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INTELLIGENCE AND THE HIGHER MENTAL FUNCTIONS

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Studies of neuroses, psychoses, and anomalies of character, present the original and basic field of psychoanalytic investigation; however, psychoanalysis gradually came out of the confines of this framework and began to concern itself with the study of normal traits of character and psychic functions as a whole; thus it started on its way towards an ultimate goal of becoming a general psychology, *i.e.* a complete theory of human personality. It began with the consideration of the most irrational, instinctive attitudes and functions of man—those closest to and most highly charged with unconscious energy: feelings, desires, severe affects and general behavior. Following this it turned its attention to such higher functions as will, seeking to understand their deeper and unconscious foundations.

In this essay we shall endeavor to examine intelligence and higher mental functions from the same point of view.

Our purpose is to uncover the hidden sources of higher psychic activity and thus to demonstrate that this higher mental activity is not a mysterious form of life which has no connection with the elementary phenomena of living, but that it is rather a derivative of the latter attained by way of slow evolution. Thus, it is possible to demonstrate that will is among other things an expression of sado-masochistic tendencies and of the internalized œdipus complex; that it is, in addition, a coordinated expression of partial drives which are arranged in the form of a hierarchy and are subjugated to a superior drive; in other words, will is a resultant of a series of superimposed impulses of the individual which become more and more general.

The question arises whether it is possible to reduce intellectual activity to a series of equally schematic formulations.

We must admit from the outset that the task which we thus set for ourselves is not an easy one; for intelligence is above all the expression of clear and lucid consciousness; it is therefore quite remote from the unconscious which seethes in us, complex, protean, and multifarious in its manifestations. The unconscious must undergo many times the process of purification and simplification before it assumes a form both rational and logical.

What is intelligence? Among the many definitions offered let us choose the one which appears to us the most general, the most simple and clear, the one which we owe to Professor E. Claparède. According to him, intelligence is the capacity to solve new problems by means of thought; it is set into action whenever an individual confronts a situation which neither instinct nor habit is able to solve. The act of intelligence intervenes whenever the individual is momentarily thrown off the plane to which he happens to be adapted; it constitutes an attempt at readjustment; it is, however, a search carried out by way of groping; it presents three phases: 1. the phase of asking one's self a question which is the point of departure for the intellectual operation, 2. the phase of searching for, or the discovery of an hypothesis which offers an opportunity for a readjustment and, finally, 3. the phase during which the verification and check-up of the hypothesis lead either to its adoption or rejection.

Let us first of all emphasize the factor of novelty and disturbance of adjustment and that of readaptation or readjustment.

In the face of the unforeseen and the unfamiliar the individual becomes disoriented; he finds himself in the grip of a certain confusion. This is what Claparède calls the stage of surprise; following this the individual attempts to readjust himself, to reestablish the disturbed equilibrium. This readjustment may be effected instinctively, automatically; the majority of animals, of little children, and of primitive people follow this course. Or the process may be carried out by way of groping, or hit-and-miss attempts; this is the process of trial

and error, resorted to by animals and children whenever the instinctive, *i.e.* unconscious reaction fails to succeed. This method may or may not succeed. Finally, there is a third mode of response—that of systematic, logical, and reflective application of the method of trial and error—this is the act of intelligence.

If we study the conditions which give rise to intellectual activity, we shall note that they are the same as those which give rise to awareness. Speaking of awareness, Freud stated that it is an organ whose function it is to perceive and to register inner stimuli in the same manner as sense organs perceive external stimuli. The two systems thus fit one another rather closely. One might say that intelligence, and awareness or consciousness from the psychobiological point of view, play analogous if not identical rôles:—registration and mastery of internal perturbations which the organism undergoes under the influence of new external conditions. Yet our formula is incomplete, for the living individual is incessantly faced with many variations and modifications of his external life, and therefore intellectual activity and awareness should just as incessantly intervene. Thus, only those changes in environment which trespass a certain threshold set the two reactions into motion; only those which disturb more or less deeply the inner equilibrium and throw the organism off its adjustments.

We must also note an important difference between intellectual activity and awareness. Awareness extends beyond the field of intellectual activity and the latter appears to be only a modality of the former. Indeed, the disturbance which gives rise to awareness is not necessarily connected with an act of intelligence. Far from it. The individual thrown off his adjustment may not perceive anything more than the feeling of discomfort, surprise or interest without even attempting any readjustment; or he may have to solve a problem not from the standpoint of means to be used (as intelligence does) but of the goal to be attained. In such a case it is will that is brought into play. For instance, the boy who wants some apples from the tree may ask himself whether he should steal them or resist

the first impulse, or he may proceed to consider the means of getting the apples, look for a ladder or climb the tree, etc. At length it is possible that the forthcoming of awareness is accompanied merely by a simple perception or representation, by imaginative activity, by a day-dream which never leads to orderly intellectual activity. Some time later, perhaps, this individual will follow up his need to solve the problem practically.

On the other hand one finds certain activities having the attributes of logical intellectual acts not accompanied by awareness: for instance, the meditations of a scientist, artist or philosopher taking place during sleep or during a mental void, which nevertheless end in a solution of a certain problem at a time when the seeker of the answer did not look for it any more. In such a case one says that the mental work required was carried out "by itself", without effort, spontaneously, or more correctly, unconsciously. It is also possible for the individual to think "automatically", without being aware of his own thoughts, his mind being consciously occupied with something else. In such a case we deal with an intellectual activity which rests on some habitual situation; the individual is not faced with a new situation which troubles or disorients him. Hence one could not consider this type of activity as truly intellectual, because under the circumstances the individual does nothing but follow a path which has been blazed beforehand; only cases of true adaptation to new circumstances interest us here.

It is thus clear that consciousness and intelligence do not merge into one another, although they are set into play simultaneously. Awareness arises as soon as the individual finds himself thrown off his plane of adjustment, *i.e.* in the face of new circumstances before which the usual instinctive means of adjustment fail. This awakening of consciousness may, but it does not necessarily have to, result in intellectual activity. The latter starts when there is a question of readaptation, but it may be carried out totally in the unconscious.

At this point a new question arises: What is the nature of

this adaptation, or the lack of it, to which we have been referring? How are we to view it from a psychoanalytic point of view? When for instance we say that some one is adjusted to his environment, to the conditions he lives in, we mean to say that there exists a tie of solidarity between the individual and his environment, a tie of understanding, a set of positive affective relationships which permit the development of a sense of reciprocal understanding and harmony. The French word *sympathie* expresses and explains very well what we have in mind; it denotes literally, community of suffering or of emotions in general. Hence this would imply feelings of friendship, love and tenderness. The man who is well adapted to his environment lives more or less in constant communion with it, he perceives responsively the same impressions, the emotions of those around him, he experiences their feelings, desires, and passions. By way of extending this concept, we may also speak of one's adaptation to one's physical environment. This is perceived as a moral personality which is endowed with feelings, needs, etc. In brief, the concept of adaptation implies the feeling of *sympathie*, an empathic reaction, a reciprocity of positive affects.

These feelings are obviously rooted in one's erotic reactions, or sexual trends; each true adjustment, or sense of solidarity—social or physical—is a derivative of libidinous fixations which take place between the subject and the object, the ego and environment. At least in two specific situations the nature of these emotional ties stands out with clarity and is easily analyzed. We have in mind the state of being in love and the state of the new born baby who is physically and psychologically attached to its mother. In both cases the sexual nature of the ties is evident, and have been repeatedly studied by psychoanalysts. In both cases we can observe the mechanism of identification or introjection; in the case of being in love, as a result of the erotic relationship between the two individuals, and in the second, as a result of the fact that in this manner the child seeks protection from the injuries threatened by the environment.

What is true of the infancy of man is also true of the infancy of humanity. We know that the primitive man does not think nor feel, nor act as an isolated individual, but rather as a member of a unit, of a clan, or a tribe. He perceives himself bound by means of mystical (affective, sexual) ties to his real or mythical ancestors, to the protective spirits of his race. Levy-Brühl gave us a detailed description of this feeling of unity which he calls "participation", which as we know is nothing else but the force of empathy or identification. Now then, what is this spirit of participation if not a form of a more or less complete adaptation of an individual to his environment? It shows the true libidinal nature of the adaptation. With this in mind we can thus further study the causes of those states of disbalance and disturbance of adaptation which awaken consciousness and release intellectual activity.

To find one's self unadapted means then to lose an intimate, close contact with social and physical reality; it means that one feels alone, forced to face the exigencies of life alone and with no other resources than one's own, without counting on the support which others (society, mother, a loved one) might offer by their presence, actual or fancied. This feeling resembles the feeling of strangeness, of depersonalization, which Federn, Schilder and others have studied, but the difference between the two lies in the fact that in depersonalization it is a matter of distribution of narcissistic libido, while in our case it is a matter of disturbance which disrupts the tie between the ego and the object. One might compare the disturbance of adjustment of which we are speaking with the trauma of weaning or of birth—both being more or less sudden severances from a beloved object (mother). All these situations present a more or less abrupt change from a state to which the individual is accustomed, to a new one which, before a real attempt at readaptation with its ensuing reestablishment of a new habit is made, is characterized by painful sensations, stupor, disorganized agitation, etc. From the point of view of the initial reactive disbalance, it may be looked upon as a new birth, a true psychic trauma—a loss of contact with one

reality and a transition to another. One might finally invoke the castration complex and assume that the loss of adaptation is due either to the weakening of the libidinous relationships between the ego and the object, or to the intervention of sadistic drives which disturb the equilibrium between the individual and his environment. If one adopts this point of view, one will at once admit that any intellectual activity tends at length either to reestablish the situation which existed prior to the trauma (the return to mother's breast, or the conquest of the sexual object), or to create conditions analogous to it. While the situation which we are considering is quite different in content from the original one by virtue of the fact that it is characterized by consciousness, from the standpoint of affective reactions and psychic economy the final state is quite analogous to it: the individual recaptures a state of equilibrium. The chief conquest made by the individual in this regaining of harmony is that made by the ego, for following each self-conscious intellectual effort it becomes stronger, richer, clearer. Intellectual activity at one and the same time affirms not only its solidarity with the surrounding world, but also its unity, its power and vitality, since the ego, thanks to intelligence, proves to itself that it can manage situations by itself, without any aid from the outside. The awakening of consciousness and thought separates the human individual more and more from the affective *mystical* ties which united him with his environment. Thus the development of intelligence and of coherent logical thinking runs parallel with the individuation of man, that is to say, with the understanding of one's self by one's self, as a personality, a specific, separate and responsible unit (ego). Thus the ties which attach a thinking individual to his environment differ from those of the primitive man, or of an infant. They are affective, to be sure, but they are not mystic; they are less narrow and less animistic. Intellectual activity asserts the reality and the strength of the ego, and as it gradually develops it separates itself from its environment, perceives the need to create new ties and to undertake new intellectual steps. Intelligence thus creates the individual who

in turn expands intelligence; these manifestations of the ego are interdependent. One may say that the function of intelligence is to substitute logical affective relationships for emotional mystical ones, to consolidate at once the independence of the ego and its solidarity with the environment.

One question now arises: What are the means of action, the instruments used by intelligence? As we have mentioned above, Claparède distinguishes between understanding and invention; by means of understanding the individual tries to penetrate the meaning of the problems which present themselves to him, *i.e.* the changes which take place in the environment. He then wants to adjust himself to them by deciphering their meaning, cause and nature. Invention, however, presents a different solution of the problem. In the midst of the process of adjusting one's self to new facts, man—who feels himself changed and grown—tries to adjust new facts to his new ego. He wants to exercise his power over things and beings and thus impose his own personality on them. In one case we deal with one's own realignment in relation to reality, while in the other we deal with the modeling of reality in accordance with man's desires and needs. As to the other intellectual functions, such as reasoning, thinking, etc., they are the result of more or less complete fusion of the two principal processes before mentioned—understanding and inventing. They usually collaborate in the attainment of a common goal: adjustment of the individual to reality and of reality to the individual. Moreover, understanding implies the work of invention, since it presupposes the formation of guiding ideas and hypotheses which the facts will confirm or confute, while invention rests on understanding, since each new creative thought requires the presence of cognition and the understanding of what is new and what is old. While the latter comparison appears to us correct, the comparison of understanding with analysis is less satisfactory, for there not only exists an analytical understanding such as intuition, but understanding even in the narrow sense of the word requires a certain synthetic effort on the part of the mind. At any rate, it appears

to us useful to differentiate three types of mental activity: (1) intuition, or intuitive understanding, (2) analytical, logical, rational understanding, and (3) invention or imagination.

Generally speaking each intellectual act begins with certain sensations, with a perception which gradually develops into an image, a notion, an idea which becomes more and more abstract and theoretical—a concept. It is true, of course, that a thought may remain close to its sensory source; it is also not less true that even the most concrete, common ideas imply the existence of a germ of reasoning, abstraction and generalization.

Let us start with the most simple perception. As a rule the sensation involved is sight, occasionally also the tactile and auditory ones. Let us limit ourselves to the study of the visual point of departure. To look, consider, and observe, means to exercise already certain intellectual activity which involves certain efforts of attention and volition. Let us also recall that the tendency to look and to see, together with the partial drives to show oneself, is part of one and the same set of drives, which as Freud demonstrated plays an important part in sexual pleasure—the so-called forepleasure. It is understood, of course, that the original object has become gradually modified, the affective accent having become displaced to the other object by way of analogy, resemblance, or contiguity. The process of displacement goes so far as to make the original object totally unrecognizable. Also, the individual is no more aware of the special libidinous reactions which an object, or objects evoke in him, because his own sexual tendencies became repressed, transformed and sublimated. Moreover, the affective accent may become reversed from positive to negative; love then becomes hatred, desire—repulsion. Also, fear, a feeling of guilt, and modified masochistic tendencies may play a part. At any rate there must always be present some interest which as we know is one of the manifestations of the libido.

Thus perception satisfies a fundamental, instinctual need of the individual. When suddenly he loses his sense of adjustment he proceeds unconsciously to seek a new point of departure; he seeks something that has or might have been in

contact with the object of his desire, or that reminds him of it, more or less—something to which he can cling. Moreover the perception stimulates mental activity because it is the first step in the optic function. Knowing is not far removed from seeing. Curiosity is the expression of the unconscious need to penetrate the mystery of things, the expression of that affective sexual interest which is the problem of the Sphinx. This brings us to the question of birth, because it is that which first imposes itself on the child and the primitive man and sets their minds into play. From this point of view, intellectual activity may be considered as an attempt to solve the important problem of birth. We know that the question of the beginning of things and beings, the question why, the problem of causality has from time immemorial occupied, and still occupies, the mind of man, although man has as yet failed to discover and probably never will discover any solution to the problem. The first perception is at once the first step in the direction of, and the stimulus for all mental activity; at the outset it is but an instinctive reaction, an attempt on the part of the individual to abandon his temporary disorientation and to readjust himself to a new situation. Presently it acquires an affective tone, because it is the object that arouses the first glimmer of attention. Following this, biopsychological attitudes and activities are released: interest, curiosity, thought. Moreover, a visual perception is itself already a kind of arousal of consciousness, it is the first grasp at the object desired. The individual who observes an object, or a fact, or a person, more or less attentively preserves later on certain lasting impressions of the thing observed; this impression becomes a part of the individual; it changes, it enriches him. This is itself a type of assimilation which, as we shall see presently, is a manifestation of one's grasping, possessive tendencies. The ego in such cases becomes master of a part of the reality that surrounds it; in other words, perception and memory are means of gaining psychological possession of an object and of preserving it. Following these, the individual can elaborate his impressions in the same manner as he models

real, material objects belonging to him, in any manner he wishes.

Perception is also a mode of identification between the ego and the object. One perceives, understands and retains only those things that interest one; that is why at the first awakening of interest one experiences a positive affective trend. As to the negative feelings, such as hatred, disgust or fear, these are mostly derived from the reversal of the feeling of sympathy, when it is subject to the pressure of sadistic impulses. Hence, what one loves, respects, admires, fears or hates, is easily identified with the individual himself; this form of introjection appears therefore to be the first step of perception and at the same time the first consequence thereof.

Finally, we must note that in every perception there is an element of projection; the observer unloads onto the object some of his feelings, desires and tendencies. He sees what he wants to see, he perceives what pleases him or what he fears, and he omits what might be disagreeable or what is indifferent as far as he is concerned. Man therefore in part recreates the world in his own image. This is the germ of invention.

Let us now examine the most simple and direct form of understanding—intuition—which is in some respects comparable to comprehension. Intuition too is a psychological, more direct mode of taking possession of things and people; it represents a quick establishment of complete contact with the nature of things, a total perception of their essence, their cause, their meaning. Intuition is therefore an extended and refined and deepened form of perception. It is significant that the term itself is derived from the Latin *intueri* which means to look attentively and to observe. What are the mechanisms of intuition? It appears to be an act of true empathy by means of which mind puts itself in the place of the object, projects itself into it, lives, vibrates and feels with it. We recognize this interesting phenomenon under the name of identification or introjection. We may say that intuition is the most clear expression of this mechanism; it is based on a true affinity between the individual and the object, on a sympathy and

affective communion. Hence, we see in intuition, as in every other identification, how both the individual and the object undergo certain changes. The individual broadens his confines, loses his outlines, forgets himself in the object, while the object perceived through the texture of the ego and its feelings and unconscious tendencies, undergoes a corresponding modification. Intuition is also a manifestation of passivity; one is subjected to it rather than in control of it; it is felt rather than sought after or made; a feminine masochistic attitude favors the development of intuitive qualities. Finally, the process of intuition is totally unconscious; it takes place in the id, or rather in two of several ids; it is a sort of interpsychic osmosis.

If we now turn to logical comprehension we shall observe that it differs from intuition in several points. It is rational, not affective, it is based on a preliminary analysis of the object, which is followed by an attempt at reconstruction—*i.e.* synthesis. Logical understanding is clear cut, active. It can be explained to another person, and it is based on general ideas, called concepts.

Let us examine some of the different aspects of the problem. Analysis is first of all a disassociation, a decomposition of facts and objects into their component elements. Perception teaches us only gross grouping of various sensations. In order to understand the things observed, in order to grasp the intimate relationships between them, it is necessary to proceed with that systematic disintegration which is the prerequisite of every analysis, with the breaking up of the affective ties which usually keep the various elements together so that they can be presented in their clear cut simplicity, be differentiated from one another and thus fulfill the preliminary conditions of any future synthesis.

Thus the disassociative work of analysis is a mode of destruction of reality. To decompose, to separate, means to cut reality into ever smaller and ever more precise fragments; it means to disunite what is fused, to break the natural chains, do violence to facts, mutilate the harmonious unity of nature

and reality. Mind thus "bites" into things and beings, it sinks into them its fine teeth. This comparison is so much more justified by the fact that the very etymology of the words suggests it. Originally the word analysis meant to dissolve, to suppress, to disintegrate. These words are rather significant in that they express clearly the violent sadistic tendencies of man transposed on to a spiritual plane. People also designate certain psychological tendencies as aggressive, biting, piercing; truly, in the process of disassociating living connections between things, one also proceeds by taking fragments apart, breaking them down into ever smaller components—in other words—one mutilates, punishes, gives vent to hostility against individual and personalized objects, or to a tendency to dominate. The human mind tends more or less to make abstract the libidinous drives in which it bathes, and which may bring it into contact with reality, which endow each particular point with attraction and interest. The ideal goal of this process would be perfect "objectivity", complete indifference—a goal which is never fully achieved. To put it in other terms, to achieve this aim the ego and the object must be more or less diserotized. This in itself demonstrates that not only the world but the individual himself feels obliged to submit himself to some external order which demands that any relationship between his ego and his environment be totally suppressed. We shall see presently to what this attitude of constraint and mutilation is related.

Thus reality gradually loses its dynamic, dramatic, rich, multicolored character; it loses its aspect of erotic differentiation and of moving, specific coherent unity; the affective cement which keeps events and objects together crumbles, and the whole becomes a mere agglomeration of sensations, images, undifferentiated impressions, a mass without color, pale, a monotonous series of indifferent objects which are neutral; an infinity of indefinite fragments—a purely static conglomerate which is dead. Yet this transformation is the only method which leads us to the understanding of reality, because being what it is, reality is from the standpoint of affects indigestible.

inassimilable, except of course for those whose minds are intuitive, *i.e.* rich in special libido. As to the elements arrived at by means of analysis, we succeed in grasping them, in understanding them only because we know them, because they are a part of our ego and our personal imagery.

This "analytic" attitude, characteristic of philosophers and scientists, is totally different from the intuitive understanding which one finds in artists, women, and those minds which are but little differentiated. The philosophers and scientists are frequently cold, dry individuals incapable of emotional pleasures; they have repressed all their erotic drives, or purely personal desires and aspirations. This attitude if exaggerated, leads to obsessional, ruminative states, states of doubt, over-critical attitudes towards everything. Psychoanalysis reveals the sadistic nature, the masochistic tendencies, the feeling of inferiority and the sense of guilt in such type of individuals.

