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THE DISCOVERY OF THE ŒDIPUS COMPLEX

Episodes from Marcel Proust

BY GREGORY ZILBOORG (NEW YORK)

I

What follows is a series of loosely connected episodes more poignant than coherent. It is not a systematic psychological study; it is rather a documented but brief historical observation which might at some future date serve for further and deeper psychological analysis.

The name of Marcel Proust automatically brings to mind The Remembrance of Things Past. It might seem impracticable to attempt a discussion of Proust without referring constantly to his major work. There are reasons however why we prefer here to leave this work as much as possible in the background. Proust was thirty-five years old when he embarked upon the recapture of the past, and he was forty-one when the first seven hundred pages were 'almost ready for the printer'. He was forty-three when Swann's Way first saw light. In other words, at the time he began to devote all his energy to the writings of his *magnum opus,* Proust was already a fully formed personality approaching middle age.

Numerous facts lead to the belief that this work was more the result of and a retreat from a severe inner crisis than of a revelatory inspiration coming to an artist in the normal course of his growth. The very secrecy with which he treated his early writing of Swann's Way is suggestive. He spent six years on the first seven hundred pages without speaking of it to anybody. The amiable loquacious Proust had never before been so secretive. Too, it seems that Proust had some difficulty producing the very thing that he was apparently determined to write and to which he devoted the most important years

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of his life—the last seventeen. Only seven hundred pages 'more or less completed' in a little over six years: about one hundred pages a year; on the average less than one third of a page or about one hundred words a day. That Proust was very meticulous and painstaking and self-critical might account for his slow pace; yet he was hardly more exacting in his artistic demands upon himself than was Zola for instance, or than Flaubert and Guy de Maupassant who followed the rule of writing eighty lines daily. Compared with these assiduous French literary naturalists Proust was less productive and less polished despite his very strenuous efforts. His style is neither that of his contemporaries nor that of the preceding generation, but belongs in the late seventeenth century; moreover it is labored, involved, somewhat slovenly in its studied yet loose finish. Proust was pained by his endeavor; obviously so. He stated that writing The Remembrance of Things Past caused him a great deal of agony and he refers to mental as well as physical distress. Seemingly he sought to increase the torment of his work. He used to sit or half lie in bed, pen in hand, and with no pad or other support for his paper; scribbling was laborious as the page would tear under the pressure of his pen, or wrinkle in the palm of his hand or curl over at the edges. Céleste, the Françoise of his book, the old family chambermaid whom he took to serve him after he went to live alone, would offer some support for the tortured page, and Proust would become angry. An artist must suffer!

Proust could not bear any noise, yet he could be seen on occasions writing busily in the booth of the *portier* of the Ritz Hotel, in plain view and in the midst of the turmoil of the Paris street. It was a queer torture both to write and to have written his major work; when he reread a few of the as yet unpublished pages he would break out into uncontrollable laughter, irrelevant and paroxismal.

From the time he started writing The Remembrance of Things Past to the day of his death, Proust lived an increasingly secluded life, deteriorating in body and spirit. He died

alone, a mental and physical wreck, without benefit of medicine or the companionship of friends. Again the thought suggests itself that before he conceived The Remembrance of Things Past, Proust must have undergone some severe crisis and that either he sought neurotic, not to say psychotic, retreat in this writing, or it was in itself an elaboration of the crisis. As happens not infrequently in severe psychopathic reactions, this work of Proust in so far as it was a symptom was both an attempt to rise above his burden and the fatal fall beneath its weight. That is why one is tempted to turn to the Proust of the days before his plunge into the maze of his lost memories and to seek for a possible explanation of what had previously happened to him.

II

When Proust became a literary man, it was his charm and elegance, his agility and enterprise as a society reporter (rather than as an artist) that made him popular. He was a master of innocent and not so innocent gossip, little more than a brilliant gossip columnist of the Parisian *beau monde*. He knew everybody but he knew them only as a gossip columnist does. He craved to be liked, to be recognized everywhere, to shake hands with everybody of social importance and to know society's bedroom secrets. As a result, he knew hundreds of people superficially but few, if any, intimately. There is reason to suspect that despite his hunger for admiration, in the depths of his personality Proust really did not enjoy people. His apparent eagerness to efface himself and his gracious manner were a façade. Pierre-Quint who knew him well says: 'This exaggerated politeness of his was but a mask for disdain; it was a method to protect himself from people, to stop them at the very entrance of his personality and, without offending anyone, to preserve his own self in a state of absolute independence'. Despite his keen flair for the amenities of the salon and despite his intelligence, he did not understand people and he exemplifies precisely a statement of Bergson that 'intelligence is char-

acterized by a mutual lack of understanding of life'. A characteristic illustration: Proust was trying to recall and describe a certain detail; his memory would not help him. Up and out he went, late at night, and called unannounced on a lady whom he had not seen for years. *'Chère Madame',* he pleaded, 'nothing will give me more pleasure than to see again the little hat with the *violettes de Parme* which you wore in the days when I was in love with you, when as a young man I admired you so much (mature man as I am I still admire you), that hat, you must remember, when you passed by on the Avenue Marigny.' Proust wanted to see the hat so he disregarded the lady! It did not occur to him that a lady does not keep her hats for a decade or two in anticipation of the day when an alleged admirer of years gone by might be inspired to cast another curious glance on the finery of her youth. When Proust perceived a desire or a thought, it obsessed him; he could not extricate himself from its unremitting adhesiveness. He writes to the editor of the well-known paper, *Écho de Paris,* and addresses the envelope as follows: 'Monsieur Faure-Biguet, editor of the *Écho de Paris,* in care of the *Écho de Paris, place de l'Opéra,* 3, Paris, second or ninth city districts. If this letter does not reach its destination, please return it to Marcel Proust, man of letters, 102 Boulevard Haussmann, Paris.'

A thought, a wish, the memory of a flower, or a mannerism, more frequently than not took the place of the real thing and the real person. He could relate many things about many people but few could tell much about the real Proust; this is characteristic of many compulsion neurotics and schizophrenics. There is a serious question whether Proust actually was in close touch with things and people, or whether he only seemed to be. He would, for instance, cast a glance at his ever shut window, catch a glimpse of the chestnuts in bloom, then turn away and ask the person who was with him to describe the blossoms. They were so beautiful, their scent was so glorious (incidentally he hated any kind of perfume), but he would not look out of the window himself; he would not

open it to breathe the fragrance of the flowers. His asthma bothered him; he had a violent headache; he was tired, exhausted. What fascinated him was the idea of the chestnut blooms, the idea of their aroma smelled for him and fed to him by someone else—the psychological presentation of the thing rather than the thing itself.

He arranged his physical environment to correspond with and to parallel his psychological status. He lived shut in and isolated from the outside world. The rooms were never dusted though frequently fumigated. He forbade Céleste to mop because that would raise the dust which was bad for his respiration. The basket of flat silver which had belonged to his parents and which he brought with him to the Boulevard Haussmann lay untidily on the floor and so remained for almost fifteen years, until he died. The walls were covered with cork to shut out noises. To his neighbors he used to distribute felt slippers so that he might not hear their footsteps. He objected to their having roses in their apartments, claiming that he could sense them in his room and that they made him ill. As time went on, he lived in greater and greater solitude, protecting himself from anything vital and bright. He used to spend some weeks at Cabourg, believing that the climate of the resort was good for his asthma, and he would always appear with an open umbrella—protecting himself both from the sun and the possibility of rain. He was dubbed 'the gentleman with the umbrella'. He would reserve in advance five rooms in the hotel, one above, one below, one to the right, one to the left; he would live in the fifth, in the center, thus insulating himself from the world of voices, footsteps and human contacts.

Yet through all this flared strange sparks of sudden curiosity: 'How does the Prince de Sagan wear his monocle now?' he would ask the hotel porter. And Olivier, the headwaiter of the Ritz and his friend of many years, had to give him the minutest details about the rooms, locations, new dresses or new hats of the prominent guests. Curiosity appears to

have been a form of anxiety and this anxiety and insecurity tormented him perennially. He would give tips to taxi drivers many times greater than the fare and still worry that it might not be enough. On the other hand, according to the testimony of people who knew him well, even when he was at his worst he kept careful track of his investments and bought and sold shrewdly.

Gradually he turned away from the light of day and lived only at night. He would sleep until evening then go out and stay up until morning. Then he was gay as a child. A child he was and remained all his life. His teacher once submitted a sort of questionnaire to the class. One of the questions was: 'What is your idea of feeling miserable?' The fourteen year old Proust answered: 'To be separated from Mamma'. Ten years after the death of his mother, when Proust was forty-four, he would implore a friend to 'come up and take a look at Mamma's portrait'. He would say the word *maman* with so much warmth and supplication that one would believe she were alive and he an affectionate youngster. As his life wore on, he gave expression to this eternal craving to be cared for by his mother. Céleste would wake him at ten in the evening. She would comb his hair, dress him, tie his necktie, thus get him ready for the night. In the morning when he returned, if Céleste happened to be out, he would sit and wait, helpless. He once wrote: 'It is already two o'clock in the afternoon and I have not yet taken off my hat and coat'. This indolent, impassive helplessness, as well as the change of the diurnal rhythm, seem to have been charged with a great deal of anxiety. To sleep, to be dead during the day meant a great deal to him. When at the outbreak of the war he expected to be called for military duty, he was terribly concerned lest he be summoned at an inconvenient hour of the day. The summons finally arriving, Proust presented himself promptly at three A.M. Naturally he found no one there; he had misread the notice which set the hour for eight A.M. Soon the need for sleep became more pressing;

he had to sleep more than a day. Once he took enough veronal to sleep for three days without interruption. There were occasions when he would admit a caller to his room while still in a half stupor. Attempts to talk would fail and Proust would ask the friend to wait until the caffeine and other stimulants began to wear off the effect of the hypnotics of the day before and awaken him sufficiently to converse.

Proust once said, 'The thought of death kept me company just as incessantly as the thought of myself'. It will be recalled that in The Past Recaptured the motive of death is very strong. When he was ill, he refused to see a physician and he threatened to jump out of the window if a doctor entered the room. However the anxiety about death, characteristically enough, did not interfere with his schizophrenic detachment so that on his death bed he chose to dictate his impressions of the approaching end. During the last years he became 'a kind of large and heavy mannequin, difficult to handle' (Pierre-Quint).

In an early poem Proust had said of himself that he was 'an earth worm in love with a star' and he seems to have acted out this poetic simile, particularly in the later stages of his life.

III

This scintillating man who before his final psychological retreat seemed so alive and responsive to life and living, never appeared to be interested in any political issues. To him the word 'social' referred to the *beau monde,* high society, and bore no relation to the complexities of public problems. He seemed as indifferent as his father, a pioneer in public health work, was interested. Only once in his entire life did Marcel Proust seriously ally himself to a matter of truly public importance and this was on the question of the separation of the Church from the State. The controversy was particularly violent in French politics between 1903 and 1906 and it elicited an energetic response from Proust—a fact of utmost psychological interest.

Some facts about Proust's life are pertinent to this period.

His father, a Catholic, was a physician, a professor in a medical school, a specialist on the prevention of cholera and plague and, as I have said, a pioneer in public health administration. It was he who introduced the term *cordon sanitaire*. He had hoped that Marcel would also become a doctor but Marcel hated physicians from his childhood to his dying day. A younger brother, Robert, followed in the footsteps of his father, and once, when seriously ill, Marcel refused to see him because he was a doctor. Robert entered Marcel's room for the first time in many years only after the sick man was already in coma and unable to protest.

Proust's mother was a Jewess. Henri Bergson married into her family and is said to have established a great friendship with young Marcel who consequently fell under the influence of Bergson's intuitivistic philosophy. Proust's father died in 1903. Two years later, when Proust was thirty-two years old, his mother died. Proust began to labor secretively on The Remembrance of Things Past about one year after his mother's death and it was about that time that he began to drift into spiritual isolation. If we take into consideration his extreme attachment to his mother, this drifting away from life and the intensely autistic existence which The Remembrance of Things Past offered do not appear unintelligible. But what is truly striking is the chronological fact that this step in the direction of autistic isolation was closely preceded by Proust's one and only passionate pronouncement on public matters. History, it is true, was not entirely without influence on Proust in this development. Time had just turned the page of the present century and Briand's political star was in the ascendant. A socialist and rebel, young Briand was the chief protagonist and co-author of the law of separation of the Church from the State. His efforts were rewarded with a portfolio in the Sarrien cabinet at a time when France was at the height of a social struggle which involved rioting over the confiscation of church property. Briand became a member of the French Ministry for the first time in 1906, the year Proust started his

Remembrance of Things Past. Proust's spirit was profoundly troubled in those days. He violently disapproved the separation of Church from State. He disliked the expulsion of priests from their congregations. 'I must admit', he wrote, 'in a monastery I prefer to find monks who reproduce the old Benedictine music instead of a liquidator who destroys everything. I like to see workers in factories, sailors on ships and monks in monasteries.'

The civic conscience awakened in Proust by this problem would not be satisfied by the mere assertion of his conservatism and an insistence on the preservation of the *status quo*. To him it was not merely a question of secularization of church property; it was a frightful esoteric maze. He wrote an article entitled The Death of the Cathedrals. 'One may say', he stated, 'that a performance of Wagner at Bayreuth is a very small matter indeed as compared with the celebration of a high mass in the Cathedral of Chartres. . . . The dead do not govern the living any more and the living, forgetful, have ceased to fulfil the last wishes of the dead. . . . When the sacrifice of the blood and body of Christ is celebrated no more in the churches, there will be no more life in them.' The title of another article dealing with the same question tells of the increasing tension within Proust: In Memory of the Assassinated Churches. Ideas of murder, death, torture, submission to God and to the past began to crowd his mind. It was obviously not only the esthetics of the ancient Gregorian chants that inspired him, but some mystical experience, some confusing inner drive to rid himself of a tragic problem that he felt suddenly called upon to solve. Writing about the assassinated churches, he wanders off into a memory of driving home and of the horn of the automobile sounding his approach to his parents who are awaiting him in the night. He is suddenly reminded of the music of the shepherd's horn from Tristan and Isolde. He does not recapitulate the details, leaving them for us to recall. In the second act, after an idyllic love scene full of tenderness and abandon, Tristan and Isolde

are discovered by King Mark and Tristan is mortally wounded. In the last act, the dying Tristan yearns for Isolde while the shepherd's horn pipes a mournful melody and tells Kurwenal that no ship is seen on the horizon, that Isolde, so tormentingly longed for and so painfully awaited, does not come. Then suddenly follows the cheerful song of the horn which heralds the arrival of the beloved, and subsequently the death of the lover and the *Liebestod*. These are telling, associative ideas and they reveal with significant clarity that the dead cathedrals and assassinated churches were not exactly the pure religious visions of a devout believer (which Proust was not). One is justified in assuming that Proust unconsciously utilized the burning political issue of the day to express his truly tragic longing for the solution of his own problem.

What was this problem? What psychological constellation did it represent during these years which immediately followed the death of his parents?

IV

The death of his father seems to have left a deeper impression on Proust than he outwardly showed. His ambivalence towards his father had apparently resolved itself in the direction of a severe neurosis in which passivity and extremely sadistic impulses continued to rage throughout the rest of his life. It is probable that his asthma, the first attack of which he had at the age of nine, was already an indication of his definitive masochistic orientation, occurring as it did in the midst of the latency period. The reconstruction and analysis of Proust's psychopathology suggest themselves here but, in so far as the purpose of this discussion is merely to outline a small section of his inner life, to demonstrate Proust's uniqueness in the history of thought, it is sufficient to present only the highlights.

The death of his father imposed upon Proust the sudden need for an immediate and complex psychological adjustment. A conflict in him was accentuated by this death to a degree far greater than in a normal man or even in a mildly neurotic

individual. It brought him nearer to his mother and, as we shall clearly see later, pushed his incestuous drives closer to the surface; this in turn emphasized his castration anxiety as well as his sado-masochistic attitude towards his father. Hence thoughts of Tristan and Isolde, obvious representations of incest fantasies, of castration fears and of preoccupation with the primal scene. Proust's inordinate curiosity about what people do and say when they are alone may also be viewed as an indication that primal scene fantasies occupied a great deal of his unconscious life. That these fantasies drove him to alternate masculine sadistic and feminine masochistic identifications with the latter predominating, there is no doubt, as his life and writings plainly demonstrate. There is reason to recall in this connection Proust's jealousy of Albertine whose name, incidentally, is a transparent feminization of the name of a man friend. As one of his biographers puts it: 'His jealousy reached almost a pathological and masochistic level. He interrogated Albertine about the minutest details of her adventures in order to enjoy vicariously the pleasures she enjoyed with other men and, by doing this, his jealousy enhanced the very depth of Proust's universe.'

His masochism Proust lived out rather fully in his manner of living, in his writing, and in his psychosis. His sadism however remained repressed and therefore increased the masochistic orientation of his personality. The death of his father was a severe shock to this delicate pathological balance of Proust's ego. It began to press forward the aggressive, sadistic impulses that heretofore he had kept back at such a very high psychological price; hence his prompt identification with the cause of the Church which appeared to him dead, assassinated; hence too, his increasing preoccupation with murder, death and the many idealized sadistic details connected with death. It is not an accident therefore, that in one of the essays devoted to the memory of the churches he recalls the death of Shelley and checks on the details of the burning of the poet's body and how Trelawney rescued Shelley's heart from the flames and burned his own hand. He goes on to

relate how Byron watched the proceedings and expressed the wish to obtain the dead poet's jaw so that he might look at the teeth and thus recall the many conversations they had had together; how Byron found himself unable to bear the sight of the gruesome fire, jumped into the water and swam back to the boat, Bolivar. The well-known clinical observation of alternating or simultaneous manifestations of piety and pagan aggression are very pronounced here. An interesting episode from the life of Berlioz comes to mind in this connection. Suffering from the summer heat in Rome, Berlioz would retire quietly into one of the confessionals of St. Peter's where he would sit peacefully and read Byron's pagan romance of the criminal, Corsair.

It is significant that it was not the pious, not the spiritual nor the sociological aspects of the Separation Law that aroused Proust to violent protest. He was concerned mostly with problems of ceremonial, as if the law demanded the abolition of the very ritual of the church—which was not the case. It is also of importance to note that the rituals which Proust chose to cite, while profoundly moving and inspiring, reflect characteristically his own anguish, his struggle with the unconscious hostility against his father from which he sought to find peace in the symbolic representation of Christ's death and resurrection. Proust ponders with Guillaume Durand over the rationale of divine offices and quoting from Emile Mâle's Religious Art in the Thirteenth Century, he says of the celebration of Holy Saturday:

> 'In the morning they begin by extinguishing all the lamps in the church to mark the end of the ancient Law that used to give light to the world. The celebrant of the mass blesses the new flame, the new Law, the fire of which is brought forth from a piece of flint to recall the conception of St. Paul that Jesus Christ is the cornerstone of the world. Then, the bishop and the deacon approach the choir and stop before the Paschal candle.
>
> 'A triple symbol is this candle. Extinguished, it symbolizes the almost invisible column that guided the Jews by day, the

ancient Law and the body of Christ. When lighted, the candle signifies the column of light that Israel followed by night, the new Law and the glorious body of the resurrected Christ. The deacon chants the formula of the *Exsultet* before the candle and intimates the threefold symbolism.

'He marks particularly the resemblance between the candle and the body of Christ. He recalls that the pure wax was produced by the bee, chaste and fertile, like the Virgin who gave the Savior to the world. To emphasize the similitude of the candle and the divine body, he presses into the wax five grains of incense which are to remind us of Christ's five wounds and of the perfume with which the holy women sought to embalm the body. At last, he lights the candle with the new flame and throughout the whole church the lamps are relit to represent the diffusion of the new Law over the Universe.'

These experiences absorbed Proust but only for a brief moment, for even their intensity and mystical glory would not quiet his roving tormented conscience. Then followed the death of his mother, a last blow that shook his whole being. He made the final turn unto and into himself. He began to search for times that were past. Still he found no peace. The first three or four years of this groping for memories did not suffice to calm the inner surge of hostility and religious ecstasy He was unable to find a common harmonious path for these two drives. Wandering along Swann's Way and Within a Budding Grove was not enough to enable him to hold down and keep back the frightening expression of the struggle, and sometime in 1907 or early in 1908 while he was working on the first seven hundred pages he turned for a sudden enlight ened moment away from the confusion of things past and wrote a completely different, wholly revelatory, truly frightful story

V

The title of this story is: The Filial Feelings of a Matricide

Proust approaches his subject in what at first appears rather circuitous way. He says: 'Since the death of m

parents, I am in some respects which it would be out of place to go into here, less myself and more their son'. There follow a few vague, mildly paranoid remarks about atmospheric and astral influences. He then goes on to tell that a friend of his, not an intimate friend but an acquaintance, by the name of Henri van Blarenberghe had recently lost his father. This van Blarenberghe had written Proust telling him of the loss. The aggrieved son was in Paris and expressed the hope that he and Proust might soon meet again. Proust, who was sojourning in the country at the time, replied that he would communicate with him at a later date. One morning as Proust was coming down to his breakfast table, he thought he would write to van Blarenberghe. He was about to return to the city and wished to arrange a meeting. He glanced at the mail and the morning newspapers and his thoughts wandered off into a meditative consideration of a certain peculiarity of human nature. It is strange, is it not, that every morning one reads of suicides, murders, accidents, and yet remains composed, almost indifferent. 'And if occasionally a tear does moisten one's eyes, it is when one reads a sentence like this: "An impressive silence strikes into the hearts of the crowd; the drums beat; the troops present arms; an immense clamor resounds: 'Long live Fallières!' " It is this that brings forth tears, tears which we refuse to shed when we receive the news of a misfortune that has befallen someone dear to us.'

This observation, as typical as it is universal, is of particular interest here. It reveals a psychological chain characteristic of Proust: vague, diffuse anxiety, then melancholy meditation accompanied by imagery which betrays clearly the man's passivity, the need to bow before authority—all this in an atmosphere of ambivalence where cold intellectualization fights or alternates with solemn sensitiveness. Then follows an obvious unconscious association to his father's death: wonderment about when and why people are stirred to tears. Finally the visualization of a reception for the President of France—clearly a resuscitation of the dead father and tears of submission to him; these are also tears aroused in part by the death

of the father and the son's unconscious contemplation of the fulfilment of his wish.

That is why, in the midst of this affective tangle, Proust, as he himself confesses, remains more his father's son and less himself. But evidently he is unable for long to maintain this state of self-effacing submissiveness; he attempts to become more himself. He is driven through the whole gamut from passivity to rebellion. Thoughts of destructiveness, cruelty and madness come to Proust's mind, as if to say that tears are not always a sign of submissiveness and weakness; tears may also come in the wake of hatred and murder. But one must be mad to be destructive; something, someone must induce madness (a characteristic projection) to make one subversive. Hence the thought: 'Ajax, who said it was undignified for a man to weep, wept and sobbed bitterly' when he beheld the results of his mad rage that had been induced by Atheneus.

As he was wandering in the maze of these thoughts, Proust's gaze fell upon a shocking report in the very newspaper he was reading: Henri van Blarenberghe, to whom he was about to write, had committed a murder. The night before, the young man had gone to his mother's room and stuck a dagger into her heart. Pursued by the mortally wounded woman, he ran downstairs. The victim fell dead on the stairway and the unfortunate man escaped into his room, locking the door behind him. 'Soon afterwards, four policemen, responding to an alarm, forced the bolted door and entered the murderer's room. He had inflicted wounds upon himself with the dagger and the left side of his face was lacerated by a pistol shot. His left eyeball hung from its socket and rested on the pillow.'

'At this point', says Proust, 'I am not reminded of Ajax; it is not of him that I think. In this eyeball on the pillow I recognize the most frightful torment that the history of human suffering has relegated to us. It is the eye of the unfortunate Œdipus that I see.'

He then quotes in full the following passage from the speech of the second messenger of Sophocles' Œdipus the King:

'. . . . . ; all eyes were fixed
On Œdipus, as up and down he strode,
Nor could we mark her agony to the end.
For stalking to and fro "A sword!" he cried,
"Where is the wife, no wife, the teeming womb
That bore a double harvest, me and mine?"
And in his frenzy some supernal power
(No mortal, surely, none of us who watched him)
Guided his footsteps; with a terrible shriek,
As though one beckoned him, he crashed against
The folding doors, and from their staples forced
The wrenchéd bolts and hurled himself within.
Then we beheld the woman hanging there,
A noose entwined about her neck.
But when he saw her, with a maddened roar
He loosed the cord; and when her wretched corpse
Lay stretched on earth, what followed—O 'twas dread!
He tore the golden brooches that upheld
Her queenly robes, upraised them high and smote
Full on his eye-balls, uttering words like these:
"No more shall ye behold such sights of woe,
Deeds I have suffered and myself have wrought;
Henceforward quenched in darkness shall ye see
Those ye should ne'er have seen; now blind to those
Whom, when I saw, I vainly yearned to know."
Such was the burden of his moan, whereto,
Not once but oft, he struck with hand uplift
His eyes, and at each stroke the ensanguined orbs
Bedewed his beard, not oozing drop by drop,
But one black gory downpour, thick as hail.
Such evils, issuing from the double source,
Have whelmed them both, confounding man and wife.
Till now the storied fortune of this house
Was fortunate indeed; but from this day
Woe, lamentation, ruin, death, disgrace,
All ills that can be named, all, all are theirs.'

