her to fan the spark to a conflagration. To be written into the autograph book of romantic youths."

"He who as an adolescent was able to talk with his father without spite and embarrassment, will, as a man, find the right tone with pope and emperor."

In Dr. Sachs's serio-humorous little book one finds beautiful, cultivated, and colorful German. We call upon our excellent translators not to withhold it any longer from the American public:

ROBERT FLIESS (NEW YORK)

A DYNAMIC THEORY OF PERSONALITY. By Kurt Lewin. New York: McGraw-Hill Publishing Company, 1935. 286 pp.

THE PRINCIPLES OF TOPOLOGICAL PSYCHOLOGY. By Kurt Lewin. New York: McGraw-Hill Publishing Company, 1936. 231 pp.

The first of the two books mentioned is a collection of translations of articles that have appeared during a number of years in the German psychological literature. It is a somewhat popular survey of the experimental work of the author and others in the field of what used to be called "the psychology of the will". These studies are interesting to psychoanalysts because of their point of view and method which is definitely dynamic. A favorite experimental procedure which admits of many variations is to interrupt or put obstacles in the way of some activity in order to observe the subsequent fate of the urge behind the interrupted activity or the reactions of the experimental subject to various sorts of frustration.

Thus Zeigarnik¹ showed that one tends to have a better memory for activities that have been started but not completed than for activities that have been brought to completion; Ovsianskina² studied in some detail conditions that determine whether or not an activity that has been interrupted will be resumed and Dembo³ made experimental analyses of considerable thoroughness of reactions in frustration and anger.

The conclusions from these experiments so far have been for the most part attempts at more precise formulation of facts that are matters of everyday psychological knowledge. This is, of course, what every science must do at the beginning. Moreover a number of the questions which Kurt Lewin and his coworkers are attempting to answer experimentally suggest problems with very stimulating implications for psychoanalysts.

One of the most fundamental mechanistic concepts in psychoanalysis is that of substitution or displacement. Representation by symbols, all the displacement mechanisms in dream work and symptom formation, sublimation, even projection and introjection,

¹ Zeigarnik, B.: *Über des Behalten erledigter und unerledigter Handlungen*. Psychol. Forsch., 9, 1-85, 1927.

² Ovsianskina, M.: *Wiederaufnahme unterbrochener Handlungen*. Psychol. Forsch., II, 302-379, 1928.

³ Dembo, T.: *Der Ärger als dynamisches Problem*. Psychol. Forsch., 15, 1-144, 1931.

all involve the principle of substituting one sort of impulse or mental content for another. It is important to raise the question as to how far such substitute gratifications really satisfy the urges for which they are substituted. Lewin and his coworkers¹ are attempting to devise methods of measuring the substitutive value of a substitute activity by statistic measurement of the frequency of the subject's failure to resume an interrupted activity after being permitted a substitute outlet.

Another interesting series of studies have to do with reactions to success and failure. Experiments by Hoppe² and others attempt to determine quantitative relations between an individual's level of aspiration and his reaction to success or failure. It is a matter of common knowledge that if a task is too hard one tends to strive at best only halfheartedly to accomplish it; if a task is too easy, one often feels that it is not worth doing. However, individuals differ greatly in these respects. Lewin and his coworkers are attempting to investigate these relations experimentally. Their investigations should have interesting psychoanalytic implications with reference to the quantitative conditions that may determine whether a boy shall be successful in identifying himself with his father, or give way to destructive or self-destructive envy reactions or perhaps give up altogether the hope of identifying himself with his father and resign himself to feminine submission.

In another series of experiments Lewin feels that he has demonstrated that frustration, by increasing the tension under which an individual reacts, tends to induce a simplification of personality structure that is comparable to the regression phenomena observed in psychoanalysis. This corresponds to the reviewer's own belief based upon the analysis of psychoanalytic material that the regressive phenomena which we observe in the neuroses involve as their essential feature "an oversimplification of the conflicts the patient is attempting to solve". I am quoting from a previous formulation of my own: ³ "This oversimplification is the result of the excessive

¹ Lissner, K.: *Die Entspannung von Bedürfnissen durch Ersatzhandlungen*. Psychol. Forsch., 18, 218-250, 1933.

Mahler, W.: *Ersatzhandlungen verschiedener Realitätsgrades*. Psychol. Forsch., 18, 27-89, 1933.