Analysis is then the first step in the process of disintegrating the things under examination; it is the first means the human mind uses in order to arrive at an understanding of things. The second step is the process of abstraction. As we know, mental work begins with perception or with the concrete representation. The primitive mind, or that of a child is incapable of conceiving an abstract idea. Only gradually does the human mind rise to increasingly more general, more theoretical ideas which become independent of visible and tangible reality. The image, at the moment it arises in the mind, while concrete and full of vivid details, is but a copy, a somewhat paled reflection of the original perception; it is a memory, a memory more or less clear or blurred. This phenomenon of the gradual transition from perception to representation marks the beginning of an abstraction which becomes gradually more accentuated as one approaches the level of an abstract concept. Hence we may say about abstraction what we just said about analysis. The word itself meant originally to tear off, to detach, to separate; there is here quite obviously an allusion to the element of sadism, of cruelty, a kind of mutilation or castration of concrete reality; one might also relate to

it weaning (separation). In so far as a certain given part of reality is endowed with certain specific qualities, it is not a general symbol, and therefore the concrete idea appears somehow attached to the object, it is part of its essence. On the other hand an abstract concept has lost all these specific qualities, it becomes the general representation of a whole group of analogous objects or facts. One might say that the concrete image, or idea, resembles the primitive man who, while a part of his group, envisages each thing as a reality in itself; or it resembles the child who is in intimate contact with its mother and is incapable of generalization or abstraction. The abstract concept, on the other hand, like the civilized adult, leads an autonomous life while remaining a symbol of reality, a symbol of a higher order in the same manner as the individual is a citizen, conscious of the State which is above him.

Because of its individualized quality, the abstract word is simpler, more mobile and it can be used more easily, and has more numerous usages than a concrete term. Only the abstract term permits of analysis, of reasoning, understanding, of any higher intellectual function. The concrete term is on the contrary too heavily loaded with specific meaning, too difficult to handle, too synthetic. In other words, the concept is general, is capable of being analyzed; the concrete term is specific and is tied to the object. This may seem to contradict the chief goal of every intellectual activity, which is adjustment to and a more intimate participation in reality; for it appears that the concrete term is invested with much more object-libidinous energy, than the abstract idea which is detached from its affective ties.

However, this contradiction is more apparent than real. If we are to adjust ourselves, and to understand things and facts, we must first of all unravel the more or less complex tangle of relationship of which perceptible reality is made. Otherwise it would be impossible for us to grasp the totality of the crowded phenomena perceived, nor their essence, their causes or inter-relationships. That is why we must separate each given perceptible fact from its specific concomitants and its neigh-

bors. We thus must abstract the concrete image from its individual points of affective fixation. The observer, the thinker is then at once object and subject; unconscious libidinous ties keep him attached to things around him and this evidently constitutes an obstacle when one attempts to achieve a clear cut orientation in the midst of things. That is why one begins conveniently with the disassociative process of analysis and abstraction; this permits us to penetrate into the meaning of things independently of their affective values which are specific for each individual object. Following this an inverse constructive turn of the mind completes the adjustment of the individual.

Thus the libido which is the very foundation of comprehension is at first an obstacle, because it is too narcissistic; on the other hand in order to bring about a fusion of ego and non-ego (reality), the ego must first become as small as possible. As we shall see later, an inner authority compels it to efface itself and to break off its affective ties which bind it to reality; for understanding, *i.e.* taking possession of external reality, takes place at the expense of the ego itself.

Strictly speaking there never exists any true harmony, or parallelism between true reality and reality as it presents itself to our eyes. As we have said above, perception is also in part a projection and the observer invests it with a number of ideas, feelings, and unconscious tendencies, which analysis and the process of working out an abstract concept try to reduce to as little as possible.

Abstract thought permits us to grasp reality in all its nudity and dryness, in all its simplicity, while concrete representations are frequently confused and disorderly. An abstract term can be used for purposes of generalization, for it is simple, it has no affective ties or subjective implications. Generalization, or the extension of the meaning of the concept on to a whole category of analogous or identical facts or things, is the first step towards a new synthesis towards which the mind proceeds following the phase of analysis. A regrouping of qualities, of objects, of ideas, that is to say, of tendencies, attitudes, feelings,

desires and needs, takes place; but the synthesis achieved in this manner in no way coincides with the totality of the facts with which we had begun. The process of analysis is irrational, illogical, anormal, since it is the result of the cumulative action of blind, elemental, primitive and instinctive reactions. On the other hand this mental work leads to a rational logical synthesis, which means coördinated totality, clear and precise; this new world, constructed by ourselves, is governed in accordance with certain principles and laws; it is an emanation of our mind and reason; in other words it is a projection into surrounding reality. But before we continue with the examination of the problem of reason and general reflection, we want to speak of another auxiliary to conceptual thought—language.

We chose as our point of departure, perceptions which generally speaking are visual and tactile; they may also be auditory. The last are of especial importance, because certain articulated sounds, the particular privilege of man, have by a gradual process constituted themselves into language, the method *par excellence* for understanding one another. The spoken word has as we know, a diversified origin. Let us note here only the theory deriving human language among other things from the cry of the males and the females during mating time, or from the cry of the mother calling her little ones at the moment of danger, from the command made by the father (the chief) to his sons, or the sound signal made by some member of the tribe at the approach of an enemy or some other danger. In all these cases the affective element, sexual or social (sympathy or communion with others) plays the principal part.

At first the word is but an accompaniment of a gesture, a motion which then it replaces; this word is an internalized act. At first it has only a social value, but gradually it becomes the vector of all thought, of all feeling. We should not forget here of course the motor and verbal-auditory factors which enter into the problem. Finally we must recall that the word is of oral origin; there are many traces of this origin in many of our expressions; therefore we speak of the assimilation of ideas, or of digesting thoughts (words). Thus it seems that

human language is a means of drawing psychic energy from the very sources of life for it brings into play the most primitive, psychic mechanisms—those of sucking (oral erotism). Among children and primitive people the word plays but a little rôle. It is simply an imitation of adults, which is endowed with affective magical properties. To say certain words, to pronounce the words of certain people, means to set into operation these properties, or to invoke the testimony of those people. That is why certain words are forbidden (taboo). Gradually language loses these qualities, it becomes a comprehensive whole of abstract signs, and yet it always contains some vestiges of its primary origin.

Let us underscore once more the social aspect of human language. To speak means to commune with another person indirectly, to take part in the play of another person's mental forces; it is this aspect of language that helps us to understand its rôle in an intellectual act, the function of which is to adapt us to a social or physical reality. One should never overlook this act of identification, of absorption of thought, which is found in collective life.

What then is the point at which we have arrived?

We started with vivid sensations, which were coherent, connected with one another, colored and animated by a personal, affective and dynamic touch, and we arrived at a set of notions, ideas and concepts and words—all colorless, dry, impersonal, motionless, general and generic, carrying the imprint of a bleak taint, because they are all desexualized and covered with a certain social varnish—language. Yet because of all this they are also simpler, easier to handle, clear and precise. These notions gradually synthesized become generalized and joined together into groups of representations, into schematic systems of verbal-visual, or verbal-auditory nature; they are but pale reflections of the reality with which we had started. Yet these systems are already something more than pure agglomerations of representative elements, or of abstract ideas; they are products of a synthetic activity of the mind, of an association or rather fusion of elements, concepts and notions. This is

achieved by means of psychological mechanisms well known in psychoanalysis: condensation, displacement, transference, projection, identification. These schematic systems, like the concept of words, have a symbolic value; they represent a series of centers of interest, desires, feelings, needs, ideas. However, one should not confuse the nature of these symbols with those found in dreams, for in contradistinction to them they are erotically neutral, undifferentiated, socialized and devoid of dynamic force.

All this intellectual activity which proceeds by means of analysis, abstraction, desexualization, disintegration, depersonalization, schematization and generalization is due to the intervention of a factor of which we have already caught a glimpse several times and which we call reason, the objective mind, or common sense. The question arises, what is the nature of this element of constraint which is at work within each one of us?

Let us attempt to look at this problem at close range, and to describe a little more clearly this particular force. It is erotically neutral; its energy is primarily aggressive, sadistic, but reason subjects the ego and one's intellectual impulses to a very rigid discipline. We recognize in addition that it is common to all men, that it is neutral, indifferent, supra- and extra-individual, and finally that it develops only gradually in the course of one's life. Thus in many respects it is similar to one's moral sense, the latter equally a critical, superior, extra-individual agency. Hence we come to the point of seeing that reason itself is an expression *sui generis* of the super-ego. However, instead of deciding what is good or bad, instead of controlling one's behavior, reason tests the truth, determines our opinions, and at times also our actions, from the point of view of social conformity and of subjecting us to general principles recognized by the majority of people. Reason imposes itself upon the mind of every human being, and no matter how frequently an individual may resist, or rebel against the verdict of reason, preferring to live in accordance with his feelings and fantasies, reason never fails to manifest its authority; it tends

to bring everything to a common level, because being neutral and expressing the spirit of collective thought, reason inhibits, or tends to inhibit any spontaneous manifestation of the libido; it criticizes, to be sure, but without rigor and it does not inflict any punishment. To sum up, it is a force playing the rôle of a moderator and it draws its strength from the sum total of collective drives and experiences.

We ought to mention here another manifestation of the superego which occupies a place between reason and moral sense. We have in mind wisdom, the ability to inhibit one's feelings and desires implying a certain masochistic attitude on the part of the ego.

One concludes from the above that reason moves us to envisage reality in a new, neutral and objective light. Under its influence we reconstruct the external world into a homogeneous, orderly, static unit, devoid of those living, individual dynamic affective elements with which our original perceptions endowed it. We thus reduce the world to an ideal of measure and clarity, and in this way we not only obey reason but also find an easier way to adjust ourselves to reality, which becomes rational instead of the polymorphous complexity which we at first perceived. We thus are enabled to re-attach the world as perceived, to our acquired knowledge, which is a residue of our personal experiences after they were decanted, critically examined and reorganized in accordance with the demand of reason that classifies and labels everything with care. This also leads us to synthesize the data acquired by experience, and arrange them into general, simple and convenient schematic outlines. In this way we come out of the original labyrinthian reality and attain a series of well-known points from which to depart.

The question still persists: how do we integrate all the newly acquired facts, the acquired knowledge of so many things; how do we understand? The answer is this: We understand by means of projecting our tendencies, our feelings, attitudes, generic or individual ideas into the general scheme which we have evolved. The admixture of these purely personal elements

reinvests our freshly acquired knowledge with a special color and life, but the intensity and number of these elements vary from one individual to another. If this process of projection leads to a true synthesis, to a true fusion of the new and the old, then we have succeeded in our task; then we have understood the new facts, we are entirely adjusted to our environment, and we find ourselves in a world known to us, enriched, transformed by these new experiences. We have got hold of a new treasure, for to understand, to grasp, implies—does it not—a primitive act of taking in, and as has been said above, the word to assimilate, borrowed from the concept of digestion shows us with what tendencies and complexes we are dealing with here.

Yet reason does not limit one to mere promulgation of principles and laws to help one to take possession of reality. Reason also permits one to produce judgments about things, to think and to deliberate. Let us review briefly the phenomenon of judgment and reasoning. We shall not discuss here moral judgment (criteria of behavior and volition), but only rational, critical judgment (criteria of thought). However, the comparison of these two types of judgment is instructive. In both cases we evaluate external or internal reality; we behave in accordance with certain criteria and principles; we espouse a general order, exterior to our desires and feelings. These judgments are objective; there are of course subjective judgments too—esthetic ones for example. We see then that rational judgment is conditioned and directed by the superego; it manifests itself by a rather aggressive attitude; it criticizes, demands, orders. In addition, rational judgment is general, because the superego, from which it emanates is extra-individual, an expression of collective parental will. It is this authority, accepted and recognized by everyone, that speaks in accordance with its own fantasies, without taking into consideration social contingencies. To form a judgment means in some way to appeal to society, to father, to promulgate order in its name and to be willing to submit to it facts, objects, and individuals. There is also in each judgment, as in reason

from which it emanates, an element of measure, of distributive justice. We should not forget that justice is fundamentally a distribution of punishment and compensations, of goods and privileges in accordance with one's merits. This submission to a higher principle of equity (father) was evolved in order to put an end to the rivalry between warring brothers (Cain). Together with the moral sense, there is born within us that imperative force which forces us to renounce our pretension to lord over others, thus letting us live in peace and security, sharing what we have with others fraternally and equitably. Such a redistribution of values implies the presence of an objective appreciation of justice, of a distributive force, of measure and comparison. From these are derived material mensurations, commerce, justice, and finally thought. The very origin of the words clearly indicates their psychological significance. The Latin for thinking means to weigh, and for reason means to measure. Thus in the final analysis it is always father, or society or the good mother which acts within us, distributes equitably, evaluates, weighs the good and the evil, the just and the unjust, the true and the false, giving each one his due, and making final decisions; hence its objective, impersonal, nature.

As to subjective judgment, it is a compromise between these general trends, and personal desires or feelings. One could say the same thing of any thought or opinion which is at the same time an expression of an individual attitude in the face of facts and people, and of rational evaluation. Thanks to this method of resorting to society and ideal parents, the individual is able to find his place in new situations, to readjust himself, by staking out the road in a manner accepted by society and by measuring his surroundings. In matters of belief the purely personal element is more in evidence, for belief contains libidinous, sexual and social (sacrificial) factors. In this case it is not reason that speaks, but our desire to justify ourselves.

Justification, rationalization, and interpretation come from man's instinctive needs. Psychoanalysis studied this phenomenon and demonstrated clearly that it came out of a feeling of

guilt. The individual, feeling responsible for his acts, feelings and thoughts, tries to give them rational motivations, tries to have the superego endorse them by bringing up "objective", general causations, which are accepted by all. But the superego refusing to be deceived, throws the burden back on the ego or the id, from which all primary impulses emanate. There results a very interesting criss-cross chase; each of the partners tries to reject the accusations which the other throws back onto him. This need to justify oneself is deeply seated in the heart of man, for he labors under a strong impression that personal desires and feelings are unable by themselves to present justifiable motivations for even the most insignificant act; hence the necessity operative in every one to bring forward more tangible causes.

Reasoning, as we have said, is another manifestation of intellect (superego). Strictly speaking it is impossible to reason unless one functions on the level of conceptual reflection. It represents a sort of displacement and it constitutes an equivalent of simple association with the imaginative phase, and of a transfer of the process into unconscious activity. But there is an additional element to be found in the process of reasoning. We have in mind logic, or inner coherence of ideas; it could be defined as a consistence in the attitude of the ego towards the id, or the outside world. The ego then moves always along the identical or analogous zones, in the same layers or complexes, the same series of tendencies (Baudoin), or the same situations. It displaces itself only longitudinally, approaches now one point of a complex, then the other. The mind either withdraws and concentrates itself, or it distends, broadens itself, but the affective accent, the attitude, the point of view, remain constant.

We shall return later to the question of the rôle played by general tendencies, reason and the ego. In the meantime, we must study the second important function of intellect—invention. Whether we call it imagination, fantasy, creative spirit, it is always a productive activity, a production of images, ideas, new conceptions; it is the most original, the most per-

sonal function of the intellect. We do not have in mind here creating *ex nihilo*. What we consider now is the new combination of phenomena, the grouping, the uncovering of connections between elements (images, ideas, memories) already existing, elements which have been accumulated in the course of time but which had remained disconnected. Following a mechanism which we do not yet know fully, these elements become associated with each other by totally new links. The mind thus proceeds to unite memories, images, and ideas all dating from various periods of one's life. Psychoanalysis offers us in this respect certain interesting data. It has compared certain psychological creative activities (artistic or scientific) with dreams and day dreams and has demonstrated the connection which exists between these related phenomena. The psychological mechanisms involved were studied particularly in dreams and thus the unconscious origin of this intense psychic activity was revealed. Our repressed wishes, tendencies and emotions, our personal and general aspirations which come from the id, become linked to one another in accordance with their specific affective affinity. Condensation of psychologically identical or analogous elements takes place; also displacement, the transfer of the affective accent from one point of the associative net to the other. Baudoin speaks in this connection of "situations", *i.e.* of association of certain tendencies which are contiguous in the past, or in the present, and of "series", *i.e.* of associations of things which within the orbit of one act or tendency are interchangeable. Thus symbols are formed, or systems of ideas or the things which can substitute for one another in the unconscious, and form complexes, or strings of solidarized tendencies. With one central point of a psychological system as a point of departure, the energy may radiate in different directions, or extend itself into various regions. New complexes, personal and original become added to, or engrafted onto old ones. Newer, ever richer and more fruitful syntheses are created, which while being of an affective and motor nature obvious from the outset, become the source of every new and original thought which arises in one's mind.

Associations are first formed in the deepest layers of the unconscious, and then they extend themselves to include gradually the layers above; synthesis is achieved in the pre-conscious where it is connected with verbal and auditory elements. It finally reaches the conscious in the form of ideas and images, which come up more or less brusquely. This is what is called inspiration or fantasy, and also we believe, mistakenly—intuition. There is a series of transitional steps in the chain made up of reveries, whims, momentary, transitory “inspirations” and important inventions, creations of genius in art and science. In the first group the rôle of words and their regulatory or classificatory force are nil as it were; the ideas come up from the deepest layers of the unconscious almost without being modified; the complex, the given wish or tendency arouses a number of other wishes and tendencies, and as a result of this incessant activity they translate themselves more or less directly into consciousness. The second group, on the contrary, undergoes a long, slow process of elaboration, which is half conscious and half unconscious. This elaboration takes place especially under the sway of the forces of adaptation to reality, of the controlling functions (Freud) and of the superego. That is why ideas thus produced are more coherent and more practicable.

A psychological creative act, intellectual or not, is as we have seen, born under the pressure of a need, of an unfulfilled wish. The latter produces a tension which becomes increasingly unpleasant as time goes on. The inventor, or the artist lives under a strain, a state of dissatisfaction which continues as long as the initial need remains unappeased. These needs are frequently egotistic, unmoral, unsocial, and one is unable to gratify them directly. Creative work consists precisely of the progressive displacement of the impulses and the means to gratify them to objects which are more and more remote from the initial goal. It is painful, not only because of the repressed tendencies, but also because of the sense of guilt involved which as the result of the antisocial character of his feelings, inspires the creator. Once the invention is made, the indi-

vidual becomes truly liberated for a discharge of painful tension (catharsis) has been thus achieved. This discharge is a means of ridding one's self of the sense of guilt, since one's ideas and fantasies become projected into imaginary beings or things which one then enjoys with one's fellow men. The inventor thus brings out into the open the drives which have been kept concealed and which kept him isolated from the rest of the world.

This brings us to a new concept of intellectual activity which is particularly characteristic of creative work. Creative work presupposes a passive attitude, a retreat into one's own self (return to mother's womb, introversion); it is contrary to that activity which is in constant contact with the outside world. Is not thinking a form of refraining from activity? This is particularly true of thinkers, scientists, philosophers, and artists who contemplate or construct theories, or invent new instruments, or create works of art. We may say that in every inventive act both projection and identification are instrumental, although the latter does not always appear very clearly. On one hand the creator in whom an idea has begun to germinate and develop tries to give it form and substance, he tries to give it an individual existence by giving it a material, concrete aspect—in short he tries to project this idea out of himself. On the other hand he tries to adjust it to conditions as they exist in reality, to incorporate it into the environment by seeking for a compromise between the idea, or the drive, and the exigencies of reality. This is the process of identification.

The question arises, how do comprehension and invention happen to collaborate with the flow of human thought? There is no sharp dividing line between the two activities. Comprehension successively goes through the stages of decomposition, disassociation (analysis) and regrouping (synthesis). It begins with reality, cuts it into ever thinner slices; it recombines them into abstract series which serve as a substitute for the compact texture of concrete facts. Then on the contrary, it begins to juxtapose, associate, fusing together the separated psychic elements and finally begins to disassociate anew, in

part at least, the new idea which resulted from this synthesis. In the first case the individual tries to readjust himself to the changed conditions of reality, in the second case he rather flees from reality in order to recreate it at will.

What rôle play the various parts of the personality in this double activity of mind, in this alternation of contraction and extension, systole and diastole of intellectual life?

In intuition and invention it is the id that plays the chief rôle, for it is in this region that impulses and "inspirations"—the source of every creative activity are born; it is from here that the sacrificial drives arise, the "diastolic" sexual impulses which are the very foundation of intuitive identification. It also supplies the forces and mechanisms of all thought, of all contemplation and understanding. As to the ego, it is to some extent the spectator as well as the principal actor in every intellectual phenomenon (thought, ideation, the projection on to the plane of awareness of the forces and tendencies coming from the unconscious); it is the ego that classifies them, culls them, puts them in order, synthesizes, puts them in relation to each other and controls their expression.