Visions of death continue to possess Proust's mind. He recalls King Lear embracing the dead body of Cordelia and the scene in which Kent prevents Edgar from reviving the

fainting king. In the midst of the horror at the incomprehensible yet undeniable unity of love and death, murder and greatness, momentary cruelty and eternity, Proust seeks a kind of philosophic synthesis. Visions of blood and destruction, although quite obviously springing from deeply seated and terrifying impulses and emotions, do not overwhelm him with those affective waves of true anxiety which would make another personality shrink away in dread and succumb to inexorable depression with visions and thoughts beclouded, slowed down to the point of immobility. Instead Proust ponders on the matter freely; he seeks to elevate his emotions to lofty universality and eternal truth, to the level of an intellectualized mystic conception. 'The reader', he says, 'should understand why I insisted on calling attention to these great and tragic names, particularly those of Ajax and Œdipus. . . . I did this in order to demonstrate the purity, the religious atmosphere of spiritual beauty in which this explosion of madness and blood took place, blood spilled without desecration. What I wanted to do was to bring into the room of crime the breath that comes from heaven, to show that this newspaper item was exactly like one of those Greek tragedies, the presentation of which was almost a religious ceremony. The unhappy slayer of his own mother was not a brutal criminal outside the pale of humanity but the noble representative of all men, an enlightened spirit, a son both pious and tender, whom inescapable destiny (let us call it pathological, to use the common term), whom fate has chosen to be the most unfortunate of mortals and has driven to crime and expiation which will always remain both worthy and glorious.'

This is not logical thinking. The mystical elaborations, the harmonious fusion of such obviously contradictory elements as murder and dignity, glory and destruction, nobility and impulsive hatred, bloody earthiness and religious ecstasy, are characteristic of the paralogical thinking of schizophrenics. However, Proust's apparent insight is not the purely verbal insight of schizophrenics. Proust lives the tragedy with a consciousness and a certain freshness that are truly personal.

He recalls the last cry of the mother who was so savagely murdered by her own son:

> '"What have you done to me? What have you done to me?" If we face the question squarely, we will conclude that there is perhaps not one truly loving mother who would not have cause on her last day of life, and frequently sooner, to address the same reproach to her son. In truth, as we grow older, we kill those we love by the cares we heap upon them, by the anxious tenderness which we inspire and constantly demand. If we could only see the slow destruction at work on the body of the loved one, tormenting the sad sweetness which gives it life; the light dying in the eyes, the hair, so long untouched by years, at last fading and beginning to grey, the diseased body organs, the laboring heart. Vanquished is the courage to face life; the step is slow, heavy; the spirit which knows there is no hope, as it revives momentarily, is tirelessly, invincibly hopeful; the inner joy is there, seemingly immortal—that same gladness which has been such a dear friend, which has never forsaken us in sorrow. Perhaps the man who in this belated instant of vision, which those living in the most enchanted world of dreams may well have, even as this Don Quichotte had his vision, perhaps this man, like Henri van Blarenberghe who killed his mother with a thrust of a dagger, would recoil from the horror of his life and seize his gun instantly to kill himself.
>
> 'In most men a vision so painful (assuming, of course, that they are capable of seeing so clearly) would quickly disappear with the first dawning rays of the joy of living. But what joy, what reason for living, what life indeed could resist such a vision? What is the true vision? What is true joy? What is Truth?'

With this query suspended, as it were, in a welter of metaphysical vagueness and psychological clarity, the story of Henri van Blarenberghe is brought to a close. Half stunned by its substance, Proust has pronounced a psychological truth with great directness, he has reached down to a gruesome depth into the fate of man and in a flash of inspiration has discovered the œdipus complex. For a true discovery it is.

From the standpoint of Proust's own evolution, I am inclined to doubt whether The Remembrance of Things Past could ever have been written without the psychological experience which Proust had lived through by writing The Filial Feelings of a Matricide. As I have said, he seems to have been impelled to write it by the cumulative pressure under which he had labored since the death of his parents. It appears then that when he began to compose Swann's Way, he found himself at a kind of emotional impasse. The tormenting struggle between enormous charges of aggression and a strong pull in the direction of extreme passivity appears to have created a psychological blockage. The Filial Feelings of a Matricide written in the midst of this period must have served as a discharge, a true abreaction of that intense hostility which sought expression and which theretofore had prevented him from settling into that pathological comfort of autistic life which The Remembrance of Things Past became for him and which, from that time forward, Proust never abandoned.

This abreaction produced a double result: psychologically it was a spontaneous therapeutic effort which proved partially successful; historically it placed Proust among the great discoverers of our time.

VI

One might be inclined, of course, to look upon this discovery of Proust's as a purely fortuitous coincidence. It is a well known fact that various cultural and sociological constellations frequently bring about certain phenomena in the history of thought which some are pleased to dispose of by labelling them 'coincidences' and others 'the spirit of the times'.

The planet Neptune was discovered simultaneously by Adams and Leverrier. Working independently on purely mathematical calculations, these two men made the discovery within ten days of one another in November, 1845. The element phosphorus was isolated by three different men, Brand, Kunckel and Boyle, within a short span of about ten years in the seventeenth century.

Such 'coincidences' are not confined to the field of science. The birth of the Expressionist School in painting at the turn of the present century also presents a similar phenomenon. *Die Brücke,* or the so called Ethnographers whose activities centered around the Dresden Museum and are particularly identified with the name of Emil Nolde, came into being and followed an orientation similar to, if not identical with the trend of the French group of the Trocadero, known as *les Fauves,* from which came such names as Rouault, Matisse and Dérain. These two groups seem to have evolved independently, yet apparently from the same psychological source—interest in a more spontaneous, primitive rendition of the most fundamental instinctual drives.

Even in the field of social history, similar changes occur at times coincidentally and without apparent connection. It is difficult, for instance, to conceive that the democratic ideology of the United States had any influence on the autocratic tradition of czarist Russia at the beginning of the second half of the past century. Yet it is rather striking that within about two years the negro was emancipated in the United States and serfdom was abolished in Russia.

Die Abwehr-Neuropsychosen by Freud appeared in 1894 and Bergson's *Essai sur les données immédiates de la conscience* was published less than three years later. Both bear the imprint of a new psychological orientation, each an independent product of an independent thinker.

The socio-psychological processes underlying the appearance of coincidences of this kind are complex and are not subject to direct observation but they do suggest a tentative formulation. A set of cultural conditions brings into play certain constellations of emotional reactions which begin to seek expression. At first these emotional reactions remain unverbalized. As far as the great majority of people are concerned, these affective charges remain unconscious; at first they may generate reaction formations; at any rate, they remain for a time totally within the sphere of affective life. In other words, one is not aware directly or indirectly of 'the spirit of the times'; one is only

subject to it. A great number of individuals, but always a minority, may perceive this spirit in part; still fewer may even be fully conscious of it, but no matter how acutely sensible to it, they remain blocked, for many reasons incapable of freely living and expressing it. In times of great and deep cultural transitions, such people feel unable to 'find themselves' and they become the bearers of that *tedium vitae* which characterizes all periods of profound cultural change. If no frank verbalization comes forth, the dominant trend fails to develop into a creative force and it gradually suffers a moderate or severe atrophy of disuse. Temporarily it may wilt away, but sooner or later it comes back with increased energy. The trends of the thirteenth century as forerunners of the Renaissance could serve as an appropriate illustration of the point. If and when an artist, a writer, a political or religious leader, or a scientist happens to come forward and, responding to the spirit of the time, is able to formulate the chief trend, the quiescent individuals who have been silently aware of or unconsciously sensible to it find themselves available. Heretofore unable to speak, they become articulate in response to the verbalization offered. The artist then has imitators; the writer has readers; the drama, actors and a public; the politician, partisans and a new party; the religious teachers, new converts and a new church; the scientist, professional pupils, then universal recognition. The verbalization is viewed as a discovery and it becomes a new visible and living cultural force.

Occasionally the dominant trend gathers in the course of time so much momentum, it matures as it were in so great an accumulation of the psychological forces which compose it, that a discovery serves as a trigger, releasing a number of responsive reactions with striking suddenness. The discovery is then called 'timely', as if everybody expected it. It is under these circumstances that similar and even identical discoveries are made simultaneously and even in widely separated places.

Bearing in mind these schematic generalities concerning the march of the spirit of the times, it would appear that towards

the end of the past century and the beginning of the present one a trend was maturing which found its expression in the form of an increased curiosity about human psychology. The world awoke to this new era somewhat in the same manner as it had entered upon the age of physics early in the seventeenth century. The trend towards psychology was reflected with growing persistence in the literature of the Scandinavian countries, of Germany and Russia. Writers became more and more preoccupied with human impulses and emotions rather than with the purely external naturalistic descriptive problems. Ibsen, Hamsun, Wedekind, Andreyev, and some of the works of Schnitzler all bear witness to the new orientation. The purely intellectualistic world with its rationalistic constructions became unsatisfactory, for it showed the inclination to overlook, even to discard the sum total of human instinctual spontaneity and its rôle in human behavior, in thinking and cultural functioning. This romantic rebellion naturally made itself apparent not only in the field of literature. It began to show signs of great vitality in Bergsonian intuitivism, whose earliest formulations appeared almost simultaneously with the first writings of Freud. Bergson's philosophy is strictly speaking psychological; so are the writings of Proust; so are the studies of the leading sociologists of the period, Durkheim, Tarde, Giddings. This accent on the instinctual life of man invaded even the field of natural sciences: the electronic theories are an expression of the same trend. A psychology so deeply oriented in the direction of the true foundation and source of human behavior could not fail to lead through a variety of pathways to the revelation of a scientific principle which has since become familiar to us as the œdipus complex. Hence a series of 'coincidental' discoveries. Through different approaches, within less than a decade of one another, Freud and Proust brought forth from the twilight of human intuition the dynamic fatality of the œdipus complex.

The earliest suggestions concerning this complex are found in the first text of Freud's Interpretation of Dreams, in 1900. At that time Freud limited himself to a brief review of Œdipus

the King from the standpoint of one's unconscious hostility to one's father, and he outlined more or less sketchily the sexual constellations involved. His first reference to the reverse œdipus complex was made some time later in The Psychogenesis of a Case of Female Homosexuality, in 1920. A detailed description of the many complications involved in this complex was made but gradually in the course of the first twenty-five or thirty years following the discovery of Freud.

Proust's statement as to the rôle of the œdipal forces was made some time between 1907 and 1909. In the sense that it was a conscious formulation of a psychological phenomenon, that there was full awareness of the universality of the forces at play and that an attempt was made to utilize this new conception for the purpose of the understanding of many human reactions, it was a true discovery. As far as we know, Proust had no knowledge of Freud's work at that time. Since he did not read German, it is doubtful whether Proust would have come across the Interpretation of Dreams, a technical, strictly scientific book. He knew some English but the English text of the book did not appear till about five years after The Filial Feelings of a Matricide was written and a French text did not become available until after the World War.

Consequently, one is fully justified in concluding that Proust's was an original discovery; and more, as his story clearly shows, that he anticipated some of the most poignant and complex formulations of Freud in clear and definite language. The inverted form of the complex, the variety of the ambivalent reactions, the intimate relationship between love and murder, passivity and sadism, all these are clearly expressed in The Filial Feelings of a Matricide, not only in the conception and the artistic fabric of the story itself but particularly in Proust's considered, meditative comments.

Like any discoverer who undermines a tradition of current belief and therefore faces the painful eventuality of appearing offensive to his and the preceding generation, Proust had to muster all his psychological courage to think the thing through. To achieve this end he, like Freud, found it necessary to over-

come the human, all too human need to cover up his innermost affective life, the need to repress automatically or suppress deliberately the thing that was so frightening or so embarrassing to his own self. He exposed a great part of his own instinctual life and stated the truth boldly. Proust was fully aware of all this. He tells his story in the first person and he points advisedly to the struggle with repression when he says: 'In most men a vision so painful (assuming, of course, that they are capable of seeing so clearly) would quickly disappear with the first dawning rays of the joy of living'. As every psychoanalyst knows, Proust was right.

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Problems of Psychoanalytic Technique

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PROBLEMS OF PSYCHOANALYTIC TECHNIQUE

BY OTTO FENICHEL (LOS ANGELES)

VI

Working Through and Some Special Technical Problems

In a psychoanalytic cure we are concerned with an abundance of phenomena. The aim in these discussions has been to provide a perspective at the cost of details; to direct attention not only to the trees but also to the forest. We have reviewed *interpretation* from the dynamic, economic, and structural points of view, have discussed the elaboration of derivatives, the demonstration of them, the alteration thus caused in the patient's attitude of resistance, and the ensuing appearance of less distorted derivatives which are in turn treated in the same way. There should now follow a demonstration of how all this does away with the isolation from the total personality of what was previously warded off, of how the arrested development is set in motion and infantile sexuality transformed into adult sexuality so that satisfaction of instinct, condemnation and sublimation of instinct become possible. What the analyst contributes to all these results is always merely the interpretation of new material. Even if there are infinitely many more problems about details of interpretation, it almost seems as if we were *essentially* through with the discussion. We are reminded again of Freud's dictum that instruction in analytic technique may be compared with learning to play chess. The opening and concluding situations are typical and relatively easy to present in their rudiments; the complications of the intermediate moves are too diverse and can be learned only from actual cases.[54] The details in the course of an analysis that fill with vivid life the structural framework we set up at

[54] Freud: *Further Recommendations in the Technique of Psycho-Analysis.* Coll. Papers, Vol. II. London: Hogarth Press, 1933. p. 342.

the beginning become more and more plastic, the perspective more and more difficult. To be sure, there comes a certain point in the analysis of an individual, just as in the analysis of a single dream, where the material which first seemed to be dispersed in all directions and to be scattered about in an abundance of complications converges rapidly upon definite and decisive points. Essentially in all of this the activity of the analyst remains always the same: interpretation.

The inclusion of the warded off components in the total personality comes about through a special type of interpretation called 'working through'. This can be described as follows:

We have already discussed how the interpretation of a defense is accomplished. We must first isolate the defensive attitude from the judging part of the ego. The patient gradually learns that he himself is really actively carrying out what he believed he was undergoing passively. Then he learns in order: that this activity of his has a purpose; that this purpose is to evade certain matters; that what he wishes to evade is historically determined as is also the reason why he carries out the evasion in just this way. Finally he finds out how he mistakenly draws the past into the present, not having learned to differentiate between the two. Let us assume that all this has succeeded, that the patient has changed in some ways, has become more mobile, more elastic, brings new material; what was previously a general manner of behavior now appears appropriately only in special situations, and so forth. This continues for a while; then comes the next greater resistance. This can arise from the material when the analysis strikes upon something against which the defense is still greater, or it can come from an external cause which disturbs the relative equilibrium between instinct and defense, or as is mostly the case it can come through a combination of both these factors, that is, an external circumstance that has some special significance at just this stage of the analysis. The resistance now recreates the very same state that had prevailed before our first interpretation of defense. All that was won

by painstaking labor seems to be forgotten. We have to begin again from the beginning. Sometimes it is sufficient to remind the patient of the previous discussions of the resistance, and the picture changes; the resistance takes on a somehow different aspect, and we must now grasp and elaborate this new factor. Mostly, however, such a reminder does *not* suffice. The patient becomes again as he was formerly: continually angry or continually compliant or emotionless or proving himself innocent or anxious or in love. One gets the impression that everything has been in vain. Once more it is necessary to begin 'from the defense side', 'from the surface'. To be sure, this second discussion of the same matter goes somewhat more easily and more quickly. But even this is no protection against a third repetition with the next new stronger resistance. Again and again whenever the resistance appears, the original picture is reëstablished if only for a short duration in the later stages. From time to time we penetrate one layer deeper, but almost always or at least very often we must begin again from the beginning.

It is not always true that a defense that has been analyzed reappears as a new resistance, but rather that the defensive attitude which has been surmounted in one connection may still be operating in another. We have previously pointed out that an interpretation is most effective when that which has just been described in words can be demonstrated simultaneously to the patient in his behavior at another point where he does not expect it, at 'another level'. An appropriate formulation for this process might be: 'There too!'. This 'there too' should often be supplemented by 'there again!'. This is specially effective when the patient is thinking of something quite different, is searching in a quite different direction. We are dealing here with *variants* of the same instinctual or defensive behavior; or sometimes not even with variants but with the appearance of *exactly the same* instinctual or defensive behavior in different contexts.

The process that requires demonstrating to patients the same thing again and again at different times or in various connec-

tions, is called, following Freud, 'working through'.[55] Most interpretations have this repetitive character. What makes this repetition of interpretations necessary and how is it effective? We have understood why there is no value in 'bombarding the patient with deep interpretations' which are not yet represented in the preconscious. But why does not an interpretation suffice given *just once* if it is dynamically and economically correct and quite properly presented?

We are accustomed to say to our patients that a psychic structure which has maintained itself for years or decades cannot be done away with all at once; and that is correct. We now wish to understand theoretically why this is so. If through an interpretation the ego were changed in its defensive behavior and no longer put up the same resistance, there would not need to be a reappearance of the same behavior which had seemed to be the result of a dynamic conflict now supposed to be altered. It is simply that the ego does *not* completely relinquish its resistant attitude because of a single demonstration. It is necessary to take quite seriously the dynamic picture of a conflict. We have been warned, for example, against drawing from the techniques of distortion in the manifest content of dreams too many conclusions concerning the final relative strengths of the forces in an instinctual conflict. The relative distribution of forces, which in a single night gives final form to a dream, can be altered again in a few hours. The imponderables in a living instinctual conflict that can for a fleeting time impart a small fragment of predominance now to the instinct and now to the anxiety opposing it are too numerous. To be sure, our interpretations are by no means imponderables—at least they should not be because we make a special effort to weigh them correctly from the economic point of view; nevertheless there are present in every interpretation a number of factors analogous to those imponderables, influences of the transference or of experience which alter the momentary quantitative ratio between instinct and anxiety. An initial

[55] Freud: *Recollection, Repetition and Working Through.* Coll. Papers, II. London: Hogarth Press, 1933. pp. 375–376.

improvement from the resistant attitude can retrogress entirely or partially as a result of such momentary factors. Never for example can a *single* interpretation include *all* situations in which a certain type of castration anxiety had been aroused.

The comparison of working through with the *work of mourning* (Rado) seems to me very apt. A person who has lost a friend must in all situations which remind him of this lost friend make clear to himself anew that he has this friend no longer and that a renunciation is necessary. The conception of this friend *has representation* in many complexes of memories and wishes, and the detachment from the friend must take place separately in each complex.[56] The pathogenic situations and conflicts that continue as well to have an effect, are not factors appearing just once but are represented in various complexes of ideas. Again and again the patient must in analysis reëxperience 'there too' and 'there again'. We have stated that the task in analysis is the *confrontation of the ego* with that which was warded off. In the unconscious everything is condensed, implicit, indeed without words; in the ego things are explicit. To discover something in oneself, to put it into words, is never a process that happens suddenly. Working through is the form in which the 'confrontation with the ego' takes place. The effective factor in it is *re-discovery*.

At this point there may be interpolated a digression concerning the concept of 'anticipatory ideas'. This concept seems to be the antithesis of 'surprise'. When however something that is anticipated in general appears at a special point or in a definite connection where it was actually *not* expected, then the surprise is *augmented* by the fact that in general it was expected. Let us assume that we had correctly elaborated some material analytically but that it had been forgotten or rather was not expected at just the point at which it again appeared. In such an instance the anticipatory idea is effective. We can also purposefully make use of this effect in the

[56] Freud: *Mourning and Melancholia*. Coll. Papers, IV. London: Hogarth Press, 1934. pp. 152–170.

following circumstances: when in the case of a patient who tends to act things out we get the impression that sometime in a state of resistance he will wish to leave the analysis, we can then prophesy this event to him and add that he will at that later time rationalize his behavior. We shall then, we tell him, remind him of today's warning to him. If what was expected actually comes about, the patient's surprise at the fact and manner of fulfilment of the anticipatory idea may well contribute to overcoming the impulse to leave analysis and to recognizing its resistance character. On the other hand I believe there is danger in the analyst's prophesying a definite mental content to be expected, such as the content of the œdipus complex, in order to present anticipatory ideas or as an encouragement to the patient to look for such mental contents within himself. The patient becomes familiar with these contents as mere mental games before he has any experiences to correspond to them, and we have already shot off all our ammunition before the time we really need it.

Working through is a protracted process and in this respect is the antithesis of abreaction which takes place the moment an interpretation is given. Previously abreaction was considered the most effective factor in the treatment.[57] We remember how Freud explained laughter on the basis of instinct economics[58] Energy previously bound up in the defense struggle becomes overabundantly available and explodes in laughter. That sort of liberation of energy takes place in miniature with every correct interpretation; therefore the well-known almost witty character of successful interpretations and the frequent laughter after them. However, is what is thus achieved a true and permanent dissolution of the defense struggle? Such a liberation of energy also appears in the discharge of any derivative which affords a relatively small diminution of tension. Analysis to be sure consists of a summation of such discharges

[57] Breuer and Freud: *Studien über Hysterie* (4th Edition). Vienna: Franz Deuticke, 1922.

[58] Freud: *Wit and Its Relation to the Unconscious.* New York: Moffat, Yard and Company, 1916.

of derivatives; but it is a *summation* that is required and indeed a gradual one because the ego must be made capable of assimilating this summation. Not only must previously bound up energies become free in a single act, but somatically newly produced instinctual tension must permanently be able to find discharge. Therefore while all adherents of 'neocatharsis' do not greatly value working through, all those who lay emphasis on working through see in the emotional reactions of a patient a *source of material* sometimes of significance but at other times functioning only in the service of resistance. They regard abreaction as an opportunity to demonstrate that 'that also happens' and as an introduction to the ensuing therapeutically effective *working through* of what comes to light therein; but they do not regard abreaction as therapy in itself. This conception makes clear what we must think of so called 'acting out' from the therapeutic point of view. In individuals who do not indulge in it generally, acting out is a welcome sign that in the analysis something has happened which we can and must utilize in finding out the unconscious processes behind it. On the other hand, with individuals who indulge in it frequently, acting out is resistance, that is, a means of distorting the true connections and evading a confrontation with the ego.

Especially to be emphasized at this point is that working through is working *upon* the ego; it is a process of 'confronting' the ego, and the abolition of the isolation of warded off instinct components from the total personality.

But this leads us to an apparent contradiction. For simplification we considered resistance as equivalent to the 'resistance of repression'; but we stated that an additional form of resistance would be discussed later, because according to Freud there is also a 'resistance of the id'.[59] This resistance is due to inertia in the psychic life of human beings. That which has once been canalized, remains. People gradually become less elastic, more rigid, can no longer acquire in relation to objects

[59] Freud: *The Problem of Anxiety.* New York: W. W. Norton & Co., Inc., 1936. pp. 137–139.

and life situations attitudes which are different from the habitual ones. The degree of this inertia is constitutionally variable. We know that we have no way of influencing the id directly and often indeed we are really helpless against such resistance of the id. (We may mention in this connection that analysis is contraindicated in advanced age.) Freud states however that working through is a weapon in the battle against this form of resistance.[60] But how can that be when we seem to have demonstrated that working through operates particularly upon the ego? This is apparently a contradiction.

It is indeed true that working through influences the resistance of the id; but it does this only *indirectly*. When a person is afraid but experiences a situation in which what was feared occurs without any harm resulting, he will not immediately trust the outcome of his new experience; however the second time he will have a little less fear, the third time still less. Or a person who has renounced something experiences a temptation. He will resist it once, a second time less, a third time still less. It is the *repetition* that seduces him and persuades him finally that in the future things no longer need to be the way they had always been previously; a new state of affairs can come about which need not be frightening. These are the ways in which working through operates. It attacks directly only the ego whose defensive attitude is altered. We cannot do more and can do nothing else.

It has been asked why we cannot, in order to shorten analyses, make use of advances in the special theory of neuroses which enable us to recognize at once from the diagnosis the typical instinctual conflict from which the patient is suffering. The desire is to make the analyst's knowledge immediately utilizable in practice by means of early interpretation of the determining conflicts. But that is impossible. First, what is necessary is the recognition not of 'the œdipus complex' but of the unique origin and form of a particular œdipus complex. In the second place, the factors discussed above that make working

[60] Freud: *The Problem of Anxiety*. Loc. cit.

through necessary, prohibit such a quick success. The ego is able only gradually to master previously warded off impulses through looking at them repeatedly always in new variant forms. Experience proves that longer analyses are the better ones. To be sure it is not the length alone that accounts for this. An analyst's 'floating along' in a patient's material for years only magnifies more and more a chaotic situation. Long systematic analytic work always gives better results than a short period of analysis.

We now fulfil our promise to reconsider the question of superego resistance. Is our assertion correct that this resistance proceeds only from the ego which strives to avoid penalties from the superego? Let us consider cases in which the superego resistance dominates the picture, for example moral masochists with negative therapeutic reaction. The superego itself appears like a part of the id; its impulses give exactly the same impression as do in other cases the impulses belonging to a repressed instinct. Indeed these impulses from the superego should be treated in analysis exactly like any other repressed impulses. As we know, repressed impulses can find in acting out a substitute expression unrecognized by the ego. The part played by the defensive forces in acting out that makes it a resistance is the disruption of the original connections.

Therefore when a person himself defeats every possibility for success in life, or blocks every move towards success in analysis, the process may be considered an acting out proceeding from a repressed impulse of the superego. Theoretically therefore the task is the same as in the case of any acting out of an instinctual impulse: we must show the patient that he has such an impulse, after the preceding demonstration that he is warding off some impulse. Then we must make clear to him again *why* he has such an impulse from the *defense side*. The difficulty in dealing with the negative therapeutic reaction is essentially the same as in the case of the sexualization of talking. In both cases our therapeutic instrument is usurped by the instinctual conflict. The question

presented by superego resistance is why the demands of the superego have such an instinct-like character. Since superego function originated from instinctual impulses, it is a kind of fixation or regression.[61] The explanation for it is given by analysis of the history of the libidinal and aggressive relations to the object that were introjected into the superego. A negative therapeutic reaction need not always have a very complicated structure. It becomes especially intelligible when the concept either of health or of getting well is unconsciously connected with certain fantasies which are feared. In that case, in comparison with what is feared, the neurotic sufferings still remain the lesser evil and the status quo remains better than what might come about.