² Hoppe, F.: *Erfolg und Misserfolg*. Psychol. Forsch., 14, 1-62, 1930.

³ 1933-34 Annual Report of the Institute for Psychoanalysis, Chicago, "Psychoanalysis and Learning", pp. 38-39.

intensity of the conflict that produced the neuroses. Just as a very strong electric current will destroy the finer parts of a delicate electrical apparatus, so does too intense a conflict obliterate the differential criteria upon which finer adjustments are based."

The reviewer regards it as a particular merit of the studies reported in this book, that the author makes a deliberate effort to get away from the superficial empiricism characteristic of much experimental work in psychology and attempts systematically to build up concepts concerning the structure of the personality and of the environment as subjectively experienced by the individual. The great need for just such systematically built up concepts in order to serve as a guide for experimental work makes it all the more necessary to examine critically the implications underlying any particular systematic approach.

One feature of these studies will, I think, impress most psychoanalysts—the relatively small amount of emphasis placed upon historical factors. The author writes,¹ "One may distinguish roughly two meanings of the question, 'Why' in psychology:

1. Why in a given momentary situation, that is, with a given person (P) in a certain state and in a certain environment (E), does precisely this behavior (B) result? The problem is thus to represent the behavior (event) as a function of the momentary total situation ($B=f(PE)$).
2. The more historical question: Why at this moment, does the situation have precisely this structure and the person precisely this condition or state?"

This second more historical question, he is inclined to regard, however, as only of clinical rather than of real scientific interest. Science, he argues, should concern itself with universally valid laws and not with particular historical events. It is probably on account of this basic attitude, that the problems and experiments discussed in this book deal practically exclusively with questions of the first sort, with attempts to explain behavior in terms of the state of the person and of the environment at the moment.

Any psychoanalyst would feel that questions of this sort dealing with the momentary situation are quite impossible to answer without reference to the life history of the experimental subject. We should feel that in particular the structure of the "person" can best be formulated in terms of an individual's life history. The

¹ *A Dynamic Theory of Personality*, p. 241.

same is perhaps equally true of the structure of the environment as subjectively experienced by the individual. An experimenter who has no knowledge of the life history of an individual cannot possibly know the structure of the subject's personality and is likely to gain a very imperfect impression of the subject's subjective impression of the experimental situation. In psychoanalysis our experience has taught us to expect that a patient will inevitably react to the analytic situation in terms of previous situations in his life history. We are compelled to take continuous account of this tendency by watching always alertly for the patient's "transference". We should expect therefore that any experimental procedure that is not equally alert to take note of transference manifestations would often miss some of the most significant features in the behavior of the subject in an experimental situation.

The author writes considerably about the structure of the personality, but it is noteworthy that the diagrams illustrating this discussion are purely schematic and have no reference to the particular structure of any particular personality. The fact that the author is able to deal with the structure of the personality only in such a general schematic way, is perhaps a direct result of his neglect of historical factors.

It is, of course, true that the psychoanalytic problem of "choice of neurosis" is still an unsolved one. We are indeed able to make some reliable predictions such as for example that a person with anal-erotic fixations will be likely to develop a compulsion neurosis; but we are not as yet able to make universally valid formulations that will enable us to predict accurately a patient's future behavior. If we ever do achieve this ideal of scientific precision, however, it will not be by neglecting the study of historical factors but by a very careful inductive generalization of just how particular types of life histories act upon particular inherited constitutions and lead to particular forms of personality organization.

A second criticism of the author's fundamental conceptual approach to psychology is rather closely related to this first one. The reviewer feels that the author is attempting too soon to apply mathematics to his problem. This becomes especially clear in the second of the two books referred to, *The Principles of Topological Psychology*. In this book the author makes very precise and definite his fundamental purpose, to conceive of all the phenomena of psychology in terms of a "life space". In other

words psychology is to be conceived geometrically. Very wisely the geometry first chosen is the generalized branch of geometry that deals with relations in space that are independent of the form and size of the regions studied.

Mathematics is of course an exceedingly valuable tool that can be applied to the solution of problems in any field. Before one can safely apply mathematics to psychology, however, one must have a psychological problem that is already formulated. The *Principles of Topological Psychology* is not really a treatise on psychology but a treatise on topology with psychological illustrations. It does not start with any psychological problems to solve. The apparent problem is merely the question as to whether this branch of mathematics can be applied to psychology; whether psychological phenomena can be conceived of in terms of a "life-space".