As to the superego, it also plays an important rôle. We had pointed out only one aspect of it—its rôle in logical, impersonal reasoning. It is permissible to assume that it is under the influence of the superego, and with its "inspiration" that such intellectual work is done as filtration, desexualization, disindividualization of impulses coming from the id, the work of analysis and abstraction. One may even go further; it is the superego, is it not, that inhibits the immediate motor expression of unconscious drives? It is the superego which compels the id, the preconscious, and the ego to do all the work of internalization, displacement, condensation, and sublimation of primary impulses. It is the fundamental instigator of mental life, which is charged with the task of giving one "ideal" gratification, to appease and neutralize the most impetuous wishes of the individual. Thus thought becomes an inoffensive substitute for brutal and dangerous actions. From this point of view the ego is but an organ of the superego—in

charge of collecting impressions from within and from without, controlling the functioning of the repressed, bridled or inhibited energies—in short, of centralizing all the unconscious activity.

We may also, and we ought to, consider the superego as the internalization of the orders and prohibitions issued by society (father, teachers, etc.) which permit but very indirect gratification of the drives coming from the id. On the other hand, the superego augments the liberty and pliability of human behavior, offering the individual a broader field of activity by regulating the relationship between the unconscious and the conscious in accordance with the needs of the given moment. It thus permits the individual to put himself above the limited contingencies of the moment, and to act for the future, to work for others, for society, for remote ideal goals. It is because of the superego that man is enabled to be objective, to place himself outside and above himself, his needs, wishes and feelings, to develop in this way a general viewpoint of the totality of what happens in the world.

In a recent article (Imago XX, 1934), Wälder studying the problem of psychic liberty, reaches the conclusion that among other things it is because of the superego that the individual is more supple and freer, for he can elaborate abstractions and put himself outside things and outside the id, *i.e.* outside his affective fixation points. Our conception coincides with that of Wälder.

Thought may then be defined as man's capacity to assume a position of appropriate distance in relation to his environment and id. The ego is thus capable of changing its position both in relation to external objects and to the unconscious. Intelligence then becomes the expression of psychological freedom as well as a manifestation of the superego. In the unconscious regions of the id the law of all-or-nothing rules, while in the conscious (the ego) there is so much more pliability and mobility. Objectivity is a sign of this freedom and of this mobility; it is a sign of intelligence, which definitely proves the

rôle of the superego, for it is thanks to the superego that we can form impartial judgment about the outside world and ourselves, and place ourselves outside the influence of the id. The clarity, the lucidity of mind is equally a manifestation of this independence of the ego and of intellectual functions.

The rôle the superego plays in intuition and invention is less evident. Yet it is the superego that permits the ego to abandon momentarily its position and identify itself with another person. It is also the superego that chooses and controls the images, ideas and inspirations which arise from the unconscious, and it rejects those which do not lend themselves well to integration with the totality of our knowledge and the demands of society or reality; at the same time it lets through those which are in harmony with the ideas and living images which the surrounding world has left in our minds.

In order to see more clearly the rôle of the three agencies of the human personality let us recall certain pathological conditions. The neurotic person is completely absorbed by the id and the fixations to it. He is unable to disengage himself from it. This is particularly the case in obsessional neuroses; the individual in such cases is literally besieged and captured by the sadistic and sexual drives which mount up from the unconscious. The hysterical person is characterized by his subjectivity, his narcissistic fixations and emotional drives. In psychoses the function of the superego appears to be altered, the mobility of the ego hampered; caught by the powerful forces of the id the ego is unable to defend itself in any other way except by projections. If the id does not function normally, intuition and understanding are impossible; the mind becomes dry, unproductive. If the functions of the superego are altered one suffers from various troubles, from simple egocentricity to states of confusion or pronounced psychoses. Finally if the ego is defective, then we have to deal with complete disorder, or anarchy, inability to coördinate ideas. Schizophrenic thought is characterized by its rigidity, which is due either to a deficiency of the superego or to the predominance of

sadistic drives. In depressions the ego is the prisoner of the superego; in manic attacks the id takes its revenge, mastering the ego—thanks to its temporary triumph over the superego. Sadness and gaiety, pessimism and optimism may be considered as derivatives of the extreme expression of depressions and manic episodes. Finally in states of fear the ego defends itself against the aggressive tendencies coming from within and projected into the outside world; in states of rage the ego is externalized with greater or less violence. The ideal of clear thought, definite and objective, is the condition in which the ego keeps itself at equal distance from both the other opposing agencies of the personality, submits to their influence only indirectly and is not captured by sexual impulses, or sadistic or other ones which might hamper its pliability.

Let us turn now for a moment to the rôle played by erotic and sadistic drives, which are never completely absent from intellectual activity. The importance of the erotic drives does not need to be gone into extensively; it is the erotic drive that makes it possible to understand another individual, or a fact, or an object, for as we have seen, to understand means to identify one's self, or identify by means of projection. Without the sexual instincts we would be unable to grasp similarities or analogies, everything would have only an intrinsic value; the concept of value implies the presence of a subjective, affective, hence an erotic factor. Libido is creative, and it fertilizes the mind as well as the body. We know how emotions are necessary to every productive act, how much more freely and actively the mind works when it is under the influence of generous feeling, positive feeling or those of love, friendship, altruism, good-will, patriotism, religious feeling, etc. In other words, Eros plays a fundamental rôle in the process of invention.

As to aggressive and destructive tendencies their rôle is less clear. They are rather active in the process of analytical and abstract comprehension; they are responsible for our critical spirit. One might also view the desexualization and sublimation which constitute intellectual activity in whole or in part

at least as an expression of the sadistic forces. Sadism does not, however, participate in the process of intuition or invention, except in certain creative acts carried out under the pressure of hatred or rage. Comprehension, on the other hand, is an expression of grasping drives (*comprehendere* means to grasp, to take, to take possession of); it also is the expression of erotic, social drives (affection, sympathy). Invention, however, results only from tendencies to give; to create is to give, to offer to others.

Translated by PERCY WINNER.

Psychoanalysis in Late-Life Depressions

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PSYCHOANALYSIS IN LATE-LIFE DEPRESSIONS

BY M. RALPH KAUFMAN (BOSTON)

Psychoanalysis, although it has contributed a more fundamental approach to the neuroses, owing to various factors, has remained relatively unfruitful in the psychoses. There are at least two main reasons for this: one, inherent in the psychoanalytic theory, is the concept of narcissistic neuroses, and transference neuroses; the other, mentioned by Freud, was the unavailability of psychotic material to the earlier analysts. It was with some notable exceptions almost impossible for psychoanalysts to work in institutions. The division into the transference and the narcissistic neuroses, theoretically valid, seems to me, owing to the malignant connotation of the term, "narcissistic", to have hampered research in the psychoses.

Freud,¹ from the beginning, has emphasized the obstacles of work with psychotics: "The human being is therefore, on the whole, only accessible to influence, even on the intellectual side, insofar as he is capable of investing objects with libido, and we have good cause to recognize and to fear in the measure of his narcissism, a barrier to his susceptibility to influence, even by the best technique. . . . Experience shows that persons suffering from narcissistic neuroses have not the capacity for transference or only insufficient remnants of it. They produce no transference, and are therefore inaccessible to our efforts, and are not cured by us." These observations seem to have acted as a red flag to many analysts, and have had the effect of delaying or even obstructing therapeutic attempts with psychotic patients.

As early as 1904 Freud² maintained "that psychoses, states

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of confusion, and deeply-rooted toxic depression are not suitable for psychoanalysis, at least, not for the method as it has been practiced to the present". Jameison and Wall,³ in discussing therapeutic possibilities for patients at the climacterium, say, "Although psychoanalytic technique is not applicable to such cases . . ."

Other writers, for instance Oberndorf and Meyer,⁴ emphasize that only in mild depression is psychoanalysis effective, and that the patient can be analyzed only during the "free interval". The general trend of opinion is that psychoanalysis in its present form is not applicable to the psychoses.

A notable exception to this point of view was Abraham⁵ who in 1911 published a fundamental contribution to the psychology of the manic-depressive psychoses, and also made a step in the direction of therapy: "By the help of a psychoanalytic interpretation of certain factors and connections, I succeeded in obtaining a greater psychic rapport with the patient than I ever had. It is usually exceedingly difficult to establish a transference in these patients who have turned away from all the world in their depression. I was the more astonished when, after overcoming considerable resistance, I succeeded in explaining certain ideas that completely dominated the patient and observed the effect of this interpretative work." Abraham felt distinctly encouraged from his work with the manic-depressive psychoses, but even he stated that the analytic work should be carried out in those patients that have symptom free intervals between attacks: "The advantage is obvious, for analysis cannot be carried out on severely inhibited melancholic patients or inattentive maniacal ones."

In America, workers like Dooley,⁶ Zilboorg,⁷ and Sullivan,⁸ due in part to the opportunities presented by such hospitals as Bloomingdale, Shepherd Enoch Pratt, St. Elizabeth's, and McLean, have worked with schizophrenias, and to a certain extent with manic-depressive psychoses. Although not optimistic, they do feel that psychoanalysis as a therapeutic agent is of some value.

L. Pierce Clark⁹ in 1919, in a paper in which he discusses

some of the technical problems involved, advises that psychoanalysis be undertaken in relatively young patients with mild depression. In severer cases he recommends treatment at the beginning or at the end of a depressive period. He again emphasizes the accessibility of the patients only during these two periods, and recommends certain modifications in technique.¹⁰

It is not my intention at this time to enter into a discussion of the fundamental contributions of Abraham and Freud to the psychology of the manic-depressive psychoses. Relatively little has been added to their contributions up to the present time by other psychoanalytic workers, and the understanding that we do have of the dynamics of the manic-depressive psychoses stems from their work.

Advanced age has also been generally considered a contra-indication for psychoanalysis. Freud² in the above cited paper stated that the age of patients has this importance in determining the fitness for the application of the psychoanalytic technique, "that on the one hand, near and above the fifties, the elasticity of the mental processes on which the treatment depends is, as a rule, lacking—old people are no longer educable, and on the other hand, the mass of material to be dealt with would prolong the duration of the treatment indefinitely". In 1898 he stated that "psychoanalysis loses its effectiveness after the patient is too advanced in years".¹¹ This point of view seems to be generally held by psychoanalysts. Abraham,¹² however, in a paper in 1919, cautiously advances his experiences with several patients over fifty, and states that psychoanalysis may be used with perhaps some modification of technique. He cites, ". . . a melancholic depression, and the patient, a man, was in the period of involution and had proved refractory to treatment in institutions both for nervous and insane patients. Psychoanalysis had an exceedingly difficult task before it in this inhibited patient, who was in his fiftieth year. Nevertheless, within *five months* (italics mine) it succeeded in freeing him from his self-accusations and his negation of life, and in making him able to carry on his work". He also cites two cases of

obsessional neuroses in the sixth decade of life in which he achieved good therapeutic results. With regard to the choice of cases, he maintains that the age at which the neurosis breaks out is of greater importance for the success of the treatment, than the age at which the treatment is begun. The prognosis is more favorable if the neurosis is in its full severity after a long period has elapsed since puberty, and after the patient has enjoyed for at least several years a sexual attitude approaching the normal: "We may say that the age of the neurosis is more important than the age of the patient."

Jelliffe¹³ in reporting a series of cases, some of which he worked with psychoanalytically, arrives at the conclusion that, although the number of failures with cases over fifty years of age is relatively large, he still feels that he was able to render definite therapeutic aid to some of his patients. He discusses the various factors involved in the success or failure of therapy in the individual cases.

Thus, in the opinion of most workers, the psychoanalytic approach is contra-indicated during the depressive phase of the manic-depressive psychoses, and with patients of advanced age. In general, of course, it is understood that if conditions are suitable psychoanalysts are not against attempting analysis for purposes of research under these circumstances. However, the method is not one of choice.

In the light of the above considerations it will be of interest to report some work with two patients, both of whom were clear-cut cases of depression in the sixth and seventh decades of life respectively.

I have called these patients late-life depressions primarily because the particular psychotic episode during which the treatment was undertaken occurred after the patients were in their fifties. At least one of these patients, Case II, had a history of recurring episodes from early adulthood. The other, as revealed in the analysis, also had suffered what might be called an acute depression some twelve years before admission. Diagnostically one might be more correct in classifying these patients as having manic-depressive psychoses instead of in-

volitional melancholia. The differential diagnosis in itself I do not believe to be of primary importance in the consideration of our main problem, namely, the question of psychoanalytic accessibility and of therapeutic response in late-life depressions.

The problem of presenting clinical material, particularly from cases that have been studied psychoanalytically, presents certain difficulties. Either one reports too little or goes into too great detail. What follows is an attempt to steer a middle course, to record the main trends presented by the patients and the data that are pertinent to our problem.

Case I. A woman, aged fifty-six, whose history stated that four years previous to admission, following the death of her husband, she had become depressed, accused herself of being the cause of his death, imagined she was possessed by the devil, and for some time refused to leave her bed or to see people. Among her self-accusatory ideas, the following were prominent: she had committed unpardonable sins, and she had become an animal. She stated that sunlight, trees, and landscapes no longer gave her any pleasure but repelled her. During the course of her illness she had been seen by various physicians, and had been hospitalized for several months with a diagnosis of agitated depression. She was the younger of two children. In the formal case record it was stated that she was sociable, liked friends, but was somewhat aloof; she had some artistic pretensions, and had at one time taken lessons in elocution which she then had taught for a number of years. At twenty-four she married and went to a large city to live with her husband, described as a domineering, practical, business man, who had amassed a considerable fortune. Her married life, as far as could be ascertained, was not too uncongenial. There were numerous minor frictions which expressed themselves in her irritability at her husband's bad grammar and uncouth, rough manner. There had been three children of which two, a boy and a girl, were alive. There was at this time no history of any previous illness, and so far as one could determine the

onset was acute, following the sudden death of her husband. No other relevant information was contained in the formal case record.

When first seen the patient presented her self-accusatory, depressive trend in a markedly routinized way. She spent the first few weeks, repeating again and again that she had undoubtedly been possessed with the devil, that she had committed many unpardonable sins, without stating specifically what these were. Another frequent complaint was her feeling that all that had been previously beautiful and romantic, was now repulsive. She did not follow the rule of free association although she talked freely. It was obvious on occasion that she suppressed quite conscious associations. She evinced no overt interest in the analysis or the analyst, maintaining that she knew it was impossible for anyone to help her, and she did not deserve help because of her great sins. In spite of apparent lack of interest it was noticed that she came to the analytic hour promptly, and one day she stated that somehow she seemed to look forward to this hour. In a somewhat embarrassed way she expressed some thoughts concerning the analyst and his work, particularly that she had heard that he was analyzing other patients. While continuing her self-accusatory trend, her feeling of estrangement from the world came to the fore. When asked to go into detail concerning the lack of pleasure she derived from sunlight, she now stated that although this was so, moonlight and other things suggestive of romance were even much more painful to her. When some days later she returned to this topic, the interpretation was given her that perhaps the reason why these things were now so repulsive to her was that at one time she had derived a great deal of pleasure from them, and that she had been romantically inclined. This interpretation seemed to produce some change in the patient's attitude towards the analysis. She smiled in a somewhat embarrassed way, and began to tell of the time when she had written poetry and had fantasied various romantic situations, of a particularly sentimental kind which may be briefly summarized as "moonlight and roses". For the first

time she ventured some mild criticisms of her husband in a self-depreciatory way. Her husband was very far from romantic and although, to be sure, she was very much in love with him, she had missed romance in her married life. It was not possible at this time to obtain from the patient with any greater detail the fantasy centering around this topic.

Productivity which had increased during this period was associated with the feeling on the part of the analyst that she was in better contact with him and the hospital personnel. When, however, there appeared to be a possibility that her libidinally colored fantasies would become conscious, she reverted to her routine of self-accusatory ideas. It was not possible at this time to see specifically in what way the patient felt that she had been responsible for her husband's death. She did state that she had not been present when her husband died; he had been taken ill suddenly while away on a business trip. In addition to these self-accusations, the feelings that she had been turned into an animal, that she was possessed by the devil, were renewed with increased vigor.

During this period the patient began in a rather tentative way to talk about her children. She was very fond of both of them although at times she felt that she preferred her son. In some vague way this preference had done injury to the daughter. She reverted to the feeling of repulsion caused in her by things romantic, and when this was reinterpreted as a rejection of sexually colored fantasies, she seemed to accept the interpretation, and brought out numerous details of fantasies she had had about various men. At the same time she began to accuse herself more forcefully, saying that one could now see that she was justified in feeling like a criminal. Guilt about masturbation began vaguely to come to the surface.

It seemed that after this interpretation the patient gained some insight into her condition, and she began to take greater interest in her surroundings, and to converse rather freely about her interest in music, poetry and other romantic things. Associated with this there was a suggestion which the patient apparently could not bring herself to make outright: that her

husband had despised her for having had such feelings. She now talked about her great affection for her mother with whom she had spent a great deal of time during her adolescence and before her marriage. Soon followed a return of her self-accusatory ideas, an emphasis upon the hopelessness of her future, and the fact that there was a barrier between herself and the outside world which she could not surmount.

After some six weeks of analysis she again emphasized that she was the instigation of all evil, the cause of all the world's catastrophes, particularly of the economic depression, which began at about the same time as the death of her husband. One was struck by the very vagueness of her self-accusatory ideas; for instance, "I am very immoral, the most immoral person in the world". When asked for associations she would say, "You know what it is to be immoral". Later she became more specific and said that her immorality was particularly related to having taken the sacrament some twelve years before on Easter Sunday with a man, a neighbor of hers who had paid her some trifling attentions. Immediately she reacted with increased guilt, with the certainty that she had now discovered the root of all her difficulties: "You can see that I was born to this destiny of being the most evil creature in the world". This was followed by some material which indicated that she identified her mother with her daughter, and this was associated with a particularly routinized form of self-accusatory trend. One day when coming to the hour, she shook hands as usual in a half-hearted fashion, and when this was called to her attention as her usual manner of greeting, she answered by praising the analyst in rather extravagant terms. Here it was pointed out to her that up to the present time she had, with certain few exceptions, discussed nothing but general situations, and that one could go on for months in this way. It was suggested that it might be better if she were to express thoughts and feelings which had to do with reality situations. This recommendation seemed to stun the patient. For a while she lay perfectly quiet, became agitated, and began her usual complaints concerning her responsibility for the death of her

husband. She began to praise her husband, saying that he was a very religious man, who took great pleasure in his religion, and that it was at his request that she had become confirmed after marriage in his church. She was altogether different from her husband, impulsive, something like her father who had died when she was twelve years of age from a heart attack. She then recollected that she, as the younger daughter, was the favorite, and remembered that he used to play with her,—how kind and loving he was to her. She was like her father in many ways, impulsive and not particularly religious. Her mother, on the other hand, was very religious, enjoyed her religion, and was very kind-hearted. After some hesitancy she remembered that after all her relationship to her mother was not always one of affection. In fact, they had had numerous quarrels. She could not remember any specific instances but did recall that after a quarrel she would ask for her mother's forgiveness which she obtained, the mother saying that after all it was only human nature. She went on to discuss her mother, and the similarity between the description of mother and husband became obvious. When this was pointed out to her she showed a great deal of anxiety, and suddenly remembered that she had been present at the death of her mother, who had also died of heart disease. At that time her mother was seized with a fainting spell, when they were both on the lawn of the house. She asked the patient to bring her some water. At this point she became unclear as to what exactly had happened, but it seemed that in spite of her efforts, the mother had expired. The patient then remembered with a good deal of affect that at the time of her mother's death she had become very much upset, and felt that she was responsible for her death, and it was only after insistent persuasion by the attending physician that she gave up this idea, although she remembered that she could not for some time get away from the notion that she had in reality killed her mother, nor from the accompanying depression. The remarkable similarity between her self-accusatory ideas in relation to the death of her husband and of her mother was presented to her. She seemed

to grasp this interpretation, and reacted to it with an increased insistence that in spite of everything, she was still responsible for her husband's death.

From this time, however, the patient began to show a marked improvement. She talked in some detail about her relationship to her mother, emphasizing the frequent quarrels, underlying tension, and the ill-will between them. She was soon able to speak freely of her hostility towards her mother.

She discussed again her daughter, emphasizing her wilfulness and quarrelsome disposition. She talked frequently about her relationship to her husband, particularly her disappointment in him. She showed renewed interest in her surroundings, and a markedly positive attitude towards the analyst. In somewhat vague and general terms, she brought forward fantasies concerning other men, and one day told the story of a woman whom she knew, "who had finally divorced her husband in order to find happiness with another man. When I saw her sometime later, I found it impossible to talk to her". She was told that apparently she too had wanted a divorce from her husband, and that there was a similarity between this woman's situation and her own fantasies. At this point she broke down and wept bitterly, and cried, "My son, too, said his father was very difficult to get along with".

After a time the patient was able to leave the hospital for brief periods, and after three months from the beginning of treatment, she went home for a week. On her return she stated that she felt much better, and that she would like to try living outside of the hospital.