However a need for punishment is not always hidden in every state of resistance that objectively brings the patient displeasure. In most cases the reverse, a fear of punishment, motivates the ego in its resistant behavior which then brings with it displeasure unwanted by the ego, or it may be an active anticipation of punishment or the affirmation of a lesser evil in order to avoid a greater one; moreover the need for punishment when it appears, can be shown to be subordinate to a need for absolution: every attempt has to be made to free oneself from a pressure of the superego. If displeasure is temporarily necessary, it is also accepted as part of the bargain; if the process succeeds without displeasure, so much the better. Punishment and forgiveness (or forgiveness through punishment) are archaic types of relationship to an object which in the transference can easily be felt by patients in situations in which they have no place; therefore special precaution must be taken. The analyst should always create an analytic atmosphere of tolerance: 'You will not be punished here so give your "derivatives" free rein'. He should never explicitly offer

[61] 'Conscience and morality arose through overcoming, desexualizing, the œdipus-complex; in moral masochism morality becomes sexualized afresh, the œdipus-complex is reactivated, a regression from morality back to the œdipus-complex is under way.' Freud: *The Economic Problem in Masochism.* Coll. Papers, II. London: Hogarth Press, 1933. p. 266.

forgiveness (not to mention punishment) because that would mean complicity in the patient's transference reactions. He must be aware that even when he says nothing he may be considered as a forgiver or a punisher. It is a misuse of analysis by the patient, a transference reaction that brings retribution when it is not recognized by the analyst.

At this point it is appropriate to examine another problem: the question of the so called 'active' or 'passive' behavior of the analyst. We have just described the possibility that the analyst in the unconscious of the patient, can become a punisher, a repeater of childhood castration threats, or a magician waving away the threats. This possibility seems to me to be the danger in Ferenczi's proposal of a so called active technique.[62]

But first a preliminary question: is 'active technique' the correct term for commands and prohibitions from the analyst? In making interpretations (for example interpretations of ways of behaving about which the patient himself does not speak) the analyst can and must be very active, and even when he is passive he can command or forbid. If to be active means to talk and under certain circumstances to propose subjects for association and discussion, then just as often as there is a too active behavior of the analyst, there certainly is a too passive behavior as well; and through such passivity the analyst can miss some of the interpretations which are correct from the economic point of view. Frequently the analyst has to take very active steps if he wishes to give economically correct interpretations. In periods relatively free of resistance we can confidently leave the guidance of the analysis to the patient; in times of resistance, activity on the part of the analyst is necessary. What shall we say, however, about the rule which is sometimes heard that we should 'leave the patient alone when he is in a state of resistance'? My opinion is that this rule as a generalization is simply incorrect. To be sure there are at times situations in which leaving the patient alone in this fashion demonstrates

[62] Ferenczi, Sandor: *Further Contributions to the Theory and Technique of Psycho-Analysis.* London: Hogarth Press, 1926. pp. 68–77, 198–230, 235–237.

his resistance better than would talking to him; in such cases leaving him to his own devices is what we must do in order to isolate his attitude and make it assailable. But otherwise we must work with him actively just at the time when he is in resistance.

There is a caricature of the analyst's passivity that consists in his not paying attention to the point of falling asleep. Continually analyzing in a state of free floating attention many hours daily, year after year, in all states of mind, such a thing may happen to anyone. It may be excusable but there can nevertheless be no doubt that is is a serious *mistake*. One should never allow oneself such a mistake although it would be less disastrous in a well-running, relatively resistance-free analysis where the patient can practically work by himself anyway. The misfortune is that in practice this type of mistake occurs most readily under the opposite conditions where a patient is himself sleepy and empty of affect and wishes to seduce the analyst into carelessness. Least of all should it happen in such cases, and as an excuse for its occurrence under such conditions the rule of 'leaving the patient alone in states of resistance' must not be misused.

Let us consider Ferenczi's active technique in its more limited meaning. The ideal analytic technique consists in the analyst's doing nothing other than interpreting, and the ideal handling of the transference too, consists in not letting oneself be seduced into anything else. This ideal technique can often be reinforced by the analyst's emphasizing the fact that he is reacting to the patient quite otherwise than the patient's parents formerly reacted and differently from the way his customary environment generally reacts. Even though he influence the transference through interpretations and not by any other means, nevertheless the analyst's attitudes are continually taking part in the process. It will depend upon the situation whether he reveal more or less friendliness in his tone of voice, in the content of his remarks, or to what extent he alternate between a more friendly and a less friendly attitude. To be sure, such attitudes must under no conditions be merely

shammed. Commands and prohibitions can certainly promote the flow of feeling in certain advanced analytic situations, but they always involve dangers of joining in the acting out of the patient. We have discussed this matter at length in connection with the question of recommending asceticism. Recommendations or prohibitions from the analyst are useful as aids in analysis if one knows precisely when one should apply them and why, and the danger of blurring the transference picture should not be allowed to overshadow the advantages of those procedures; one must subsequently interpret and work through what has been done and the patient's reaction thereto, and indeed as soon as possible after the occurrence.[63]

We have seen that through the psychoanalytic process the previously warded off instinct components gradually find their connection with the ego. They catch up with the development through which the ego has meanwhile passed without them; and this new thrust of instinct development begins at the point where because of anxiety the defense process had set in at the earlier time. In place of reaction formations (in which a countercathexis prevents discharge, or at most affords a spasmodic discharge of derivatives in acting out) more and more there appear ways of behaving, of the type of instinctual activity or of sublimation, in which an adequate discharge takes place. Sexual behavior changes especially. In order for us to be able to judge the extent of this change and of the fears that sometimes continue to oppose it, it is often necessary to have the patient describe to us in detail his experiences during the sexual act and during the orgasm. But this description should come about at its natural time, and not through an insistence of the analyst that sometimes gives the impression of a monomania.

In this new adaptation of the sexual behavior, the reality situation often creates great difficulties. The analysis is aided by every opportunity for sexual satisfaction at a time when the patient is becoming capable of a different and adult sexual

[63] This was also the opinion of Ferenczi.

activity. I can confirm the fact that particularly in final phases of an analysis, when opportunity for sexual satisfaction is lacking, we find that in place of the previous psychoneurosis, *actual-neurotic* symptoms appear, resulting from damming up of normal libido capable of discharge but having no outlet.[64] In this situation there are frequently conflicts between instincts and wish for recovery on the one hand and ideals of marriage or other ideals on the other hand. In my opinion there can certainly be reality considerations that are decisive. Sometimes a real suffering which by virtue of the complete cessation of the neurosis is fully experienced by the patient for the first time, or a real suffering by which others are threatened, is greater than the neurotic suffering due to unanalyzed remainders; and even a partial success is meritorious if we are aware of its limits and uncertainty. On the other hand, in those cases in which considerations for example of the real interests of other people are not decisive, but where it is a question merely of 'ideals', I believe that if we do not break off the analysis too soon and if we consistently show the patient his intrapsychic reality, he will recognize that clinging to inappropriate ideals and moralities has a resistance function. He will then begin to think as well about the significance of the circumstance under which such inappropriate ideals are taught. It has been said that religious people in analysis remain uninfluenced in their religious philosophies since analysis itself is supposed to be philosophically neutral. I consider this not to be correct. Repeatedly I have seen that with the analysis of the sexual anxieties and with maturing of the personality, the attachment to religion has ended.

When it is said that analysis should in the end make it possible for the patient to adapt to reality, this has been interpreted to mean that analysts believe patients who are cured should regard as unchangeable those circumstances of life to which they are now exposed and should adapt themselves to them. Nowhere in Freud's writings can anything of the sort

[64] Reich, Wilhelm: *Charakteranalyse*. Vienna, 1933 (published by the author).

be found. I fear however that in practice this opinion may occasionally be expressed. Such an interpretation is *wrong*. Adaptation to reality means nothing else than the ability to judge *rationally* both reality and the probable results of one's own actions. But to judge the probable results of one's actions and to regulate one's actions accordingly, does not mean to accept all given circumstances. There exists as well the so called *alloplasticity*, the possibility of altering reality in conformity with one's wishes.

An objection has been raised to the view of the preponderant therapeutic significance of a well regulated sexual economy. It has been said that the successes of child analysis are not explainable according to such a conception. In my opinion there actually is a difference in this respect between the analysis of adults and child analysis. Whereas the satisfaction of instincts which had previously been fended off represents the essential therapeutic factor in the analysis of adults, we are forced in child analysis to forbid direct satisfaction to a large portion of the instincts that are set free. I believe that Edith Jacobssohn is right in her statement that the results of child analysis are therefore a degree more uncertain than those of the analysis of adults.[65] That practical results of child analysis are nevertheless possible is apparently due to the circumstance that masturbation, tolerated sexual games and aim-inhibited relationships to objects together represent a substitute. Besides this we must agree that the question of an infantile orgasm has not yet been settled; that is, the question as to how the sexual economy before puberty is physiologically regulated. As is well known, before the development of the primacy of the genital and with it a specifically adapted apparatus for satisfaction, excitement and satisfaction are not so strictly separated from each other as they are after puberty.[66] End-pleasure is

[65] Jacobssohn, Edith: *Zum Heilungsproblem in der Kinderanalyse.* Paper read at the XIIIth Internat. Psa. Congress. Reviewed by the author in Int. Ztschr. Psa., XXI, 1935, p. 331.

[66] Freud: *Three Contributions to the Theory of Sex.* New York and Washington: Nervous and Mental Disease Publ. Co., 1930. p. 69.

not so sharply separated from forepleasure. Experience however shows that excitement and satisfaction, forepleasure and end-pleasure are not therefore simply identical with one another. Their boundaries are not sharp, but they comprise different spheres nevertheless. Even before puberty there is a relative orgasm, and satisfaction consists in a discharge which has no single definite end point so that the satisfaction cannot be sharply differentiated from the excitement. Since there is a discharge, the damming up is diminished by it. Making possible instinctual satisfaction appropriate for the child seems to me therefore the goal of child analysis just as the aim of analysis of adults is to make possible the instinctual satisfaction of which adults are capable. Of course I do not wish with these statements to minimize the significance of the primacy of the genital or the special importance of genitality.

A further question is the one concerning the break up of the superego which is supposed to take place in the analytic cure. Certainly the destruction of the archaic portion of the superego, the ending of the automatically occurring repetition of instinct prohibitions, which at one time in the past had been considered justified, is necessary. However, the category of 'I ought to', the possibility of evaluating and the possibility of being satisfied or dissatisfied with oneself, of having stirrings of conscience, all these remain in every healthy person as a matter of course. But in spite of this it seems to me correct that unequivocally one part of the instinct-regulating functions carried out in the neurotic by the superego must be taken over by the ego: automatic allowance or rejection of instinctual temptations must be replaced by judgment of the real consequences of prospective instinctual actions. Reason replaces the superego but not entirely. There remain situations in which differences continue to arise between ego and superego, and they are the ones in which one has a feeling of guilt. Apart from that however, the spheres of ego and superego fuse very considerably in the healthy person.

Influencing the superego comes about gradually during analytic treatment. This we have designated as 'the education

of the ego to a tolerance of less and less distorted derivatives'. It is clear that in this process a large rôle is played by the identification of the patient with the analyst. However we should not call it an 'introjection of the analyst by the patient' whenever an analyst convinces his patient of some truth.[67] In neuroses in which the superego front of the ego plays a greater rôle in the pathogenic conflicts, it is furthermore necessary to analyze the *origins* of the superego.

It is often said that the ego must be enabled to condemn the infantile sexual impulses unconsciously operative in the neurotic after repression of them has been abolished. Since this might be misunderstood, I should like explicitly to emphasize that as a rule such a condemnation is no separate act which the individual must voluntarily carry out. To be sure, in occasional cases it happens that the abolition of a repression leads at first to experiencing a certain perverse impulse and the indulgence in perverse sexual activities. Such activities are temporary and are historically conditioned; and for this temporary perverse phase to be brought to an end, further analysis of the anxieties which oppose normal sexuality is necessary. Apart from such cases, a good analysis is characterized precisely by the fact that the infantile sexual impulses in some way become—simultaneously with their attaining consciousness—*empty of content.* They are experienced as impulses actually present but experienced otherwise than they were in childhood, with a sort of astonishment of the ego as if to ask: 'What for?' or 'What could I do with that?'. The newly released infantile impulses no longer suit the ego. After removing defenses the greater part of the libido has been transformed into genital primacy and the fact that it has thus become capable of discharge makes intelligible the attitude of the ego towards the remaining infantile impulses. The capacity to sublimate the pregenital libido that remains must be greater when the major portion of the libido is genitally discharged, than it is when such genital discharge not being pos-

[67] *Cf.* Strachey, James: *Symposium, III.* Int. J. Psa., XVIII, 1937, pp. 139–45.

sible, the total sexuality requires satisfaction in an unaltered pregenital form. Indeed there can be no doubt that when the so called condemnation becomes such a matter of course, the chief factor in the process is the relative increase of genitality and decrease of pregenitality.

One often hears it said that for the completion of an analysis a 'dissolution of the transference' is necessary. Actually the dissolution of the transference begins with the first transference interpretation, as a rule soon after the beginning of the treatment. Every correct transference interpretation leads back to its true connections a portion of the libido hitherto invested in transference, and thus dissolves transference. As we have said before, there is one form of transference we preserve as long as possible because it represents a good aid for us in our work, and that is the paradoxically so called rational transference. It too must at some time become a resistance. At that point our task becomes the dissolution of the transference in its more limited sense. The patient must learn to renounce guidance and to settle his conflicts by himself. If this is accomplished by gradually decreasing the weekly number of the patient's analytic sessions, there is no essential objection to be made to such a procedure. Such a device can never replace the analytic work by means of which the patient should become not outwardly but inwardly independent of his analyst. If this analytic work is skilfully carried out, then I do not know why such an external 'gradual weaning' should be necessary. A more emphatic and essential objection is to be made when Alexander considers such a diminution of the weekly number of analytic sessions to be indicated in the midst of an analysis in order to combat a too great dependence of the patient upon the analyst.[68] In my opinion, the use of such a method would be like a surgeon stopping his operation because during it there is more bleeding than he had expected.

A few more words are now in order concerning some frequent abnormal types of analytic reactions. We saw that it is one of the principal tasks of the analyst to prevent by correct

[68] Alexander, Franz: Review of Kubie: *Practical Aspects of Psychoanalysis.* This QUARTERLY, V, 1936, p. 287.

technique the divergence of the patient's analytic work towards the Scylla of too much talking or towards the Charybdis of too much feeling. But what should the analyst do when a patient on coming to analysis is already the prey of either Scylla or Charybdis?

Most frequent victims of the Charybdis of feeling are the patients who begin with a transference storm of emotion before the analyst can know what this storm signifies. These are neurotic characters who act things out. The analyst can do nothing else with them than look for a reasonable residual ego and come to an understanding with that portion of the patient's personality. He must try to show that the patient is actively carrying out some special action that serves him a definite purpose, isolate his behavior from the residual ego, and continue this for as long as it is necessary, until the significance of the action becomes clear and analyzable. Sometimes we succeed thus in learning why the analysis had to begin in this manner, why the ego had to respond in the same way in the past to the first symptoms, the infantile anxieties. These patients are 'traumatophilic' persons whose characters have the structure of a traumatic neurosis and who strive all their lives to evade the repetition of a severely painful childhood impression but simultaneously seek to experience it again and again in order finally to be able to master it by continual repetition.

Most frequent victims of the Scylla of mere talking are persons who are empty of affect or cold in their feelings; who have learned to escape disagreeable experiences by isolation of affect and ideational content. When affects are completely lacking the defensive function of this lack is relatively easy to demonstrate. One need then only guard against the mistake of analyzing contents which to the patient would be interesting conversation, while no work at all would be done at points decisive from the economic viewpoint. More difficult are patients with pseudo-affects, persons who are always stirred up or always have to be acting some part. We should recall what has been said about 'threefold stratification' and should pay particular attention to the latent negative transference that can be hidden behind a positive front.

Above all one should interpret the transference when it has become a resistance.[69] However, one must note that this is not always easy because the first resistances are not always clearly recognizable as such. We consider a patient as relatively free of resistance when he shows a rational attitude toward analysis and seems ready to coöperate. But why should a person really have confidence right from the start in a strange individual and in a strange and implausible procedure? A too great readiness to behave rationally is therefore also suspicious. A person should have a normal distrust and where it is completely lacking, the suspicion is justified that it is repressed. Analyzing the negative transference does not always mean asking an angry patient, 'Why are you angry with me?' but often rather inquiring, 'Why do you not dare to show that you have feelings of anger against me?'. There is a type of patient in whom the defense against even his slightest unfriendly impulse is so essential a part of his character resistance that a close attention to his associations and dreams, together with the avoidance of interpretations of content provoked by him, will after long analytical effort reveal as a repressed impulse, for example, indignation over the fact that he once had to wait somewhat longer than usual in the waiting room!

On the other hand, not everything is transference that is experienced by a patient in the form of affects and impulses during the course of an analytic treatment. If the analysis appears to make no progress, the patient has in my opinion the right to be angry, and his anger need not be a transference from childhood—or rather one will not succeed in demonstrating the transference component in it; besides, there is also a life outside of the transference which continues to go on after an individual enters analytic treatment. A certain patient may even have been right when he responded to a transference interpretation by saying: 'Doctor, you are surely conceited; you make everything refer to yourself!' At times we have a choice as to whether a conflict can be better analyzed on the basis of the transference to the analyst or on the basis of the behavior

[69] Freud: *Further Recommendations in the Technique of Psycho-Analysis.* Coll. Papers, II. London: Hogarth Press, 1933. p. 360.

of the patient outside analysis. The concentration of the whole analysis in transference analysis if possible naturally has definite advantages, above all in the fact that we can observe the origin and course of all the conflicts. There are situations in which a correct analysis of behavior outside of the analysis prepares the ground for or supplements such transference analysis very well; there are also situations (for example certain negative transferences) which if left to our choice, we prefer to analyze on the basis of material of the 'life outside'. We must never forget the existence of this life outside; we must always draw it into the treatment. Otherwise there is the danger that the patient will escape from analysis into his outside life. This is a serious danger only when the patient does not discuss his life situation in analysis, so that the analyst perceives nothing concerning it. The analyst should be aware of such an omission.

Too great warning cannot be given against isolation of analysis from real life. The patient who misuses lying on the couch, or who goes to the toilet before every analytic session, contributes no more to such isolation than does the analyst by means of faulty selection of material to discuss, by too ceremonial behavior, or by a too limited ability for seeing and proving his points using the trifles of everyday life, and above all by failing always to start analyzing from the surface.

A commonplace example of neglect of the significance of the surface that made an impression on me occurred in Oslo where an opponent of psychoanalysis once gave a lecture in which he told of an acquaintance who was being analyzed and who, though fifty years of age, wished still to learn ice skating. This man practiced skating on lonely mountain lakes surrounded by steep walls of rock. His analyst tried to convince him that he made this choice of place out of a longing for his mother's womb. In actuality, said the lecturer, this fifty-year-old gentleman wanted merely to escape spectators in less lonely places who would have laughed at his attempts to learn skating. This critic is absolutely right. If the behavior of the patient in question really had the significance of a longing for his mother's womb, such a meaning should have become accessible

to analysis through previous discussion of the attitude of shame in a more superficial layer which was overlooked by the analyst. In the analysis of men who go to prostitutes, one hears emphasized the mother significance of the prostitute or the homosexual nature of an interest in women who have intercourse with so many men. Such emphasis neglects an important layer. The essential thing about the prostitute for her client is the fact that he does not know her personally, that in going to her he completely isolates his sensuality from the rest of his life so that the sensuality does not count afterwards and can easily be 'undone'.

Because it is recognized that resistances often spring from the patient's intellect so that things are not experienced but merely thought of as possible, analysts are often misled into the opposite extreme of a depreciation of the rôle of the intellect in analysis. We can and we should make use of the patient's ability to reason at many points.

Let us summarize the points of view presented in this section of our discussion. All interpretations, and particularly the most important special case of interpretation, transference interpretation, must be made *repeatedly* at every new resistance barrier: in other words, *working through* is necessary. What is attained thereby is the union with the ego of what was previously warded off by it. The advantage of this union is that the previously excluded instinctual tendencies catch up in a development which had previously been arrested, and are given the possibility of discharge whereas previously they were dammed up. The energies that were dammed up *really* become free.

I hope I have succeeded in making intelligible what appears to me desirable in a more systematic technique. This is not to say that we should analyze with understanding alone and not with intuition, but that we should have no aversion to reflecting upon our procedures so that we may always act intuitively from knowledge and understanding and with a purpose.

Translated by DAVID BRUNSWICK

(To be concluded)

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On Sublimation

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ON SUBLIMATION

BY FRANCES DERI (LOS ANGELES)

When the concept of sublimation was first introduced by Freud in 1905 it referred to every conceivable result of instinct development except direct satisfaction and repression. Thus sublimation comprised reaction-formation, reversal of an instinct into its opposite, the turning of an instinct back upon the subject, as well as that which we call sublimation today. In the Three Contributions to the Theory of Sex the paragraph on sublimation makes it obvious that reaction-formation at that time denoted just one special form of sublimation. Later Freud showed us that sublimation cannot take place if the instinct is repressed, whereas one of the conditions for reaction-formation is repression.

Since then most authors have agreed to use the term 'sublimation' to denote only that outcome of instinct development which is characterized by: (*1*) deflection of the instinct from its original aim; (2) deflection of the instinct from its original object; (*3*) gratification of the instinct by means of activity having a more acceptable social or cultural value than that of the original form of expression.

It might seem somewhat unusual to introduce the idea of value into a scientific definition, but we need only ask what actually causes the child to reject its original satisfaction (this being the prerequisite of sublimation). Those forces which meet the rising impulse at the threshold of consciousness and divert its direction are generated by the social, ethical or cultural demands of education. Thereby the concept of value enters the picture. It is obvious that the result of the ensuing sublimation must show the marks of this.

It might be worth while to consider which parts of the instinct are amenable to that most acceptable form of ego defense, sublimation. Freud defines mental illness as an impairment of the capacities for achievement and enjoy-

ment *(Leistung und Genuss)*. This definition obviously takes into consideration the old division of the instinctual life into the instinct for self-preservation and the sex instinct. Everything that is harmful to achievement hinders self-preservation; everything that subversively influences the sexual activities impedes enjoyment. If by achievement *(Leistung)* we understand everything that furthers self-preservation (that is, everything ranging from the activities concerned with the immediate satisfaction of our fundamental bodily needs to the subtlest and most highly valued social and cultural accomplishments), then we can briefly formulate the content of the ensuing material in this manner:

1 Sublimation is a result of an ego defense against pregenital impulses.
2 Only such pregenital impulses can be sublimated as have their source in bodily organs subserving self-preservation.
3 Pregenital impulses which are derived and split off from functions of bodily organs yield the energy for human achievement *(Leistung)*.
4 Genital impulses cannot be sublimated.
5 Genital impulses subserve solely the purpose of enjoyment *(Genuss)*.

The history of both groups of instincts confirms this view. It is self-preservation which requires certain activities on the part of the child. Carrying them out the child discovers that the activity in question yields pleasure to the erogenous zone involved. Later this pleasure becomes split off from the original activity that served the purpose of self-preservation.

The further development of the pregenital instinctual energies yields three possibilities. One part of these energies subserves the primacy of genitality; their satisfaction is utilized and felt as forepleasure. A second part of the pregenital energies is consumed by reaction-formation, in being turned back upon the subject, and in being utilized for activities reversely opposed to the original means of gratification. (That which we call character is mainly the integrated assimilation

of these tendencies into the individual ego.) A third and fairly considerable quantity of all pregenital energies is diverted from aim and object and retained in the games of children. These games are later on replaced by activities which serve the purpose of self-preservation, that is, of achievement. At this time these pregenital energies acquire the culturally higher qualities necessary for social achievement, thereby fulfilling the three prerequisites of sublimation.

Genital energies develop in a totally different way. If we ask ourselves what enables us to differentiate between genital and pregenital energies, a superficial answer might refer to the bodily organ involved. However, we often observe in our patients that they do use the genital apparatus in their love life, that they do have sexual intercourse, but that their apparently normal intercourse actually satisfies pregenital (frequently anal) demands. Hence this does not decisively settle the matter.

The use of the genital apparaus in obtaining pleasure is in the infant coördinated with the sexual activities of other organs, and this very coördination places the pleasure derived from activity of the genitals on the level of pregenital satisfactions. The genitals are coördinated during this period with the mouth, the anus, the eyes, and so on.

In the phallic phase a change occurs in so far as the genital zone becomes the center of infantile sexuality. Preoccupation with the genitals at this time becomes the dominant expression of the child's total sexuality. Genital activity, however, is as yet not fundamentally different from the infantile activity of other organs. Among all the erogenous zones the genital is *primus inter pares.* As an organ the genital is dominant, just as is the mouth during the oral phase; but satisfaction from other organs is not relinquished all at once. These lose their value for the child's satisfaction gradually, it being during this phase that the child begins to sublimate the early component instincts to a far greater degree than before. This phallic phase is differentiated from the later true genital phase by

one particular characteristic: the predominantly narcissistic behavior of the child. The genital apparatus is so strongly charged with narcissism that this zone is of greater importance to the child than the object. Whenever a conflict arises which seems to imply danger to the child's bodily integrity, the child gives up the object in order to protect its genitals.