As an example of the confusion that inevitably results from the lack of a well-defined psychological problem we may cite Lewin's concept of the environment. Lewin indicates very clearly that by environment he means the environment as subjectively experienced by the individual. This is, of course, an extremely useful concept but one that cannot be used except when it is contrasted with the objective environment that is quite independent of the individual's subjective state. It may be that for certain types of psychological problems it is unnecessary to distinguish between Lewin's (subjective) environment and the real objective environment of the individual; but let us consider for a moment the situation of a patient with hallucinations or delusions. It would be quite impossible to analyze the psychological genesis of a hallucinatory or delusional system without first making the common-sense distinction between the environment as subjectively experienced and the real objective environment. The delusional patient, however, is only an extreme instance. All the problems of perception and cognition require this same distinction. The subjective environment (in Lewin's sense) is really a product of the interaction of the "person" with the objective environment; and all the problems which Lewin designates as problems of the "restructuralization of the field" are in reality problems as to the nature of this interaction between the person and the purely objective environment that is independent of the individual's perceptive powers. To call the subjective environment *the* environment, as Lewin does, really makes it impossible to

attack the problem as to why the subjective environment assumes the structure that it actually does at any given moment.

We need not doubt that psychological problems, like problems in any other field, can be thought of in mathematical terms. Whether or not it is profitable to think of psychology in geometrical terms will depend upon the problem to be solved; and every vital problem in psychology must arise directly out of the psychological phenomena which one is attempting to master. To discuss in general the application of geometry to psychology without having in mind any problem that can be formulated in strictly psychological terms, reminds us of the cartoon one occasionally sees of a tourist who has bought himself an expensive set of equipment for mountain climbing and then goes out to look for a mountain.

Psychoanalysis, as is well known, has followed exactly the opposite course. In the course of fifty years it has developed an extensive system of scientific concepts but these concepts have grown up step by step as a necessary and inevitable product of Freud's attempts to orient himself in a bewildering chaos of psychological facts that no one previously has been able to understand. Due to the close contact of these new concepts with the facts, one set of concepts was devised to explain one set of facts, and a new problem would give rise to an entirely new set of concepts. The problem of confronting these various sets of concepts to determine whether they are consistent with each other has always been a secondary one in psychoanalysis. Freud's method has always been first to inquire how the facts can best be understood and only later to return to the question as to how new findings are related to previous ones. As a result, the psychoanalytic terminology is still a redundant one in the mathematical sense, like a set of equations with too many independent variables. The task of reducing this wealth of exceedingly empirical knowledge to a self-consistent system is one that Freud has been very unwilling to hurry and that even yet remains in large part unaccomplished.

Topological psychology on the other hand starts with a self-consistent mathematical discipline and then goes to look for facts to fit it. In the opinion of the reviewer its most promising contributions have been those, like the ones already mentioned, which have dealt with strictly psychological problems without the use of geometry. The reviewer feels that this attempt to approach psychology by a method that is both systematically experimental and

also dynamic is an exceedingly promising one and one that should be a very valuable complement to the clinical approach of psychoanalysis. He hopes all the more earnestly, therefore, that this new dynamic approach will not allow its experimental empiricism to be stifled by a premature attempt to formulate its conclusions in geometrical language.

THOMAS M. FRENCH (CHICAGO)

PSYCHOLOGY AND THE SOCIAL ORDER. By J. F. Brown, Ph.D. New York: McGraw-Hill Book Co., 1936. 529 pp.

It is very difficult adequately to review a book in a field which is as important, as complex, and as apparently removed from the immediate interests of the readers of this *QUARTERLY* as the one here under consideration. It is a treatise on social psychology which has great interest for psychoanalysts. *A priori*, it might be supposed to challenge in its entirety our particular point of view and our alleged tendency to ignore or minimize social factors. Upon closer examination, however, one will discover just the opposite. If social psychology is concerned with the effect of the group on the behavior of the individual and the effect of the individual on the behavior of the group, it is the more necessary that one be clear from the outset as to an accepted conception of the nature of the organism; how one is going to obtain knowledge of the organism and of the group, and how the behavior of the group and the organism are determined.

Dr. Brown follows the Gestaltists, as do presumably most psychoanalysts, in believing that the organism (and like it the social group) is not merely the sum of all its parts. Therefore, instead of gathering an endless number of facts and striving in a strained and competitive manner to classify them according to some ultimate basic concepts, social psychology needs to work out an "adequate theory of social behavior" as a whole which will make the accurate prediction of particular behavior more nearly possible. For such an approach, the author proposes the field theory in contrast to the class theory and classificatory activities of Aristotle and those who emulate him.

