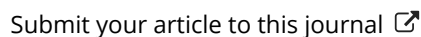
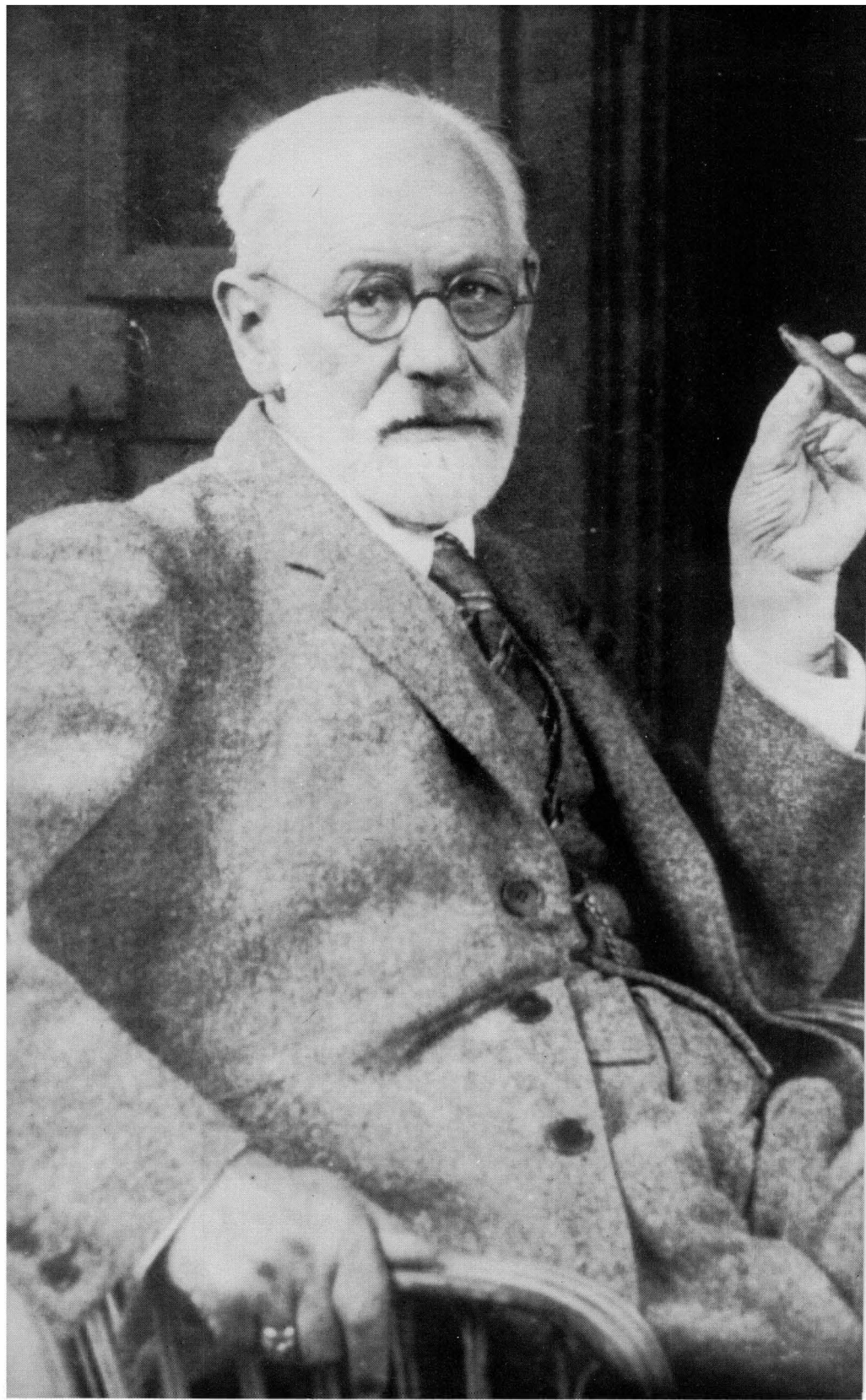


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SIGMUND FREUD

1856-1939

Sigmund Freud died on September 23, 1939.

Despite many years of illness and his advanced age, the news of his death is a severe shock.

The world has lost one of its great men; science is bereft of one of its most eloquent devotees; but Freud has left in his published works a rich and imperishable heritage which all those who will can share.

Though his life was turbulent and marked by severe disappointments, he achieved for the greater part a realistic adaptation to the struggles his unique career imposed. A happy contrast was presented by his ideal family life which for those who were privileged to share it was always a pleasure to see.

To all who worked with him he was ever a helpful and encouraging counselor, an interested friend.

I have no doubt that in the course of time some of Freud's views will be modified. New ideas will come to replace them. I am convinced nevertheless that the luster of the man and the glory of his great achievements will remain undimmed no matter what may take place in the future.

A. A. BRILL

IN MEMORIAM SIGMUND FREUD

Now that fate has broken the bonds that for many decades existed between Freud and his oldest pupils, I cannot refrain from dedicating a few reverent and heartfelt words to Freud, the man. I have in mind not only the man as revealed through his writings but Freud as we saw him and lived with him in our frequent intimate contacts.