Not until the beginning of the true genital stage—that is, not until puberty—is there any significant change. At the genital stage the various modes of gratification all remain more or less active, partly as forepleasure, partly sublimated. But end-pleasure is reserved for the genitals. The other erogenous zones serve to induce forepleasure by generating tension and thereby intensify the pleasure resulting from ultimate depotentiation, the end-pleasure. We know that this predominance of the genitals represents the first prerequisite for the complete attainment of the genital level; the second prerequisite is the overcoming of narcissism, that is the capacity to enter into exogamous object relationships. Only this annihilation of the œdipus complex, the final withdrawal from incestuous objects and their images, gives assurance that the genital stage has been attained.

Experience shows that only those who have reached this stage, that is, those whose capacity for genital enjoyment is undisturbed by pregenital impulses, escape difficulties in the field of achievement. Every disturbance in the plane of enjoyment corresponds to one in the plane of achievement, and vice versa. The analyst is well aware that a patient with work disturbances must reveal an abnormal sex life, and that the patient who enters analysis because of impotence will evidence some incapacity in his daily working life.

Now let us make the assumption that in healthy people pregenital tendencies subserve self-preservation (achievement, sublimation) whereas genital tendencies subserve solely the attainment of enjoyment. Considered from this point of view, we can define neurosis as *an attempt to break down this normal division.* The hysteric, for example, who responds to sexual

excitation with vomiting is attempting to make use of her genital libido in a pregenital (oral) way. The compulsion neurotic whose libido has regressed to the anal stage attempts to make genital use of this anal libido; he will either be impotent or will have to rely upon anal fantasies to carry him through the sexual act. A coprophilic may, after sublimating successfully, become a painter; if he wants to use his coprophilia genitally, however, he may develop an ejaculatio præcox, thus soiling the woman. An exhibitionistically fixated girl may sublimate successfully by becoming an actress; but if she is on the defensive against genital end-pleasure (that is if she wants to use her exhibitionism in a genital way), she may wander from one gynecologist to another, exhibitionistically displaying her frigidity.

If we postulate that under normal conditions there is an integral connection between pregenitality and self-preservation on the one hand and between genitality and nothing but pleasure on the other, then it follows that every sublimation would be derived from pregenital forces. It would further follow that under no circumstances could genital impulses be sublimated. Thirdly it would mean that every attempt to use pregenital forces in order to attain end-pleasure as well as every attempt to use genital force in a self-preservative way must lead to pathological consequences—that is, to neurotic reactions.

As a matter of fact, we are familiar with real sublimations only in the realm of self-preservation, that is, of achievement. The surgeon, the teacher, the butcher may be sublimated sadists; the bureaucrat, the archeologist, the cook, the cleaning woman may be sublimated anal erotics; the astronomer, the explorer, the botanist, the actor, the connoisseur of pictures, the mannequin, may be sublimated voyeurs or, on the other hand, sublimated exhibitionists. For every pregenital component instinct there may be a variety of possibilities. But such possibilities do not exist in the genital realm. The very prerequisites for the attainment of genital primacy—the

dependency of end-pleasure on the genital apparatus and the overcoming of narcissism—exclude the use of genital tendencies within the realm of self-preservation or achievement.

On the other hand, pregenitality cannot attain satisfaction in the genital sphere. It is specifically narcissistic and can therefore never be satisfied by an end-pleasure attached to an object. Every compulsion neurotic is an example of this statement: he tries to satisfy his pregenital wishes in a genital way but of course can never succeed because he has no actual object relationship. At the very place where the object should be, his own narcissistic ego stands; he loves only himself.

We attain the same result when we start from the generally accepted definition of sublimation. In this definition the sublimation of an instinct is determined by *(1)* its deflection from the original aim, *(2)* its deflection from the original object, and *(3)* the relatively higher cultural value of the substitutive activity. It is essential for genitality, however, that the aim be exclusively genital and that the satisfaction be tied up with the object; deflection from either is therefore impossible. In order to speak of genital sublimation we would have to change the definition either of genitality or of sublimation. When we define a concept in terms of certain characteristics we must adhere to these characteristics, for they are the indispensable elements of the concept. Our deductions would otherwise be scientifically inadmissible. When we think of genitality as being deflected from aim and object, we are obviously not really thinking of genitality at all. Genital energy which is deflected from aim and object is no longer genital.

This view of the situation may yield a solution of the question as to what the normal individual (or the analyzed person) is to do with his genital libido whenever he is for external reasons unable to find an adequate love object. He has only two ways out: repression or regression. Unpleasant as it is, it must be admitted that here, as in so many other situations in life, a tragic conflict arises for which a really satisfactory solution is not to be found. The lack of an adequate partner

in love life compels a person to accept pseudo solutions similar to those which unemployment forces upon him in vocational life. But whereas self-preservation cannot stand postponement (because after all the person must live), the normal person is able to endure sexual desires without serious disturbances for a period of time. This ability to endure tensions constitutes a good deal of that which differentiates the adult from the child. The most frequent solution for the normal person will be regression to the phallic stage in which masturbation is substituted for object relationship.

In spite of all this we do sometimes speak of 'genital sublimations'. This rather loose form of expression takes into consideration the fact that the results of sublimation vary in their social or cultural value depending upon the stage of instinct development in which they arise. The sublimations resulting from successful psychoanalyses yield the best examples for this.

> I remember a patient who for eleven years previous to her analysis lay all day in bed daydreaming exhibitionistic fantasies. She responded to the analysis of these fantasies by writing a book, a novel which she published with great success. Daydreaming was in her case a sort of incomplete sublimation. In as much as in this activity she did not really exhibit herself to her father (the unconscious essence of her fantasies), the deflection from aim and object had been achieved. But the third and most essential element of sublimation—the cultural value—was missing, just as it is missing in the games of children.
>
> Up to the time of her analysis the patient had tried to make use of her genital libido in a pregenital, exhibitionistic way. The effect of the analysis was to free her genital impulses and thus make possible the social utilization of her fantasies.

In general we can say that the more completely the genital tendencies attain satisfaction, the more successfully the pregenital energies can be sublimated. Under normal conditions, or after a successful analysis, genitality subserves end-pleasure

and object relationships undisturbed by pregenital wishes. Only then is the way to sublimation completely open; only then is life adequately divided between both groups of impulses: pregenitality remains within the realm that gave it its first satisfactions (self-preservation, achievement) and genitality remains in the realm of the ability to love (enjoyment).

I mentioned that the success of sublimation is highly dependent upon the stage of development in which it takes place. It seems that an instinctual desire can be sublimated only when its satisfaction in the primary form is no longer necessary. What could make a child sublimate its anality, for instance, as long as it remains in the anal stage? This stage is termed anal precisely because at this time it is anal activity which achieves an adequate sexual satisfaction. The motive for renunciation could only be: 'I must give it up because the danger of punishment is too great'. But if the anal satisfactions are given up during the next or phallic stage, the motive then is: 'I am ready to give it up because the new satisfaction (phallic masturbation) has greater value to me'.

There can be no doubt about the fact that an instinct transformation brought about through fear must show traces of this fear, perhaps in the form of feelings of guilt. In this case the degree to which an instinct can be sublimated, that is, the distance it can be deflected from its original aim, will be just enough to prevent manifest fear. On the other hand if the transformation of a pregenital instinct takes place when the satisfaction from a phallic activity can be offered in substitution, sublimation will be more easily attained and will be further from the original aim as this aim is no longer cathected.

We can now set up a progressive series:

Oral stage:	oral activities = sexual satisfaction.
Anal stage:	anal activities = sexual satisfaction; orality can be sublimated.
Genital stage:	genital activities = sexual satisfaction; orality and anality can be sublimated, except the parts that serve as forepleasure.

Thus we would understand under 'genital sublimation' a sublimation of pregenital energies achieved during the genital stage. Furthermore we can assume that a sublimation of pregenital forces attained during this stage will bear witness to its time of origin; since the genital stage is characterized by the child's ability to form object relationships, a social element will show up strongly in the sublimation.

Freud calls our attention to the fact that most bodily organs serve two masters: they are at the disposal of both sexual and ego instincts. He says in part: 'The more intimate the relation of an organ possessing such a duality of function with one of the great instincts, the more will it deny itself to the other'. Now all those organs which satisfy the pregenital instinctual demands really serve these two masters. The genital apparatus alone has a single master—the sexual instinct. Possibly this same circumstance has allotted to genitality its ability to unite all the other components under its primacy. But it is the same circumstance that prevents the genital energies from being employed within the realm of self-preservation, that is, from being sublimated. All the other organs have to fulfil extraordinarily important functions which serve self-preservation and which either benefit the individual or at least guard him from dangers. In addition they can provide pleasure. It is characteristic of the genital apparatus that it can only provide pleasure and has no function of self-preservation. Moreover, this is the reason why phallic tendencies cannot be sublimated. Their position among the pregenital impulses is an extraordinary one, as the phallic tendencies are not derived and split off from self-preservative functions. This explains why so many patients with potency disturbances, that is, persons who cannot enjoy their sexuality, complain about the futility, the uselessness of their genitals.

I mentioned at the beginning of this paper that the very first idea of sublimation (Freud, 1905) implied every conceivable product of instinct development except direct satisfaction and repression. And now we realize that this first

approximation hit upon a very important point: what Freud excluded from the concept of sublimation—satisfaction and repression—are the two possible attainments of genitality.

As far as I know, the impossibility of sublimating genital energies, that is, the fact that all sublimations are based on pregenital impulses, has not been mentioned in the literature. There seem to be special reasons for this.

The pregenital satisfactions have been recognized as the appropriate satisfactions of normal childhood; on the other hand the pathological modes of satisfaction regularly prove to be pregenital. Thus, indeed correctly in an evolutionary and pathological sense, the analyst has accustomed himself to consider 'pregenital' identical with 'infantile'. The result of this has been a devaluation of pregenitality in general, a disparagement which fails to acknowledge the immense significance of pregenitality in relation to culture. In other words, it is assumed that achievements of high cultural value cannot be connected with anything so low, so vulgar, so inferior as infantile orality, or infantile exhibitionism. But if we examine cultural achievements we can find scarcely any example which does not somehow betray its pregenital origin, whereas there is no single characteristic to be found which would mark a cultural achievement, a sublimation, as being unquestionably genital.

We can summarize with the pictorial statement of Freud: our instincts serve two masters, achievement and enjoyment. The genital energies subserve from the beginning solely human enjoyment, and under normal conditions they remain within this realm. The pregenital energies are at first united with activities of self-preservation and in this way contribute to the child's ability to achieve. Later, at certain times, they flood the various spheres of enjoyment. But when maturity approaches, when the adolescent becomes capable of attaining the highest summit of enjoyment, at the time of genitality, the pregenital energies flow back into the realm of achievement. It is there that they experienced their first activities, and there they will serve the matured ego and its higher demands on a higher, sublimated level.

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The Significance of Theatrical Performance

Richard Sterba

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THE SIGNIFICANCE OF THEATRICAL PERFORMANCE

BY RICHARD STERBA (DETROIT)

Many problems of the great theatrical plays have been solved through psychoanalysis. Otto Rank, in his famous book *Das Inzestmotiv in Dichtung und Sage,*[1] made very careful and detailed researches in this field showing that the œdipus complex is the main content of every tragedy. Jekels showed that the same complex reversed is the foundation of comedy. We know that the theatre, from Greek saturnalia to modern performance, and the great festivals after the death of the *Urvater* are closely connected. But very seldom do we read in psychoanalytic papers about the significance of acting itself, apart from the content of the play. Here, as in so many other cases, Freud has opened up the way for us by pointing out the secret significance of art in general in the words: 'Art, which certainly did not begin as art for art's sake, originally served tendencies which today have for the greater part ceased to exist. Among these we may suspect various magic intentions.' [2]

We believe that magic is of great importance in acting as well as in other forms of art. It was, however, not through watching a famous play executed by prominent actors that I perceived the hidden significance that lies behind all acting, but by looking on at a very mediocre popular piece played by unskilful amateurs drawn from the working classes. And not unlike the method used by Freud in *Der Dichter und das Phantasieren* which was to observe the effect of cheap novels upon the minds of uneducated people, I observed the effect of the play I was watching on an audience whose members were of the same class as the performers.

[1] Rank, Otto: *Das Inzestmotiv in Dichtung und Sage.* Leipzig: Franz Deuticke, 1912.

[2] Freud: *Totem and Taboo.* Trans. Brill. New York: New Republic, Inc., 1931, pp. 158–159.

In Ascona, that heavenly spot situated on the Lago Maggiore in Switzerland where I spent some months, there were various popular festivals among which was a theatrical performance executed by the inhabitants who themselves had constructed the stage in the open air just beside the little harbor. The play was of no interest and very hard to follow, since the actors did not speak pure Italian but their own dialect which differs a great deal from the Italian language. In the piece, which was a play within a play, there was a performance *'in onore de la Marchesa'* who played the principal part. Dancing couples trod the boards, there were topical songs, and not only the audience but the actors as well followed the various turns with the frenzied enthusiasm and sympathy customary with Italian audiences. The end and culminating feature of the play within the play was the *barcarolla,* announced with great pomp and ceremony. A boat was torn through the background and across the stage, rolling against the painted waves. Some men sat inside and were singing the usual boat songs. There was nothing in the scene that could impress anyone at all critical of the stage, but the naïve audience was roused to a pitch of almost indescribable frenzy. They were raving with enthusiasm, shouting applause, jumping and stamping on the benches and tables, eyes sparkling, faces flushed. It was a pandemonium. The enthusiasm never abating, the boat had to make its shaky passage across the stage over and over again. It was obvious from the quality of the excitement and applause that for both the actors and the audience something extraordinary was happening on the stage—something actually in the nature of a miracle. The scene, simple enough, was nothing but an imitation of something they could all see every day: a boat on the waves. They had merely to look toward the lake lying in the full southern moonlight a few yards away from the stage to see the same thing. But for them it was not the same thing. It was not at all the repetition of an everyday happening. For these simple folk, most of them fishermen, the scene on the stage had all the significance of an act of creation, the creation of a very familiar part of their world. And as the men in the

shaky boat on the stage were their intimate friends and close neighbors—Arturo the postman, Emilio the butcher, Annibale the shoemaker—and had all helped to build the stage, to construct the boat and paint the waves, or had at least looked on at the work for days beforehand, they had all the feeling of having taken part in this miraculous act of creation. They had become creators themselves, and their excitement and enthusiasm was the tumultuous expression of this overwhelming feeling of being like God.

And so came upon me in a flash the realization that the unconscious essence of acting is magic world creation. A part of the world is imitated, *repeated* on the stage, and thus by the act of imitation created afresh. A play on the stage has the same magic meaning as children's play which is also a magic act of creation; it is of deep significance that both are called 'playing'. We observe also that children begin to play-act after they have given up their primitive magic playing (latency period). Not only can the actual world be created on the stage, but the past as well; and history can be revived and magically called up by performance. Thus the pleasure of acting and of looking on at a theatrical performance is a very narcissistic one, through regression to the early childhood stage of magic world-creation. The well-known German saying *'Die Bretter die die Welt bedeuten'* (the boards which represent the world) shows that our everyday language expresses this secret, deeper significance of the theatre.

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Experimental Demonstrations of the Psychopathology of Everyday Life

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EXPERIMENTAL DEMONSTRATIONS OF THE PSYCHOPATHOLOGY OF EVERYDAY LIFE

BY MILTON H. ERICKSON (ELOISE, MICHIGAN)

Introduction

The experiments reported below were conducted for the most part in the presence of a seminar of graduate students held in New Haven under the leadership of Dr. Sapir during the spring of 1933. In addition, a few experiments which were performed elsewhere are included.

The subject who was used for many of these demonstrations had frequently before volunteered for similar purposes. He knew nothing, however, of the plans for these experiments; they represented situations which were entirely new and problems with which he had never before been confronted.

In his approach to such demonstrations, this subject customarily reacted in a way which was fairly characteristic for many others. Ahead of time he often appeared to be resentful and anxious, or over-eager about the impression which he and the experimenter would make. Suddenly, however, with the beginning of the lecture or demonstration, he would seem to shift the responsibility completely and to lapse into an attitude of complete comfort with loss of all tension and worry.

Following one of the demonstrations described below the subject told the experimenter that his shift in mood had been even more marked than usual. The night before the lecture he had been unable to sleep and had felt more than ordinarily resentful that on so important an occasion no rehearsal or preparatory discussion had taken place. He had even developed some nausea and diarrhœa. All of this nervousness had disappeared completely, however, as he entered the lecture room on the morning of these experiments.

From the Eloise Hospital, Eloise, Michigan.

I. Unconscious Determinants of the Casual Content of Conversation

The subject was brought into a state of profound hypnosis, during which he was instructed that after awakening he would *(1)* notice Dr. D. searching vainly through his pockets for a package of cigarettes; *(2)* that he then would proffer his own pack, and *(3)* that Dr. D. absent-mindedly would forget to return the cigarettes whereupon the subject would feel very eager to recover them because he had no others. He was further told that *(4)* he would be too courteous to ask for the cigarettes either directly or indirectly but that *(5)* he would engage in a conversation that would cover any topic except cigarettes although at the time his desire for the return of the cigarettes would be on his mind constantly.

When he was awakened the subject saw that Dr. D. was looking for cigarettes. He thereupon courteously offered his own and at the same time became involved in a conversation during which Dr. D., after lighting the cigarette, absent-mindedly placed the pack in his own pocket. The subject noted this with a quick glance, felt of his own pockets in a somewhat furtive manner as if to see whether or not he had another pack, and showed by his facial expression that he had no others. He then began chatting casually, wandering from one topic to another, always mentioning in some indirect but relevant fashion the word 'smoking'. For example, he talked about a boat on the bay at New Haven, commenting on the fact that the sight of water always made him thirsty, as did smoking. He then told a story about how the dromedary got one hump and the *camel* two. When the question of travel was raised he immediately pictured the pleasure he would derive from crossing the Sahara Desert rocking back and forth comfortably on a *camel.* Next he told a tale of Syrian folklore in which again a camel played a rôle. When he was asked to tell something interesting about patients he told of taking a patient to see a marathon dance which the latter enjoyed immensely while he himself was reminded by the antics of the dancers of

a circus where one would see elephants, hippopotami and *camels*. Asked what he would like to do, he commented on the pleasant weather and said that there was nothing more glorious than paddling in a canoe or floating at ease on the water, smoking.

II. Manifestations of Unconscious Ambivalent Feelings in Conversation about a Person

During hypnosis the subject was told that he admired and respected Dr. D. very much but that unconsciously he was jealous of him and that because of this jealousy there would be a cutting edge to complimentary remarks which he would make. He was further told that after awakening a conversation would be started with Dr. D. in which he would take part. The subject was then awakened and the conversation begun.

The topic of traveling and its contribution to personal education was mentioned. The subject immediately brought up the fact that Dr. D. had studied both in the Middle West and in the East and that, having traveled abroad as well, he might well be called cosmopolitan. He himself, he added, would like to travel and get a cosmopolitan education but in the last analysis that was what was being done by any old tramp who traveled from one part of the country to another by stealing rides on freight cars. There followed a discussion of human behavior as it reflected local environments during which the subject remarked that the man who had traveled showed a broader knowledge and better understanding of people and of cultural things; he added, however, that the same thing might possibly be said of any resident of east-side New York.

III. Lapsus Linguæ and Unconscious Irony

During hypnosis the subject was instructed that after he awakened Dr. D. would begin talking to him about some abstruse subject in which he was not at all interested, and that although he would actually be profoundly bored he would try to appear interested. He was told that he would want very much to close the conversation, that he would wish for some

way of shutting off this interminable flow of words, that he would look around him in the hope of finding some distraction, and that he would feel that Dr. D. was terribly tiresome. He was then awakened, whereupon Dr. D. began the conversation. Although the subject appeared to be politely attentive, Dr. D. would occasionally say, 'Perhaps you're not interested?'. The subject would reply with excessive emphasis, 'Oh, yes, certainly, I'm very much interested'. Now and then he would interrupt Dr. D., trying to pin him down to some definite point for discussion, but each time this effort was evaded. At length the subject began glancing about the room and was noted casually to observe an open door. Finally he interrupted Dr. D., saying, 'Excuse me, I feel an awful draft', and got up to close the door. As he did so he was asked what he was doing. He replied, 'The air seems to be awful hot ['hot air!']; I thought I would shut off the draft'. When the hypnotist pretended not to understand and asked him what he was doing the subject replied, 'Why, I just shut the bore'. His remark was then repeated by the hypnotist for the benefit of those in the audience who had not heard it. When the subject heard his statement given as 'shutting the bore' he started visibly, seemed tremendously embarrassed, and with much urgency turned to Dr. D. saying, 'Did I say that? I didn't mean that. I just meant I closed the door.' He was very apologetic in his whole manner and bearing.

IV. Unconscious Resentment Expressing Itself in Masked Forms Through a Smoke-Screen of Overcompensatory Courtesy

The subject was told during hypnosis that he felt antagonistic, resentful and jealous of Dr. D., and that this emotional state would persist after he was awakened. He was also told that after awakening he would try to be courteous and acquiescent toward Dr. D. in every way and would appear to be willing to do anything requested of him.

After being awakened the subject seemed to be entirely

at ease; he responded courteously to some casual remarks addressed to him by Dr. D. Presently Dr. D. asked him if he would mind changing his seat. The subject replied certainly not, that he would be delighted, but that *he* was quite comfortable where he was; if, however, it would make *Dr. D.* more comfortable, he would be delighted to change his seat. The request was repeated, whereupon the subject arose and asked Dr. D. to designate the precise chair in which he was to seat himself. He walked over towards the designated chair but asked Dr. D. if perhaps a certain other chair might not serve even better since the reason Dr. D. had given for his request was that he was not quite in full view of the audience. When Dr. D. insisted that the designated chair was the better one the subject, with great courtesy, still questioned, seeming nevertheless most willing to do precisely what was desired and to be hesitant only about seating himself before he was absolutely certain of Dr. D.'s wishes. After much insistence by Dr. D. that he seat himself the subject agreed that the chair indicated was precisely the one that he ought to sit in and proceeded to do so; but as he did so he moved the chair about six inches to one side and shifted its position so that it faced in a slightly different direction. Immediately upon seating himself he turned and politely asked, 'Is this the way you would like to have me?'. After a few moments of casual conversation Dr. D. found fault with his position and asked him if he would mind taking his original chair. He rose promptly, said that he would be delighted to sit anywhere that Dr. D. wished but that perhaps it would be better if he sat on the table, and offered to move the designated chair to any desired spot, suggesting some clearly unsuitable positions; finally, when urged insistently to sit in the chair he again had to move it.

V. Ambivalence: Manifestations of Unconscious Conflict about Smoking in the Distortion of Simple, Daily Smoking Habits

During profound hypnosis the subject was instructed to feel that smoking was a bad habit, that he both loved and hated it,

that he wanted to get over the habit but that he felt it was too strong a habit to break, that he would be very reluctant to smoke and would give anything not to smoke, but that he would find himself compelled to smoke; and that after he was awakened he would experience all of these feelings.

After he was awakened the subject was drawn into a casual conversation with the hypnotist who, lighting one himself, offered him a cigarette. The subject waved it aside with the explanation that he had his own and that he preferred Camels, and promptly began to reach for his own pack. Instead of looking in his customary pocket however, he seemed to forget where he carried his cigarettes and searched fruitlessly through all of his other pockets with a gradually increasing concern. Finally, after having sought them repeatedly in all other pockets, he located his cigarettes in their usual place. He took them out, engaged in a brief conversation as he dallied with the pack, and then began a search for matches which he failed to find. During his search for matches he replaced the cigarettes in his pocket and began using both hands, finally locating the matches too in their usual pocket. Having done this, he now began using both hands to search for his cigarettes. He finally located them but then found that he had once more misplaced his matches. This time however he kept his cigarettes in hand while attempting to relocate the matches. He then placed a cigarette in his mouth and struck a match. As he struck it, however, he began a conversation which so engrossed him that he forgot the match and allowed it to burn his finger tips whereupon, with a grimace of pain, he tossed it in the ash tray. Immediately he took another match, but again introduced a diverting topic by asking the audience in a humorous fashion if they knew the 'Scotch' way of lighting a cigarette. As interest was shown, he carefully split the match through the middle. One half of the match he replaced in his pocket in a time-consuming manner and tried to light his cigarette with the other half. When it gave too feeble a flame he discarded it and had to search for the second half. After striking this another interesting topic of conversation developed

and again he burned his fingers before he made use of it. He apologized for his failure to demonstrate the 'Scotch' light successfully and repeated the performance, this time holding the flame in such a way as to ignite only a small corner of the cigarette from which he succeeded in getting only one satisfactory puff. Then he tossed the match away and tipped the cigarette up so that he could see the lighted end. He started to explain that that was how the 'Scotch' light was obtained and noted that only one small corner of the cigarette was lit. He smiled in a semi-apologetic manner and explained that he had really given a 'Jewish' light to the cigarette, whereupon the lighted corner expired. He made a few more humorous comments, and as he talked and gesticulated appropriately he rolled the cigarette between his fingers in such a fashion that he broke it, whereupon he put it aside and took another. This time a member of the audience stepped up and proffered him a light, but as the lighted match drew near to the tip of his cigarette the subject sneezed and blew it out. He apologized again and said he thought he would light his own cigarette. While taking out his matches he commented on the vaudeville trick of rolling cigars from one corner of the mouth to the other and proceeded to demonstrate how he could roll a cigarette in that fashion, which he did fairly successfully. However, in doing so he macerated the tip of the cigarette and had to discard it. He took another, holding it in his mouth while he reached for his matches, started a conversation, and took the cigarette out so that he could talk more freely. It was observed that he took the cigarette out with his hand held in the reverse position to that which he usually used, and after completing his remarks he put the dry end of the cigarette in his mouth, exposing the wet end. He then tried to light this, held the match to the tip in the proper fashion, puffed vigorously, finally got a puff of smoke and then blew out the match. Naturally the wet end of the cigarette did not burn satisfactorily and quickly went out. He looked at it in amazement and in a semi-embarrassed manner mumbled that he had lit the wrong end of the cigarette; he then commented that now both ends

of the cigarette were wet, and discarded it for another. After several similar trials he finally succeeded in lighting the cigarette. It was observed that although he took deep puffs he tended to let his cigarette burn undisturbed, and that instead of smoking it down to a reasonable butt he quickly discarded it.