It was felt that owing to the patient's improvement, and for certain other external reasons, it might be advisable to break off treatment at this point. Some months later she returned for an interview in the company of her daughter. Apparently things were not going very well from the daughter's point of view, since the patient was now not as passive as previously; she stood up for her rights, and showed her aggression to the daughter openly. After a brief discussion with the patient in the presence of the daughter, it was felt that it would still be

advisable for her to continue without treatment, especially since the patient stated that outside of the occasional quarrels with the daughter, she felt very well and quite able to carry on.

She was seen again three years later and stated that she was perfectly well, and had been well since leaving the hospital. Although at times she was somewhat irritable, she managed to understand the immediate difficulties that arose, and handled them adequately. During the interval she had had no depression or other symptoms, and her relationship to her son and daughter was excellent. She mentioned that her son had just been operated on, but that this caused her no concern as it was a minor operation, and she knew he was going to get well.

It is apparent from the foregoing that one can in no way call this brief three months' treatment a thorough analysis. Certain things, however, stand out. With a patient in the late fifties, who showed a typical depression with agitation, self-accusatory ideas, guilt, and feelings of estrangement,—one was able by the classical psychoanalytic technique to establish a transference relationship. On the basis of this relationship the patient was enabled to bring out certain pertinent material, particularly her aggression. One could see quite clearly her identification of husband and mother, her hostility to both of them, and the immediate reaction to their sudden deaths in the form of the accusations that she was responsible (as indeed in her unconscious, she was) for their deaths. With the insight following the interpretation of this material, she began to show a definite improvement. Another point of interest is the light which was thrown on her feelings of estrangement from the world, particularly the emptiness and repulsion of those things which might be grouped under the term *romantic*. What is quite clear from the material is her rejection and withdrawal of cathexis from the fantasy associated with these things, her guilt in relation to the thinly disguised erotic wishes centering around fantasies that she be made love to by men who were different, "more sentimental and romantic than her husband". The withdrawal of the cathexis corresponds to her

complaint of the emptiness and bleakness of the outside world, and the reaction-formation against these wishes in the guise of being disgusted.

The therapeutic result, inasmuch as the patient became symptom-free, is unequivocal. Its dynamic significance is not clear. It seems to be definitely related to the ability of the patient to establish a positive transference relationship to the analyst, and her ability on the basis of this transference, to bring out and gain insight into her aggression. Through the transference, she was able to tolerate consciously her erotic fantasies.

It is of interest to note that she brought out relatively little material dealing with her childhood, although there was an indication of the classical *œdipus* situation. One is accustomed to find a great deal of clear-cut oral material in cases of depression. Here one saw only one clear indication of such material, namely, the patient's statement that her illness was due to taking the sacrament with a man who had paid her some attention. One might venture the guess that in a deeper analysis, this material would have been elaborated, and would have been found to play an important rôle in the dynamics of her psychosis.

Case II. This patient, a man, was sixty years of age at the time the treatment was started. The psychiatric history, according to the hospital records, dated back a good many years. After a brilliant record in one of the outstanding technical schools the patient began to practice his profession as a sanitary engineer, but was soon forced to give this up on account of feelings of inadequacy, depression, and self-accusatory ideas, at the age of twenty-six. After recovery from this depression he married, and again attempted to practice his profession without success. He again gave it up and took a minor job in an office with his father, where it was noticed that the patient was depressed, lacked confidence, and was conspicuously unable to make decisions. His marriage which was noted in the case record as being happy resulted in three children. After some

years the patient again developed a frank depression which had some chronological relationship to a hemorrhoidectomy. At this time he was again self-accusatory and worried about the question of his honesty. There was a distinct obsessive coloring to his symptomatology, for instance, an obsessive thought that he might have poisoned his neighbors through leakage from a drain in his cellar. There was also some suggestion of a suicidal attempt which led to hospitalization. Following some improvement he was discharged from the hospital. He attempted to work but was unable to do so successfully, and was readmitted in 1922 with the following interval history: It had been necessary to hospitalize him at various times because of well-marked depressions, the content of which is not clear except for the outstanding self-accusatory ideas. He had given up all efforts at gainful employment and his wife had been forced to assist with the support of his family. He had gradually become more depressed and inadequate. He worried a good deal about masturbation, and several weeks before this admission to the hospital he had been castrated because of his "pernicious habit of masturbation". This was essentially all the information obtainable at the time relative to his castration. During nine years in the hospital the patient's clinical picture varied but little. He was usually depressed, self-accusatory, and agitated. The self-accusations centered about masturbation, inadequacy, and injury to his wife and family, particularly to his parents. As far as could be ascertained from the case record, his symptoms were markedly obsessional. Indecision was an outstanding symptom in his illness. In spite of his depression he seemed to show some interest in occupational work, especially in the print shop.

My interest in the patient was aroused because of the actual castration, and he was chosen for psychoanalytic study with this in mind, and also as an experimental use of psychoanalysis in a patient of advanced age having a psychosis of long duration. Frankly, the therapeutic aspects played a relatively minor rôle.

During the early interviews the patient showed some difficulty in grasping what was expected of him. Suspicions, agita-

tion, hopelessness, and hostility dominated the picture. "It is no use. I hate everything and everybody. There is only one thing left to do. It is to die. I have no right to live, and yet I am afraid to die." Gradually, his feelings of hatred towards the hospital and particularly towards the other patients came to expression, always accompanied by statements that for all his sins, particularly his hatreds, he should die.

Both the patient's aged mother and father were still living, and gradually his generalized hatred and hostility began to center around his father, at first in the form of self-accusations that he was responsible for his father's illness and impending death. When his father had complained of cardiac pain some years before he had taken him to a consultant who, upon examination, decided that there was nothing wrong with him. He was quite certain that he had taken him to the wrong consultant and that the father in reality had had cardiac illness which had remained undiscovered but which would kill him. Interwoven with these aggressive fantasies, there was evident guilt over sexual fantasies, particularly over those accompanying masturbation. As a result of this masturbation something had undoubtedly happened to his potency, and he then remembered that some fifteen years previously he had doubted the paternity of his child.

This patient, like our first case, presented the same type of routinization. Hour after hour he repeated the recitation of self-accusatory ideas, guilt, hostility towards other patients, the hospital, and the father. In addition there was a marked motor agitation. The rule of free association was not followed, and it soon became apparent that the routinization was a defense against anxiety. It was as if the man feared to leave the well-worn path of the symptom complex because of the pain involved in facing his anxiety.

Associated with aggressive thoughts was a marked fear of his own death. He then stated that he had once made an abortive attempt at suicide. He had on that occasion bought some carboic acid, had shown it to his mother, but had done nothing more about it. Suddenly he said that he now realized that he

had wanted to hurt his mother, and that he wanted sympathy from her.

It is interesting that at this period an apparently casual circumstance—birds singing outside the window—elicited the following associations: “It is terrible to eat animals, but that is what life is. One animal eats another. It is foolish to feel that way. The stronger kills the weaker. What is civilization? One civilization kills the other. Fighting and fighting. Someone always loses. Someone always wins. The aggressor wins, but I feel sorry for the loser. . . . On the wards I would hate people, I would like to be changed from ward to ward so that I would not establish too many contacts. In conflicts with other people I would give in, yet inwardly I was stubborn.” The next hour he appeared somewhat calmer, and he stated that as a child he was very undeveloped except in certain directions; that he had no conscience, he was a murderer, and fear contaminated his whole life. He recalled from his eighth year an occasion when there was a great storm and his father did not come home. “I was worried a great deal, but it was nothing at all. My mother was apt to be worried about little things. Then my father came home all right.” His associations to this material were as follows: There were memories of early sexual experiences with another boy which now seemed terrible to him, but he remembered definitely that at that time, they were pleasant. His next associations led to an experience when he was four, when his father had jumped aboard a departing ship with him in his arms. “That was dangerous thing to do. So I thought in hearing it talked about. It has no particular bearing on anything.”

Definite evidences of a transference relationship were already present at this time, and were shown directly in the patient's behavior towards the analyst, the firmness of his grip in shaking hands, the eagerness with which he now looked forward to the hour, and outside the analytic situation in the tendency to discuss and praise the analyst on the ward and in the workshops.

His feelings about his father now became clear and were defi-

nitely of an ambivalent nature. The hostility was expressed in the fear that he would be the cause of his father's death; his guilt was shown in his self-accusatory attitude towards this fear. The positive feelings were expressed by his tendency to idealize the father, to point out what a fine man he was, and the opinion that he (the patient) should have shaped his life like father's and become as fine a man as he was. It was particularly noticeable that each evidence of positive feeling was immediately qualified by some expression of hostility. During this period of analysis, which the patient compared to an inquisition in which he had to tell everything and was being tortured, his posture on the couch changed, the most notable feature being the spreading of his legs wide apart. In association to this, he brought up that it was "like the way women lie for connection. These thoughts are terrible, but I noticed recently that if I wanted to, I could easily turn my thoughts in this direction." The sequence of associations showed hostility towards the father, and a passive homosexual attitude in relation to the analyst. His associations then led to a one-sided love affair with Mrs G. some years before. He then stated that he was wondering about his wife, as to whether anyone had sexual dealings with her, perhaps even his own father. "I feel I have done wrong myself, and I have turned against her." At this time, he referred to his castration saying that in spite of it, he still had sexual thoughts, even erections.

His thoughts outside the analytic hour now became more and more concerned with the analyst's feelings for him. There was a resentment at the impersonal attitude, but he consoled himself with the thought that perhaps this was only a matter of psychoanalytic technique. He looked forward to the hour, his mind felt more settled although his nights had become horrible. He had a great many horrible thoughts which he did not elaborate, and he remembered vaguely about a dream having to do with a corpse and blood. His only associations were that horrible things were done to people. Suddenly at this point he snapped his fingers and said that he had decided to live in spite of his horrible thoughts. After several hours of relative

fluency he began to show some apprehension, and again likened the analysis to an inquisition, stating that he was afraid to talk. His associations led him to his relationship to his father. He recollected as an evidence of his behavior towards his father, that the father had given him a check as a wedding present which unfortunately had been unsigned. The patient had forged his father's signature and had cashed it. He then recollected a dream which he had had several days before: "My mother came to see me at the hospital. She had difficulty in walking. She was blind. I felt guilty about it. In the dream she looked like my grandmother (her mother)." Associations to this dream brought out that when the grandmother had died, an intimate friend of the patient was the attending physician. "I felt so guilty about her death that I arranged for the medical examiner to perform an autopsy on her." This was at least thirty years before. At this point, he suddenly felt that everything he was saying was going to be used against him, that he belonged in a prison, and he should be shut up for the rest of his life. Further associations led him to remember that his mother had actually visited him in the hospital, and that she had had difficulty in walking. Her blindness was his fault. He had recommended an oculist to her, but in spite of treatment she subsequently developed glaucoma. Her sight might have been saved had another physician seen her. Here he became markedly agitated, and said that the chief things he thought of in relation to his mother were disgusting. "I have wondered about incest. Nothing in it of course. I simply played with the thought in my mind." He then recalled an incident in his early teens when his father had gone away on a business trip. His mother was lonesome, and asked the patient to sleep with her. "Since then I have often thought that I might have committed incest with her." The patient here showed almost overwhelming agitation, writhing about on the couch, running his hand through his hair, and his face appeared to be drawn.

Although the relationship between his incestuous fantasies and guilt concerning his mother's blindness was clear at this point, it was not interpreted to him. Subsequently, as he had

already indicated on some previous occasions, the patient began to discuss his illness in terms of avoiding "all unpleasant things in life".

At this point owing to the illness of the analyst, there was an interruption of several days in the treatment. It was noteworthy that on the day of the resumption of the analysis, the patient in his productions reverted to the same topics and routinization that had characterized the first hours. His agitation increased. He had seen his brother, and was discouraged. He compared himself to Ajax, defying lightning, because he did not obey either nature's nor man's laws. He had masturbated, performed forgery, robbery, and practically murder. Sexual thoughts dominated "my whole behavior, my whole life before my operation". He then expressed hostility towards his wife who had never enjoyed sexual relations and had become very much disgusted with him when she discovered his masturbation. As a matter of fact he had been castrated because of this masturbation. Castration was first suggested by his sister and a woman doctor as a method for curing him of this "pernicious habit". The father had objected strenuously to the operation; however, the patient himself recommended it. He had at that time thought he was in love with Miss X., who reminded him of Shakespeare's "Dark Lady of the Sonnets". He masturbated a good deal with fantasies of her. She reminded him of several women of the same type that he knew, and described her as slender, dark, and graceful. "She was not like my wife but my mother was somewhat of the same type. She had dark hair. I remember she used to sing to me." Here again he became extremely agitated and self-accusatory. He was a horrible fellow, should be killed, should die, and then, "I have an awful feeling that I might have committed incest with my mother", and he repeated the incident when his father went on a business trip when he was thirteen and he had slept with his mother. Some years after that he had begun to worry as to whether he had committed incest. Following this hour he thought that it would be better to stop the analysis. It was no use going on. He never would be able to get

well. He returned to the thoughts about incestuous relations with his mother, then stated that he wondered sometimes if he might not have been the son of an uncle of his who had also been a patient in a hospital. This uncle, who subsequently died of some genito-urinary malignancy, had had something wrong with his penis, and had shown it to the patient. He blamed himself for causing his death and felt quite sure that he might have done something about it. It was just as if he had caused some injury to his uncle's genitals. This led again in subsequent interviews to talk of his relationship to his father. He attacked the paternity of his own child, and also his own paternity. He saw quite clearly his own identification with his father in relation to his mother. The patient had been in the habit of sending his mother anagrams which he made up in the hospital shop. His first associations were that he did this to keep her happy. He made the letters especially large owing to the mother's blindness, and the words were fairly difficult to solve. In association to this he told of some sexual thoughts he had concerning the women in the hospital. It was terrible to be reduced to such women. He recalled sexual thoughts he had the day before while in the shop repairing a cedar chest belonging to a maid. "I remember the horrible times while I was having connection with my wife, and thinking of someone else. Should a man commit suicide?" The anagrams he sent his mother seemed to be secret messages telling her of his sexual wishes. This was interpreted and he reacted with the usual self-accusatory ideas. The next day he boastfully told of the various women he had seen in the hospital and in whose presence he had had sexual thoughts and erections. This seemed to prove that in spite of his castration he was still a man. The patient was reported as more cheerful on the wards. He stated during the hour, that he was now determined to make good in spite of the fact that he had no right to, since he was a transgressor against all God's laws. He became much neater in his appearance, and began to part his hair in the center as he had done when he was a young man. He brought a dream in which he was going to take a train to

go home to see his people, and remembered saying in the dream, "It was no use. I can't remember when the train goes". He felt that it was now important that he should try to get along, perhaps with the hope of getting on his feet, and then he stated that he sometimes got an erection while dreaming. He appeared to be more aggressive and began to make tentative, rather vague plans for the future. He felt better except in the mornings, when he felt "terrible, just like I feel after masturbation".

It was reported from the occupational therapy and other departments that the patient was showing more interest in his work, appeared more aggressive, and showed a tendency to talk and smile a great deal. He could not explain to himself as to why he should feel better, for although he had reasons to be frightened he now felt that the only way he could make reparation to his family was to live and to amount to something. However, he still had "these horrible feelings". He began to discuss plans for his future activities, prominent among which were ideas concerning the possibility of radio broadcasting. He became distinctly hypomanic; was cheerful, joked a good deal with patients and nurses, felt that life had become worth while. Now he was going to please his parents, to make good, to help other patients. He made attempts to meet his wife accidentally at her place of business in a public institution. He wanted to gain her respect and the forgiveness of the family. There was a distinct change in his feelings towards the analytic session, and although there was still an undercurrent of guilt concerning his sexual thoughts, he was determined that this should not worry him any more. For the first time he signed a letter to his father "with love", something he had never done before. After an unsuccessful attempt to meet his wife he again became temporarily depressed and vented his feelings of anger against the analyst because he was so impersonal and would not show any love for him. Following a visit from his wife he felt elated; his friendliness towards people felt like wine and he was intoxicated with the feeling of doing things for people. Even his relationship with his wife had possibilities. Since she was a

good judge of art he had begun to sketch and to do water colors. His father had always stressed service to other people, and the attitude he was now taking was the one always preached by his father.

He now attempted to communicate with an older man, who many years before had visited him at the hospital and had been kind to him. Although he did not know his address he wrote him a letter which he signed "affectionately". His attitude towards the analyst was also extremely friendly, and he felt very frequently now when he met men like kissing them. "I sometimes had sexual sensations when I wanted to urinate and I was ashamed of them, and I am also ashamed of having been operated upon. My wife was operated upon for removal of a tumour and ovaries." Concurrently with this material, he began to elaborate on his plans for broadcasting, which had something to do with the rich timbre of his voice, which persisted in spite of his castration. He remembered that on one occasion he had pulled back the foreskin of his older son, and then had suddenly thought that something was wrong. Perhaps he had had connection with him. Next hour he came in and made a gesture as if to take off his coat. "Do you know, I thought I was going to bed. I had a great time this morning with Mr. M. (a nurse). You know, he told me he would rather go out with me than a woman." His associations were that the operation made him "feel like a woman sometimes". Attention was brought to his taking off his coat. He said, "Homosexuality comes to mind. At night I sometimes wonder if a man had done something to me. The thought always was disgusting. Last night I had an erection and had a horrid night. Some doctor in X (state hospital) said something to me. Maybe I had done wrong with a man, perhaps my sons. Perhaps I had connection with them by the rectum." Suddenly he said, "Do I talk so loud that people outside can hear me? I have had sexual feelings when I held children, especially girls on my lap. They were just horrid." He remembered on one occasion when his small daughter had cried, he had gone into her

room and laid down on her bed and had had an erection, and since wondered whether he had done anything to her.

He presented a dream which had something to do with his plan for broadcasting: "I have friendly feelings towards persons. Then I am struck by the horrible fact that I might want to have sexual connection with them." He fantasied that he was broadcasting and was very proud of the fact that his voice, in spite of his castration, still maintained its deep bass quality which was a sign of virility. In his fantasy he was broadcasting and some very pretty woman fell in love with him. While saying this he became anxious and said, "After she had fallen in love with me she finds that I am impotent". He then remembered his one-sided affair with Mrs. G. (a mother surrogate). The patient's passive homosexual attitude is clear. It is quite evident that not only was his castration a punishment for incestuous wishes, but also an acting out of his passivity and identification with his wife, who had had a tumour and ovaries removed. The reaction against his passivity and castration is shown in his fantasy of broadcasting with his deep bass and virile voice, which caused women (the mother) to fall in love with him. He subsequently returned to this subject.

It was interesting in connection with the displacement from his genital to his voice (mouth), that the next hour he came in chewing a toothpick, remembered a fantasy of eating faeces, drinking urine, and recollected that when he was youngster, "I did something very disgusting with a boy, with his private parts, or maybe he did it to me." The associations to this led to fellatio fantasies, but he could not remember if this was the experience he went through with the boy. He went on to say that although it was horrible, he was not quite reconciled to the thought that his father and mother, who were getting old, might die. He was at this time frankly hypomanic, laughed a good deal, said, "It's a great world. Twenty-four hours are too little for a man to live. This is a great place. Here I am without any responsibilities". He realized fully that he was using his illness as a flight from responsibilities, but he would

not let that worry him any more. He again brought up his plan for broadcasting. He was going to try to obtain an audition with a man who conducted a Big Brother Hour. His plan was to broadcast good, sound, poetry. This would enable him to earn a living, to regain his self-respect and the respect of his wife and family. He had the following fantasy: He had not actually told anyone in letters or to visitors of his plan to broadcast. In this fantasy his rich voice is being broadcast over the air. Suddenly while his family was listening on the radio, his voice comes over the air. They recognize it, and he pictures their surprise and joy.

Subsequently he became quite resentful of restrictions on his liberty. He was told he would have to ask the analyst if he wanted to go to town which evoked his hostility towards the analyst, and towards other men who could stand up for their rights. However, when he began working on the radio he would have lots of money, and in spite of his present hostility, he was going to give some to the hospital and also compensate his family for all the trouble he had caused. He again discussed the rich timbre of his voice, his wife's sudden pleasant surprise at hearing it and as to how he should gain her respect. He saw quite easily his attempt to prove his masculinity to his wife. He had been to a dance the night before, and had been sexually excited by some of the woman patients. During the night he had this dream: "Dr. T., the superintendent, was saying something to me about nuts. The dream was quite vivid. Something about cleaning out the nuts which had not been completely shelled, and that it would be better if an English gardener did it." His associations: "Nuts is a slang term for the unfortunate people in an insane asylum. Also it is a slang term for testicles". The English gardener reminded him of the night nurse at the hospital, and also the surgeon whose name he had forgotten, who had performed the operation on him. He remembered signing an orange-colored paper absolving him from all responsibility. He then went into greater detail concerning the operation. Although at first he had balked at the suggestion, the insistence of his sister and a

woman doctor had won him over, and he had become enthusiastic. It seemed to him a way out of his masturbation. The fantasies which he had during his autoerotic activities were quite clearly of an incestuous nature, and if he allowed himself to be castrated he would have no more sexual desires and he would also be punished. His father had been against the operation and he had had to sign the paper himself. He had seen Dr. T., who was pleased at his progress, and had commented upon the great time he was having. "Of course, I have sexual feelings. I certainly did give a great exhibition of myself." The dream shows quite clearly the patient's passive attitude toward Dr. T. (father surrogate), his guilt over his sexual feelings which were still present in spite of castration, and a wish that a more thorough job had been done—"Something about cleaning out the nuts which had not been completely shelled".