After a presentation of his methodological point of view, Dr. Brown proceeds to describe first society, and then the individual; in the former, dealt with in a *sociological section*, he discusses the individual as a member of various classes and the effect

upon him of such membership character—particularly, of course, the family, the church, the state, and the economic system.

Following this he turns to a description of the personality and it will interest and no doubt please the readers of this journal to know that he subscribes very definitely and positively to the psychoanalytic point of view. The “freudian theory of personality genesis” is set down accurately and, for its present purposes, quite fully. In connection with this *psychological section* of his book, Dr. Brown develops the inconsistency of such dichotomies as heredity and environment. In the course of this discussion Dr. Brown lays many of the old ghosts: the supposed conflicts between heredity and environment, the persistence of some vague irreducible thing called human nature. And since this may come into conflict with some of the superstitions still held by even psychoanalysts, it would be well to quote from the original verbatim (pp. 273–274):

“In the light of the foregoing [that man does not exist independently of the field structure and is determined by the latter] one may well say there is no such thing as original human nature, that the age-old quest for a definitive list of traits common to humans as humans is a hopeless quest for constants which do not exist. If by human nature one means not a definitive list of structural traits and functional reaction tendencies independent of field structure and constant against it, but *rather the necessary forms of human reaction for each concrete and momentary field structure*, the concept may be saved. It is, I believe, not worth saving because historically it has always been used to refer to certain constants in human behavior. Connotatively, one always thinks of certain strivings and urges and reaction forms which are common to humans because they belong to the class ‘human’. Now it is quite true that in order that human life may go on on this planet, humans must be born and produce children and see these children through the time when they would not be able to exist without the parents. For these reasons, no one has seriously questioned that tendencies (instincts, drives, etc.) toward self-preservation and race preservation exist. Surely, most biologists would say, it belongs to human nature to be self-preservative and race preservative. We think not. Under certain field conditions humans are self-preservative and race preservative, under others they are not. All students of psychopathology realize the prevalence of suicidal and homosexual tendencies under certain field conditions. The attempt then to retain even the tendency to self-preservation and race preservation, as being the lowest common denominator in ‘human nature’, gets one into difficulties. Have the homosexuals and suicides lost ‘human nature’? Are they no longer to be classified as men? It is quite obvious that anatomically, taxonomically, and physiologically they remain human. The problem seldom bothered the earlier

social philosophers because they were quite content to look on such deviations from the norm as special cases, not necessarily covered by the laws of human nature. But the field-theoretical view of all nature is that nature is continuous rather than dichotomous. And the field-theoretical view has forced itself on us not as a pretty theory, but as the only view which fits the multitude of hard, cold, and sometimes unpleasant facts. All individuals may have hidden tendencies to suicide and homosexuality. Perhaps one should rather say that under selected field conditions all individuals may be caused to develop homosexuality or to become suicides. Since Freud's monumental discoveries the statement of the irreducible minimum of 'human nature' must be: 'men are by "nature" either self-preservative or self-destructive and race-destructive or race-preservative,' and so we have nothing left. It is better to throw the concept of original human nature overboard and start afresh. There is no such thing as human nature independent of the structure of the psychobiological field."

At this point it might be well to refer to some of the criticisms of the freudian theory which Dr. Brown posits. As might be expected, they are far above the level at which we are accustomed to hear criticisms, and are indeed to be taken quite seriously by anyone who has at heart the purification of the psychoanalytic theory. Prior to stating his points of disagreement, Dr. Brown has, as mentioned, sketched the psychoanalytic theory quite fully. He indicates the points of agreement which psychoanalytic field theorists have in common with analysts, including psychological determinism, the instinctual or force concepts (vectors), the determination of personality by the way in which the individual reacts to barriers imposed by society upon these forces, the continuum represented by psychotics, neurotics, geniuses, and normals, and the inacceptability of dichotomous or valiative concepts.