A little later while smoking the subject attempted to demonstrate the violent gestures of a patient and in so doing knocked off the burning tip. Then while lighting another cigarette he became so interested in talking that he lit the cigarette in the middle rather than at the tip and had to discard it. As usual he showed profound embarrassment at seeming so awkward.

(On other occasions when the subject had demonstrated this phenomenon, he would finally complete the demonstration by selecting a cigarette in a strained and laborious fashion and then, obviously centering all of his attention upon the procedure of lighting it, would hold his hand tensely as he lit the match, applying it with noticeable rigidity to the cigarette and holding it there so long and puffing so repeatedly that all doubt was removed concerning the actual lighting of the cigarette, whereupon his whole manner and attitude would relax and he would appear to be physically comfortable.)

VI. Unconscious Convictions of Absurdities with Rationalization in Support of the Belief in Them

During hypnosis the subject was instructed that he was about to be reminded by the hypnotist of something he had known for a long time, that he had known it both as a result of his own experience and from reading about it in authoritative books. This, he was told, was the fact that 'all German men marry women who are two inches taller than they are'. A state of absolute emotional and intellectual belief in this was suggested and he was warned that he might be called upon to defend this statement. He was told that he had read of this in a book written by Dr. Sapir in which the reference occurred on page forty-two. He was informed that he would know this not only in the hypnotic state but also when awake. The subject was then wakened.

During the course of a casual conversation mention was made of the peculiar customs of various nations and peoples. Remarking that he was reminded of a peculiar custom among the Germans, the subject went on to describe the suggested phenomenon in a matter-of-fact way. When his statement was challenged he expressed obvious surprise that anybody should doubt it. He argued that it was entirely reasonable, that customs established originally from some simple purpose could be perpetuated by future generations until, regardless of their absurdity, they were looked upon as rational and commonplace. From this statement he proceeded to draw a social parallel to the attitude of Mussolini regarding compulsory marriage, arguing in a logical, orderly and reasonable fashion. When this failed to convince the doubters he drew upon personal experience, citing examples with a casual, simple, matter-of-fact and convincing manner, and calling upon others in the group to verify his statements. When they failed to do so and cited contrary instances he smiled agreeably and stated that every rule had its exception and that the failure of the German in the audience to confirm his observation was characteristic of the well-known tendency to overlook the obvious in familiar situations. When he was asked whether any authority in the field was known to hold such a belief he promptly stated that he had read the same observation in a book by Dr. Sapir entitled, Primitive Peoples and Customs. When he was asked where in the book it was described he smiled in a deprecating fashion and remarked that it had been so long since he had read the book that he could not be sure of the page but that, as he recalled it, it seemed to be between pages forty and forty-five—forty-four, perhaps; this despite the fact that the hypnotist had specified page forty-two. He was then asked by a member of the audience what chapter it was in; he stated that as far as he recalled it was chapter two. Asked for the chapter heading, he explained that he had read the book so long ago he really could not recall it. When a member of the audience then stated that such a belief was contrary to all common sense the subject, in amazement and with some embarrassment, asked

rather urgently, 'Surely you would not dispute a man as famous and distinguished as Dr. Sapir?', nodding his head toward Dr. Sapir. His whole manner was suggestive of intense surprise at such arrogant disbelief.

VII. Automatic Writing: Unconscious Obliteration of Visual Impressions in Order to Preserve an Hypnotically Ordered Amnesia

During hypnosis the subject was instructed that on awakening he would engage in a casual conversation and that as he did so his hand would begin writing, but that he would have no knowledge of what he was doing.

After he had written some incomplete sentences he was asked what he was doing by others in the audience. With some amazement he explained that he had been talking to Dr. D. When he was informed that while talking to Dr. D. he had also been writing, he immediately pointed out that this could not have been since he had been holding a cigarette in his right hand. (He had actually transferred the cigarette from his left to the right hand upon completing the writing.) As the audience continued to insist he pointed out that he had had no pencil and nothing to write on, in addition to the fact that *he knew* he had not been writing and that the audience must have been mistaken. His attention was then called to a pencil and some paper on the table; he seemed surprised to see the paper and pencil and insisted that he had not had anything to do with either. He was asked to examine the paper to see if there were not some automatic writing on it, or at least writing. He picked up the paper, glanced at the top sheet, shook his head and began slowly to thumb over each sheet, examining the papers over and over again on both sides, and finally restoring the pile to its original state. He said that he found no writing on any of the sheets. His attention was called to the top sheet which he was asked to examine. He looked it over carefully at the top, turned it over and examined it, seemed to be in doubt as to whether or not he had taken the top sheet and took the second sheet; he examined that, put it away, and

glanced at the third sheet; he then seemed to feel that possibly he *had* had the top sheet in his hand, so he reëxamined that very thoroughly and carefully and then, still holding it right side up, declared hesitantly, as if he hated to dispute with the audience but felt compelled to disagree, that there was no writing on the paper. One of the audience called his attention to the particular part of the paper on which there was writing. He glanced at it, looked back at his informant in a puzzled way and then reëxamined that part of the paper. After turning it over somewhat doubtfully and glancing at it he turned it right side up again. He then began holding it so that the light struck it obliquely and finally declared, still in a puzzled fashion, that there *really* was no writing on the paper. Finally he was given the suggestion by the hypnotist that there *was* writing and that he would see it. He glanced back at the paper in surprise and then an expression of amusement and amazement spread over his face as he saw the writing apparently for the first time. He commented on the juvenility of the handwriting, disowning it. When asked to tell what it said he showed much interest in reading the characters but appeared to have a certain amount of difficulty in deciphering the writing. The last word was incomplete; he read it, spelled it, and stated that it seemed to be only part of a word. When he was asked to guess what the word was he promptly reread the sentence in order to get the context, but was unable to guess. He then wanted to know why the writing had not been finished and was informed by the hypnotist that if he would just watch the pencil on the table it would suddenly lift up in the air and begin writing the rest of the word. He looked doubtfully at the hypnotist and then said, 'Why, it's lifting up', seeming to have no realization that his own hand was picking up the pencil and holding it poised in position to write. Gradually his hand began forming letters. He was asked what the pencil was writing, to which he replied, 'Wait—wait; let's see'; he appeared to be entirely absorbed in the supposed phenomenon of a pencil writing alone. The hypnotist watched the writing, which was proceeding very slowly, and soon

realized that the word in question was 'delicious'. The hypnotist then announced this to the audience while the subject was writing the last four letters and finished by the time the subject had finished writing. The subject looked up upon completing the word and said, 'It's delicious', and then read the sentence to see if the word was relevant to the meaning. Apparently he had not heard the observer announce the word to the seminar.

VIII. 'Crystal' Gazing: Hallucinatory Vividness of Dream Imagery Embodying Anger Displaced from Hypnotist on to Dream Person

In a somnambulistic state the subject was instructed that he was to gaze at the wall and that as he did this the wall would become distant, far-away, foggy and blurred, and that gradually a dark point would appear which would become more and more elaborate, that movement would enter the scene and that soon he would see a well-known and emotionally stirring moving picture.

The subject began these observations with faint interest and considerable difficulty at first but gradually a profound change in his manner and attitude occurred as he was seen to watch the moving images with intense interest. He resented any inquiries as to what he was seeing and gave the impression that he did not want to be distracted from the scene. Now and then he would turn slightly to ask, 'Did you see that? Watch.'. The moving scene was from Rasputin and the Empress, showing the stumbling and falling of the Czarevitch, to which the subject showed appropriate emotional reactions. He went on to describe the sequence of events in proper chronological order. When the demonstration had gone far enough he was told that the picture was changing. He disregarded this; when the hypnotist insisted, he declared that he did not want to listen now, that the hypnotist should wait until the picture came to an end. He was obdurate about accepting any suggestions concerning the changing of the picture. The suggestion was then tried of speeding up the movie, making it go faster and

faster. When this was done it was possible to shift the scene to a hospital picture which he described as one in which *a nurse shouted loudly at a patient.* Here he manifested great resentment toward the nurse for doing this, apparently hallucinating the nurse's voice. The incorporation into the hallucinatory image of his anger against the experimenter and the child-like and fear-laden exaggeration of his impression of loud and angry voices because of his own inner anger were all very evident.

IX. Implantation of a Complex

During hypnosis the subject was instructed to recall having had dinner at Dr. D.'s home on the previous day. He was then told that the hypnotist would review a certain series of actions which had occurred on the previous day, and that the hypnotist would refresh his memory of certain things that the subject had done which he regretted intensely and which constituted a source of much shame to him. Thereupon he was told to remember how during the course of the afternoon he had stood by the fireplace, leaning against the mantel while talking to Dr. D. about various subjects, when his eye happened to fall upon a package of cigarettes lying behind the clock on the end of the mantelpiece. The tale went on that Dr. D. had noticed his glance and had proceeded to tell the subject that the package of cigarettes was a sentimental keepsake of his marriage, that he and his wife had received this package of cigarettes on their wedding day and had preserved it unused ever since. As Dr. D. added various romantic elaborations the subject had not paid much attention because he was really rather bored by the sentimental story. After fingering the package, Dr. D. had replaced it at the other end of the mantelpiece; but the subject had not paid any attention to this either. Shortly after this Dr. D. and his wife had left the room for a few minutes. During their absence the subject noticed that he was out of cigarettes and glanced about the room to see if his host had some. Noticing a pack of cigarettes at the other end of the mantelpiece, he thought that his host would have no

objections to his helping himself. He stepped over and took this pack of cigarettes from the mantelpiece, opened it, extracted a cigarette, lit and smoked it. Not until he had finished smoking did he realize that this was the very pack of cigarettes which Dr. D. had placed at the end of the mantelpiece instead of returning to its original hiding place behind the clock. The subject was then reminded of how distressed he had felt, of his sense of being in a quandary as to what he ought to do, of how he had hastily closed the pack and had replaced it behind the clock and had then decided that he had better put it where Dr. D. had placed it, but how before he could do this his host had returned so that he had been forced to carry on a casual conversation with this burden on his mind. Furthermore he was told that even now and after awakening this burden would still be on his mind.

The subject was roused and after a few brief remarks Dr. D. offered him a cigarette. The subject started, glanced furtively first at Dr. D. and then at the hypnotist and finally in a labored fashion reached out and accepted the cigarette, handling it in a gingerly manner. Dr. D. began an innocuous conversation, but the subject paid little attention to what was said and asked Dr. D. what he thought about sentimentality, uttering the word 'sentimentality' in a tone of disgust. He then stated that he himself was not sentimental and that he tended to dislike people who were sentimental and maudlin. He stated that he hoped that Dr. D. was not sentimental, that he did not impress the subject as being sentimental. Dr. D. made another attempt to change the topic of conversation but the subject persisted with his own line of thought. He raised a hypothetical question about a man who owned an old homestead and who, as a result of the economic depression, had lost much money and was in a quandary about the necessity of selling it. He went on to talk of the burning of the house, of the house going up in smoke, and various allied topics. He then talked of guilt feelings, how everybody stole, how he himself had stolen; he wanted to know how Dr. D. would feel about anybody who had stolen unwittingly.

Another attempt by Dr. D. to change the trend of the conversation failed. The subject then told of having once stolen a cigar which belonged to a man who had kept it for sentimental reasons. He said he had taken the cigar and smoked it without realizing that it was a keepsake, and that he had felt very badly about it and wondered about the possibility of replacing it so that the sentimental man would not be angry with him. In a defensive manner he then expressed a high regard for a person's feelings and contended that nevertheless people should not think too hard of others who had unwittingly violated some of their sentimental values. After this he stated that not only had he stolen the cigar but he had even stolen cigarettes (pause) a pack of cigarettes. As he said this he glanced in a particularly furtive manner at Dr. D. and also at the hypnotist, and seemed very ill at ease. He told about having smoked a cigarette and having enjoyed it, but that it had left a bad taste in his mouth afterwards and that even though he had stolen the cigarettes long ago he could not get them off his mind, that they still troubled him though common sense told him it was nothing to be concerned or worried about.

X. The Assumption of Another's Identity under Hypnotic Direction, with Striking Unconscious Mimicry and the Assumption of Unconscious Emotional Attitudes

During hypnosis the subject was informed that after awakening *he* would be Dr. D. and that Dr. D. would be Mr. Blank, and that in the rôle of Dr. D. he would talk to the pseudo Mr. Blank. Additional suggestions which the subject fully accepted were given to complete the trans-identification. After the subject was awakened a conversation was begun. The pseudo Mr. Blank questioned him about his work in the seminar, as though he were Dr. D.; the subject responded by giving an excellent talk about his experiences in the seminar and his reactions to the group, talking in the phraseology of Dr. D. and expressing the personal attitudes of Dr. D. A chance conversation with Dr. D. on the previous day had supplied him with a great deal of information which he utilized

fully. It was noted also that he adopted Dr. D.'s mannerisms in smoking and that he introduced ideas with certain phrases characteristic of Dr. D. When the pseudo Mr. Blank challenged his identity the subject contradicted 'Mr. Blank' politely and seemed profoundly amazed at 'Mr. Blank's' remarks. Then suddenly, with an expression of dawning understanding, he turned to the hypnotist saying 'He's in a trance, isn't he?', and thereafter was only amused at 'Mr. Blank's' remarks. 'Mr. Blank' then questioned the subject about his 'wife', to which the subject responded in a way that would have been natural for the real Dr. D. When asked about children he assumed an expression of mild embarrassment and replied, 'not yet, but you never can tell'. 'Mr. Blank' then began talking to the hypnotist in his ordinary fashion, at which the subject again seemed tremendously surprised. With a puzzled look on his face he suddenly leaned over and tested 'Mr. Blank' for catalepsy. When he found none his face was expressive of some concern; he promptly whispered to the hypnotist, 'He's coming out of the trance', but was relieved when the hypnotist assured him that it would be all right if this happened.

Finally, when an attempt was made to rehypnotize him in order to restore his own identity, the subject displayed the emotional attitude of resistance towards the induction of hypnosis which would have been entirely characteristic of the real Dr. D. The subject seemed actually to experience the same emotional responses that Dr. D. would have had at such a time. Finally, because he appeared to be entirely resistive to simple suggestion, it was necessary to induce hypnosis by indirect methods.

This rather astonishing result offers a technique for the experimental investigation of the phenomena of identification, and of the unconscious incorporation of parental emotions by children.

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THE ASSOCIATIVE ANAMNESIS

BY FELIX DEUTSCH (BOSTON)

In a recent study of some forty patients complaining of a variety of symptom complexes chief among which was asthma, the psychosomatic forces operating in the patients' illnesses were brought to the fore by a technique of associative anamnesis to be outlined below. The study is based on the following concept of organ neurosis: an organ neurosis is a necessary expression of a neurotic conflict in terms of an organic disorder which has a specific inevitability. The organ involved is determined by the fact that it was originally affected at a time antedating the full evolution of the instinctive life. The instinctive response at that time to the organic dysfunction created a psychosomatic unit—an active or latent coördination of and interaction between a given organ and a psychic conflict.

This psychosomatic interrelationship is reactivated under certain somatic or psychic conditions as the pathological solution of a psychic conflict and leads to a certain symptom complex. Thus when the old psychic conflict becomes active, the organic structure originally associated with the conflict is called upon to produce symptoms. More specifically, a certain phase or aspect of an emotional complex may become causally and by necessity related to a certain organic dysfunction. This is what Freud terms the 'compliance of the organ'.

An organic traumatic experience with a psychic response plays an important rôle in the psychophysiology of the infant and such an experience establishes a certain pattern which survives in adult life; hence one finds not only psychic infantilism but infantilism also in the organic behavior of the patient.

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This concept determines what one should look for in a case history and how one can obtain a satisfactory anamnesis. For a medical history where we are concerned with an organic illness, we are interested only in obtaining as many facts as are necessary to construct the diagnosis. For this purpose we ask the patient questions. In this type of interview everything depends on what the patient tells us in answer to our questions. The plan of interview for a psychiatric anamnesis is not very different. Here one tries to obtain facts that will show the psychic structure of the patient and lead to a diagnosis.

The case history we try to obtain from an interview with a patient with a psychosomatic disorder is the basis for the clinical examination and the diagnosis. Since the case history consists of the complaints of the patient or his subjective symptoms, everything depends on very detailed information from the patient.

Various methods have been employed to obtain a psychosomatic anamnesis. The first, which I should like to call the 'double track' method, is the commonest: the clinical examination is made by one examiner, the psychiatric examination by another. The findings so obtained are then evaluated for their possible interrelations. It is easy to see that such constructions will at times become arbitrary guesswork and will often not correspond to the facts.

A second method is to search out in a patient's life all the possible emotional experiences that might be assumed to have had a traumatic effect on the patient. Then one seeks to determine whether the onset of the organic symptoms coincided with a psychic trauma. It takes note of all the organic events in a patient's life and records as well all his emotional experiences. The more coincident the traumatic emotional experiences with the organic disturbances, the more convincing are the results.

A third method is the biographical method introduced by Weizsäcker. His concept is that all illnesses are not precipitated by chance but are motivated by intense emotional events in the individual's life. An understanding of the various

phases of the organic illness depends on the ability to uncover the genesis of the emotional events concomitant with the illness. One need not develop the phenomena in chronological order if one have the concept that the illness is not the onset but the result of many coinciding factors. He believes that the only possible way to validate the principle of psychosomatic unity is to introduce the personality into the total pathology. This would have the advantage of reaching an understanding of the pathogenesis. Weizsäcker observes that some organic illnesses begin just at the turning point of biographical crises. These crises do not occur suddenly but are an integral part of the course of the individual's life. Thus the patient's biography inextricably interweaves somatic, emotional and mental components into a personality. For Weizsäcker, the writing of such a biography is the method of writing the case history of a psychosomatic disorder.

The biographical method does not explain the symptoms. It merely records a kind of naïve observation of the behavior and the psychic reactions of the patient. It aims at finding in the life of a patient as many catastrophes as possible that may form an emotional background for the organic illness. Since the examiner must interpret the material in the anamnesis to correlate psychic and somatic symptoms, there is always the danger that the results will be inconclusive. Only when the patient himself is able to give the somatic and psychic correlations as causally connected will the psychosomatic unity be unquestionable.

In order to teach students to obtain case histories of psychosomatic disorders, we tried to find a short-cut method that would not require the examiner to interpret the material given by the patient. We found it necessary to record not only what the patient said, but also how he gave the information. It is of consequence not only that the patient tells his complaints, but also in what phase of the interview and in which connection he introduces his ideas, complaints and recollections of his organic and emotional disturbances.

From this point of view, obtaining the material and writing

the case history cannot follow the well established pattern of the ordinary medical case history. In psychosomatic disorders we are not so much interested in obtaining as many facts as possible as in getting information that has not been prepared for the occasion. If one properly elicits the associative anamnesis one learns how the symptoms developed and what the symptoms meant to the patient from early childhood. The patient is stimulated to give the information by having him describe his organic complaints without making him aware of a psychological background in his illness. He will give the material necessary for a proof of the psychosomatic unit in his illness only if he is not aware of what he reveals to us about his emotional life. If the examiner allows him to talk without asking leading questions, the patient will usually give a detailed account of his complaints and ideas about his illness. When he has exhausted his ideas and recollections about his organic disturbances he will stop and wait to be asked a question. The examiner waits until it is clear that the patient will not continue spontaneously, then he repeats one of the points of the patient's last sentences in an interrogative form. Usually the examiner repeats one of the organic complaints last mentioned, being careful to use the same words as the patient. The patient then usually gives new information centering around his symptoms and is stimulated to further associations. He drifts into giving a communication in which he inattentively mixes emotional and somatic material. References to one or another person in his environment, present or past, then appear.

This is the critical phase of the examination. Here usually appear the first important hints which lead to three essential points in establishing the psychosomatic unit: the old conflict, the recent conflict, and the time factors. The person who appears first in the case history is usually the relevant person from the psychosomatic point of view. Somatic symptoms and emotional symptoms with reference to this person should be used as word stimuli for associations. From here the patient himself usually correlates the organic illness with his emotional

life. He is not aware that he is oscillating between the two components of the psychosomatic unit.

In this type of interview we learn a great deal about the neurotic conflict: how it is motivating his life, and how the patient reacts to people with whom he is and was living. We get hints about the family relationships of early life; clues as to how, why and when the symptoms developed; how the psychic makeup was thereby influenced; how the organic disturbances were utilized in conflict situations; and finally, the rôle of the afflicted organ's function in the psychosomatic pattern.

Our experience with the associative anamnesis has been chiefly from patients with asthma, in whom we have been actively interested during the past several years. The associative anamnesis in asthma usually takes the following course. The patient relates the story of his illness, describing the different sense perceptions corresponding to his complaints: smell, taste, hearing, and pressure disturbances in the chest. Stimulated by the sensation of smell, he associates different odors and reveals his attitude to the odors of his body, secretions in different phases of his life, going back from the present to the past. He reveals some of his habits in this direction as well as some of the features of his character. Repeated use of the patient's organic complaints as stimulation for further association leads to problems of secretion, the quality, quantity and consistency of the fluids, first of his nose, then of other excretory organs. He expresses fantasies concerning the origin of these and other fluids including birth fantasies and his attitude towards water. Brought back to the subject of sensations in his nose, he may talk about adenoids, their removal and regrowth and go on for example to talk about swelling and growth in general, with hints about problems of growth and shrinkage. At this point he may jump from one period of his life to another. After discussing taste sensations there usually follow descriptions of the color and consistency of the phlegm. This leads to general information about the patient's orality. There are fantasies about infection in the respiratory tract and

reports about the difficulty of getting rid of the 'sticky stuff' associated with coughing spells, choking sensations, and leading to temper tantrums and stubbornness.

The patient's relationship to the mother stands in the center. Accusations and self-accusations, aggressions against mother, dependency on her and attachment to her are introduced in asides. Sometimes hypersensitivity to noises is here interpolated. Anger and annoyance at the noises in the chest are expressed, sometimes accompanied by difficulties in breathing during the interview. This leads to pressure sensations in the chest. Details about the mother relationship are intermingled with the account of the organic symptoms.

This in general is the content of one interview, lasting from one to one and one-half hours, in which there is included a great deal of the life history together with organic and emotional data showing the respiratory response to certain emotional crises. This sketch of a history obtained by associative anamnesis describes to a certain extent the characteristics of a psychosomatic unit in an asthmatic. It suffices to clarify the inevitable psychosomatic interplay and to show the coördination of the respiratory symptoms with certain psychic complexes.

During the interview the examiner plays a rather passive rôle. He manifests his attention by listening. He never interrupts, never shows that he understands the meaningfulness and the correlation of the material.

The associative anamnesis should be obtained in one interview because the basic element of the associative anamnesis is its continuity. The condition for the success of this technique on the part of the examiner is his most concentrated attention to the patient's every word in order not to miss the decisive moment for introducing the stimulus for the appropriate word or question.

The duration of the interview depends on how long it takes for the patient to respond to the transference and how quickly he finishes the introductory part of the associative anamnesis. It must be emphasized that the capacity of the individual in

a state of positive transference to furnish a great deal of information is different in different cases. Of course the essential part of the interview is not the productivity in the number of words but the meaningfulness of the words; hence one sometimes gains insight into the symptom formation of reticent patients more readily than from verbose patients. The average duration of one interview is from one to two hours.

For teaching purposes we have used a microphone and an amplifier to record and to illustrate verbatim to students the order in which the patients present information, the type of stimulus words chosen for eliciting associations, and the patient's reaction to the stimuli. The information is transcribed from shorthand notes. With this record it is possible to demonstrate that patients were asked almost no questions, that at most some of the patient's own words were repeated with a definite purpose, or the phrase 'what do you mean' used. Usually not more than a dozen words different from the patient's own are recorded.

Up to the present time the material we have recorded in this way includes cases of asthma, colitis, eczema, headache, pain of various origin, obesity, anorexia, and stammering.

Occasionally we have noted that the patient felt much relieved after the interview; however, so far as the therapeutic value of the associative anamnesis is concerned, we believe that if there is any at all, it consists mainly in the effect of the transference, in an unburdening of anxiety or guilt feelings, in what Freud calls 'chimney sweeping'. Since the associative anamnesis has essentially a diagnostic aim, the therapeutic effect is only an incidental supplementary gain.

In conclusion, I may state that some difficulties have been met with regard to teaching the technique of the associative anamnesis. Some of our colleagues believe that this type of interview requires too much skill and experience on the part of the examiner. I am otherwise convinced, for those who have been interested in learning this technique were able to use the method in clinical work with satisfactory results.

In summary let it be emphasized that the main points in

obtaining a satisfactory associative anamnesis are the elimination of guess work and suggestive interpretations in identifying psychosomatic units and in making the significant correlations in the material as produced by the patient himself.

Case I

A twenty-five year old married Jewish housewife entered the hospital seventeen days ago complaining of pain in the joints of six months' duration. The patient did not recall any childhood diseases and her family history was insignificant.