Following this dream the patient seemed to lose most of his hypomanic drive; he adjusted himself more readily on the ward; he showed some tendency to renew his self-accusatory ideas which he pushed away, and felt that he now had to go out into the world and do things. For several weeks there was no new material. The patient talked mostly about actual incidents on the ward and in the occupational therapy and other departments, his walks, etc.

He started to make definite plans for leaving the hospital. He felt it was his duty to help his father, and to make up in their old age for his past treatment of his parents. He soon sensed his family's unwillingness to have him leave which depressed him. However, he felt that perhaps they were justified in this attitude in the light of his long illness and that it was up to him to make good. He realized the difficulties of his position but stated that many patients had obstacles to overcome. In spite of the fact that his were greater than others, he would have to overcome them. He expressed some anger at the analyst because he felt that perhaps he did not recommend that he leave. He was determined to be philosophical about the whole matter. A slight hypomanic drive was still

noticeable. He took part in all hospital activities, took frequent walks, sketched, and painted. It was interesting that during this period it was impossible to lead the patient to the production of any new material. It was clear that his hypomania was a flight into health, a denial of the painfulness of anxiety and an avoidance of any deeper understanding of his œdipus situation on the one hand, and his passive homosexuality on the other.

Sometime later, approximately eight months after the beginning of the treatment, having in the meantime made frequent visits home, the patient left the hospital, made his residence with a close friend of the family, and until now has remained relatively well. It is of interest to note that the patient actually carried out in part his fantasy of using his voice for purposes of entertainment. He had given readings in various places and several years later put on a one-man show for the patients at the hospital.

Several things were learned from the analysis of this patient. His œdipus complex, in contrast to the previous patient, is more clearly revealed. The conflict between his aggressive masculine strivings towards his mother, the castration anxiety resulting therefrom, the reactive passivity to the father, are plainly stated. Of great interest was the actual castration he underwent. Although this had first been urged by his sister he had eagerly accepted the plan first, as an attempt to overcome his incestuous fantasies; second, as a punishment for these fantasies; and third, as the achievement of his feminine identification and passive wishes towards the father. The castration psychologically converted him into a woman.

The transference situation is also of great interest in this patient. As far as could be seen, development of the transference followed a course not unlike that ordinarily seen in the transference neuroses. If anything, it was somewhat more labile than is ordinarily found in the neuroses. The negative transference reaction seemed to be of an introjective type. He expressed his hostility and aggression in the form of self-accusations with a good deal of guilt. However, following

interpretation of this mechanism, he seemed better able to express in the transference open aggression and hostility. This patient, in contrast to the first, expressed a fair amount of material of a direct, oral, aggressive nature.

It is my opinion that one of the important factors in the symptomatic improvement was the development of a fairly long, but relatively transitory hypomanic reaction, which served as a denial of painful revelations, parts of which had come to consciousness. In this he utilized the mechanism of denial described by Dr. Helene Deutsch¹⁴ in one of her recent papers. It is now several years since he left the hospital, and so far as can be determined, he has made what might be called a fairly adequate recovery.

There are, of course, numerous questions and problems* that arise in connection with the presentation of this material. I should, however, like to stress only certain aspects. The analyses of these patients do not add anything new to the psychopathology or to the understanding of the depressive syndrome as such. A close relationship between depression and obsessional neuroses, stressed particularly by Abraham and by others, is shown in both cases, particularly the second one.

Repressed aggression plays an outstanding rôle and the interpretation of aggressive drives serves to forward the work of analysis.

The second case is also important from the point of view of the light it throws upon what might be called self-castration. It is evident from the material, that this castration had many determinants. The most prominent were castration as an expiation for guilt from incestuous fantasies and masturbation. The second important determinant was the patient's passive homosexuality, since by castration he achieved his unconscious

* It will be of interest to call attention at this point to a problem which I hope to elaborate further in a future publication, namely, the relationship between what I have called "routinization" of the patient's symptoms, and the relatively steady heart beat, which is shown by patients, particularly in the so-called agitated depression group.¹⁵ I believe that this routinization serves the definite purpose of "binding" anxiety, and that it throws some interesting lights on the whole psychoanalytic theory of neuroses and psychoses.

wish to be a woman in relation to his father. It is significant that as he began to work through his passive homosexuality, he began to boast that in spite of his castration he still had heterosexual wishes.

Neither analysis was in any way completed. It is rather remarkable though that from such relatively short periods of treatment, the clinical pictures changed as much as they did. These observations do not sustain the contention that in older patients long periods of treatment are necessary before any changes take place.

The development of a transference relationship by these patients seems to me to be of outstanding importance. In both cases the analysis was started during a period when the clinical symptomatology showed the patients to be psychotic and not in a so-called symptom-free interval. On the basis of these experiences and of my work with other patients, both depressions and schizophrenics, it is my belief that under certain conditions (hospitalization), one may institute a psychoanalytic approach and expect after a longer or a shorter period a situation similar in broad outline to the transference relationship developed in the psychoanalytic treatment of neurotics. Advanced age, as such, was not in these two cases, at least, an obstacle.

The question of what constitutes a cure will take us too far afield. If one accepts as evidence of cure Reich's¹⁶ criteria, one certainly cannot in most cases in this age period achieve the goal of orgasmic potency for physiological, if for no other reasons. However, if the object of the treatment is not to restore the patient to genital potency, as is the ideal in the treatment of the ordinary neuroses, but an attempt at symptomatic improvement, one is justified in utilizing a psychoanalytic approach to such cases.

I should like, in conclusion, to emphasize again that probably the most important factor in the improvement of these patients was the transference relationship, and one might put them down as "transference cures". It is with a full realization that two cases are insufficient evidence for proof of the value

of any method,—that the material is presented in the hope that it will stimulate further work along these lines, wherever the patients and trained workers are available.

BIBLIOGRAPHY


1. FREUD, S.: *Introductory Lectures on Psychoanalysis*. p. 360. George Allen and Unwin, Ltd., London, 1929.
2. FREUD, S.: *On Psychotherapy*. Coll. Papers, Vol. I, p. 258. Hogarth Press, London, 1904.
3. JAMEISON, G. R. and WALL, J. H.: *Mental Reactions at the Climacterium*. Am. J. Psychiat., Vol. XI, No. 5, March, 1932.
4. OBERNDORF, C. P. and MEYER, M. A.: *Psychoanalytic Sidelights in the Manic-Depressive Psychoses*, A. R. N. M. D., p. 450. Williams and Wilkins, Baltimore, 1931.
5. ABRAHAM, K.: *Notes on the Psychoanalytical Investigation and Treatment of Manic-Depressive Insanity and Allied Conditions*. Selected Papers on Psychoanalysis, p. 153. Hogarth Press, London, 1927.
6. DOOLEY, L.: *A Psychoanalytic Study of Manic-Depressive Psychoses*. Psychoanal. Rev., Vol. VIII, pp. 38-72 and 144-167, 1921.
7. ZILBOORG, G.: *Affective Reintegration in the Schizophrenias*. Arch. Neurol. and Psychiat., Vol. XXIV, p. 335, August, 1930; and other papers.
8. SULLIVAN, H. S.: *Research in Schizophrenia*. Am. J. Psychiat., Vol. IX, p. 3, November, 1929; and other papers.
9. CLARK, L. P.: *The Psychologic Treatment of Retarded Depression*. Am. J. Insan., Vol. LXXV, p. 407, 1919.
10. CLARK, L. P.: *Manic-Depressive Psychoses: A Symposium*. J. Nerv. and Ment. Dis., Vol. LVII, p. 164, 1923.
11. FREUD, S.: *Sexuality in the Aetiology of the Neuroses*. Coll. Papers, Vol. I, p. 245. Hogarth Press, London, 1898.
12. ABRAHAM, K.: *The Applicability of Psycho-Analytic Treatment to Patients at an Advanced Age*. Selected Papers on Psychoanalysis, p. 313. Hogarth Press, London, 1927.
13. JELLIFFE, S. E.: *The Old Age Factor in Psychoanalytical Therapy*. Med. J. and Rec., January, 1925.
14. DEUTSCH, H.: *Zur Psychologie der manisch-depressiven Zustände insbesondere der chronischen Hypomanie*. Int. Ztschr. f. Ps., Vol. XIX, No. 3, 1933.
15. WHITEHORN, J. C., KAUFMAN, M. R. and THOMAS, J. M.: *Heart Rate in Relation to Emotional Disturbances*. Arch. Neurol. and Psychiat., Vol. XXXIII, p. 712, April, 1935.
16. REICH, W.: *Function des Orgasmus*. Int. Ps. Verlag, Vienna, 1927.

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RESOLUTION BY PSYCHOANALYSIS OF MOTOR DISTURBANCES IN AN ADOLESCENT

BY MAX LEVY-SUHL (AMERSFOORT, HOLLAND)

Fritz, a fifteen-year-old school boy was found by a neurologist to have an unusual organic brain disease—a *torsion dystonia* from a congenital anomaly or a degenerative process in the *corpora striata*. It was observed in addition that this illness was complicated by a progressively severe neurosis.

He lived with his mother, the father having died when Fritz was ten years old. Three brothers, nine, twelve, and thirteen years older, were seldom at home. Great shyness and inability to concentrate were the most conspicuous neurotic symptoms. Despite a good intelligence, he felt himself to be stupid, and he had indeed recently failed to achieve the standard of his class at school.

The need both for psychotherapy and a change of environment brought him into the home of the writer where he was treated for three months in 1934, and for two months in 1935. On his arrival, the impression he gave led at once to the conjecture that his motor disturbances were also an expression of his neurosis, and the decision was made to psychoanalyze him. That he was living as a member of the analyst's family presented a technical obstacle which had to be accepted.

Fritz had been a healthy and intelligent infant, developing normally until he was three years old when clumsiness in his gait and fear of walking became noticeable, and a pediatrician who saw him at that time made note of "choreiform movements". Throughout childhood, motor disturbances persisted in varying degrees and were regarded by the parents as bad habits to be corrected. He was not weaned from bottle feeding until the age of three, and subsequently he was a feeding problem.

Based on a paper read to the Netherlands Psychoanalytic Society in Amsterdam, April 1936.

He secretly sucked his thumbs until he was twelve. He developed frequent urticarias and eczemas up to his thirteenth year.

His shyness made it difficult for him to make friends, and he was much teased for his strange behavior. He preferred the company of much younger children, and with his younger nieces and nephews displayed a maternal attitude. His mother complained of his untidiness and uncleanness. She spoke very highly of his moral uprightness and of his conscientiousness. The doctor who referred him was impressed with his extraordinary interest in railroads, traffic, and time-tables. Train and bus schedules were the objects of his favorite study and occupation, and a central European time-table his most valued possession. His knowledge of these subjects was enormous and it was his greatest ambition to become an officer in the information bureau of an international traveling agency. Analysis revealed a secondary ambition to become a cleaner of street railway lines.

When he came for treatment, Fritz was nearly sixteen years old, a tall boy inclined to stoop and with weak and flabby musculature. He moved restlessly and now and then made tic-like grimaces, creasing his brow and winking. He held his head to one side giving the appearance that he was viewing his surroundings from below. The *torsion dystonia* consisted of revolving and screwlike movements of his head and body around its axis. In walking he described circles or ellipses similar to a caged animal. When bicycling, which he had learned with great difficulty at eleven, he liked to ride in zigzags or shakingly, and had developed a pastime which he gave the sexually suggestive name, "riding the oval". While cycling he day-dreamed, planning new train routes. Very clumsy with his hands, he was even unable to swing a hammer effectively. He loathed gymnastic exercises, especially those involving the use of apparatus with which he described his performance as "catastrophic". In contrast, he liked very much to swing and took pleasure in riding a merry-go-round.

Up to the age of ten he had used a pusher to assist in eating

being secretly afraid to use the knife. He was still fearful to close a penknife—"because of my fingers". Other well-disguised minor fears related to bridges, horses, dogs. He had special fears related to explosions and to gas poisoning¹ and a curious recurrent anxiety about getting his penis squeezed in the door of a railway compartment—hint of a maternal threat of castration.

He showed a good understanding, vivid imagination, satisfactory general knowledge, a childlike trust and adaptability. He had a large appetite and gobbled his food greedily. He seemed totally unaware of his curious movements which according to Ferenczi and Melanie Klein is characteristic for tics narcissistic in origin.

Fritz quickly grasped the basic rule of psychoanalysis, and on the couch immediately gave an uninterrupted flow of free associations connected with experiences and with dreams. There was a noteworthy lack of embarrassment in loudly proclaiming his obscene thoughts which, together with the habit of allowing himself to be seen in various stages of undress, was plainly exhibitionistic.

It is not the aim of this presentation to give an account of this analysis, but to limit it rather to a demonstration of the relationship between an infantile repression of masturbation and the development of motor disturbances (muscular erotism), and to a variant of the four forms of the unconscious representation of the body as a phallus described by Bertram D. Lewin.²

Following are typical examples of the patient's production demonstrating the play of instincts and the unusual wealth of symbolism:

I see a tree that grows stronger and stronger, the trunk of a giant oak. It grows through a house and rends it in two. It crumbles to pieces. Only the lavatory remains. You are the tree, Doctor. Your nose will now be picked. Your nose is now growing through the house. You sneeze and ruin the house still more. Your wife is in the lavatory. She remains

¹ According to Fenichel, special forms of the œdipus complex.

² Lewin, Bertram D.: *The Body as Phallus*. This QUARTERLY II, 1933.

untouched except that the dirt falls on her. Her flatus is mixed with the noises of the falling house. It is one great explosion. Gases are spreading. Could not the lavatory burst through the spreading gas or through the flatus? When one vomits everything comes up. . . . The treebark is splitting. . . . *You* also are bursting with a loud report. Everyone comes rushing to the spot and they find your corpse in the debris of the lavatory.

The lamp-post in front of the house has two reflectors. The lamp-post looks like you with great big eyes. It tumbles down in your room . . . no, in the room where your wife is mending stockings. . . . The lamp-post has ruined everything.

Hindenburg and an elegant lady are sitting on two toilet seats close together. The partition between them tumbles down. They fall against one another and start to fight. Hindenburg is wounded by a splinter in his foot . . . he falls . . . on the lady . . . she falls likewise and dies . . . soon after he dies too. They wake up again, they fight once more . . . they fall again . . . unconsciousness . . . night.

The symbolism of house, room, woman, are transparent. Tree, tree trunk, penis, are equated with father figures such as the analyst and Hindenburg. The primal scene is unmistakably described. Fritz slept in his parent's bedroom until he was seven years old.

Fantasies of destruction of the mother's womb, described by Melanie Klein, were repetitive and varied. The belly bulged and burst, extruding the intestines. Closed with a zip-fastener and repeated four times (the mother's four children), one can be sure that one hears expressed infantile fantasies of child-birth which included men as well as women. In another fantasy, the tree presses through the house from the basement. The woman's bed is lifted into the air and everything falls with a jerk. . . . The belly bursts and there remains sticking in it a penis.³ With this is associated recollections of the evisceration of chickens in the kitchen.

³ Cf. Melanie Klein's observations of fantasies of wombs filled with the

Fear of castration was expressed by the symbol of the tree which represented both the body and the penis. The suffering of the tree whose branches were being sawed off was identical with the suffering of a person whose arms, nose, eye, and penis, were being cut off. Of an old woman whose nose had to be cut off he commented: "Such people should belong to the club of the noseless and be avoided like lepers and diphtheria patients." Correspondingly, as a small child, he found unbearably ugly the sight of a locomotive engine without a funnel.

His unconscious homosexuality was chiefly an identification with his mother. A cow being milked reminded him of a former wish that his penis might be milked. "I really always wanted to be a mother," he once said. The homosexual love object was completely narcissistic. His most fervent wish was to have a Siamese twin to love. Towards both his body and his penis he entertained identical narcissistic feelings: "My penis really looks very nice. The whole lower part of my body looks nice. My buttocks are so nice and soft. I like to pat them. I have often stroked my whole body." As a child he tried to put his penis in his anus. He used to talk to himself calling himself "little fellow". His mother used to stroke and kiss his buttocks and call him her little fellow.

There were oral sadistic fantasies of men hung up by their penises and of men eaten and swallowed by penises. Following an experiment at school in which the pupils joined hands in a circle and had an electric current passed through them, he fantasied that the boys were lying in a circle on the floor each one with his penis in the mouth of his neighbor. One of the boys eats and drinks then urinates into the mouth of his neighbor, and in this way a current of nourishment passes through the circle of boys.⁴

The last part of the psychoanalytic treatment which succumbed to the wishes of the wicked father. According to Freud and Ferenczi, an expression of the desire to return to the womb.

⁴ Melanie Klein has emphasized the importance of oral fixation in the genesis of homosexuality as demonstrated by Freud in *Leonardo da Vinci*.

ceeded in resolving the motor disturbances, explained also the excessive interest in traffic and showed them both to have a common origin: both resulted from the rejection and repression of sexual libido associated with masturbation to which Fritz had surrendered himself in a curious fashion between the ages of four and six. Both symptoms were disguised auto-erotic substitutes,⁵ the motor disturbances a displacement, the interest in traffic and time-tables a sublimation, in both of which the forbidden activity could be continued undisturbed. A more direct masturbatory activity found expression in the special method of bicycling accompanied by day-dreams, and in swinging.

At the age of two, Fritz already played with trains with great zeal. During his third year he travelled with his mother in a sleeping car, an experience which left a lasting and most pleasurable memory. When he was four, it was his delight to stand in the bay-window of his father's study. The street cars thundering by below, gave him intense pleasure. His father had invented a game: he would predict at just what moment a certain number of street cars would pass the house, pretending to command them for Fritz' pleasure. As the father could see the street cars coming from the distance, his predictions were always correct and the boy enjoyed and admired the magic power which his father seemed to exercise over time and traffic. He had been given a toy train with rails that fitted together to form an oval. He played with intense absorption with his train, preferably alone. Sent invariably to bed after luncheon, he would pretend to sleep, but would continue his play in fantasy. His bed became a sleeping-car compartment, a street car, or an automobile, and the traffic game was accompanied by masturbation. Questioned by his

⁵ Cf. Ferenczi, Sándor: *Psychoanalytische Betrachtungen über den Tic*. Int. Ztschr. f. Psä. VII, 1921. Fenichel, Otto: *Über organilibidinöse Begleitscheinungen der Triebabwehr*. Int. Ztschr. f. Psä. XIV, 1928. Reich, Wilhelm: *Der psychogene Tic als Onanieäquivalent*. Ztschr. f. Sexualwissenschaft, XI, 1925. Deutsch, Helene: *Zur Psychogenese eines Tic-Falles*. Int. Ztschr. f. Psä. XI, 1925. Klein, Melanie: *Zur Genese des Tics*. Int. Ztschr. f. Psä. XI, 1925.

mother he had successfully denied touching or playing with his penis. These practices continued from his fourth to his sixth year.

His technique of masturbation at the present time was to use his hand or lying on his abdomen to stimulate sexual feelings by squirming. In either case, as a rule, the excitement was stopped when it had reached a certain degree short of orgasm. When the sexual tension reached a certain intensity, it became "disagreeable" and he then wanted to make his penis "floppy" again. One observes in this a childish fear of the strength of the instinctual drive as well as the pleasure in prolonging the tension and a strong anal and urethral retentiveness. All of the fantasies of locomotion were played out with his penis: he caused it to execute circles, ellipses, zigzags and shaky movements (similar to those executed by his body); the penis was a steeringwheel or a brake and he the chauffeur or engineer. His motor or machine, the penis was in addition his obedient slave, his beloved "little fellow", his *alter ego* to whom he might say: "Well, my boy, we have a lot of work to do today". This identity of penis and self—or a depersonalized part of the ego—is the pattern on which the tics and automatisms (body-penis) developed; the symptomatic movements were an extension of the infantile masturbatory activities, with the body substituted for the penis.

When the boy was two years old he had an experience whose significance could not be fully evaluated. The town in which the family lived was shaken by a tremendous explosion in a munitions factory. The patient had no recollection of the event but his inclination to fantasies of explosions may have been repetitive compulsive reactions to a traumatic incident. For weeks following, his mother relates, he was terrified that there would be another "boom-boom". That this anxiety-laden experience became a screen memory or was fused with the primal scene is corroborated by the repeated association of orgasm and explosion. When a man and a woman urinate together, there is an explosion. In his fantasy his own ejaculation is a destructive explosion.