His criticisms, on the one hand, deal first of all with methodology (which the same author has elsewhere discussed more fully to the knowledge of most of our readers; see *Freud and the Scientific Method, Philosophy of Science*, 1:323-337, 1934). He points out in a broad and objective way, rather than in any narrow sententious way, that Freud and we who follow him think too much in terms of historical-geographical regularities instead of in ahistorical, typical laws. This is, of course, only to say that our conclusions are apt to be empirical in spite of our broad theories and depend upon conclusions drawn from the geography, economic situation, and social set-up that now exists rather than from the broad general principles which would apply to any society. Dr. Brown makes

clear that this applies only to part of the psychoanalytic theory and not to all of it; naturally, the œdipus complex cannot be described as a locally determined theory. He further objects to the assumption that the barriers imposed by society are as Freud, and the freudians assume, chiefly biologically determined. Brown believes that the barriers are functions of the total structure in the social field with reference to the individual and that their nature is determined by position in the social field which means the national, religious, class, and other regions in which the individual has membership.

"We by no means claim that the barriers imposed are arbitrary or completely subject to manipulation. They do, however, vary with the historical and economic situation, and as is implicit in Freud, we have a certain control over them." (Page 325.)

Dr. Brown does not believe that psychoanalysis has had the degree of success in its influence upon psychotherapy, pedagogy, and criminology that it originally promised or that it might have. He points out that Freud appears himself to have some pessimism concerning its application other than to psychotherapy in certain forms of neurotic behavior. Dr. Brown believes that Freud's pessimism (as reflected, for example, in *The Future of an Illusion* and in *Civilization and Its Discontents*) is due to his refusal to consider the possibility of the manipulation of barriers. On the other hand, if we are right in supposing that the nature of the barriers is determined by the social field, which is constantly undergoing change, the future may not be so dark as Freud believes.

It is scarcely fair to the author to cite his theory, his criticisms of, and differences with psychoanalytic theory in this brief way, and the interested reader is warmly commended to a perusal of the entire book, certainly to the psychological section.

The text ends with a political science section which is a discussion of the effects of political organizations, and to a less extent economic organizations upon the structure of the social field.

The book is intensely interesting, but more than that it is immensely significant, not only to psychoanalysts, but to everyone who believes in the possibility of describing in a scientific way, in such a way that prediction is possible, the behavior of human beings. The dignity, fairness, and restraint of this book linked

together with its utter courage and its fine spirit commend it to any reader.

Speaking for the moment strictly "within the family", the reviewer's reason for believing that all psychoanalysts should read it is that it acts as an antidote to the extreme individualism and empiricism which our daily practice inclines us toward. Every psychoanalyst, in uneasy moments of philosophical reflection, must be appalled by the small number of individuals which our prodigious efforts reach. Some men have reacted to this by ill-considered and ineffective efforts at mass therapy which have not reflected credit or success. But apart from such an evaluation of their results, we must see in these efforts an attempt to find more general principles for the social operation of psychoanalytic science. We in America have already reacted against the isolation of psychoanalysis from psychiatry and from medicine, and most of us regard ourselves as psychiatrists who are now trained in psychoanalysis: we must go further and see ourselves as a part of science in the main, and gradually relate our empirical conclusions to those more general scientific laws which know no exception.

KARL A. MENNINGER (TOPEKA)

THE MARRIED WOMAN—A PRACTICAL GUIDE TO HAPPY MARRIAGE. By Gladys H. Groves and Robert A. Ross. New York: Greenberg, Publisher, 1936. 278 pp.

The authors of this volume have attempted a task whose magnitude insures superficiality of treatment. For fear of leaving out some aspect of the marriage problem they have attempted at least to touch upon every phase of it with which the average woman might come into contact. The volume might well be termed a ready compendium of more or less elementary instruction, tinged with the emphasis of an ethical philosophy.

Beginning with a discussion of the various reasons why women want to marry, they carry the reader through an exposition of helpful and faulty attitudes and a discussion of the obstacles to successful partnership and of the best means of circumventing them.

No attempt is made to discuss the subtle and difficult problem of the choice of partner, and very little dynamic connection is discernible between the reasons given for marriage and the various difficulties that may be later encountered.

The progress of the wife through her early adjustment and her more settled years is then comprehensively if superficially sketched, with considerable elaboration of the problems of successful sexual technique.

In the chapter on Common Problems there is much good sense and the selection of examples is on the whole well made. The incidence of impotence or of homosexual tendencies in the husband, however, and their profound effects on the health of the wife are given little but the merest mention. The problems selected for discussion fall within average experience and do not include the neuroses or more serious psychopathological states.