Six months ago the patient had a sudden onset of swelling and pain on motion in the interphalangeal joints of the first two fingers of the left hand. At the same time the left wrist and right hand were painful on motion. Both knees were warm, but there was no recollection as to whether they were hot or red. Both ankles were swollen simultaneously; they were not red or hot although they were painful. At this time patient noticed some slight swelling beneath the eyes. She had infrequent recurrences of her symptoms which initially lasted only three days, but they tended to recur at more frequent intervals so that at the present time she is troubled by pain in some joint or other almost continually. Three months ago she had bilateral swelling of the neck and each side of the jaw associated with sharp pain in the teeth; the swelling subsided within ten days. The patient has continued to work but has had chilly sensations, flushing of the face, occasional headache. Two days before entry there was sudden onset of pain on breathing, located substernally but shifting shortly to include the right midaxillary region. In addition, during the last two days she has had episodes of difficulty in catching her breath.

Physical examination revealed a well-developed and well-nourished woman not acutely ill. Face was somewhat flushed, especially over the cheeks, and there was some puffiness over the lower eyelids with a minimal swelling of both cheeks. There was a generalized lymphadenopathy, especially in both cervical triangles and axillae and to a lesser extent in both inguinal regions. The glands were about two centimeters in length and one centimeter in width, freely movable, non-tender, rather firm in consistency. There was no edema. The chest was entirely negative. The lungs, heart and abdomen were normal. The joints did not seem to be swollen; the subjective pain in the points at that time was not very marked and motion did not seem to increase it. In short, her joint pains were somewhat difficult to interpret; they were there, but the swelling of which she complained was very difficult to see. The abdomen was entirely negative. During her hospital residence, the patient remained the same. She developed no new symptoms, nor did her symptoms abate. No definite diagnosis could be made,

but a great many possibilities which included atrophic arthritis and glandular fever among others were entertained. A biopsy showed normal glands.

The Associative Anamnesis

I

scared of doctors

Pt: (Before doctor appears) When I see a doctor I get a cold chill down here. I am so scared of them.

took gland out

could not keep food down

Pt: (After entering examination room) I hope you will always be well. You should never be sick. Never have water coming down into your body. I couldn't drink any water; they *took a gland out;* they cut me, and when I came out of the gas I was bringing everything up and could not keep anything down, so I guess that is why. I didn't enjoy that. But I am eating now.

Dr: They *took a gland out?*

glands all over

could not breathe

Pt: I got a lot of them; I got them all over. When I came in here I couldn't use my hands. My fingers wouldn't bend and I couldn't get out of a chair myself. Someone had to put me in and take me out. Five days before I came in I couldn't breathe, couldn't get my breath. Right here, in my chest. It is awful hard, with two children and trying to get around, and you can't use your body. But that is what scared me, losing my breath. Until they gave me the needles. Well, I am doing all the talking. Since I am here I got pains in my right side and it hurts me over here. I don't know, never had it before. Just once in a while it hurt me, but I never used to mind it. Every time I mentioned it, the doctor upstairs gave me a needle. They give me hypos. *I am all right,* am I not, Doctor? Am I not?

doctors give needles

Dr: Do you think you *are not well?*

Pt: You are a big doctor; you ought to know.

Dr: I want your complaints.

Pt: Nothing hurts me; you will *not let me go home* if I tell you.

Dr: Why should I not?

Pt: Because you are a big doctor and *will find something.*

Dr: What should I find?

Pt: I don't know.

II

Dr: Did it ever happen that they *would not let you go home?*

no pain in childbirth

Pt: I was never in the hospital before. Was never sick before. Was always well. Never had a doctor in my life until I had my children and then I had Dr. B. and Dr. R., but I had no pain. I didn't even know I had a baby. I woke up and said, 'I want to go home'. The nurse said, 'If you don't want your baby, you can go home'. She brought out the baby and I didn't even know it. I sat up in bed the first day and went home the ninth day. I was always well. I don't know what the matter is with me now. But that time, when I went to sleep, I didn't have it, and when I woke up I had it. I said I wanted to go home and then the nurse brought in the baby and said, 'This is yours'. I could not believe it; I *never had any pain.*

could not believe she had had a child since she had no pain

Dr: You *never had pain* before?

always worked hard

mother died in childbirth

Pt: I have *always worked* hard, all my life. I have always had to work hard. I never had a mother. She died at my birth, in childbirth. My hands show that I have worked all my life. I have never had it easy. I may have had pain and I must have worked it off. I was once in a hospital before for swollen glands.

swollen glands

Dr: But they *let you go home?*

could not breathe

Pt: I don't know. I was *unconscious.* They took me in there and I really couldn't breathe. My neck was like this. I had swollen glands. I don't know how I got it, but the steam brought it down. I don't remember very well; it was so long ago.

Dr: Unconscious?

Pt: When they carried me in the ambulance, they put something around my head. I remember I could not go myself. They had to carry me. My grandmother, may she rest in peace, she was always in the restaurant and no one could take care of me. I used to work in the restaurant too, waiting on table, bookkeeping, cashier, and other things, and I used to stand on my feet from early in the morning to late, late, late at night. When I went to school, I did the same thing. They didn't force me, but I did it. Well, I don't know, I always used to be nervous. Because if I had a little cut and had blood, my uncle called the doctor. He would call a taxi and send me to Dr. D. He thought I would die.

worked in restaurant

whenever she had cut uncle thought she would die

Dr: You remember?

Pt: I was never cut before this time. I never had operations before. I didn't like to be cut. But I guess you cannot get well unless you get cut. But that was a long, long time ago when I was a kid in grammar school. I was always a tall girl, though, and I always worked. When I went to grammar school and high school, I always used to work in the restaurant.

you cannot be well unless you are cut

Dr: With whom?

Pt: My grandmother and uncles. I have three uncles. They haven't got the restaurant now. I have been married six years now, seven in June. I have my own home. My uncles never forced me to do anything. If I didn't want to be a waitress in the restaurant, I did not have to. But standing around doing nothing, well, it is better to do something.

uncles never forced her

Dr: They did not force you?

Pt: My uncle would say when I got old enough, he would let me have one booth. You know, there are booths in a restaurant and a dining room, and a certain many girls take care of this many booths. It was a restaurant where you get tips. A fellow might have a cup of coffee and give you a dime. Then someone might have a chicken dinner. Everyone liked me and so soon I had half the dining-room. I used to make a lot of money. One day I remember I made fourteen to fifteen dollars a day on tips alone.

spent money on poor kids

I used to go out and spend it on poor kids. I always bought for everyone else, but I never bought for myself. I never had a coat or dress or anything. I was used to not having it, because I didn't have a mother. I felt if I had children, they would have everything they wanted. You must think I'm crazy.

to be poor is not to have a mother

Dr: When *a child,* you *worked* as a grown up?

Pt: The restaurant was in Portland and my sister married and lived in Boston. Every time she had a baby she would call me to come down. I used to take care of her children. It would be filthy when I would come and I would wash the clothes with my hands and the floors. And I would clean my other relatives' houses for them. I love work. But now I cannot even do anything in my own house. It is awfully hard. I cannot even take care of my baby and I love a clean home. I love to keep a clean home and it hurts me when I see dirt. I cannot stand dirt. That is why I would really like to get well, to do the work and take care of my children. My sister has a maid now and everything. She doesn't need me. She was poor then and when she went to have a baby, she couldn't have a woman come to take care of the children. So I came down. She trusted them to me, and no one else. I think I really brought up her children. Just my sister and I, and I have two brothers in Europe. My grandmother, mother's mother, brought me here with my sister. I was about nine years old. And I have two brothers in Europe. I don't even remember them. So there is really only my sister and I here. I *worry* a lot about her though.

works for sister; loves work

now cannot work for herself

two brothers in Europe

grandmother

worries about sister

Dr: Why should you *worry*?

Pt: She is very good hearted and she is very sick. She has had about six operations already and she is only 31 years old. She has a boy fifteen already. She is beautiful. She came up to the ward yesterday and everyone couldn't get over how beautiful she was. They thought she was younger than me. But she is terribly sick, kidney trouble. Poor kid. She has been

sister had six operations

wants sister's illness; sister had seven children

operated on the kidney and everything. She has been in every hospital, here, New England, Baker Memorial, all over the place. I should have her sickness and I would be happy and she would be well. I would be glad to give her everything. She is the mother of seven children and she doesn't look more than seventeen years old.

Dr: And you are *worried?*

step-mother

father

step-mother wanted to kill her; grandmother a protection

Pt: I am when the doctors say she has to be operated on. Wouldn't you worry? She is my only sister. I have no one else in this world. She is good too. She used to take care of me in Europe. We had a step-mother; she should live, but not long. You really should not say that, it is a sin. You would not like her. And my father was a nice man. I do not remember him very well; I was too young. But he thought he would marry so there would be someone to take care of the children. But she was terrible. Knocked me on the ear, branded us, and many other things. She wanted to kill us, wanted to get us out of the way. My grandmother, may she rest in peace, brought us here so she could not touch us. I nearly died from that, and my sister carried me home on her back, to a specialist to save me. That was in Europe.

Dr: You remember that?

starved her

brother had pneumonia

Pt: I was a baby then. She didn't want me. My mother died at birth and she wanted to get me out of the way. So she starved me. And my father was very well off. We had a big farm and cream and milk, and they used to send us money from America, and she would keep the money and not tell my father. She would tell him that there is no money for us and whatever we could find, we ate. So when we came here, they started giving me orange juice and milk and chicken and soup and I jumped up like this. Before I used to be like a peanut. I was a different color altogether. I became natural. So I have reason to say she should live, but not long. I have a brother who had pneumonia and she would not let him in the house. We could not bring the brothers over here. My sister sends them money.

It is hard for them to come in. A girl, it is easier, but the men they want for soldiers. Well, when he had pneumonia, he pleaded, 'Just take care of me a little bit', but they put him in a hospital. Thank God he is better now. The soldiers over there knocked out his teeth. If you get money in jail there, you are supposed to split it. You are allowed so much, and they sneak it in. If they find out, they beat the hell out of you. My sister wanted to send him money to fix his teeth and go to a good doctor and buy a suit. Makes you like a crook over there.

soldier knocked out his teeth

Dr: What do you mean?

Pt: I cannot see anyone suffer. I think I would rather do the suffering, but I am a coward. When they give us the needle upstairs, then I make an awful lot of noise. I don't like it. I don't like the blood. I can even remember when I was a little girl, the soldiers in Europe cut off my grandfather's leg. It was awful. They did it just because they wanted to. They thought we had something hidden and that we had lied about it. But we didn't. To cut someone's ear off or arm off, it was nothing for them. I remember a lot of things. I remember the war time. I came here after the war. We used to have to hide in caves, so that the soldiers would not find us. They would kill us. We would be under ground. I do not remember very much, but things like that. The most terrible thing I ever saw was when they cut my grandfather's leg off. I saw them cut off ears and arms; that was nothing. They love to torture you. I was only a little kid, but I think I remember saying, 'Don't, don't, do it to me, but don't do it to him'. Small as I was, I couldn't stand it. My grandfather just died recently; he was seventy-five. If they had any head on them, they would not do it. Their mind is a blank for a minute. These people who make wars, they don't mean to do it, but their mind is a blank. *(Long pause)*

cannot see anyone suffer

saw soldiers cut off grandfather's leg

saw them cut off arms and ears

person who wants to cut has blank mind

They were going to freeze my arm to cut that. But I asked them to give me ether or gas or

so long as under gas does not care what they do

something. So they gave me gas. I didn't know what they did. I didn't care. As long as they put me out, what they do to me, I don't care. You must think I am terrible, telling you my whole story.

wants to gain weight

I like to smoke. Would you allow me to? The doctors never told me not to. Maybe I would get stronger if I didn't. I would like to get fatter. If only I could get a little fatter. I am so thin. Everyone makes fun of me when I go out. My legs are so thin and I am so tall. They say my face is fat, but my body is so thin.

Dr: Not like a woman?

hates food; husband wants to eat

does not remember ever eating

husband makes her eat

he would die for her

he wishes they cut him instead

God punished me with a good guy; hates to live with a man

Pt: I am built nice, but I am too thin, all bones and no flesh on me. I would like to be fatter if I could gain, but I don't think I could. Do you think I could? I do not enjoy food; I hate food. I do not care if I do not eat breakfast or dinner. My husband comes home at night and wants to eat. Otherwise I would not make any dinner. I do not enjoy food. Even in the restaurant, I used to rush here or there and take a bit here and there. I do not remember ever eating. If there was something I wanted, I do not think I could have had it. Now I can get everything but I do not want anything. My husband makes me eat with him, makes me eat dinner. He will not eat unless I eat with him. He says, 'I know you do not eat all day'. So I sit with him. He enjoys it. He weighs one hundred fifty-five pounds. ' I have a very nice man. He would die for me. When I was cut here and I was coming out of gas, he was here, and the woman next to me told me she heard him talking and he was saying, 'Oh I wish they did it to me; I would do anything. Please talk to me, please answer.' He has always been good to me. That is what I have had luck with; never had luck before. God punished me with a good guy. I am not good to him though. I am not a good wife to him. I do not enjoy really living with a man. I hate it. My husband is very nice to me though. He will not bother me, maybe once a month, and he doesn't get it outside either. I cannot stand it. You

he has right to divorce her

see, I never had it before I was married. He really has the right to divorce me, because I am not a good wife. I keep the house clean and we have two lovely children, but I do not make him very happy. But I just don't like it. I cannot stand it; it is terrible. I don't want it. I like when a man kisses me and hugs me, but when it comes to anything else, no. I felt like this ever since I was married. When I was a girl and playing with fellows, I used to enjoy their kissing me. I went with nice boys too. I went with Mr. Z. for four years. I only knew

went with young doctor

my husband a little while. I went with this nice young doctor and he was awful nice to me. He took me riding in the park and then home, and good night. Took me to a show, had a lovely time, and that is all. I enjoy people, dances, shows, being out with people in gen-

like a brother to her

eral. I enjoy all that. He never got fresh with me; was *like a brother* to me.

Dr: Like a brother.

Pt: I waited on these people in the restaurant. He thought I was older. I always looked older, but I was only eighteen then. He asked if he could take me out and I said to ask my uncle. He asked my uncle and my uncle said, 'Where are you going to take her?'. He said, 'To the

ate with boy friend

Chinese restaurant'. We had plenty of food there. He was from a good family, a lovely boy, and he offered me a drink, and I never drink and never even used to smoke. He thought I was peculiar because everyone smokes and drinks and I would not let him kiss me. He thought I was a French girl. We had only one room, my grandmother and I and my grand-

slept in bedroom did not eat there

father, in a boarding house. They in one bed and I in a cot. We did not eat there. Well, he came up the next day and I said, 'Sit down'. I said, 'I liked you from the beginning, but I am not a French girl; I am a Jewish girl'. He did not know I was Jewish. He thought I had only asked my boss if I could go out with him. He went to Tufts Medical School to be a doctor. He asked me how old I was and I said, 'If I told you, you would not go out with me any more'. So I told him. He used to come every

day and help me after work. He was a graduate accountant and used to help me with my lessons.

Dr: And what did you do for him?

boy friend: brother, uncle

Pt: Nothing. Why should I? I liked him like a brother, like my uncle. I don't know, I thought if he would not come up that I would die. Then one day he said, 'I am not going to see you any more'. So I realized I really loved him. My husband is very good to me though, and if someone is very good to you, you get to love him. I left the other one because his mother, well, she thought a girl being a waitress in a restaurant is a bum. His family is very pious. Very religious. Must not hold money on Friday. He was different. They thought I was a regular bum. I have no education. When I got married, we went on a honeymoon, and he gave me twenty-five dollars as a wedding present. He said, 'You have someone wonderful. Take good care of her and never hurt her feelings.' I came last summer to see my sister's children at camp and I saw him. I visited my cousins there and he took me to the same Chinese restaurant where we first went and he said, 'How is he treating you? Are you happy?'. He said, 'Go back and be good to your husband. He is not bad; he is a good fellow. He has a big business in Portland, about nine stores. But I do not think he really loved me. More pity, because I did not have any parents and I was thrown around. I do not think I understood what love was then. I did not know what the love of a man was until I got married. He was a perfect gentleman. He must be about thirty-two now, no more than that. The smartest boy who ever went to that school. This very rich girl in Boston was crazy about him and he would not marry her. That is why I went up. I wanted to congratulate him. I suppose he will get married some day. I am not sorry. I have a good man. And he takes good care of me. I was on the bed, and he took me up and carried me on a stretcher and wanted to pay the bill. He said,

waitress, bum

he did not love her—love is what husband did and what she hated —loved him because he did not do what men do

'The best doctors. I will pawn everything, but the best doctors.' *(Long pause)*

III

swelling—foot, fingers—like man and it will be cut

Pt: I just got the swelling recently. My fingers, I cannot fold them. My feet are swollen. I never had this. I was never sick after I came out of the hospital. And before that I don't remember ever being sick. The swelling has just been recently. About three weeks ago Monday I was at my girl friend's house and I felt pretty good. We went to visit her and her husband. I told my husband I felt kind of feverish and he says, 'You will be all right'. I could not walk.

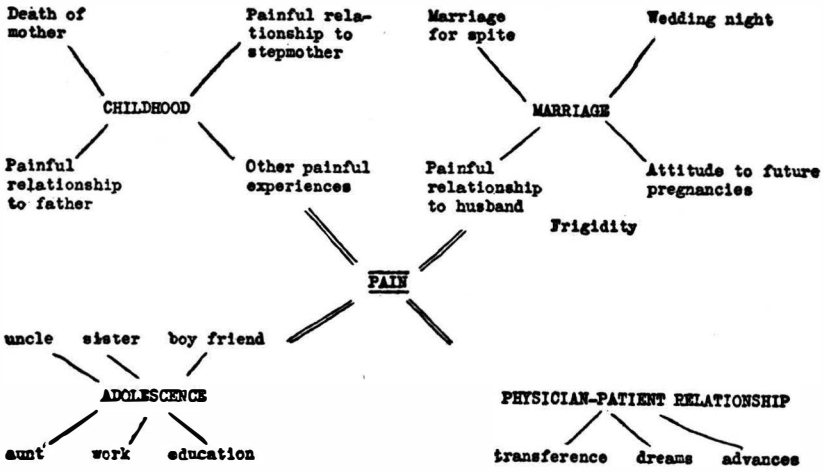
losing leg, like grandfather

I thought I was losing my left leg and walking more and more on my right leg. I said, 'Now what can that be?'. My face swells up occasionally. That was long, long ago. Recently though, I have been getting these pains in my hands, also in my eyes and cheek. My girl friend said, 'Does your husband hit you?'. 'Why?' 'Because you are all bones.' My little girl will be six in March and the doctor said, 'Do you know that your child is one of the healthiest children who has ever been brought to this school?'. Pearly teeth and eyes sparkling. She is lovely. I don't care as long as they are healthy. *(Pause)*

Dr: Thank you. I will see you again.

Summary

We have, then, a patient with painful experiences in her very early childhood, on the one hand because of her stepmother who hurt her both physically and mentally, and on the other hand by the spectacle of similar treatment of persons by soldiers, doctors and men. Her ideas that swelling of the body can be cured only by cutting precipitated fears whenever she thought she might become swollen or saw parts of her body swollen. These fears arose whenever she met men; they were alleviated when she was convinced that nothing could happen to her in this situation. Every condition in which she found herself unable to protect herself against these dangers produced anxiety. The conflict is between a wish and the refusal of the wish: her wish is to do something that causes swelling, the fear is to be cut.



What does swelling mean to her? Where can you have swelling? What must be done for swelling: cutting.

Cutting:

1. Stepmother: branded, knocked, starved, almost killed the patient. She did that which soldiers, doctors, men do.
2. Uncle: called the doctor when she had a cut; he thought patient would die (have a child).
3. Soldiers: cut grandfather's left leg, men's arms and ears, brother's teeth.
4. Doctors: cut gland out, gave needles, did not let her go home; doctor is called to cut children out; scared of doctor. Did not want baby; baby born in sleep-death; mother died in childbirth. She works pain off with hands; if she can't use hands, she has pain and then has a child. 'If you do not want to become a mother, you have to work hard.'

Case II

The patient is a nineteen year old salesgirl, born in this country of European parents. Her chief complaint on admission was loss of weight. About one year ago the patient weighed one hundred eighteen pounds and at that time began to eat compulsively all sorts of pastries and sweets and soon put on twenty pounds, after which she consulted a physician because she was overweight. Because her basal metabolic rate was −28 she was put on thyroid medication. After the loss of twenty pounds her basal metabolic rate was still −28 and when she reached one hundred and fourteen

pounds the thyroid was stopped. However the patient could not eat. She complained of loss of appetite and a great aversion to food. She then stopped eating altogether and noticed that she drank a great deal of water, perhaps sixteen glasses a day. This was not because she was thirsty, but because she had to do something to keep things out of her mind. During the period when she had put on twenty pounds and was eating compulsively, she stated that she did not eat because she was hungry but also 'to keep things away from my mind'. At the time of admission her weight was eighty-seven and one-half pounds. She gave a history of constipation dating back to her childhood and gave this as one of the reasons for her lack of appetite. She complained of weakness and irritability, with an intensification of quarreling with her parents.

At the age of fifteen, as her menses had not appeared, oral endocrine therapy was resorted to and this was followed by two scanty periods one month apart. A year later this medication was repeated and another scanty flow resulted. Since that time she had had no menstrual periods. Related to her large fluid intake there was frequent and copious urination.

Physical examination revealed an emaciated girl who appeared alert and intelligent and gave no evidence of distress. She was heavily made up, with rouged cheeks and lips and penciled eyebrows. Her breasts were well developed in spite of the recent extreme loss of weight. There was a marked hirsutism over the whole body, particularly over the arms and legs, which the patient attributed to the use of a depilatory. A thorough physical examination, including x-rays of the skull and chest, and laboratory tests, was completely normal. There was no evidence of hyperthyroidism. The ward diagnoses were: Simmonds' disease, diabetes insipidus, or anorexia nervosa.

The Associative Anamnesis

Dr: I wanted to know about your illness.

I am a hypo

Pt: You don't know anything about me? Oh gosh. Well, I am here because I am a hypo something or other. My thyroid. I have lost a lot of weight in the past few months. I am all run down, and so forth, and so forth. Hasn't my record been sent down here?

Dr: Are you so well trained to talk in medical terms?

Pt: I am a doctor (laughs). I hear all the doctors talking about it, so I learned it from them, all the doctors upstairs. They said I was a hypo something or other. I don't know what. My

lost weight

thyroid was –3 and I had lost a lot of weight, and I am here to gain it and have myself all cured, I guess. I was sent here; I didn't come myself. I was in the endocrine department and I saw a doctor there and he said I had to go to the hospital because I kept on losing weight. When I first came I weighed one hundred and two, the next time ninety-nine, and the next ninety-two, and the fourth time, eighty-five, so he said to go to the hospital because I couldn't *lose* any more *weight.*

Dr: What do you think about *losing weight?*

not eating enough stomach shrunk

Pt: I don't know. I haven't been eating enough. I was on a diet from before and I guess my stomach shrunk. I didn't feel like eating after that and when I tried to, it didn't do any good. My nerves were so bad and whenever I sat down to eat, I got so nervous that I *couldn't eat.* I almost wanted to kill myself, I didn't know what to do, because I was so skinny and I gave everyone a pain in the neck. I have been here a few days and I feel much better. I kept on losing weight and over here I think I gained some weight already.

wanted to kill self

Dr: Eating was so difficult?

heart beating (anxiety)

Pt: I don't know. Everything was so hard. I didn't enjoy anything. My heart would start beating fast and I felt as if my heart would go away from me. I kept on losing that weight and the doctor said I could not afford to lose any more, so he sent me into the hospital.

Dr: Could not *eat?*

hair on body not on head

Pt: I could a little, but not much. Since I have been like this, I got hair all over my body, fine hair, and the hair on my head keeps falling out and falling out.

Dr: And you could not *eat?*

Pt: I could a little, but not much. I was on a diet before because I was fatter and I wanted to get thin. A few months ago, in *March,* I weighed one hundred and thirty-eight. I was ashamed of myself because I was *too fat.* I took

thyroid

some of those thyroid pills and they made me thin too. But when I stopped taking the pills, I kept on going down and down. I used to get chills in my head, all around, used to feel the wind in my head going round and round. In-

hot, cold anxiety

side, the wind like chills going in my head; then all over my body. I used to shiver, then I would feel hot in my head and feel hot all over. And the hair I got. I never had that before. That just started recently, on my arms and all over.

Dr: You did not want to be *fat?*

ate too much

Pt: I was too stout. I used to eat too much. *Every minute* I used to eat, because I didn't care what happened to me. Ate and ate and ate and ate, and then gained so much that I was

ashamed

ashamed. All my clothes were too tight and I didn't want to buy new clothes.

Dr: Ashamed to eat?

Pt: No, ashamed to be stout. I don't know what else.

Dr: What?

constipated

Pt: I am very constipated. I don't move my bowels. It is very hard for me to move my bowels. But I feel a little better since I have been here. I came Saturday and I think I gained some weight too. I have to force the food in my stomach and they give me a very fattening diet here.

Dr: Who told you to eat *every minute?*

Pt: Myself. I told myself because I didn't care about anything. I used to sit in the house all day long, never wanted to go out, and when I woke up, I used to start eating until I went to bed. All kinds of candies and cakes and pies

mouth always working

and every minute my mouth used to be working. You know, chewing food. Suddenly I became ashamed. So I went all the way down to eighty-five. Now I think I weigh ninety.

Dr: You liked to *eat.*

Pt: Then I did. But now when I have to eat,

nervous

I get nervous.