The impressive journey with his mother in the sleeping car at the age of three, and the game played by his father (which the boy accepted as evidence of the father's omnipotence and magic control) were incorporated into œdipal masturbatory fantasies and gave them—and after repression, his neurotic symptoms—their content. During the period of active infantile masturbation between the ages of four and six, the merging of masturbatory activity and traffic took place, as well as the beginning symbolic displacement from penis to body. How much the suppression of masturbation at five was the result of intimidation is not known. In analysis, Fritz remembered the threat: "If you play with yourself, you will become sick". At any rate, during the latency period masturbation and the traffic games and fantasies were almost completely abandoned. There was an attempted sublimation of the repressed libidinal energies in the development of conscientiousness, gentleness, and "purity of mind", with a return of the repressed in dirtiness and untidiness. Sucking of his thumb persisted during this period. A quantity of the repressed libido found expression in the recurrent conversion urticarial and eczematous symptoms (particularly of the right hand and the anal region) which disappeared when masturbation was resumed at puberty.

The displacement of libido from the genital to the body is, in this case, a regressive reinvestment in the early infantile muscle erotism. The guilt and anxiety-laden masturbation was replaced by bodily movements acceptable to the ego and, relatively, to the environment. A suggestion to account for the choice of the muscular system as the representative for the repressed libido is contained in the patient's tendency to exhibitionism and peeping (fantasies of transparent lavatories, of x-ray photographs of his mother's womb). His grimaces and bizarre bodily movements were well suited to attract attention to his body which, being equated with his penis, amounted to a continuous exhibition of his penis. If this be a correct assumption, the motor symptoms served as a denial of the wish for and the fear of castration.

Bertram D. Lewin⁶ interprets the body-phallus fantasy as a postphallic reorganization of the libido. The aim of the fantasy is cannibalistic, a castration by being eaten and swallowed. Lewin observed four variations of the fantasy: one's own body is one's own or is another's penis; another's body is one's own or is another's penis.

It has been noted that our patient had had fantasies in which his penis represented himself and the body or persons of others. This later developed into the displacement of exhibitionism and masturbatory stimulation from the penis to the body. As an addendum to Lewin's observations, this patient is an instance of the acting out with the body by means of dyskinetic symptoms and by means of analogical forms (ovals, ellipses, zigzags)—of the same movements the penis was made to describe in infantile masturbation.

For more than a year following the second period of treatment, Fritz has been free from all motor symptomatology including the facial tics. There has been a change for the better in his personality. He has become one of the best pupils in his school, excelling in mathematics. Performance in gymnastics is not better, but his carriage is much improved. He still has some anxieties connected with orgasm although in the latter part of the treatment he permitted himself pleasurable ejaculation both in dreams and masturbation. In this connection it is noteworthy that in the beginning, despite an adequate knowledge of sexual biology, he referred to nocturnal pollutions as having "passed a little water". He has heterosexual fantasies and has developed an interest in girls. He is not only making friends readily, but has become a very popular member of a youth group composed of boys and girls of his age. His relationship with his mother is much smoother. While these are improvements invaluable to the patient and to his family, one is made aware that the treatment is incomplete. The actual period of treatment was too short, and his residence in the home of the analyst during the periods of his

⁶ Lewin, Bertram D. *op. cit.*

analysis a deterring influence. New symptoms have appeared: on long walking-tours with the youth group he suffers from sleeplessness, and when living in dormitories, he has frequent loose bowel movements and lower bowel flatulence. His great interest in time-tables persists and the ambition to work in a travel bureau remains unaltered.

Michael Bálint

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A CONTRIBUTION TO THE PSYCHOLOGY OF MENSTRUATION

BY MICHAEL BÁLINT (BUDAPEST)

I am of the opinion that menstruation, in the same way as erection, may be interpreted as a conversion symptom, and consequently that it unites in itself different opposing wishes and instinctual impulses. Such a dual wish would be *genital-sexual excitation* and *defense* against this; or, described from the standpoint of object-relationship, the *tendency to excite the partner, to seduce him*, and the opposing *tendency to refuse the excited and seduced partner*.

It is well known that in setting a wedding date, special care is taken that it shall fall between the bride's menstrual periods. In spite of this precaution it happens with astonishing frequency that menstruation starts precisely upon the wedding day, often at the very moment when the bride and groom are for the first time alone together.

A woman aged 30, still a virgin in spite of the fact that twice she had got to the point of wanting to yield to a lover's desire, suddenly began to menstruate on both occasions, once at the last minute—and so was able to preserve her virginity. The defensive function of menstrual bleeding is quite clear here. With its help the dreaded coition and defloration were avoided. This defense by bleeding from the genitals, being physiologically a genital hyperæmia, might be considered to be at the same time, an expression of sexual excitation.

In other cases it is easy to demonstrate not only the bodily, the physiological excitation, but also the conscious sexual wish in connection with menstruation. A lady living abroad became acquainted with a man, a former lover of her sister. They were rather attracted to each other, but the time at their disposal was too short for the development of an intimacy. This lady wanted to visit her sister whom she had not seen for several years. The sister was very happy and announced

the joyful news to her former friend who, perhaps spitefully, said that he would like to take advantage of this visit to win the lady for himself and that the sister had really never understood him. The sister, my patient, related all this in the analysis, and although it was she who had originally broken off the sexual relationship with this man, and no longer had any sexual wishes towards him, she nevertheless felt rather hurt. She had no objection to her sister's amusing herself during her visit, but just with this man, and under her very nose—that was a bit too much . . . ! And although the man had asked her not to say anything about his intentions, at the last minute she wrote everything to her sister. The latter replied at once, saying that the man certainly attracted her but that the whole thing was not at all important for her. It was true that she also had had similar thoughts about him, but she would encourage him only if her sister were no longer interested in him. The letter arrived one day earlier than the visitor who at the station related to her sister that her menstruation had started the evening before her departure, five days too early; such a thing had never happened to her before. My patient understood this moral conflict; also she interpreted correctly the solution—menstruation—and in the following hour she described with great satisfaction how decorously the two of them, but especially the man, had behaved. It must also be mentioned that the visiting sister had told the news to the man on her arrival and that after the menstruation, coition actually took place. The conflict between the two psychical tendencies is here quite clear.

A similar case, a pretty girl of 20, severely schizoid, showed a great antipathy to a doctor treating her who also attended her father. Her treatment was nearing its end, and the antipathy was slowly disappearing; she was growing to like the doctor more and more. One day she decided to wait for him at her father's bedside. On this day she menstruated unexpectedly, two weeks too early, whereas usually it came late rather than early. She accompanied the doctor out into the hall where they kissed ardently. After this she had the fantasy that she

wrote a letter to the doctor in which she informed him that she had something very important to discuss with him. He asked her to come to his consultation rooms where he made passionate love to her but did not have intercourse with her. This fantasy was, so to speak, the translation into words of the bleeding.

It is a well-known ruse of women, especially of frigid women, and of those not in love with their husbands, to simulate menstruation, or simply to lie in order to escape sexual intercourse. It is common for such women to have irregular bleeding, especially dysmenorrhœal symptoms. In these instances, almost without exception, the periods are shortened. In analytical literature Abraham was the first, to my knowledge, who drew attention to the emotional conditioning of these phenomena.¹ He described the defensive function of menstruation but not the deeper lying ambivalence.

A case in which this ambivalence is especially clearly expressed is that of a woman in her thirties who had never allowed herself any conscious sexual excitement. She first began to masturbate during her analysis. For a long time it brought the patient only relief of tension but no pleasure. At first no fantasies accompanied the autoerotic activity. Later, she fantasied the middle part of a man in a state of great sexual excitement with a large erect penis. He was painfully tense and distressed. In the fantasy she looked on without excitement or tension, and with this fantasy she experienced her first orgasm. Analysis showed her need to make a strict separation between herself and the excitement; someone else was tense and excited. This attitude had ruled her life: she had always to remain unaware of wishes. This tendency had its origin in a strong early attachment to her father whom later in life her mother influenced her to despise. Since her 14th year she had exchanged scarcely a word with him, and when the father was driven out of the house she communicated with him only through a lawyer. It required much analytic work before

¹ In the review of Kehrér's book: *Causes and Treatment of Sterility*. *Int. Ztschr. f. Psa.* IX, 1923, p. 226.

the repressed positive feelings behind this intense hate and contempt were released. During this process she chanced one day to go along the street where she and her parents had lived at the time of their quarrels before separating. Memories flooded her thoughts: how her father had tried again and again to gain her affection, had brought her cigarettes and sweets, (since when she had lost all pleasure in smoking and in sweets); how he had met her and greeted her, but she had turned and had gone away indifferently. She went home quite shaken by these hitherto unknown feelings. That night she menstruated, a week early. The flow lasted a day, then stopped, and reappeared at the expected time. At another time she went with a man for a two-day excursion. He was the first man in her life whom she thought it might perhaps be not quite impossible to accept sexually; moreover he had several times formally proposed marriage. She had never directly refused him but had ignored him, just as she had her father. On the train she began to menstruate. It was very disagreeable because she was completely unprepared. Only two weeks had elapsed since her last period. The flow was as usual in amount and duration, but after two weeks, that is to say at the regular time, she menstruated again. Apart from these incidents her menses were invariably regular.

The observations so far relate only to irregular periods. Here then is a group of observations of a different kind dealing with incidents occurring during normal menstruation. It sometimes happens that women drop the sanitary napkin they are wearing. Analysis of these often very embarrassing accidents always reveals the same motivation: there is always a man present who is to be excited by the accident. The women are rather uncertain, want to gain time, and although they are rather sexually excited they will not surrender themselves.

An "excitingly beautiful" woman developed in analysis a strong sexual transference to the analyst. With the exception of her first 3 or 4 years of life, she had been surrounded by admiring men, had won every beauty competition *hors concours*. At 14 she had refused quite serious proposals of

marriage. The most bearish official was powerless against her; for instance, several times she crossed the frontier without a visa, without even a passport, legitimized simply by her beauty; at the time of the strictest currency restrictions she got just as much money as she wanted, only for the asking; the director concerned made a point of not letting her wait, brought the permit and cheques himself to her house. Now she had to bear the privation of the analytic relationship. She mobilized the whole battery of her seductive arts. The analyst maintained a passive rôle. At the end of one hour she dropped her menstrual pad. Reminding her of this accident at the beginning of the following hour, she admitted laughingly that she had deliberately concealed the fact that she was menstruating. It would have been such fun for her, she said, to have succeeded in arousing the analyst sexually and then to have disappointed him with the fact that she was menstruating although menstruation was for her no obstacle to coition, had even a special attraction for her. On this occasion she stated that it was indeed agreeable to her that the analyst did not want anything from her, that the constant flaming up of desires around her, that feeling that all men desired her, was not only pleasurable, but also tiring, disagreeable, sometimes even painful—as if she were under a curse, and compelled to excite all men. Actually she had anxiety that she might fail once, and she had to convince herself anxiously again and again that she was still able to succeed. The sexual ambivalence associated with menstruation is clear in this case: it is a means of sexual seduction, but also of refusal.

In fine, menstruation has been shown in the cases cited to be the expression of two opposing forces: on the one hand, sexual excitement and the endeavor to excite the man, on the other hand the tendency of the person to suppress her own excitement and to disappoint the excited man.

Generalizing from these observations, let us examine the behavior of our society towards menstruation. For men a menstruating woman is dirty, disgusting, often an object of fear, or arouses anxiety. There are innumerable menstrual

taboos, all of which are intended to protect the man, or the society in which men are the predominating influence, against this danger. Nearly every society has such proscriptions. Among European peoples, the Jews, for instance, have strict rules: not only the menstruating woman, but her bed, even her clothes are dangerous to the man and therefore should not be touched; eight days after the cessation of the period women must completely immerse themselves in water; only after this are they clean again. There are exact rules as to how the cessation of the bleeding can be ascertained, what must be done in cases of doubt, when a rabbi must be consulted, and the like. In principle the rules of primitive cultures are the same, although the prohibitions are often more drastic—that women shall not touch the ground, shall eat no meat, must not let the sun shine on them—otherwise the sexual potency of the men may be endangered.

In analysis it is sometimes reported that a prostitute, for comprehensible economic reasons, conceals the fact that she is menstruating. Upon discovery, the reaction of the deceived men is nearly always fury, disgust, with varying degrees of anxiety. According to Daly's interpretation,¹ menstruation was originally the physical sign of sexual excitation. Our society is hostile to manifest sexual excitation; it is forbidden to women because a manifestly excited woman endangers the social ties of the men and such a woman is felt to be disgusting, horrible, sinister. The usual male wish is that *the woman shall wait* until her turn comes; she may be excited and exciting only then, and only to that degree which is agreeable to the man. It is a rare exception if a man finds a menstruating woman sexually desirable.

Women too have menstrual anxieties and superstitions. As a rule, they consider themselves to be ill during the time of the period. Frequently they do not dare to bathe, many wash themselves only to the waist. With rare exceptions, coitus is

¹ Daly, C. D.: *Hindu Mythology and Castration Complex*. Imago XIII, p. 145 foll.

Daly, C. D.: *The Menstruation Complex*. Imago XIV, p. 11 foll.

out of the question. During these days many women who are not to be classed as neurotics do not go out or prefer to remain one or two days in bed, giving as an explanation that they were taught to do so by their mothers because otherwise, they believe, the bleeding would be too profuse or, on the contrary, too slight.

Exceptional reactions to menstruation are much more frequently encountered among women than among men. There are two well defined types. One is the safely repressed woman who feels absolutely sure of herself; menstruation cannot affect her; she would not spoil any pleasure for such a feminine trifle. The other type is the impetuous woman, the flirt for whom menstruation serves preeminently as a very useful weapon, by whose help she may effectually excite some man. The beautiful woman, referred to above, went to a beach to bathe with a man, whom she deliberately informed of her condition. He became alarmed that she would bleed through her bathing costume, and this actually happened. She, however, was greatly amused at his alarm and swam far out accompanied by him, slipped out of her bathing suit, washed it out under the water, and, *re bene gesta*, came out of the water again quite unconcerned. Menstruation had no deterrent power over *her*.

From this discussion of menstruation have been omitted all other considerations of the subject in order to emphasize the interplay of the ambivalent impulses. It is, in addition, just this ambivalence that makes comprehensible the especial rôle of menstrual blood in love-spells and in witchcraft, and also why it is that menstruating women are forbidden to sow, to knead bread, to water young shoots, to handle cut flowers, to preserve fruit and so on. In each instance the subject is young life, and ambivalence of environment is very dangerous for all young life.

Translated by BARBARA COOKE

Escape into Reality: A Clinical Note on Spontaneous Social Recovery

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ESCAPE INTO REALITY: A CLINICAL NOTE ON SPONTANEOUS SOCIAL RECOVERY

BY BERNARD S. ROBBINS (NEW YORK)

Spontaneous social recovery in a hospitalized, mentally ill patient, following an acute psychotic episode, is by no means an uncommon occurrence. However, the means by which the return to social health are achieved, are all too often clothed in obscurity. Without the introduction of individual, intensive psychotherapy—and that is implicit in our use of the term spontaneous—the variety and nature of novel experiences to which the patient is exposed during the course of routine hospital procedure do not permit an accurate estimate of those influences promoting recovery. The comments of the patient solicited directly subsequent to the episode, reveal usually but little more than rationalizations concerning the true nature of the change: occupational therapy helped him, he enjoyed the recreational activities, the baths quieted him, or more often he just does not know how to account for his improvement. Significantly enough, there is, as a rule, little mention made of the human beings with whom he has had contact and established a relationship.

It is the common assumption that the spontaneous disappearance of delusions is associated with a healthy appreciation by the patient of their fantastic character; that somehow or other the pressure of external reality, exercised under the guise of institutional routine, forces upon him a realization of the distinction between what is real and what is unreal; that he thereupon becomes fully cognizant of the bizarre nature of his delusional beliefs, and renounces them because of his increased conviction of the reality aspects of his situation; that this renunciation inaugurates social recovery.

It was observed, however, during the course of a psycho-

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analysis initiated subsequent to social recovery from a psychotic experience, that in the recapitulation of the patient's acute illness, and its suppression, the dynamics in the disappearance of some of the delusions at least, were operative in response to the demands of internal cravings, rather than to the dictates of external reality. The shift from the delusional belief to the belief corresponding to reality, bringing in its wake recovery, had nothing whatsoever to do with any sudden conviction of the reality of the latter and the unreality of the former. It had rather to do with a supreme need, under stress of an acute internal conflict, to modify the psychotic attitude, in order to reinforce and increase an already depreciated self-esteem, further threatened by forces from within. That this secondary modification happened to fit in with reality was only a fortuitous, though indeed a very happy, circumstance for the patient.

When the analysis was begun, the patient was forty-three years old. He was the product of a rigidly obsessional, fanatically religious father, and an amiable, resigned mother. The father had had an involuntional depression of some months' duration during the patient's late teens. He was reared in a small Southern village, and, apart from his college days, he had spent his entire life in a similar environment. He was the second of five siblings, there being an older and a younger brother and two younger sisters. The younger brother had had an adolescent psychosis, diagnosed as a depression, which had lasted for several months. He had since made an excellent social adjustment. Our patient in his middle twenties at the time, was instrumental in arranging for his brother's hospitalization, accompanying him to the hospital, the same hospital to which he himself was later admitted.

His early childhood was characterized by obstinacy, rebelliousness, and a profound fear and hatred of his father. The alterations of puberty precipitated marked changes in his personality: his former obstinacy was replaced by an appealing docility; his past aggressiveness, by a marked timidity and shyness. His major preoccupations during this period were distinctly religious in character, with severely self-critical and

self-reproachful trends centering around his previous hostile attitude toward his father. His major external interest as an adolescent was baseball. Although well liked at the university he attended (he majored in philosophy), he was generally reserved and aloof, had many misgivings about his scholastic ability, and felt inferior to his older brother. He had always considered this brother the only stable member of the family, and was genuinely fond of him.

Following graduation, he secured employment in a bank, and, as time went on, assumed increasing responsibility, advancing to the position of cashier. He had, in recent years, refused the presidency of the bank, preferring to remain in a more subordinate position. The bank was, throughout his adult life, his sole and absorbing interest. Its failure, in June, 1931, precipitated his psychosis. He had been in no small measure responsible for the ultimate collapse of the bank. He frequently found himself in situations in which he was compelled to carry out a policy which he knew was likely to be against its best interests. He felt himself powerless and "under the influence", as he put it, of an older man whom he both hated and feared. This man's borrowings from the bank, engineered by the patient, and far in excess of what sound judgment would dictate, contributed in large part to its failure. The patient himself had no motive of personal financial gain. He had in fact lost his entire estate.

His first statements in analysis were about what he regarded as his deplorable timidity in his relationships with men. Throughout his life, he had never known a time when he was not anxious, depressed, and nervous, covering this up as best he could with feverish activity. His psychosis was panic-like in character and lasted about three weeks. It was followed by restoration to his former anxious, neurotic state. Psychoanalysis was begun some four months later and conducted for the first three months within the hospital.

An account of his bitter struggle with adolescent masturbation, which he terminated abruptly at sixteen, consumed the early part of his analysis. He dwelt on the evil consequences

of the act,—the possibility of death, imprisonment, or permanent incarceration in an “insane asylum”, and omitted to speak of its pleasurable aspects. When he was sixteen years old a school teacher had conducted him with a group of boys through a mental hospital, had showed them a psychotic patient masturbating, and had impressed upon them the popular correlation of masturbation with insanity. He had since then been convinced that all of his difficulties could be traced directly to this indulgence. He had been initiated into the practice at the age of eleven, by a group of older boys, but he considered himself unique in having subsequently carried it on in solitude.

His early effort at establishing relationships with the opposite sex was, until his marriage at the age of thirty-six, characterized by a constant flitting from one girl to another, and the abrupt termination of any relationship as soon as it promised to become sexual in nature. An occasional ejaculation while “petting” was always followed by flight. He made a few abortive attempts at coitus, was for the most part unsuccessful, and considered himself hopelessly inadequate sexually. He was intensely, guiltily preoccupied with an affair of many years’ standing with a married woman much older than himself, his landlady. She had made every effort, for some ten years prior to his marriage, to seduce him, taking every opportunity that presented itself in her husband’s absence to encourage him, but without success. The patient, nevertheless, lived in a state of constant anxiety and fear of detection by her husband. Yet it was characteristic of him that he could not remove himself from this situation. He “loved her like a mother”, and despite the great discomfort she caused him he could not leave her. Finally, in sheer desperation he married. He had never enjoyed a satisfactory sexual relationship with his wife. He lived in dread of impotence, and because of premature ejaculations he reproached himself for his wife’s frigidity.

During this early period of the analysis his friendly, aloof, very respectful attitude toward the analyst, as well as the timid expressions of his high regard for the latter’s ability, were manifestly identical with the expressed conscious sentiments

entertained for his father. His father "had done everything in his power for his children, had reared them in righteous, devout paths," and for him he had nothing but the most "honorable of feelings". At this time, he reported a dream:

Mrs J., the landlady referred to previously, and her husband were out riding in a rowboat, which suddenly capsized. The patient saw the accident from the bank of the river, jumped in, rescued Mrs J., and allowed her husband to drown.