The attitude of the wife towards the bearing of children is discussed, and various warnings sounded. This chapter is followed by an outline of the hygiene of pregnancy and of the events preceding delivery. Considerable space is devoted to warning the woman against sacrificing her wifely role to that of the mother, and to the roles of both parents in the life of the child.

A full chapter entitled *The Roaring Forties* is devoted to the emotional problems of the middle aged couple. This subject is quite adequately handled for a volume of this type.

The book concludes with a description of woman's expectations of happiness after the menopause and of the precautions necessary to insure continuing health.

To sum up, this volume is rather trite in the material presented, is comprehensive in scope, but superficial in treatment. There is little of interest from the standpoint of dynamic psychology. The descriptions are often good, while the conclusions lead always towards the advantages of the ethical outlook and of being content with the even tenor of a well regulated life.

Its principal usefulness to a psychiatrist would be as a simple text book to explain the ABC of marital hygiene to an inexperienced bride, or to some married woman faced with an average problem, whose insight could be hastened by reading in the same chapter a description of her condition and a recommendation for its cure. For the more intelligent woman suffering from a complex problem in marital adjustment and harassed by doubt as to what path to take, its usefulness would be negligible.

JOHN A. P. MILLET (NEW YORK)

PRACTICAL EXAMINATION OF PERSONALITY AND BEHAVIOR DISORDERS.

By Kenneth E. Appel, M.D., Ph.D., Sc.D., and Edward A. Strecker, M.D., A.M., Sc.D. New York: The Macmillan Company, 1936. 219 pp.

The authors state that they intend this book as a practical handbook which the student can have at his side when he is learning to make psychiatric observations. It consists of a collection of outlines for the various examinations in use at the Pennsylvania Hospital, with the addition of tabulations for information regarding certain common symptoms in children (fears, lying, stealing, convulsions, masturbation, etc.), and finally a chapter on psychiatric terminology consisting of a bare list of about two hundred and fifty words without definition or comment. At the beginning of the book is a chapter on the art and practice of psychiatric examination which contains some useful hints and arresting admonitions to the naïve student. Each chapter is introduced with a paragraph or two of very simple explanation or comment on the examination outline or table which follows. But nowhere is there any adequate discussion of principles of psychiatric examination. There is no presentation of the varying purposes, goals, and objectives of examinations in different situations;—the difference in emphasis and approach between, for example, a consultation examination where early diagnosis is the primary objective, and the initial examination of a patient who has entered a hospital for a prolonged period of treatment. Similarly, the need for a varying degree of activity or passivity on the part of the examiner is mentioned but not sufficiently clarified. This is usually a perplexing question to the inexperienced examiner. The chapters dealing with examination of adults appear to be arranged chiefly as a guide for young doctors caring for psychotic patients in hospitals.

The book is somewhat disappointing, as it presents little beyond the sheaf of specific examination outlines with which most psychiatric hospitals are already equipped, each according to its own special needs.

PHYLLIS GREENACRE (NEW YORK)

Current Psychoanalytic Literature

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CURRENT PSYCHOANALYTIC LITERATURE

Internationale Zeitschrift für Psychoanalyse. Vol. XXII, Number 4, 1936.

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- MICHAEL BÁLINT: Eros und Aphrodite (*Eros and Aphrodite*).
- OTTO ISAKOWER: Beitrag zur Pathopsychologie der Einschlafphänomen (*Contribution to the Psychopathology of the Phenomenon of Going to Sleep*).
- FANNY HANN-KENDE: Zur Übertragung und Gegenübertragung in der Psychoanalyse (*On the Transference and Counter-Transference in Psychoanalysis*).
- JOAN RIVIERE: Zur Genese der psychischen Konflikte im frühen Lebensalter (*On the Genesis of the Psychic Conflict in Early Youth*).
- ROBERT WÄLDER: Zur Frage der psychischen Konflikte im frühen Lebensalter (*The Problem of Psychic Conflicts in Early Youth*).
- LUDWIG EIDELBERG: Zur Genese der Platzangst und des Schreibkrampfes (*On the Genesis of Agoraphobia and of Writer's Cramp*).

Imago. Vol. XXII, Number 4, 1936.