Dr: What do you mean?

afraid to eat

Pt: Inside, I sort of feel *afraid,* as soon as I have to start *eating.* After I eat, I feel a little better. I don't know why I am *afraid,* but I get nervous. Everything starts to jump inside and I feel like *crying* when I have to go and eat. *(Cries)*

Dr: Why should you *cry?*

Pt: Because I have not eaten so much for so long. I just ate a little. Here they give me so much and I am not used to it. So I feel like crying.

Dr: You *cry* often?

Pt: When I was nervous and sick I did. Lately. Before, when I was healthy, I never used to cry. When I was healthy I always wanted to eat very much. Now I would still like to eat, but I am sort of afraid. I don't know why. I don't know what it is. I am afraid I will be constipated and my bowels will not work. I don't know. I don't know what it is. Maybe because a year ago I used to overeat so much that I gained so much and went up to a hundred and thirty-eight. My normal weight is a hundred and eighteen. So maybe now I am afraid of overeating. Still I want to get fat. I want to weigh about one hundred fifteen or one hundred eighteen, but still I am afraid and then I am afraid I will be constipated.

afraid bowels will not work

Dr: When you *eat,* you are *afraid?*

Pt: When I have to go, when they say, 'Here is your food', I start to get nervous. That fright comes over me a little bit. At home I was crying every minute and yelled at everyone. I didn't mean it, but I yelled. I used to call my mother names. Honestly. Because she used to tell me to eat. She used to yell at me because I didn't eat and then I got mad and would yell back at her and then I would go into my room and start *crying because I yelled at her.*

called mother names

Dr: You *cried because you yelled* at her?

Pt: I used to yell at my father and brother and boy friend and I didn't want to go anywhere, dances or parties. I wanted to stay home all

thyroid

some of those thyroid pills and they made me thin too. But when I stopped taking the pills, I kept on going down and down. I used to get chills in my head, all around, used to feel the wind in my head going round and round. In-

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afraid bowels will not work

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called mother names

Dr: You *cried because you yelled* at her?

Pt: I used to yell at my father and brother and boy friend and I didn't want to go anywhere, dances or parties. I wanted to stay home all

so nervous, could not control herself

the time. I was so nervous. But I have so many enemies because I used to fight with them. I didn't mean it, but I was so nervous that I couldn't control myself. I used to say things to them that would hurt them. On account of that I don't think anyone likes me now. I got so nervous and upset that I would say anything. My mother would say something to me, if she was mad, like 'I want you to get out of this house', or, 'I hate you', or, 'I don't want to see you before my eyes any more', and I used to say the same things back to her. I said the same things, although I didn't mean them. She said these things because I didn't eat and she got disgusted. She wanted me to gain weight and I was losing. So that is the story. As soon as she would tell me to eat, I used to get so nervous and then I could not eat, and she yelled at me and I yelled back at her. We have so many arguments all the time. In any little thing we had arguments. My mother is too good to me. She brought me up in the wrong way. She gave me everything I wanted and even things I didn't want. Not that she could afford them, but little things. She was too good to me. So I said anything to her and she would not answer me back. If I ever started to yell, she didn't hit me for yelling at her, so I think she brought me up in the wrong way. *Too good to me.*

mother's fault; too good to her

Dr: Too good to you.

Pt: She always wanted me to eat, but when I was fat, then she didn't want me to eat so much because I ate too much then. She said that I ate too much and was too fat. She only said that once in a while; she didn't want me to gain more weight. *(Cries)*

Dr: You are *unhappy.*

Pt: No, I have a lump in my throat and I have to relieve it.

Dr: By *crying?*

Pt: That is the only way. Otherwise it chokes me. When I try to control myself, it doesn't do any good. I cannot control myself. I try and try, but I just can't.

cannot control myself

Dr: You can *cry?*

Pt: Yes, but nothing *bothers* me now. I don't know what it is. Nerves, my nerves must be very weak.

Dr: Something did *bother* you?

nurse like mother

Pt: No. Well, I did feel a little bad before. A certain nurse here, she says, 'You have to do this and you have to do that'. Every time she talks to me she never smiles, just says, 'You have to drink that by ten o'clock'. What difference does it make if I drink it five minutes after ten? But everything right now bothers me; otherwise I wouldn't mind it.

Dr: All that started in *March?*

Pt: It began when I was losing weight. Started to get worse and worse. First I was normal and then I used to overeat until I became fat and then I went all the way down to now. But I feel a little better now than when I first came.

Dr: You were always *yelling* at everyone.

Pt: Yes, I was, because I was nervous, so I yelled at anyone. My friends, my *boy friend,* and girl friends and parents.

Dr: Your *boy friend?*

Pt: I said things he didn't like and I used to yell.

Dr: Who *yelled* in the house?

Pt: I don't know. I did most of the yelling. And then everyone yelled at me because I yelled at them. Then I was hurt and felt badly and there was a whole mix-up. Yelled at my mother and *father.*

Dr: Father yelled too?

Pt: Oh yes, sure. He always used to yell. Even before I was sick. If I did something he didn't want me to. Now everyone yells too.

Dr: He yelled at mother also?

Pt: Once in a while. But I think everyone yells. He didn't yell at her often.

Dr: All that came on suddenly.

Pt: Not suddenly, bceause I was on a diet and I was taking thyroid. It started about March. Before that I *ate too much* and then not enough.

Dr: How long did you *eat too much?*

Pt: September, October, November, December, January, February, so much. October, it wasn't so bad, but went real good in January and February. I wanted to eat all the time. To have something in my mouth so that I would be occupied, doing something. I did not want to think, so I used to eat. My mother made me stop going with a boy, so I used to eat to keep myself from thinking. She didn't like him; he was no good. Every time he had a job, he used to quit and he would not work. So she didn't want me to go with a boy like that. I liked him very much. I know that I shouldn't, but I couldn't help it. I knew that he would not make a good husband, because he always changed his mind and his job. Every month he had another job. That is not good. But I liked him and I couldn't stop seeing him. Now I am happy that I stopped going with him, because if I married him, I would not have a good husband, and now I have my own boy friend, another one. A nice boy. I knew him since September and I didn't like him at first, although my parents liked him. I didn't like him until two months ago. I went with him because my parents said he was a wonderful person. I went with him on account of them. But now I really love him. At the beginning it was terrible. I used to fight with my parents. I used to say, 'I am not in love with him'. And they said that I should keep on seeing him. I didn't care for him. He is ten years *older,* very settled, more serious, and, I don't know, I just didn't feel akin to him. But I kept on going with him because he was crazy about me. I was a pretty girl then. Now I really love him. But it certainly took me a long time and a lot of suffering, because first I got fat and then I didn't eat enough and now I am trying to get back to normal.

did not want to think, so I ate

mother did not like boy friend

second boy friend

Dr: The other *boy* was your *age.*

Pt: Two years older. Yes, nearer my age. He liked what I liked and he was crazy about me. He was more emotional. This one is also emotional and especially in his approach to me, but the other was more impulsive, more impulsive in his actions. If he wanted to do something he would do it. Very impetuous, very hasty. He would give me a push and then take me in his arms and kiss me. He was tall and husky. But he would not make a good husband; I realize that now. He is all right to see once in a while for amusement, but not to marry. This boy is just the opposite, quiet, settled, reserved, and sure about his job. The other one didn't care. If he lost his job, he lost it. But this one is so kind to me, very patient with me, because I yelled at him so much and told him to go and that I didn't want to see him any more. He knows I am nervous, so he comes back, and he has been very good to me. I have been going with him for a whole year. He kisses me too and takes me around, but he is different. I don't feel those emotions for him. He was here to see me this afternoon. If it was any other boy, well, I got so homely. I used to be pretty, but I kept on losing weight, but he kept on seeing me. He hopes now and my mother *hopes* now.

Dr: And you *hope?*

skinny

everything changed

Pt: I hope too. I want to be pretty as I used to be and happy. At first I didn't care because I was so skinny; I didn't even care for my boy friend. But now I want to get normal. I don't want to be so nervous and irritable. Everything changed. My hair was oily and thick and now it is so dry and falling out; hair on my hands, I never had it like that. And on my body too.

Dr: You could never *eat* when you were upset?

Pt: No, when I was upset I could always eat. Everyone always used to say, 'When I get nervous, I cannot eat', and I could always eat all the time. Then it changed.

Dr: Mother reacted in this way too?

mother did not eat when upset

Pt: Sure, lots of times. When she was arguing with my father or me, she did not eat. She felt disgusted and did not want to eat. Whenever she was disgusted, she could not eat.

Dr: Nor drink?

Pt: I don't know about drinking. But she would drink straight water. I can drink water even when I am nervous. Sometimes it sort of comes up. I feel it but I force it down. When I am nervous, I have to force something to eat or drink.

Dr: Thank you. I will see you again.

Summary

The associative anamnesis of this patient contains the highlights of the psychosomatic symptom complex called anorexia nervosa: the specific eating problem, the functional disorders of the intestines, the endocrine dysfunctions, the characteristic sexual struggles, the family situation in different periods of life, and the interaction of the parental and patient's neuroses.

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Eugen Bleuler 1857-1939

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Eugen Bleuler

1857-1939

Eugen Bleuler died at the place of his birth near Zürich on July 15, 1939, at the age of eighty-three. His passing underscores an important landmark in the history of psychopathology. A German Swiss, earnest, methodical, puritanic, but endowed with a keen and gentle sense of humor, Bleuler belonged to that truly wonderful generation of scholars whose scientific life was characterized by bold trail blazing yet remarkable steadiness. Following his graduation from medical school in 1883, he spent but one year (1884–85) in Gudden's laboratory in Munich. Otherwise his scientific training and research took place exclusively in Switzerland. In 1898 he succeeded Forel as chief of the Bürgholzli mental hospital and became Professor of Psychiatry at the University of Zürich, a post which he held for thirty years. He then revisited the United States, taking part in the opening exercises of the New York State Psychiatric Institute when the latter moved to its new building at the Columbia University Medical Center. Twenty-five years previously he had come to this country to participate in the dedication of the Phipps Clinic, at which time he presented his classic paper on autistic thinking, the only work of Bleuler, I believe, which first saw light in the English language.

Bleuler is best known for his work on schizophrenia, published in 1911 as the second volume of Aschaffenburg's *Handbuch* under the title Dementia Praecox (*Die Gruppe der Schizophrenien*). The new term used as a parenthetic subtitle became universally accepted almost instantaneously. Unfortunately this monumental work has never been translated into English. What the English speaking psychiatrist knows about Bleuler's concept of schizophrenia has been learned by word of mouth or through the condensed summary found in Bleuler's Textbook of Psychiatry, published in 1924

in an inadequate translation. The German text of this book has been revised and is in its fifth edition (1938), but the English text remains unchanged.

Bleuler's psychiatry is of particular interest to the psychoanalyst. He was among the very first to respond with genuine interest to Freud's earlier discoveries and for a time he took active part in the scientific promotion of Freud's concepts. He was editor of the first psychoanalytic publication, *Jahrbücher für psychoanalytische Forschung,* and it was under him that a group of gifted young psychoanalysts obtained their psychiatric training (Abraham, Jones, Brill). Bleuler departed from Kraepelin almost at the very birth of the Kraepelinian theory and was profoundly influenced by the newer trends of psychopathology. He became interested in the content of thought rather than its formal functioning. His concept of the primary and secondary processes of schizophrenia, of autistic thinking, which he later preferred to call de-reistic thinking, his major interest in affectivity, his recognition of its universality and its fundamental presence even in deteriorated schizophrenias, his concept of syntonic reactions as opposed to de-reistic ones are all based on the recognition of the dynamic rôle of the unconscious. Bleuler never rejected infantile sexuality in the manner of Adler and Jung, although he understood it in the rather naïve, restricted manner that is characteristic of the somewhat narrowly biological orientation of his generation.

The originality and courage of Bleuler's thought becomes particularly significant if one bears in mind the restrictions imposed upon him by his puritanic training and conservative tradition. He was a teetotaler, an ardent prohibitionist and a proponent of the organic point of view. It appears somewhat paradoxical that he, who contributed more than anyone else in the history of psychiatry to our clinical knowledge of the dynamics of schizophrenia, should have insisted to the very last that schizophrenia is an organic disease. Yet, despite his extreme prejudice against alcoholism as the source of all

evil and unlike many of his contemporaries, he clearly stated that certain alcoholic psychoses that show schizoid and schizophrenic trends are schizophrenias and not psychoses induced by the toxic influence of alcohol.

In the days ahead psychiatry will become more and more aware of the need to study Bleuler, whose contributions have as yet been only partially understood and loosely assimilated. A contemporary of Freud (he was his senior by one year), Bleuler marks the transitional stage between old, traditional psychiatry and newer clinical discoveries. Unlike the purely conservative and eclectic phenomena of most transitional periods in the history of thought, Bleuler's thinking is alive, imaginative and creative.

G. Z.

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Havelock Ellis1859–1939

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Havelock Ellis

1859 - 1939

The death of Havelock Ellis brings to end a career of amazing and many-sided scholarship. In summing up the achievement of a man whose death occurs so long after he has ceased to be a novel contributor to the *Zeitgeist,* it is not difficult to find ready-made judgments which lie to hand in every quarter. In an age when the insights of psychoanalysis no longer mar the *décor* of the well furnished mind, Ellis the sexologist is characteristically patted off with something less than his due; or he is dismissed with a snobbism that holds as the distinguishing mark of the man his precocity as a pioneer or his courage in so laudably braving the arched eyebrows of his Victorian contemporaries. Worst of all is the invidious comparison with Freud.

Ellis was a scholar. If he claimed any originality it was in the direction he chose for his study. He penned no facile theories; he left no great idea to stir uneasily for a generation or two in the minds of men. But in a day when theories, systems and points of view begin to outnumber the facts from which they are derived it is chastening to look back upon the calm restraint of a man who was able to amass a colossal fortune in data without succumbing to the temptation to invest in one more fetching fiction. Perhaps the very range of his data forbade such recklessness. To read, much less to write, such a work as Love and Pain, for instance, should give pause to him who would encompass the facts of masochism in any simple theory. In a sense one has to earn the right to forego a theory.

It is too shallow a judgment which insists that Ellis did not see the forest for the trees. To few is it given to see trees at all. Too many possess the talent of conjuring forests out of arid deserts.

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Psychotherapy. By Paul Schilder, M.D., Ph.D. New York: W. W. Norton &: Co., Inc., 1938. 337 pp.

A. Kardiner

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BOOK REVIEWS

PSYCHOTHERAPY. By Paul Schilder, M.D., Ph.D. New York: W. W. Norton & Co., Inc., 1938. 337 pp.

This book is one of four works on psychology and psychotherapy which the author has planned. Its chief objective is to outline the province of psychotherapy and to describe in a general way the various methods that have been used.

One of the novelties of this book is that it brings to bear Dr. Schilder's extensive knowledge of psychophysiological relations and reactions to organic disease. Another is a discussion of a theme known to the world only by hearsay, viz., group psychotherapy.

Taking freudian psychotherapy as his point of orientation, Dr. Schilder minces no words in maintaining that Freud's procedure is the beginning of all scientific psychotherapy. All other methods are contrasted with this one as a basis of comparison.

Whereas Schilder leaves the reader little doubt about the differences between Adler, Jung, and Adolf Meyer, one would have wished a more thorough exposition of the different conceptions of psychopathology on which each of these procedures rests. Jung comes in for a rather scathing criticism, and the methods of Adolf Meyer are evaluated as procedures suited for those from whom an independent adaptation is no longer required—in other words, an intramural procedure where the burdens and responsibilities of adaptation are permanently dissolved.

In his discussion of the technical tools of psychotherapy Schilder gives an excellent account of the actual aspects of the patient's life to be dealt with and the actual techniques employed. Among these are advice, persuasion, appeal to will power, discussion. The discussion about cathartic and suggestive hypnosis is especially clear.

The discussions on systematic methods of therapy are less satisfying chiefly because the psychopathology on which these various systems are based is inadequately treated. One must be indebted to Dr. Schilder for some data pertaining to group psychotherapy (p. 197, ff.). How it is humanly possible for any psychotherapist to keep track of what happens in these group sessions is beyond the reviewer. Whatever the patient gets from group psychotherapy, one thing is certain: he learns that others are as sick as he, and

this in turn may give him added courage to deal with his own problems.

This is an excellent book for the general reader. For the technician it is less valuable as a guide because specific techniques are not described precisely enough nor is the underlying psychopathology pursued with sufficient thoroughness.

A. KARDINER (NEW YORK)

CRITERIA FOR THE LIFE HISTORY. By John Dollard. Published for the Institute of Human Relations by Yale University Press, New Haven, 1935. 288 pp.

This lucidly conceived work is certainly an outstanding contribution to the methodology of the social sciences. The central theme, ingenious in its simplicity, is the measurement of the adequacy of life history techniques by means of highly specific criteria. Of necessity such criteria must be arbitrary in nature, but this is true only in the best sense of the word. The criteria listed were 'developed initially from direct experience in the life history field, deriving as it does from both cultural and psychological sources. . . . The standards suggested are an attempt to formulate *where we are* at the present time in our ability to judge the adequacy and scientific usefulness of documents in the life history field.' The orientation of the author is immediately apparent, moreover, when he says, 'Personality problems are always culture-personality problems'.

The criteria themselves are seven in number. Typical life histories representative of schools of psychiatry and sociology, and in addition, one literary venture (H. G. Wells' Experiment in Autobiography) are examined meticulously, and often brilliantly, to determine to what extent they adhere to these empirical standards. It would be illuminating to list the criteria to see what tightly knit demands the author makes upon the formulation of a life history technique. Quoting Dollard:

1 The subject must be viewed as a specimen in a cultural series.
2 The organic motors of action ascribed must be socially relevant.
3 The peculiar rôle of the family group in transmitting the culture must be recognized.
4 The specific method of elaboration of organic materials into social behavior must be shown.
5 The continuous related character of experience from childhood through adulthood must be stressed.

6 The 'social situation' must be carefully and continuously specified as a factor.

7 The life-history material itself must be organized and conceptualized.

In a general way it is soon apparent that the psychiatrists (Adler, Rank and Freud) neglect, to varying degrees, a systematic consideration of the culture in which they live and that the sociologists present pictures of types rather than of individuals. If this were all, however, the book would be merely stating a platitude. It is not all. In the specific application of the criteria the author brings out the defects and limitations of the techniques he is studying in so detailed a manner as to make his method of great practical value. Thus, to cite an example, Adlerian psychology emerges as defective in its recognition of the unique and historical evolution of our culture, lacking in a recognition of the rôle of numerous 'cravings and motor impulses of the body which are plain to be seen and easily described', inadequate in its recognition of the existence of the family in a cultural sense, incomplete in its 'elaboration of organic materials' into social behavior and, in the author's view, sharing the general failure of the clinical psychologies to deal specifically and systematically with the concrete social situation. It is only with respect to criteria 5 and 7 that Adler satisfies the author's demand for a logical structure.

In presenting his critique, the author is careful to emphasize that he is not attacking interpretations as such, and while he is extremely fair, indeed leaning over backwards in his analysis of a life history done by a disciple of Rank, it is a tribute to his methodology that it brings out in bold relief the weaknesses and strengths of the techniques he discusses. It is of great interest to note that his inability to apply his criteria to the psychology of Jung, ascribable in part to a lack of any systematic written account of a Jungian life history, may also be attributed to the submergence of the individual and the culture by Jung in the morass of the racial unconscious. As for Freud, while he also, according to the criteria, 'lacks a cultural perspective and exhibits biases from the organic field at times, there is nothing in it which is antithetic to cultural knowledge. What the technical student of culture has to add can be added without essential damage to the system and what it brings to cultural studies is most urgently needed.' Undoubtedly the author is keenly aware of the controversy which currently rages about these very 'biases from the organic field', and while it is not

precisely within the province of his book to discuss these in detail, it is possible that the scope of the criteria suffers from inadequate definition in this respect. Psychiatrists who daily confront the problem called 'constitution' cannot be content with the author's statement that 'the life history can begin with the body structures and functions as they can roughly be made out even by the layman'. While it may be true, as he says, that 'it is important to resist the tendency to skid down to definitions of the body which cannot be reached (conceptually) by our cultural world of discourse', I think that most of those who work in the field require more than 'rough' biological data concerning the 'organic motors of action'.

It is evidence of the author's fine psychological insight that he recognizes in the sociologists a strong tendency to be taken in by their subjects' rationalizations concerning the social situation. As one might expect, in their life histories the psychology is weak and unsystematic, if not amateurish. The author clearly recognizes this grave defect and stresses the necessity of presenting a deep and convincing analysis of the individual as an individual and not simply as a social type. Says Dollard: 'It would detract not one whit from the power of the social type analysis presented by the authors if the study of the personality pattern were complete and convincing'.

Possessed for the most part of a crisp and incisive style, the author has a curious way of repeating quotations immediately after giving them, with practically no change. This constitutes an impediment to an otherwise smooth and logical account.

However difficult the task of establishing the relationships between culture and personality, it is a vital one. John Dollard has made a noteworthy attack upon it.

NATHANIEL ROSS (NEW YORK)

EXPLORATIONS IN PERSONALITY. By the Workers at the Harvard Psychological Clinic (under the direction of Henry A. Murray, M.D.) New York, London, Toronto: Oxford University Press, 1938. 742 pp.

The author and his colleagues present the results of personality studies on a group of fifty-one young men, some of whom were college students, the remainder unemployed. The book is dedicated to Morton Prince, Freud, Lawrence Henderson, Alfred Whitehead

and Jung, and to some degree reflects the ideologies of each. The data were collected over a period of two and one-half years by a group of workers whose psychological backgrounds ranged from that of the 'physiological psychologist' to the psychoanalytical. Twenty-five psychological procedures were applied to each individual studied. Twenty-four experimenters took part in the examinations and sessions which totaled about thirty-five hours. All individuals were subjected to the gamut of tests in the same sequence. Among the procedures used were interviews designed to assemble a detailed life history, childhood memories, history of the sexual development, a picture of the 'present dilemmas', etc. Fantasy life, learning, reaction to frustration, reaction to hypnosis and other personality features were studied by specially designed tests. The cumulative findings were discussed and correlated in frequent meetings of the examiners.

The authors acknowledge indebtedness to MacDougall, Jung, Rank, Adler, Freud, Henderson, Pareto, Allport and many others for concepts used in forming a table of 'personality variables' with which the test findings were correlated. Dr. Murray names forty-four of these variables, illustrating so called 'needs', of which 'twelve are general traits'. These concepts are introduced by an interesting hypothesis regarding the reaction of the organism to external and internal environment in terms of 'units of behavior'. The terms 'motone' and 'verbone', for instance, are created to describe units of motor and verbal behavior. A facilitating or obstructing tendency of the environment is called a 'press' (temporal gestalt); 'regnancy processes' (dominant cerebral processes) are 'the resultants of external press, of freshly aroused emotional needs (id), of conscious intentions (ego), of accepted cultural standards (superego), and of customary modes of behavior (habit system) in varying proportions'.

There are some interesting chapters which deal with such tests as the measurement of types of reaction to frustration, as well as the thematic apperception tests. The latter consist of showing the subject a series of pictures and asking him to make up a story about each one. It is apparent that many different kinds of responses will be obtained. Some individuals tended to project their fantasies onto the picture, some identified themselves closely with the figures portrayed, while others became immediately defensive and gave only noncommittal statements. This procedure might afford

some clues about the nature of an individual's inner conflicts, but in order to distinguish between the defense against the conflict and the nature of the conflict one would have to control such a procedure with psychoanalytic study.

The various reactions of one of the subjects studied, the case of Earnst, is presented in some detail. This material shows a variety of transference phenomena to the different investigators, e.g., a passive attitude toward the hypnotist, a defensive attitude toward the examiner who questioned him on sexual topics, and a politely gracious attitude to the female examiner. While it may be advantageous to observe the reactions of a subject to a number of individuals, we see only a series of disconnected transference attitudes some of which may be defensive measures serving to protect the subject against his unconscious drives. This study does not convincingly show us how these attitudes are connected. Such superficial transference studies are to be contrasted with transference manifestations observed in the course of a psychoanalysis where the patient has the opportunity to relive his past emotional attitudes in a setting which enables him gradually to learn to distinguish the past from the present.

The content of the case of Earnst from the standpoint of autobiography and childhood events is given as 'consciously' remembered. 'The drama of infancy has been left unchronicled', the author states. The records are based 'upon the subject's memories of the past with a few rather dubious reports pertaining to the third or fourth year of life, but from then on, consist of an increasing number of less questionable facts'. From all the material gathered, a table of personality variables is constructed and a 'psychograph' is presented in which there is an attempt to reconstruct the early environment and its effect on the development of the personality. The lack of early memories in this material, a feature common to most psychiatric interviews, must necessarily place some doubt on the reconstructions. Many of these memories are probably screens for important developmental stages which determine the structure of the subject's personality.

From the point of view of emphasizing dynamic psychology in academic circles, the book is commendable. It does not however add much to our present knowledge of psychodynamics, since the approach, limited by the methods, gives us a relatively superficial picture. Many detailed facets of the personality are described in

complicated terminology, and an attempt is made to place them in mathematical order. The value of these wide cross sections of personality structures would have been enhanced by the psychoanalysis of a few of the individuals studied. The procedures introduced by Murray and his co-workers, such as the tests for thematic apperception, reaction to frustration, etc., might be useful in psychoanalytic research—in investigating ego capacity, for instance. These tests, likewise, might eventually be of prognostic value: for example, in cases where schizophrenia is suspected.

MILTON L. MILLER (CHICAGO)

PSYCHOLOGY AND RELIGION. By Carl Gustav Jung. New Haven: Yale University Press, 1938. 131 pp.