This dream permitted his attention to be directed to the underlying hatred of his father, which now took precise form. He said he had been most reluctant to talk about it, that he did not see how any man could contemplate anything but love and honor for his father and still be regarded as sane. He had hesitated to mention his real feelings previously, for fear that the analyst might return him to the hospital. As a child he had hated and feared his father most intensely, had reproached himself bitterly for these fantasies, and would never allow himself to come near a gun or handle a knife. Two episodes stood out prominently in his mind as sources of his hatred. On one occasion his father had deliberately destroyed a dog to which the boy was very much attached. On another occasion, after one of his runaway episodes, his father had packed the patient's bag—shown the boy the door, so to speak—and had threatened that if this incident were repeated he would never again be allowed to return home. Yet, even as he related these memories, he reflected upon the apparent disproportion between his tremendous hostility towards the father and the episodes that seemed to have engendered it. I shall quote in part a dream:

"I was riding a beautiful white horse past my house. Father was standing there with his huge shepherd dog. Suddenly it jumped, grabbed my horse's neck, and great gushes of blood spurted forth."

This introduced his extreme castration anxiety associated with hostile and masochistic attitudes toward the father, which was readily linked up with his masturbation. He could now

appreciate the motives of hostility and fear toward his father which lay behind one of the two incidents that he had previously recalled, that in which the father killed his dog. It was dangerous to love inasmuch as it provoked the devastating paternal wrath. The relationship between the hatred of his father and the incestuous drive towards his mother, clarified for him by the analysis, was accompanied by great bitterness and resentment toward the analyst, which crystallized in the feeling that the latter was prying into the patient's "sacred relations with his wife". This gave him an emotional as well as an intellectual realization of one of the important sources of hostility towards his father.

A dream frequently recurring throughout his life was of running for a train. Just as he saw it he became paralyzed and it went away without him. A modification of this during analysis, in the form of being offered help by a young man, refusing it, dragging himself to the train, and finally boarding it, marked the establishment, for the first time, of a satisfactory sexual relationship with his wife.

Particularly terrifying and gruesome dreams of his childhood then recurred during treatment, signifying what might be construed as an inept and inadequate attempt to resolve his fears and to establish some satisfactory relationship with his father:

"I am suddenly being pursued by a horrible-looking man, in a very bizarre and unusual atmosphere of lightning, fire, and thunder. All sorts of queer things are happening to me, but the most terrifying is that he has a long hose, like a fireman's, and is squirting water, with terrible force, into my ear."

Through associative material it became apparent that what was dreaded was a paternal sexual assault, the queer and bizarre manifestations referring to the incongruousness of his being in a passive rôle. The only manner in which the fear of his father could to some extent be circumvented and drained off was through identification with the mother, and the partial

acceptance of a dependent rôle. To have maintained a consistently masculine, assertive position would have exposed him, on the one hand, to the constant threat of the "murderous father", and on the other, to severe anxiety surrounding his own feared hostile impulses. However, the adoption of this secondary feminine rôle not only occasioned conflict with his masculine ideal but was in addition attended by grave terror, provoking as it did in fantasy the dread of a paternal sexual assault.

This untenable situation was partly relieved by the transference of his passive submissiveness from the father to his more indulgent, less feared older brother. This was demonstrated by a dream of riding in a horse and buggy with the brother. The patient had on a cap and gown, and the tassel of his cap kept getting in his way, much to his annoyance. The superfluity of his tassel, obviously a phallic symbol, the gown, a guise of womanliness, and the association with his brother in a vehicle considered in his youth appropriate for love-making, express clearly the meaning of the dream, and the direction of his passive strivings.

With the bringing into consciousness of these cravings, his attitude toward the analyst altered, and became distinctly maternal and passively giving in character. He dreamed frequently of feeding a small boy bountifully. It was this very passivity in his relationship with men that he had previously deplored and which was responsible for his business failure. The bank was to him a maternal figure, his sole and absorbing interest, and his identification with it was complete. Money was regarded by him as milk, nourishment, and as a good mother, he was compelled to give of it freely and liberally, contributing to the bank's, as well as his own, ultimate collapse.

It was in the eleventh month of analysis, after he had worked through and realized emotionally the various facets of the father-son relationship that he was able to recall for the first time, and present in detail, the experiences of his psychosis. Little mention of it had been made theretofore, except very occasionally, and then in the vaguest generalities in terms of

minor hospital incidents. It was only after he had thoroughly explored and learned to tolerate his aggressive as well as his passive impulses towards the father that he dared to undertake the risk of reliving this fearful period of his life in the analysis. The manner in which he had reacted to these impulses by flight into psychosis was accurately reported in his comment during treatment: "When the bank closed just before I took sick, I had an almost uncontrollable desire to kill the man to whom I had loaned most of the money, the man I thought responsible for the bank's failure. It seemed to me that either I had to kill him or myself. The only alternative was apparently insanity, and I chose that as the best way out of the whole mess."

The onset was sudden; the night following the closing of the bank, he awoke terrified from a dream similar in content to the one described above, a dream of being pursued by all sorts of bizarre and elemental manifestations. He hallucinated his father's voice, gruff and harsh, but not uninviting. The following day he was confused, disoriented, fearful, certain that his associates in business were dead. He felt that he was guarded by four or five huge men in the room, terrorizing him and keeping him from attending the funeral of the men he suspected he might have killed. He was brought in a state of panic to the hospital, accompanied by his older brother. He remained for only one day, was removed against advice, and forced to return home to carry out some business transactions. During the week's interim prior to his readmission to the hospital, suicidal fantasies were prominent. He wandered off, on several occasions, in a fugue-like state, hoping to gain courage enough to destroy himself. Upon his return to the hospital, again in the company of his elder brother, he was less fearful, but still actively hallucinated, delusional, and extremely tense. Within a day he was calm, stated that he knew he had been very sick, and gave expression to no unusual ideas except for one delusion; he was convinced that his wife was dead. This delusion persisted for three weeks, then suddenly disappeared.

It is significant that the emergence of the delusion concern-

ing his wife, which he did not have during the first week of his illness, coincided with his readmission to the hospital, and replaced completely the abundant and bizarre content to which previously he had given expression. He realized almost immediately upon admission the fanciful character of his former ideas and fears, but remained for several weeks obdurately convinced that his wife was dead. This belief could not have been induced merely through enforced separation from his wife, inasmuch as he received daily letters from her emphasizing and reiterating her well-being. A striking feature of this period was the absence of any emotion associated with the supposed death of his wife. This was in marked contrast to the affect associated with the earlier ideas regarding the death of his business associates. He accepted his wife's death as a matter of fact, and went about his routine hospital activities calmly and peacefully for the first week. Gradually, as he described it later, this initial calm gave way to a mounting tension and anxiety, which assumed increasing proportions coincident with the increase in his fondness for and dependence upon a young male attendant. He could recall no erotic fantasies surrounding the attendant at that time. However, as during this phase of his analysis, erotic fantasies about the analyst figured prominently in the transference relationship, it seems likely that he did have erotic fantasies about the attendant, repressed either at the time or later. Finally, when the tension became unbearable he rushed to the attendant one night, waved a letter from his wife, insisted upon knowing whether or not she was actually alive, and when informed that she was, accepted it as a fact with great relief. It was, he stated, as if a great load had been lifted from his shoulders. This marked the inauguration of what we might call his social recovery. He remained free from delusions, and from then until treatment was begun, felt much as he had for many years prior to this illness—mildly depressed and chronically anxious.

The psychosis was the expression of his capitulation and surrender to his father, a direct flight from intolerable murderous impulses, and from fearful anxiety. The collapse of

the bank signified to him the complete collapse likewise of the only intimate relationship that had been acceptable to his guilt-laden personality. The tremendously hostile impulses liberated as a result of this, and directed towards the father-substitute who he felt was responsible for the bank's failure, impelled him to a choice between acting out (murder) or flight (psychosis). This accounts for the hallucinatory experiences present during the prehospital period of his acute illness, remarkably like his childhood terror dreams of bizarre manifestations and pursuit by gruesome men with long hoses squirting water into his ear, representations of paternal sexual attack. Just as in childhood he had avoided anxiety by the partial renunciation of the masculine rôle and the partial acceptance of a passive homosexual attitude towards his father, so in the psychosis he fled from the intolerable prospect of aggressive behavior to the more tolerable passive masochistic attitude.

What then brought about the symptomatic improvement that took place upon his admission to the hospital, as well as the sudden shift to the delusion of his wife's death? He was familiar with the hospital by reason of his younger brother's psychosis as well as by the mental illness of some friends. To him it represented a haven, a refuge, a place where men were not to be feared. The analyst and the hospital were both parent figures, kind, indulgent, not terrifying like the father, but amiable like the older brother. The shift from home to the hospital during the early days of his psychosis, was like the shift from the rejecting and terrifying father to the accepting and mild brother. This explained his immediate improvement upon admission.

As his passive erotic fantasies, directed towards the analyst, grew more intense, vague ruminations about his wife appeared. She seemed unreal, an obstacle in the way of his securing the satisfaction of his sexual cravings towards the analyst. If she were dead he would be free to enjoy this relationship. The delusion allowed him to surrender to the passive side of his personality, and gave him freedom to enjoy his relationship with "the boys", as he called them, at the hospital.

Suddenly one day, at the height of his homosexual desires, he exclaimed: "Is she really alive or dead?" When I answered that so far as I knew she was quite alive, he said: "Well, then, I don't have to have you. I can have her." The similarity of this incident to the one before analysis which marked the disappearance of the delusion is unmistakable.

One may say that he had essentially no better grasp of reality following the disappearance of the delusion than he had had before. In a sense it was merely circumstantial that his wife was alive; he accepted this fact, not because of his conviction of the superior excellence of reality over unreality, but because this belief, in contradistinction to his delusion, was best calculated to preserve the integrity of his personality at a time when disruption seemed imminent. If his wife had actually been dead, it seems highly probable that under the same stress he would have evolved the delusion of her being alive to safeguard the internal balance. Perhaps then the shift would have been from reality to delusion, and not from delusion to what we regard as reality.

It would seem, therefore, that, contrary to general belief, the spontaneous disappearance of delusions with the advent of social recovery can not in all instances be attributed to the realization by the patient of the fantastic character of his beliefs, and a sudden perception of what is real or factual. It would seem that, in some instances at least, external reality is accepted in preference to unreality, not because it is perceived as such and therefore adopted, but because it happens to serve more adequately the needs of certain internal emotional pressures at a particular time. In this case, as the erotic feelings towards the attendant reached a certain degree of intensity, a persistence by the patient in the conviction of his wife's death would in all probability have necessitated his becoming conscious of his highly intolerable, repressed homosexual cravings. It was only to maintain this repression and to prevent the further disintegration of his personality that might have come about as a result of this reappearance of repressed

wishes, that he altered his belief and became convinced that his wife was alive. It was absolutely essential to the preservation of his internal balance that he believe this; and it was merely a coincidence, though a fortunate one, that this latter belief fitted in with what we call external reality, and therefore favored social recovery.

BOOK REVIEWS

WILL THERAPY: An Analysis of the Therapeutic Process in Terms of Relationship. By Otto Rank. Translated by Jessie Taft. New York: Alfred A. Knopf, 1936. 292 pp.

TRUTH AND REALITY: A Life History of the Human Will. By Otto Rank. Translated by Jessie Taft. New York: Alfred A. Knopf, 1936. 193 pp.

There is inherent in any attempt to describe the mind and its workings a certain logical and psychological difficulty created by the self-referential nature of the material. In logic this is the type of contradiction known as the Epimenides. Freud decided that this was no bar to the construction of a science of the mind. Rank came to the conclusion—from considerations discovered during the writing of *Truth and Reality* but really developed elsewhere (in his book *Seelenglaube und Psychologie*, the composition of which was interpolated between the writing of books one and two of *Will Therapy*)—that even if this difficulty could be avoided, a science of psychology still did not provide an adequate and satisfactory therapeutic ideology because “psychology represents a purely individualistic ideology, indeed the most individualistic ideology possible, while every effective therapeutic ideology must be collective”. He was brought to this idea from his discovery of a will, which he believes has been overlooked by the freudians, and to which his attention was brought by ideas originating in part from his investigations of the trauma of birth. This source, however, should not prejudice psychoanalysts against the general nature of the problem Rank poses.

The same problem was developed from a totally different starting point in *Seelenglaube und Psychologie* in which Rank analyzes the difficulties arising when the psyche tries to build for itself a soul with which to deny death, and in so doing constructs a conceptual picture of itself which it then begins to treat as the required soul but which proves to be an illusion since it does not provide the wished for individual immortality. This brief hint must suffice to indicate what Rank believes to be the basic human difficulty: the inability to solve the dilemma created by the emotional need to be a member of a group (“supporting medium”) while being

urged on by one's biological drives. The individual seeks to create for himself a world in which he is completely self-determined and autonomous. The main difficulty blocking the way to such an attainment Rank believes to be the feeling of guilt evolved as the result of separating from the group.

It is possible in the space of a brief review only to hint at the richness and the confusion, it must be confessed, of detail with which the various manifestations of the basic conflict are illustrated. Of much interest are the indications given that his own theories are, in the last analysis, expressions of an attempt to solve his life dilemma. Indeed, this constitutes the logical dilemma mentioned above. Also noteworthy is the assumption that the destructive instinct can be regarded as dictated by an attempt to resolve the guilt resulting from separation from the group in which one displaces the responsibility on to a postulated biological drive. However, the tables can apparently be turned, and Rank's own basic conflict, derived in turn from his life and death instinctual conflict, postulated as fundamental. It becomes simply an exercise in logical ingenuity to postulate a basic conflict, in whatever terms, from which all other analytic theoretical discoveries may be derived and in terms of which the patient's behavior may be interpreted. It may be asked what is to be gained by the choice of any one theoretical system? Here, as in geometry, first principles seem to be a matter of choice and expediency; the situation is one of relativity. What shall determine the choice?

This is really the problem to which Rank addresses himself in *Will Therapy*. What constitutes a good therapeutic ideology? What is the purpose of a therapeutic ideology in any case? These questions he attempts to answer on the basis of universal psychological and ethical values rather than in terms which have the purpose of preserving any particular cultural or moralistic point of view.

To the reviewer it seems that Rank's exposition of the matter is somewhat confused. While his analysis is possible only by tacit acceptance of Freud's fundamental psychological discoveries, nevertheless he feels the necessity of indulging in polemics against some of the ways in which these discoveries have been elaborated by Freud and others. Rank's judgment is clouded at times by his own emotional dilemma arising from his conviction that he has discovered principles which destroy the structure of the system

built by Freud. One may not doubt that he has succeeded in destroying a particular configuration of analytic theory. One, however, is permitted to question whether this is anything more than the destruction of a straw man whose creation may well have been justified originally as interpretations of theoretical propositions which now permit other interpretations not so contrary to Rank's own views.

Rank attempts to present the course of the therapeutic process as a dialectical one following a more or less common pattern irrespective of the type of neurotic conflict. In this process the antithetical element is not the analyst primarily as an object with which it is necessary to establish relationships, but the patient's internal conflict as objectified in the analyst. The analyst assumes in turn, as dictated by the evolution of the patient's conflict, the rôle of id, ego, superego and object. The objectification under conditions of the analytic situation is a process of will, not one imposed either by patient or analyst. It brings about dynamic and economic changes in the disposition of the patient's internal forces which are the real therapeutic agent when the object relationships are properly worked out and not fled from. The becoming conscious of the unconscious which accompanies this process, Rank conceives to be not the therapeutic agent but simply the index of the economic change. There is no change in the classical conception of the analyst's rôle as a passive one. The use of the word *will* in this connection is perhaps unfortunate. The fact that Rank uses the word "will" to denote an essentially unconscious ego process, that is, that he is calling attention to a psychological process he believes to have been overlooked by Freud, is a fact that has been missed by previous critics. Instead they have assumed that he was speaking about a phenomenon which is actually a common form of resistance, the feeling that it is our duty to exercise volitional control over the contents of our conscious thinking. No doubt these two phenomena are related but the latter is more clearly what Rank calls "counter-will".

He does not quite succeed in making himself clear but it may be said in partial extenuation, that Rank demands of his reader more than a little mental work.

GEORGE B. WILBUR (BOSTON)

THE PSYCHOLOGY OF FEELING AND EMOTION. By Christian A. Ruckmick, Ph.D. New York: McGraw-Hill, 1936. 529 pp.

The *Psychology of Feeling and Emotion* will prove a welcome volume to all who are in any way interested in the field of affective psychology. It is both a scholarly and interestingly written book, and should serve to dispel the text-book assertions that we know very little about feeling and emotion. For here are more than 500 pages devoted to these two topics, and most of them packed with substance.

After beginning with an historical perspective, Professor Ruckmick takes up the problem of the range of affective experience, including a definition of its various aspects. In this part, as throughout most of the book, he tries to present the points of view of all schools, though on the essential question as to whether affection is a primary category or merely an attribute of other mental processes, the author definitely espouses the cause of those who hold feeling to be an elementary and fundamental process itself. The various theories of emotion from Darwin through James-Lange, and the very recent ones of Cannon and Kantor, are clearly reviewed and discussed. The author gives the strong and weak points of each, and in a separate chapter presents what may be termed a theory of his own. He calls it a phylogenetic theory of affective life, and formulates it in somewhat the following terms: The aspects of consciousness which we call affective experience were originally only diffuse, objectless feeling, not to be differentiated from primitive consciousness itself. Through processes of unfolding and individuation this diffuse consciousness acquired a specific function. At the level of primitive feelings the whole mind is affectively toned. Later "emotion began to enter, with partial functions emerging gradually from the whole, to take over in various ways the hedonic tone which was primordial." The theory thus represents a biological and evolutionary approach applied to experience from a psychological point of view. In elucidating it, Professor Ruckmick leans heavily on Coghill's concepts of behavior patterns and individuation through restrictive processes and unfoldings from within; and on the physiological side makes use of Cannon's work as interpreted by Allport and Brown.

The volume will be particularly useful to those who are inter-

ested in the experimental investigation and recording of emotional responses. Both in summarizing and evaluating the very extensive efforts in this field, Professor Ruckmick has done a notable job. A whole chapter is devoted to the electrical changes in the skin, known historically as the psycho-galvanic reflex, but which Professor Ruckmick prefers to put under the general heading of the electrodermal response. His view here is that while the response is linked with a large number of physiological and mental conditions, ". . . it shows a characteristic and pronounced effect in relation to affective processes especially of the emotional sort". It is also gratifying to note that while Professor Ruckmick's point of view is that of the experimentalist, he has not neglected the social and individual aspects of the problem. Finally, there are chapters on the pathology of affection, on the development of feelings and emotions in the child, and a chapter on the Rôle of Feelings and Emotion in Psychoanalysis. These are not the strongest chapters in the book and as is usual among academic writers, the contributions of psychoanalysis are neither adequately comprehended, nor sympathetically presented. Professor Ruckmick repeats the often mentioned complaint that Freud has used no control experimental procedures. For this complaint there may be some justification, but unfortunately he adds the unwarranted assertion that medicine has not corroborated any psychoanalytic findings. Nevertheless, the inclusion of a chapter on psychoanalysis, however inadequate, in a volume written primarily from the experimental point of view, is itself a good omen for psychology.

DAVID WECHSLER (NEW YORK)

HEALTH AND HUMAN PROGRESS. By Rene Sand. New York: The Macmillan Company, 1936. 278 pp.

This is a text book in "sociological medicine" whose proper domain is "the reciprocal influence of social factors and physical and mental health". The main point seems to be that the results of research in biological and psychological science are not automatically beneficial to society; they have their greatest value when worked through into the total life of a society and made accessible to all of its members. The book is simple, factual, and well written. By sociological medicine much is demanded that is not ordinarily classified as physical hygiene, such as "favorable labor conditions, good housing, decent wages, generalized insurance,

sanitary, technical and educational services". All of these life conditions have implications for human health. Sand shows a profound meliorative spirit and a great faith in the possibility of reconstructing society by human intelligence. Most important is the claim that, by such measures as are available, physique and intelligence vary by social class; the higher the class the better are individuals equipped in these respects. Diseases and death rates are not exempt from the influence of class but vary with it as well as with occupation, residential area, income, and the like. The author denies, however, that hereditary variables are distributed along class lines. Prevention of disease is therefore seen as involving the total structure of a society. Individualistic thinking in this field is believed by the author to be outmoded and inefficient. Those with faith in human progress and the possibility of social engineering will be refreshed by this volume.

JOHN DOLLARD (NEW HAVEN)

MY EXPERIMENTS WITH DEATH. By Richard DeBary. New York: Longmans, Green and Company, 1936. 192 pp.

It is always hard for those not mystically minded to define the language and ideas of the mystical. This is the reviewer's dilemma with DeBary's book. As the title indicates it is an attempt to wrestle with the problem of death and to develop a view of death which has consoling possibilities. The general point seems to be that the individual ego survives in the social memory of a progressive society. One's life after death is the memory that others have of one, especially as represented in their dreams. We survive in the dream lives of others, as they do in ours. DeBary has studied his own dream life from this standpoint, taking journeys, meeting people, heeding their speech. After death we find membership in "an immortal collective person" and through this "collective persona" we ourselves find immortality. This may not be fair to the author but it is the best the reviewer can do with the Jungian verbiage.