- LUDWIG JEKELS: Mitleid und Liebe (*Pity and Love*).
- PAUL SCHILDER: Zur Psychoanalyse der Geometrie, Arithmetik und Physik (*On the Psychoanalytic Aspects of Geometry, Arithmetic and Physics*).
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- IMRE HERMANN: Neue Beiträge zur vergleichenden Psychologie der Primaten (*New Contributions on the Psychology of the Various Stages of Sexual Primacy*).
- RICHARD STERBA: Zur Theorie der Übertragung (*On the Theory of Transference*).
- M. WULFF: Zur Arbeit von E. Kris "Bemerkungen zur Bildnerie der Geisteskranken" (*On the Paper of E. Kris: "Notes on Paintings of Psychotic Patients"*).

Revue Française de Psychanalyse. Vol. IX, Number 2, 1936.

- RENÉ LAFORGUE: Clinique psychanalytique (II) (*Psychoanalytic Clinic (II)*).
- RENÉ SPITZ: Choix objectal masculin et transformation typologique des névroses (*Masculine Object Choice and Typological Transformation of the Neuroses*).

Psicoterapia, Vol. I, Number 3, September, 1936. (Número dedicado al Prof. Freud.)

- S. FREUD: Proyección histórica del psicoanálisis en las ciencias y el pensamiento contemporáneos (*Historical Position of Psychoanalysis in Contemporary Science and Thought*).

- HONORIO DELGADO: La obra de Freud en el último decenio (*Freud's Work in the Last Decade*).
- ANGEL GARMA: La proyección y la vuelta de los instintos contra el yo en el sueño (*Projection and the Turning of the Instincts Against the Ego in the Dream*).
- GONZALO BOSCH: Evocación de la doctrina de Freud (*The Influence of Freud's Theories*).
- MARCOS VICTORIA: Sobre la catarsis en un caso de histeria convulsiva (*Catharsis in a Case of Convulsive Hysteria*).
- PAULINA H. DE RABINOVICH: El psicoanálisis y los reflejos condicionados (*Psychoanalysis and Conditioned Reflexes*).
- JUAN RAMÓN BELTRÁN: El psicoanálisis y el médico práctico (*Psychoanalysis and the Medical Practitioner*).
- S. FREUD: Dostoevsky y el parricidio (*Dostoevsky and Parricide*).
- RENÉ ALLENDY: Las metastasis psico-organicas (*Psycho-Organic Metastases*).
- Psicoterapia is published in Córdoba, Argentine Republic.

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- EDMUND BERGLER: Psicoanalisi e "Sentimento di aver ragione" (*Psychoanalysis and "The Feeling of Being Right"*).

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The American Journal of Psychiatry. Vol. XCIII, Number 3, November, 1936.

- THEODORE P. WOLFE: Emotions and Organic Heart Disease.
- GEORGE E. DANIELS: Emotional and Instinctual Factors in Diabetes Mellitus.

The American Journal of Orthopsychiatry. Vol. VII, Number 1, January, 1937.

- GREGORY ZILBOORG: Considerations on Suicide, with Particular Reference to that of the Young.
- DAVID M. LEVY: Attitude Therapy.
- H. S. LIPPMAN: The Neurotic Delinquent.

Notes

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NOTES

THE EDUCATIONAL COMMITTEE OF THE NEW YORK PSYCHOANALYTIC INSTITUTE announces a clinical conference of ten sessions entitled "Interpretation of Clinical Material", to be given by Dr. Bertram D. Lewin. On the basis of clinical material to be presented by the participants, either as case histories or as transcripts of "analytic hours", an attempt will be made through free discussion to explore the possibilities of analytic interpretation. It is expected that the conferences will come naturally to focus on some special type of case or special type of problem. This course is open to members of the Institute and to senior students in professional training only. The conferences will be held on Wednesdays, beginning April 7, 1937 at 8:30 P.M. at the Institute, and continuing for ten successive Wednesdays.

THE INSTITUTE FOR PSYCHOANALYSIS IN CHICAGO announces the following lectures and seminars during the third quarter of 1936-37: Interpretation of Psychotic Cases (Alternately)—Franz Alexander, M.D., Thomas M. French, M.D., to be held from 5-7 p.m. Tuesday, April 13, 20, 27, May 4, 18, 25, and June 1, 8, 15, 22. Psychological Problems in Social Case Work (Seminar)—Franz Alexander, M.D., to be held from 5-6:30 p.m. on Wednesday, April 14, 28, May 5, 19, and June 2. For the Members of the Chicago Psychoanalytic Society and the Candidates of the Institute only: Clinical Conferences—Therese Benedek, M.D., to be held from 10-12 noon on Saturday, April 24, May 8, 22, and June 5 and 19; and from 5-7 p.m. on Friday, April 16 and 30, May 14 and 28, and June 11 and 25. Seminar on Review of Psychoanalytic Literature—Thomas M. French, M.D., to be held from 12-2 p.m. on Saturday, April 24, May 8, 22, and June 5 and 19. Quantitative and Comparative Dream Studies—Thomas M. French, M.D., to be held from 2:30-3:30 on Saturday, April 24, May 8, 22, and June 5 and 19, and 5-6 Friday, May 7 and 21, June 4. Seminar on Freud's Case Histories—Leon J. Saul, M.D., to be held from 5-6:30 p.m. on Thursday, April 15, 22, 29, May 6, 20, 27, and June 3, 10, 17, and 24.