The three Terry lectures given by Dr. Jung at Yale University develop the thesis that religion is an intense and involuntary experience against whose recurrence, creeds are erected in self-defense. Borrowing from Rudolf Otto, he describes the 'numinosum' as the authentic religious condition of the subject.

Fellow clinicians will recognize that the 'numinosum' is what is usually covered by the term 'anxiety'. Thus the analysis of the causes of religious experience becomes a repetition of Dr. Jung's theory of anxiety.

The causes of religious experience are traced to unconscious factors. At this point Dr. Jung introduces a useless confusion by asserting that the unconscious is not correctly described as 'individual'. In some places this appears to mean that unconscious processes are not individual because the mental processes of all people are essentially alike. Elsewhere the author seems to deny the individuality of unconscious processes because they are influenced by events external to the individual. Obviously the individuality of conscious processes could be denied on the same ground, but Dr. Jung does not take this position.

The conception of racial 'archetypes' is a special instance of the similarity of unconscious processes to one another. The similarity is attributed to the hereditary transmission of the determiners of archetypal fantasies. In the present lectures, Dr. Jung enlarges his gallery of archetypes to include a four-point pattern which is called the image of the Deity. This 'quaternity' fantasy is taken to mean God within us.

This suggestion stands on a different footing from some of the

constructions proposed by Dr. Jung in the past. The archetype of God is represented as coëxtensive with the human species and with human history. Hence it is not open to the objections which have been raised against attributes of a collective unconscious which are alleged to change, often over a few generations, by means of some unspecified and improbable mechanism for the prompt hereditary transmission of acquired psychological characteristics.

Dr. Jung contends for the universality of the 'quaternity', and summons evidence from the publications of scholars in several fields. He cites enough evidence to raise a presumption in favor of his view; but it is notoriously easy to raise a presumption of universality by reporting positive instances, and by minimizing differences in the patterns available for comparison. The so called 'comparative method' is not convincingly applied unless the total distribution in time and place of the relevant phenomena is carefully charted, the gaps frankly exhibited and not glossed over.

The residues of the remote past are not, and probably can never be, sufficiently rich to provide conclusive confirmation or invalidation of the 'quaternity' hypothesis. By far the best evidence can be obtained from clinically observable cases. Dr. Jung has not stated his position in a way which lends itself to exact investigation, but the following proposition is consistent with, though not exhaustive of his thought: the 'quaternity' fantasy is more laden with anxiety than other fantasies in persons who have cultivated sensuality and intelligence, rather than feeling and faith.

Dr. Jung continues to have his troubles with Dr. Freud. He objects to the theory that dreams always conceal; yet his own method of examining dreams, as exemplified in this book, is to pursue hidden meanings. The critical reader will probably be intrigued by the objections on page 30 and the specific interpretations on page 39. (Incidentally, Jung brings in a gratuitous reference to Freud as a Jew on page 31.)

As a whole the series shows the soaring imagination of the lecturer. The opening lecture is a masterpiece of urbane exposition.

HAROLD D. LASSWELL (WASHINGTON)

PSYCHOLOGY DOWN THE AGES. By Professor C. Spearman. New York: Macmillan and Co., 1937. Two vols. 781 pp.

This book, the author tells us in his preface, 'will make no attempt to follow up the meanderings of doctrine as governed

by historical and extrinsic influences, cultural, political, theological, personal, and otherwise. Instead, it will everywhere deal mainly with the breaking of new ground, be this for better or for worse. Mere relapses and restorations—even under new names—will but little concern us. We aim at depicting not the waves, but the whole tide; not the course of psychology, but its development. To change the metaphor, we hope to indicate the chief assets, as also liabilities which have been accumulated, and so to draw up a fair and square balance-sheet.'

Written in a style which is considerably more square than fair, the book is divided into five parts entitled respectively: What Psychology Is About, What The Psyche Can Do, How The Psyche Is Constituted, What Follows What, What Goes With What. In fact, all about what's what.

There is little enough about psychoanalysis, which is perhaps just as well. The author can have only a very imperfect acquaintance with the subject as the following passages will suffice to show:

'But when Freud came into the scene he took the very original step of proclaiming sex—in the broadest sense of this word—to constitute the *sole* object of human volition' (author's italics).

'After this fashion the classical triumvirate of fundamental motives, which were directed to the preservation of Self, Family, and Society (p. 177) were startlingly reduced to the second of these alone. Having taken this great initial step of discarding two out of the three fundamental motives, the further development of the psychoanalytic doctrine has largely consisted in reintroducing them. To the love of family Freud proceeded to add (in 1914) the love of self, investing this tendency with the romantic name of Narcissism. And eighteen years later he takes another stride, far more momentous still. He brings back the other great motive which he originally left out. This consists in the higher motivation which rises above the interests of both self and family to that of society; it is the volition which acts by such means as rational will, self control, or conscience; it roughly coincides with the charioteer in which had culminated the teaching of Plato. All this most ancient form of orexis is now presented to us again under the brand-new title of the "super-ego".'

Turning back to page 177 we learn that 'partly akin to them [the faculties of Malebranche] has been the quite recent teaching of Freud. For he too introduces both the regard for self and

that for others. But in the former *(Ich triebe)* he disclaims any special interest. And as for the latter, this he finds to be at bottom nothing more than manifestations of "sex", such as the procurement of sexual pleasure, the function of reproduction, the character of the "indecent", as well as sexual tendencies that are perverse or infantile.'

M. SCHMIDEBERG (LONDON)

THE DIAGNOSIS AND TREATMENT OF BEHAVIOR-PROBLEM CHILDREN. By Harry J. Baker, Ph.D., and Virginia Traphagen, M.A. New York: The Macmillan Company, 1936. 393 pp.

The behavior of children brings them into conflict with their environment when by lying, stealing, destroying or the like, they fail to conform to the laws of society, or when they are so extremely shy and fearful that they are unable to cope with the demands made upon them. There is 'a need for definite knowledge and detailed diagnosis of real causes in behavior cases and a knowledge of how to interpret them'. In an attempt to meet this need, Baker and Traphagen devised the Detroit Behavior Scale which consists of sixty-six factors covering what they feel are the three major causes of behavior maladjustments: *(1)* physical, sensory, and nervous conditions, *(2)* temperaments and emotions of children, and *(3)* the social and environmental forces acting upon the child. This book describes the administration, evaluation and interpretation of the scale in detail, with the idea that it could eventually be used for diagnostic purposes by teachers and social workers. In the authors' words, 'the scale for the analysis of behavior problems . . . is offered with the hope that it will aid in removing diagnosis and treatment from the realm of subjective opinion. It offers specific numeral scores for definite facts to those who desire them. Many of the factors and causes have been known and discussed in child-study clinics in informal manner. This volume attempts to bring them together in convenient, organized form for practical use.'

The scale consists mainly of an enumeration of the sixty-six factors, with space for evaluation and description of the acquired data. Each factor receives a rating of 1 to 5 according to whether the conditions are found to be very poor (1 point) or very good (5 points). Thus the lowest possible total score would be 66, the highest 330. The median score for a group of 181 children who

did not present behavior problems was 285, whereas for two behavior-problem groups it was 220 and 205. The degree to which an individual case may be considered a problem is based on the total score. Diagnosis of an individual case depends upon the examination of those factors which were rated lowest. The book provides the examiner with formulated questions for each factor and gives instruction upon what to base the rating.

The main portion of the book is Part III, Interpretation (of the sixty-six factors). It is divided into five sections: Health and Physical Factors, Personal Habits and Recreational Factors, Personality and Social Factors, Parental and Physical Factors of the Home, Home Atmosphere and School Factors. It is intended to provide the examiner with the knowledge necessary for the interpretation and treatment of the case. It presents a point of view that is fairly well rounded and certainly new to many teachers and social workers.

To the extent to which the reader or examiner's attention is called to possible unconscious determinants of behavior, and through their general approach to interpersonal relations, one feels that the authors have tried to make use of the knowledge psychoanalysis has made available. But one also senses confusion. In their introductory chapter, History of Treatment and Contribution to Theories, Freud, Adler, Jung and Healy are successively mentioned, briefly, and without any real understanding of their relation or lack of relation to each other. Throughout the book it does not become clear whether the authors really do not understand the concepts of Freud or whether they are making concessions and censoring their opinions with a view to the prejudices of their audience. Such a compromise is forgivable certainly, if by means of it they can reach a larger number of people and make them aware of the need to look behind the scenes, and provided the statements made are correct as far as they go. But one feels that the authors have tried to cover too much ground and have attempted to do justice to too many points of view with the result that the book lacks integration. Frequently we find a statement showing the retention of old-fashioned attitudes followed immediately by one which displays a great deal more insight. The following excerpt taken from the discussion of factors 16 and 17 on the scale, Early and Present Self-care, will serve as an illustration:

> . . . Bed-wetting is the hardest difficulty to overcome. The mother herself may have been lax in establishing habits of self-care; perhaps she does not take the child up at night regularly or forbid him to drink just before bedtime, or she may assume a hopeless attitude, shame him, or punish him too much.
>
> 'Breaking the sucking habit also presents difficulties. It is among the first pleasures in life and it continues to give pleasure until death. The baby sucks his thumb for comfort and happiness, the old man sucks his pipe. Weaning the baby from the breast or the bottle is no easy task. To do this abruptly may end in his sucking his fingers. To prolong breast or bottle feeding sets up a habit, so that the child refuses to take milk in any other way than by the sucking process.'

Adequate explanation of the concepts of the unconscious and of repression are lacking. It is disturbing to find such behavior as stealing discussed as though the relation between it and the wish for love and affection were something of which the child were consciously aware. One also misses a recognition of the fact that the approach to the child and his problems must differ considerably according to the stage of the child's emotional development. The sex problems of childhood are touched upon, but not much more than that. Masturbation is mentioned with hesitancy, and circumcision is recommended as a cure or preventative. In the discussion of fears and anxieties, the authors mention that the cause for them may often be repressed and unknown to the child. However they proceed to recommend various methods of reassurance to enable the child to overcome them.

Apparent lack of understanding also enters in the formulation and evaluation of certain questions. One shudders to think of the effect on a stuttering child when asked (factor 6): 'Do you speak plainly and easily? Have you ever had any trouble with speech, such as lisping or stuttering?' Dreams are considered under the heading of sleeping habits (factor 23) and the score is five points (very good) if there are no dreams or occasional meaningless(?!) ones. Factor 52, Number and Position in Siblings, is scored with no reference to whether or not the subject is the middle child although the authors, in their discussion of the relation between siblings in their chapter on Interpretation, apparently recognize that this position has special difficulties.

One could easily find many other points where psychoanalysts would disagree with the authors or point out important omissions.

But it is only fair to keep in mind the aim that Baker and Traphagen have in view. Realizing that the teachers and social workers, whose task it is to try to enable the child to adjust, are often themselves individuals with prejudices and biased attitudes, they have attempted to develop a means of measurement of behavior problems which would not depend on the subjective opinion of any one person. Such a scale can never achieve what the 'free-association interview', as Aichhorn calls it, can when conducted by a psychiatrically trained individual. However, for communities where such workers are not available, the Detroit Behavior scale is certainly a step in the right direction. It emphasizes the complexity of such problems, and teaches workers not to judge but to try to understand.

MARJORIE R. LEONARD (LOS ANGELES)

INTRODUCTION TO CLINICAL PSYCHOLOGY. By Edward M. Westburgh, Ph.D. Philadelphia: P. Blakiston's Son and Co., Inc., 1937. 336 pp.

The table of contents of this book is an excellent summary of what students in medicine, nursing, and social work ought to know about clinical psychology. Unfortunately, the book itself does not sufficiently bear out the promise of the table of contents.

The author is neither original enough to be stimulating, nor sufficiently orthodox to be dependable. He tries to cover far too much ground with the result that he fails to be definitive in any one aspect of his subject. His chief virtue lies in bringing together material not usually found within the compass of a single volume; but this advantage is rather offset by his poor presentation of the less controversial subjects, such as test results and cognitive factors, and by confusion worse confounded in the presentation of the more controversial material, especially affective factors. Throughout there is a lack of differential definitions and a failure to trace cause and effect relationships beyond the first superficial level of explanation.

The chapter on Test Results—Interpretation and Statistical Considerations is well conceived in that it selects important concepts for discussion, but the method of explanation would inevitably be confusing to a student. For instance, the author attempts to explain such terms as mode, frequency distribution, standard deviation and probable error without so much as a reference to a

normal curve, or a graph or chart showing the relation of these to the normal curve. Coefficient of reliability is discussed over several pages, but without any explanation of correlation as a background. Cognitive factors are presented by the more or less conventional division into three levels—perceptual, ideational, and conceptual. In this chapter are however some good tables helpful to the student showing the classification of mental deficiency by mental age, capabilities, and trainability.

By far the weakest part of the book is the section on Affective Factors. The presentation is based on McDougall's hormic psychology, but lacks the rigid definitions and admirable consistency of McDougall. The author's scheme divides personality description into three levels of complexity: *(1)* sense feelings and instinct feeling; *(2)* sentiments and interests; *(3)* ideals. Systematized 'psychological set-ups' are divided into compensation mechanisms and defense mechanisms. Under the former are described a rather heterogeneous set of mechanisms including, among others, introversion, fixation of interests, aggression, idealization, hope of future life, good intentions, identification, and attention getting. Some of those under defense mechanisms are amnesia, hysteria, compromise, abandoning desires.

The terminology of the first part of this section is chiefly that of McDougall, with certain rather curious emphases of the author's own, such for instance as his frequent allusions to joyful rage. Psychoanalytic terms are interwoven with others throughout the latter part of the section, but without any real integration of ideas. The author appears satisfied with explaining motivation in superficial and ambiguous terms such as attention-getting, habits, ideals.

The chapters on Family, Social, and Vocational History, History of Affective Experiences, and Health History and Physical Factors discuss the almost infinite variety of data that can go into a case history. These chapters would be better for the student if they were less exhaustive and more selective, with greater development of those types of data which are most important.

The final chapter on Some Fundamental Concepts is perhaps better than most of the others. It touches on a number of miscellaneous details such as the relation of the psychologist to the patient and to the medical profession, responsibility for interpreting reports, and the psychologist's own education and techniques.

An appendix contains an eighteen page outline for the clinical

study of personality and a 'partial list of useful tests', about forty in number, of abilities and achievement, together with a list of twenty-eight interest and personality scales. There is bibliography of some 125 titles, and a very adequate index.

NINA RIDENOUR (NEW YORK)

FEARFULLY AND WONDERFULLY MADE. The Human Organism in the Light of Modern Science. By Renée von Eulenburg-Wiener. New York: The Macmillan Co., 1938. 472 pp.

In spite of its title and the obvious attempt to capitalize upon popular interest in scientific subjects, this is no book for the 'layman who wishes to know more about the human organism'. It is too difficult reading, and such usefulness as it might have in this respect is obscured by the argument which 'runs like a guiding thread through the book'.

Nor need this argument, which forms the real purpose of the book, be taken too seriously. The attempt is to substitute the newer concepts of atomic physics for the older concepts of matter, and so to construct a new biology. This ambitious effort boils down to two assertions: first that the characteristics of molecules are determined by the electro-magnetic fields set up within them, and second that life is characterized by the asymmetry of the bio-molecule, the specificity of the processes of life resting upon this asymmetric configuration. In the final chapter the effort is made to apply this argument to such phenomena as aging, death, fatigue, memory, rest and sleep, emotions, recovery, thought and consciousness.

It makes some sense to think of the specific properties of the proteins, for example, as expressions of the complex energetics of the molecule, rather than solely in terms of structure. But beyond this it is hardly possible to go. The specific properties of gold and of lead are functions of the energetics of the atoms, but this statement explains nothing. Much less does it explain or even describe life to say that it is a function of the electro-magnetic fields of the asymmetric bio-molecule. For these reasons the argument as a whole is forced and in many respects meaningless. As a contribution to an understanding of the higher functions of the organism it seems wholly without value.

It may be added that strictly as a presentation of physiological

knowledge the writing, always unnecessarily complicated, at times becomes quite confused and inaccurate.

FRANKLIN C. MC LEAN (CHICAGO)

INSOMNIA: ITS CAUSES AND TREATMENT. By John A. P. Millet, M.D. New York: Greenberg, 1938. 195 pp.

This book, dedicated 'To the Patient whose need is partner to the physician's skill', consists of an Author's Preface, A Patient's Preface and eight chapters that from their headings give promise of the concise way in which the subject is treated: The Magic of Sleep, Physiology of Sleep, Disturbances of Sleep, Causes of Insomnia, Dreams, Nostrums and Quackery, Treatment of Insomnia, Sleep and Civilization.

The author in his preface gives grateful acknowledgment to Gillespie, Crichton-Miller, Professor Renshaw and others for certain general aspects of his manuscript and pays special tribute to his former co-worker, Dr. Austen Riggs. The author also generously thanks his many patients for their contribution of material and their friendly coöperation in his study of this troublesome symptom. He presents statistical charts, prepared by Mr. Roger Derby, recording different 'sleep patterns' in the author's own group of three hundred cases. It is stated that 'the aim of this little book is to present in a readable and condensed form what is now known about sleep and insomnia, to strip the mask of mystery from the subject, to issue certain warnings in regard to it and to point ways and means by which sufferers may confidently expect to secure partial or complete relief from the symptom.'

The brief preface by a 'grateful patient' is calculated with its brevity and direct, positive character, to give hope to the lay sufferer who is offering the symptom of sleeplessness as his chief complaint.

In the first chapter, after pointing out the phenomenon of sleep as a legitimate subject of interest to poet, cartoonist, movie producer, the advertising and sales manager and the physician, the author concludes that sleep, after all, is a 'natural and largely self-regulating function with a wide range of variation both as to time of onset, time of ending and duration'. The chapter ends with the statement that any disturbance in the 'sleep habit' indicates that something is not working rightly in the organism and that early diagnosis should be established.

The chapter Physiology of Sleep reviews the various characteristics of sleep and summarizes the principal theories of sleep in very readable text. In the chapter Disturbances of Sleep the author sets down the following groups: *1*. Difficulty in getting to sleep. *2*. Early waking and morning restlessness. *3*. Interrupted or broken sleep. *4*. Too short a sleep period. *5*. Unexplained drowsiness. *6*. Too heavy or too long a sleep at night. *7*. Inverted sleep habits—drowsiness in the daytime, wakefulness at night. Each of these types of sleep disorder is illustrated with a chart based on the author's three hundred cases and is interestingly discussed in a manner that reveals the author's interest and experience as a therapist. It is concluded that disturbances of sleep may in general be ascribed to organic diseases, toxemias, to emotional conflicts and to faulty habit formation.

Chapter IV, Causes of Insomnia, covers environmental, physical and emotional causes with a very apt exposition of the mechanics of anxiety, conscious and unconscious, in relation to insomnia, and the part that the sexual impulse and its incomplete gratification may play in various sleep disturbances.

In an entertaining chapter on Dreams is revealed the author's training along psychotherapeutic lines, his commitment to the formulations of freudian psychology and his conviction as to the usefulness of certain psychoanalytic techniques.

Under the heading Nostrums and Quackery our attention is directed to a number of the common devices for wooing sleep from 'counting sheep' to modern material equipment and aids to satisfying sleep as exhibited with commercial intent in 'The World's Only Sleep Shop'. We are not told, however, where this 'Sleep Shop' (we note it is not spelled *Shoppe*) is located. The author excites the desire to acquire interesting gadgets without telling us where these devices are on display. There may be a subtle psychological point concealed thereby, since he gives a humorous turn to his description by declaring the shop to be 'a veritable paradise for the insomniac'.

The author then discusses in concise form the treatment of insomnia, insisting that a complete diagnostic study, including an evaluation of the emotional life, is necessary before any specific treatment program should be instituted.

A chapter on the treatment of insomnia is illustrated with several cases. The essentials in the treatment of insomnia are said

to fall into two categories: attempts to outwit the symptom, and attempts to eradicate the cause.

The author states that where the insomnia itself brings the patient to the doctor, symptomatic cure is apt to be inadequate or temporary; when this is true, an exhaustive search for the causes of the anxiety responsible for the symptom is recommended. If the insomnia is of functional type, appropriate psychological investigation is indicated.

In the concluding chapter, Sleep and Civilization, interesting observations are made on sleep habits in reference to rural and urban life, race, geographical position, personal habits and certain features of civilization, ending with a plea for a more wholesome educational program to prepare children for better adjustment to the responsibilities of modern living. A bibliography of seventy-three titles is appended.

This book by Dr. Millet reflects the efforts of an earnest researcher and a diligent psychotherapist.

CLINTON P. MC CORD (ALBANY)

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HELENE DEUTSCH:	Über bestimmte Widerstandsformen *(On Certain Forms of Resistance).*
OTTO FENICHEL:	Zur Ökonomik der Pseudologia Phantastica *(On the Economic Problem of Pseudologia Phantastica).*
ALICE BÁLINT:	Liebe zur Mutter und Mutterliebe *(Love for the Mother and Mother Love).*
HERMANN NUNBERG:	Ichstärke und Ichschwäche *(Ego Strength and Ego Weakness).*
HEINZ HARTMANN:	Ich-Psychologie und Anpassungsproblem *(Ego Psychology and the Problem of Adaptation).*
ROBERT WAELDER:	Kriterien der Deutung *(Criteria of Meaning).*
ERNST KRIS:	Das Lachen also mimischer Vorgang *(Laughter as a Mimetic Process).*
HANS CHRISTOFFEL:	Paracelsus' Frieder und Zänker *(Paracelsus' Conception of Peaceful and Warlike Instincts).*
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The Psychoanalytic Quarterly

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Notes

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NOTES

THE NEW YORK PSYCHOANALYTIC SOCIETY has elected the following officers for the year 1939–1940: *President* Lawrence S. Kubie, M.D. *Vice-President* John A. P. Millet, M.D. *Secretary* Susanna S. Haigh, M.D. *Treasurer* Samuel Atkin, M.D.

Under the headline NORWAY REGULATES PSYCHOANALYSIS a special correspondent to the Journal of the American Medical Association sends the following letter dated June 14, 1939 printed in the J.A.M.A. (Vol. CXIII, No. 3, July 15, 1939):

'Psychoanalysis having run riot in Norway for several years to the financial benefit of the psychoanalyst, the inevitable reaction has set in. Dr. Ragnar Vogt, professor of psychiatry at the University of Oslo, in 1937 publicly denounced a state of affairs little short of scandalous. Psychoanalysis, he said, had become a vogue, a tragic feature of which was the evolution of an interminable chain of psychoanalysts. The patient who was analyzed yesterday set himself up today as a psychoanalyst. Professor Vogt drew attention to the possibility of curbing the activities of these amateur psychoanalysts by legislative measures. July 15, 1938, effect was given to this suggestion in a royal edict. According to this edict, which is supplementary to earlier legislation of 1927 and 1936, psychoanalysis is defined as a process which is continued for some time and which aims to clarify, interpret or otherwise influence unconscious mental processes. Psychoanalysis thus defined must not be undertaken even by doctors unless they have been given special permission by competent authority. In 1927 legislation was adopted limiting the activities of qualified doctors in certain fields in which they did not have the competence of specialists. This legislation aimed to prevent bodily injury to patients under the care of doctors without special knowledge of dangerous therapeutic measures. The legislation of 1938 extended this principle to the prevention of grievous mental injury. The Oslo Faculty of Medicine appointed a committee of three members to aid the country's medical director in working out rules to govern the activities which a doctor may or may not undertake without special permission. Henceforth if a psychoanalyst is challenged in connection with his treatment of patients he may appeal to the crown against the rulings of his judges. Perhaps the mere prospect of a prosecution and punishment has curbed the most outrageous psychoanalytic offenders.'

THE NATIONAL COMMITTEE FOR RESETTLEMENT OF FOREIGN PHYSICIANS, New York Division, announces through its Chairman of the Sub-Committee of Advisory Boards, Lawrence S. Kubie, M.D., that since April 1st, 1939, 85 physicians have become members of 20 boards of review in New York City. So far, 112 individuals have been referred for interviews. Most of the interviews were necessary to decide whether the organization should support these medical emigrés in a plan leading to their reëstablishment as physicians. On the whole, evaluations have

been positive. In only eight cases have people been definitely advised that they are not qualified for the practice of medicine in this country. In seven other cases, claims to expertness in certain specialties have been found unwarranted. In six additional cases individuals have been given conflicting evaluations by two members of their board, and their problem is now being considered by the board's chairman. The work of the advisory boards has been found to be of the greatest help in properly advising medical emigrés as well as American physicians and institutions wishing to employ them. In many instances emigré physicians have been guided to new and most appropriate places of settlement.

THE MENTAL HYGIENE MOVEMENT FROM THE PHILANTHROPIC STANDPOINT is the title of a new publication from the Department of Philanthropic Information established ten years ago by the Central Hanover Bank and Trust Company of New York. The anonymous author of this 73 pp. booklet writes:

'The term "Mental Hygiene", much overworked and frequently misused by charlatans and quacks, means simply health of mind. And the mental hygiene movement has for its great objective a higher standard of mental health for the peoples of the world. . . . So new is the mental hygiene movement that few, outside of professional circles, are aware of how it has come about, what it has achieved, what it hopes to achieve, and what support it must have if its hopes are to be realized. Because of the very great importance of the movement all this should be known, and the present little volume is therefore timely and of very distinct value. In the brief compass of its seventy-three pages it traces interestingly and in non-technical language the gradual change of the conditions which so long stood in the way of the mental hygiene movement, its advent, its progress and its present-day position. The volume is written from a distinctly philanthropic standpoint; its purpose to acquaint the public with the enormous importance of the mental hygiene movement, and to secure for it, if possible, a more adequate support.'