JOHN DOLLARD (NEW HAVEN)

PROSTITUTION IN THE MODERN WORLD. By Gladys Mary Hall. New York: Emerson Books, Inc., 1936. 200 pp.

Miss Hall's book is a factual discussion of the problem of prostitution following the many official reports and studies. The treatment is conventional under such chapter headings as **Extent,**

Causes, Results, Laws Concerning, and the like. A survey of the extent of prostitution and the social efforts to deal with it by various countries is given. There is an attempt to balance "authorities" on the question of the desirability of sexual abstinence which seems quite naïve to the intensive student of the individual life. A trend in women towards occasional prostitution, and towards increased sexual freedom is found in Western European countries and America. The lack of psychological orientation limits the value of this book to that of a quite conventional survey.

JOHN DOLLARD (NEW HAVEN)

PARENTS' QUESTIONS. By Staff Members of the Child Study Association of America. New York and London: Harper Bros., 1936. 312 pp.

The Child Study Association makes an effort in this book to bring together its experience of fifty years in giving guidance and advice to parents. Hundreds of parent's questions coming from the Association's study-groups, through the mails, and in personal consultations, have contributed to this symposium on the problems of raising children. The Association's Consultation Service has selected, arranged, analyzed and discussed these problems with the aim of spreading the results of their work to hundreds of parents to whom the service is not available. Undoubtedly it has already had a wide influence in spreading mental hygiene attitudes among literate parents who are aware of their need for aid.

Each question is approached in the light of important factors: home setting, child's personality, family relationships, and the parents' own problems. Advice and guidance is given on the basis of the dynamic factors at work. The many-sided aspects of child life which create problems for parents are discussed in brief expositions in each chapter and illustrated by questions and answers: problems of habit-training discipline, emotional development, the place of sex in childhood, spiritual growth, outside influences, such as that of newspapers, school, movies, friends. The aim is to present typical problems at age levels ranging from infancy to adolescence, and at the same time to transmit to the readers not only current knowledge about problems of childhood, but also an anxiety-free feeling with some insight in the real psychological issues. A telling story, placed at the end of each chapter, of a

case in which the advice was followed with success, emphasizes and aims to give specificity to the generalized effect of some of the material.

By aim and plan, the material is comprehensive and empirical. One senses the consciously progressive modern approach to most of the problems implicit in the questions. The advice given is sound, and points to an awareness not only of the surface aspects of child behavior which may be handled by new and more skillful techniques of management, but also to deeper causes both in the child and in the parent which produce behavior to be regarded as symptomatic of deeper maladjustment. The psychology of the questioner as well as the material of the question is in theory the basis of all the discussions.

The influence of psychoanalytic ideas is apparent in the point of view of the authors, though it is tempered with the usual caution of the eclectic attitude. The reader is told that no one "school" has been "uncritically adopted" in any of the allied fields on which the material of this book hinges. The significance for psychological development of the factors making up the "family drama" is emphasized in this book, as often before in Child Study Association publications. Especially is it to be considered a definite contribution in a popular book of this kind, that definite recognition is given to the basic importance of the psychoanalytic theory of instincts in any discussion on habits and habit-training. Accepting the rôle of the instincts in training for the habit of cleanliness in early childhood, the authors are nevertheless unwilling to go the whole hog and accept also its clinically demonstrated corollary: the relation of certain reaction-formations to instinct in character development. They believe it is "still to be regarded as an interesting theory only . . . that certain undesirable character traits, such as morbid cleanliness, fussiness, stubbornness and similar characteristics may perhaps be connected with severity in the training experience", although they are able to accept the physical symptoms of constipation, wetting and soiling as connected with such training.

Caution of this kind is characteristic of the reserved tone not only in the theory behind the book, but in the advice given for practice. For example, after a wholly admirable discussion of sucking and thumbsucking from the point of view of instinctual significance, caution and ambivalence gain the upper hand in the

practical application of the advice. Witness the following five contradictory statements contained in a single paragraph:

"We would advise parents . . . not to restrain forcibly the child who wishes to suck his thumb. If a mother can help him satisfy the craving through devices for increasing actual sucking time while feeding, that is of course, the wisest procedure . . . it seems safest not to use the mechanical devices often advocated. If a child submits . . . to simple measures—removal of the thumb by the mother, sewing of the cuff to the night garment—these measures are perhaps unobjectionable. Since the habit rarely has objectionable consequences, however, it is hard to see why they should be thought necessary."

Is this an ambivalence resulting from a variety of attitudes in the collective authorship of the book? Is it due to fundamental anxiety about symptomatic aspects of behavior that educators, with bright ideals of behavior in mind, are not able yet to overcome?

There seems to be evidence throughout the book, of an excessive amount of reaction-formation in a book which aims at clinically objective evaluation of psychological factors. Is it this blind spot which overlooks, for instance, the neurotic reaction-formation of a parent who writes that she was "beside herself with rage" when the leader of a group of boys catching frogs "took out his knife and declared his intention to decapitate a frog"? Parenthetical to her expression of her admittedly unusual "loathing for cruelty" she inserts "I believe I struck the boy in question"! adding at the end of her letter, "I was so upset I did nothing at all. What should I have done?" Recognizing the aim of the reply to reduce the mother's over-concern, we must see that it does not meet the real problem of the neurotic reaction-formation of "disgust" in this woman's character and its effect on the six-year-old son from whom she extracted further "miserable confessions".

In some chapters, especially that on Character and Spiritual Growth, there prevails a moral, superego tone, which seems outside the psychological approach to the problem, but rather a concession to the prevailing *mores* of the economically secure, middle class, liberal minded, but emotionally insecure parent, whose book this is. Notwithstanding the plan of the authors to present problems which follow "a universal pattern for all classes on all economic levels", the impression remains that they are nevertheless

dressed in the special garb of the class described. The same ambivalence evident in the questions regarding race, death, religion, prayers, etc. is apparent in the answers, which go outside the realm of psychology and pedagogy into generalizations that suggest preaching and uplift.

There is a double dilemma implicit in the nature of this book. In the first place, because each problem must be treated for a whole group of parent readers, it must lose some of its specificity, and the advice in the discussion must take on a generalized quality applicable to a group and not to a particular parent in whose particular terms the problem was set. Such psychological generalizations are valid advice; but specifically applied, they may emphasize the very anxieties they are intended to allay. For example, the frankness in discussion of sexual facts, recommended in the chapter on Sex, is pedagogically a serviceable rule. Actual application of it, depends on many factors the questions cannot reveal. The efficacy of some of the advice given is therefore questionable. Secondly, in the attempt to present a fairly comprehensive answer in print for each problem in its important aspects, the dynamic processes in the application of the advice, as is for instance traceable in a clinic, are lost. Again, the efficacy of the advice cannot be determined.

From another angle, the dilemma appears thus: Too often, the neurotic elements in the parent must be tactfully overlooked in generalizations, sound but not specifically useful. Or, in other instances, responsibility for the discovery of deeper causes is placed on parents who are in no way equipped to find them or bear the burden of solving them.

One may say, any book with an educational motive runs this risk without negating its usefulness in spreading new ideas. Parents will find helpful light thrown on many of their difficult situations. But though the material has a clinical tinge, the book has the inevitable defect that any correspondence column addressed to a composite, presumably "normal" parent has.

A child's commentary on parent education reverses the usual rôles, but this reviewer is tempted to relate an anecdote of her experience with a small boy, whose curiosity, attracted by the large red lettering and question mark on the black cover of this book, led him to investigate its contents. His criticism is a simple but effective commentary on adults' efforts to solve their problems.

Reviewer: Well, did you find anything interesting in it?

Boy: Oh yes! (Grinning) A mother wanted to know if she should let her boy play with guns. She said (quoting very rapidly) "Do we have to stand by helplessly and watch our little son sharpen his appetite for war?"

Reviewer: And what was the answer?

Boy: Um—I guess they meant it was O.K. But they said it in such a mixed up and complicated way, you could hardly understand what they meant. If they meant yes, why didn't they just say so? . . . Write in your review, that if they mean "yes" they should say so, and if they mean "no", let them say "No"!

MARIE H. BRIEHL (NEW YORK)

THE BIOLOGY OF HUMAN CONFLICT. By Trigant Burrow, M.D., Ph.D.
New York: The Macmillan Company, 1937. 435 pp.

Each time one believes that he has caught hold of something understandable in this book, one is soon lost completely in the vague metaphysical generalities and the incredible jargon of Dr. Burrow and the Lifwynn Foundation whose scientific staff, Dr. Burrow explains in the preface, ' . . . represents, like the efforts of myself, a wholly spontaneous and independent investigation of themselves by themselves within the organic setting of the integral group afforded by our laboratory environment.'

Dr. Burrow may be remembered as the originator, some years ago, of 'group analysis' for which a number of people sat together and 'analyzed' themselves. Group analysis has become 'phylo-analysis' which is defined: 'The analysis of behavior-disorders from a background which does not regard the disorder as confined to this or that individual, nor attempt to "cure" a patient of this or that symptomatic behavior-deviation. It regards the neurosis as an internal tensional disorder that affects mankind throughout, and the therapeutic emphasis is directed toward a basic physiological reorientation of the total organism in relation to the total environment.'

Every page gives examples of or is completely covered with meaningless verbiage. Thus (p. 168): 'Because of its picture-forming mechanism we may call the part-function of the cortical reaction-zone with its static-bidimension the graphonomic or graphogenic system. In contrast to this local graphonomic system, the general bionomic system of adaptation with its total organic

dimension may be known as the stereonomic or stereogenic system.' [Stereogenic = 'Total-dimensional response of the organism as a whole to its total-dimensional environment. Contrasted with homogenic or extra-organic which entails a mere symbolic, part response of the organism to a part-feature of the environment. In the homogenic reaction the organism responds to the often irrelevant part-feature as though it were the original, biologically adequate stimulus. (Synonym : stereonomic.)'] 'The functions which belong to the stereonomic system may be measured and adjusted only through the recultivation and training of those kinesthetic or stereonomic processes that have to do with the adaptation of the total internal environment to the total external environment through the medium of the total periphery.'

In plain English, the Lifwynn Foundation has come to the opinion that the study of the individual is a waste of time. The seat of all human ills, the disease itself, lies in the social organism of which each man is a unit or a cell—as a muscle fibre is dependent for its healthy functioning upon the health of the total organism of which it is a part. Beyond this point the theory becomes vague and mellifluous and hopelessly confusing. It is stated that the disturbance is a physiological imbalance of function, a neuro-muscular inner tension that is to be relieved through the 'appreciation of an appropriate bio-physical technique'. The body politic and the social organism, therefore, are for the Lifwynn Foundation not *façons de parler*—but literal corporeal entities with an anatomy and a physiology, although this is nowhere specifically stated.

In Dr. Burrow's words, quoted from another recent source¹: '... there are indications that this disturbance of function in man, like impairments in other functions of the organism, is a physiological disturbance. That this disturbance is universal throughout man's organism as a species does not make it less physiological. It is important, therefore, to recognize that this physiological imbalance of function cannot be corrected through appeals to the fanciful or projective principle of man's behavior expressed in his external politico-social creeds and amenities. It can be corrected only through recourse to the basic proprio-social principles of behavior

¹ Burrow, Trigrant: *The Law of the Organism. A Neuro-social Approach to the Problem of Human Behavior*. The Am. Jour. of Sociology, XLII, No. 6, May, 1937.

inherent in man's organism. For man's disorganizations both individual and social are but the outer symptomatic reflections of an inner physiological imbalance. If man is to correct these outer disorganizations, obviously it is to the proprio-social or bio-physical principle—to the primary organismic law of man as a species—that he is called upon to address himself.'

Dr. Burrow states that he is sympathetic to psychoanalysis as he is also to the teachings of Adler, Jung, and Rank. 'Freud's discovery' he says, '. . . involved the relation between the individual's symbols and his feeling or emotion. He showed that in the neurotic patient there is artificial attachment between certain of his symbols and the feeling or affective content of his experience. Freud showed this relation to exist and to be operative unconsciously, automatically—one might even say organically. The demonstration of this organic metaphor occurring reflexly within the life of the individual and its apparent influence upon neurotic behavior is the real crux of Freud's thesis.'

It does not really matter because from the biophysical point of view there is nothing psychic, nothing emotional: 'But mad or glad, my affect represents the organic anomaly of a mentalized or symbolized feeling.' Neurotic symptoms are to be ignored as wishful attachments to symbols. Mental aberrations are the outer symptomatic expression of an underlying physiological conflict, not to be remedied by applying mental or psychic measures.

For more of the same the reader is referred to the book.

R. G.

EUGENICAL STERILIZATION—A Reorientation of the Problem. By The Committee of the American Neurological Association for the Investigation of Eugenical Sterilization. Abraham Myerson, M.D., James B. Ayer, M.D., Tracy J. Putnam, M.D., Clyde E. Keeler, Sc.D., and Leo Alexander, M.D. New York: The Macmillan Company, 1936. 212 pp.

This is an excellent study of the problem of eugenical sterilization. The existing laws concerning sterilization are reviewed. The data in this chapter indicate that, in the main, the American and the Canadian laws are not being enforced—with the exception of a few states, notably California. The small number of persons sterilized for eugenic reasons will result in no great social or biologic change.

Furthermore, the laws in most states apply only to persons in state hospitals and there is no very clear definition of the types of mental disease the law is intended to cover. Other chapters consider the main arguments for sterilization; the points of view regarding sterilization; genetics and its relation to eugenics; studies on the inheritance of mental and chronic progressive neurological diseases. Additional chapters are devoted to the problem of crime, or of criminal tendencies, and to genius as eugenical problems. A final chapter contains the detailed recommendations of the Committee.

It becomes apparent from this study that most of the legislation which has been thus far enacted is based more on a desire to elevate the human race—than upon proved factual data. The authors believe that the knowledge of human genetics is not yet sufficiently precise to warrant the sterilization of people who themselves are normal—in order to prevent, in their descendants, the appearance of manic-depressive psychoses, schizophrenia, epilepsy, feeble-mindedness, or criminal conduct. They especially stress the fact that there is at present no sound scientific support to warrant sterilization because of immorality or character defect. They wisely emphasize that germplasm and environment cannot truly be considered as separate agencies. Both contribute to the production of personality structure and character formation.

The authors recommend that “any law concerning sterilization passed in the United States under the present state of our knowledge should be voluntary and regulatory rather than compulsory”. Moreover, they indicate that any law concerning sterilization should be made applicable to patients in private as well as in public institutions—in order to eliminate group or class discrimination. Ultimate decisions concerning sterilization would best be decided by a special board composed of persons who are especially qualified to evaluate each problem individually.

In summary, the Committee feels it prudent to recommend sterilization only in specially selected cases of certain nervous and mental diseases, and then only with the consent of the patient or those responsible for him. The following are arranged in the approximate order in which sterilization would seem, under certain circumstances, to be indicated:

1. Huntington's chorea, hereditary optic atrophy, familial cases of Frederick's ataxia, and certain other recognized heredito-degenerative diseases.

2. Feeble-mindedness of the familial type—though it need not be urged when the feeble-mindedness is definitely of environmental origin.

3. Schizophrenia (*dementia praecox*), they believe, will require “but little attention from the surgeon”.

4. The problem of sterilization in manic-depressive reaction types had better be considered with the utmost caution and conservatism.

5. In epilepsy, sterilization may be recommended very seldom, if ever, and then because of social implications rather than on biologic grounds.

No radical change in the composition or aspect of society can be expected from the carefully controlled sterilization program the authors recommend. There is no need for rushing into any eugenic sterilization program based on fear or inaccurate indoctrination.

This volume is highly recommended as a sane, and thorough study of the problem of eugenical sterilization. It will stand for many years as the reference work in this field.

S. BERNARD WORTIS (NEW YORK)

Current Psychoanalytic Literature

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Zeitschrift für psychoanalytische Pädagogik. Vol. XI, Number 1, 1937.

- MARIE H. BRIEHL: Die Rolle des Märchens in der Kleinkindererziehung. (*The Role of Fairy Tales in the bringing up of Little Children.*)
- MARTIN GROTJAHN: Kinderanalyse und Erziehung im Rahmen der psychoanalytisch orientierten Schule. (*The Relation of Child Analysis to Education in the Milieu of the Psychoanalytically Directed School.*) [Published in English in the Bulletin of the Menninger Clinic, Vol. I, No. 5, May, 1937.]
- TH. BERGMANN: Versuch der Behebung einer Erziehungsschwierigkeit. (*An Attempt to Resolve an Educational Difficulty.*)
- EMMA BERNER: Eine Einschlafstörung aus Todesangst. (*Disturbance in Falling Asleep from Fear of Death.*)

mag. Vol. XXIII, Number 2, 1937.

- ERNEST JONES: Objektbeziehungen aus Schuldgefühl. Eine Studie über Charaktertypen. (*Object Relationships from a Sense of Guilt. A Study of Character types.*) [Published in English under the title *Love and Morality* in The International Journal of Psychoanalysis, Vol. XVIII, Part I, January, 1937.]
- MARIE BONAPARTE: Paläobiologische und biopsychische Betrachtungen. (*Paleobiological and Psychobiological Views.*)
- FRANZ ALEXANDER: Die soziologische und die biologische Orientierung in der Psychoanalyse. (*Sociological and Biological Orientation in Psychoanalysis.*) [Published in English under the title *Psychoanalysis and Social Disorganization* in The American Journal of Sociology, Vol. XLII, No. 6, May, 1937.]
- THOMAS M. FRENCH: Die Realitätsprüfung im Traum. (*Reality Testing in Dreams.*) [Published in English in this QUARTERLY, Vol. VI, No. 1, January, 1937.]
- RENÉ SPITZ: Wiederholung, Rhythmus, Langeweile. (*Repetition, Rhythm, Boredom.*)
- SIEGFRIED BERNFELD: Zur Revision der Bioanalyse. (*A Revision of Bioanalysis.*)
- IMRE HERMANN: Zur Frage der Libidokriterien. (*The Problem of Libido-criteria.*)

Revue Française de Psychanalyse. Vol. IX, Number 3, 1936.

Compte rendu du la IX^E Conférence des psychanalystes de langue française: (Report of the IX Conference of French speaking Psychoanalysts:)

- R. LAFORGUE: La Névrose Familiale. (*The Family Neurosis.*)
- J. LEUBA: La Famille Névrotique et les Névroses Familiales. (*The Neurotic Family and Family Neuroses.*)

- MARIE BONAPARTE: Vues Paléobiologiques et Biopsychiques. (*Paleobiological and Psychobiological Views.*)
- G. MAUCO: La Psychologie de l'Enfant dans ses rapports avec la Psychologie de l'inconscient (*1^{re} partie*). (*The Psychology of the Infant in relation to the Psychology of the Unconscious. Part I.*)

Journal of Nervous and Mental Disease, Vol. LXXXV, Number 6, June, 1937.

- SMITH ELY JELLIFFE: Sigmund Freud as a Neurologist.

Journal of Social Philosophy, Vol. II, Number 3, April 1937.

- H. SCUDDER MEKEEL: A Psychoanalytic Approach to Culture.

Bulletin of the Menninger Clinic, Vol. 1, Number 4, March 1937.

- ROBERT P. KNIGHT: Application of Psychoanalytical Concepts in Psychotherapy: Report of Clinical Trials in a Mental Hygiene Service.

Vol. 1, Number 5, May 1937.

- ERNEST SIMMEL: The Psychoanalytic Sanitarium and the Psychoanalytic Movement.
- ROBERT P. KNIGHT: A Visit with Freud.
- WILLIAM C. MENNINGER: Psychoanalytic Interpretations of Patients' Reactions in Occupational Therapy, Recreational Therapy, and Physiotherapy.
- ROBERT P. KNIGHT: Psychoanalysis of Hospitalized Patients.
- NORMAN REIDER: Hospital Care of Patients Undergoing Psychoanalysis.
- CHARLES W. TIDD: Increasing Reality Acceptance by a Schizoid Personality During Analysis.
- MARTIN GROTHJAHN: The Relation of Child Analysis to Education.
- KARL A. MENNINGER: Organic Suicide.

Archives of Neurology and Psychiatry, Vol. XXXVII, Number 6, June 1937.

- PAUL SCHILDER: Health as a Psychic Experience.

New York State Journal of Medicine. Vol. XXXVII, No. 12, June 15, 1937.

- SAMUEL Z. ORGEL: Psychiatric Treatment in an Institution—Case of a Psychoneurotic Boy.

Zeitschrift für Sozialforschung, Vol. VI, Number 1, 1937.

- ERICH FROMM: Zum Gefühl der Ohnmacht. (*The Feeling of Faintness.*)

Social Work Technique, Vol. II, Number 2, March-April 1937.

- F. B. KARPFF: Dynamic Relationship Therapy. I. The Freudian Background.