THE STUDENTS OF DR. ADOLF MEYER will meet in Baltimore on April 16th and 17th to celebrate simultaneously the twenty-fifth anniversary of the founding of the Phipps Clinic and Dr. Meyer's seventieth birthday. The program is as follows: Friday, April 16th, morning, visit to the Phipps Clinic; afternoon, papers by former members of the staff; 7:30 p.m. reception and banquet at the Hotel Belvedere. Saturday, April 17th, morning, papers by Dr. Adolf Meyer and the present staff; 1 p.m. luncheon in the Clinic.

THE SALMON COMMITTEE ON PSYCHIATRY AND MENTAL HYGIENE invites the medical profession and their friends to the fifth series of Thomas William Salmon Memorial Lectures to be given by William Healy, M.D., Director of the Judge Baker Guidance Center, Boston, Massachusetts, on Friday evenings at 8:30, April 9th, 16th, 23rd, 1937, at the New York Academy of Medicine, 2 East 103rd

Street, New York City, the general subject of the lectures to be, PERSONALITY—FOUNDATIONS, DEVELOPMENT AND WIDENING HUMAN RELATIONSHIPS. On April 9th—Foundations of The Personality Structure: Mutual concern of philosophy and science with the nature and functioning of the self and the personality. The two not identical. The fact of continuous identity. From the beginnings of life circular response between individual and environment. Mind-body relationships—brain-structure and personality. Original endowment. The physiological foundations. Personality to be regarded as historical development. Reactive tendencies developed by early experiences. Critique of the many modern personality tests. The modern case study evaluating the total situation. "Biography—the Literature of Personality"—weaknesses. The diverse foundations uncovered in an example of a thoroughly developed study of personality. On April 16th—The Developing and Emerging Personality: Always multiple causation. Cross-section of soma and psyche fails to tell the story. Genetic viewpoint. Heredity. Critique of body-build. The significance of other physical factors. General elements of the environment as part of the story. Situations of and in the family—as these have emotional concomitants; with differences sometimes even for twins. The early training period. The gradually developing parent-child relationship. Personality-intelligence correlations. Special types of personality related to handling of early instinctual drives and pleasure experiences. Accidents and diseases affecting central nervous system. Biochemical factors energizing or inhibiting. The abnormal personalities. Experiences associated with emotional conditionings—resultant freedom of self-expression; or guilt, fears, anxieties. Satisfaction, frustrations or sublimations of instinctual drives. Types of mental traumata. Adolescent turmoil sometimes shaping personality characteristics. General establishment of personality patterns. Personality as representing the individual's economic solution of his life situation. On April 23rd—Personality in Widening Human Relationships: General interest in personality. Culture, *mores*, and personality, e.g. the concept of "a gentleman." Social life demanding repressions. Ideas held determining personality characteristics. Problems of personality involving family life, work out-put, employer-labor relationships, political motivations, schemes of government, international questions. Types of personality in power—leaders and executives. Economic motives largely personality drives. Personality of extremists. Releases of aggressive motivations other than in anti-social ways. What hope for personality modifications? The possibility of general education concerning the foundations of personality. Ordinary lack of insight into drives, urges, attitudes. Any value of education into awareness? At what stage in the educational career should educators deal with the foundations and the problems of personality? Attractions of this field for psychiatrists—their training. The growth of clinics where personality problems are dealt with and the results of their work. The psychiatric social worker dealing with family problems. The contrast between advancement in things material and backwardness in man's handling of his social self. What promise for a better planned world?

DR. MONROE A. MEYER AND DR. CARL BINGER joined the editorial staff of the PSYCHOANALYTIC QUARTERLY in January 1937.