You may think me mystic when I contend that it is altogether fitting that this man should have left the world at this very time. I say it not because Freud had reached an advanced age and had suffered from a severe illness; for we must remember that his forebears lived long and that he withstood his illness for a period of almost twenty years. What I wish to say is that it seems wholly natural that this man whose entire being was devoted to the noblest principles of humanism should abandon this world at a time when the crassest contradictions to these principles prevail.

Thirst for truth and love are the fundamentals of humanism. They pave the way to that broader understanding of fellow men which is the mainstay of humanism. Freud's immense drive to learn the truth reveals itself in the story of his research and in his uncompromising battle for the verification and assertion of the truth as he saw it. This was acknowledged by an honored although immutable opponent of Freud's teaching when Dr. Beep, professor of theology at the Catholic University of Freiburg, stated: 'Freud is a fanatical searcher for the truth and I believe he would not hesitate to unveil it even though it should cost him his life'.

As to love, did not Freud's work reclaim for mankind the right to love? Did he not elevate love to the level of a legitimate, vital and natural factor of life? This he saw fit to do at a time when love was given recognition only by poets and was more generally regarded as a play of the imagination, a whim or a mood. It was a time when the Frenchman Béranger created a sensation and aroused opposition by asking in Parlia-

ment that a crime motivated by love be extenuated in consideration of its irresistible compulsion. Too, let us not overlook the fact that for a long time psychoanalysis was closely identified with the libido theory and no man could have constructed such a scientific gospel of love if he himself, to use the words of the evangelist, 'had not love'. Perhaps indeed his great need to love was an obstacle to Freud in his work because he discovered so late that in the development of man hate is the forerunner of love. He wrote in *The Predisposition to Obsessional Neurosis*: 'It may be that this is the meaning of W. Steckel's contention that hate and not love is the primary emotional relationship between men. At the time Steckel wrote this, it seemed to me inconceivable.'

Freud eagerly took part in the lives of those close to him and was always ready to offer a helping hand whenever he thought it right to do so; yet his love was far removed from the ecstatic exuberance of 'pity and scorn' that Schopenhauer offered humanity. He strove to achieve in his own life the same goal that he pursued in psychoanalytic treatment—guidance of the emotions through understanding. This very striving for the sovereignty of Reason revealed to him the great limitations of man's struggle against his fate, and in the final analysis that man must accept the inevitable with dignity and patience. This too Freud amply demonstrated by his serene resignation to his painful illness and to his exile.

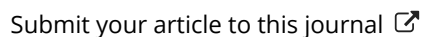
Now this great spirit and noble man is released from his task and freed from any fate.

LUDWIG JEKELS

Frieda Fromm-Reichmann

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TRANSFERENCE PROBLEMS IN SCHIZOPHRENICS

BY FRIEDA FROMM-REICHMANN (ROCKVILLE, MARYLAND)

Most psychoanalytic authors maintain that schizophrenic patients cannot be treated psychoanalytically because they are too narcissistic to develop with the psychotherapist an interpersonal relationship that is sufficiently reliable and consistent for psychoanalytic work (1, 12, 13). Freud, Fenichel and other authors have recognized that a new technique of approaching patients psychoanalytically must be found if analysts are to work with psychotics (2, 6, 8, 16, 19, 31-36). Among those who have worked successfully in recent years with schizophrenics, Sullivan, Hill, and Karl Menninger and his staff have made various modifications of their analytic approach (14, 17, 21-25, 28, 29).

In our work at the Chestnut Lodge Sanitarium we have found similar changes valuable. The technique we use with psychotics is different from our approach to psychoneurotics (3, 4, 32, 33). This is not a result of the schizophrenic's inability to build up a consistent personal relationship with the therapist but due to his extremely intense and sensitive transference reactions.

Let us see first what the essence of the schizophrenic's transference reactions is and second how we try to meet these reactions.

In order to understand them we must state those parts of our hypothesis about the genesis of these illnesses that are significant for the development of the patient's personal relationships and thus for our therapeutic approach.

We think of a schizophrenic as a person who has had serious traumatic experiences in early infancy at a time when his ego and its ability to examine reality were not yet developed.

Read before the 41st Annual Meeting of the American Psychoanalytic Association, Chicago, May 1939.

These early traumatic experiences seem to furnish the psychological basis for the pathogenic influence of the frustrations of later years. At this early time the infant lives grandiosely in a narcissistic world of his own. His needs and desires seem to be taken care of by something vague and indefinite which he does not yet differentiate. As Ferenczi (7) noted they are expressed by gestures and movements since speech is as yet undeveloped. Frequently the child's desires are fulfilled without any expression of them, a result that seems to him a product of his magical thinking.

Traumatic experiences in this early period of life will damage a personality more seriously than those occurring in later childhood such as are found in the history of psychoneurotics. The infant's mind is more vulnerable the younger and less used it has been; further, the trauma is a blow to the infant's egocentricity. In addition early traumatic experience shortens the only period in life in which an individual ordinarily enjoys the most security, thus endangering the ability to store up as it were a reasonable supply of assurance and self-reliance for the individual's later struggle through life. Thus is such a child sensitized considerably more towards the frustrations of later life than by later traumatic experience. Hence many experiences in later life which would mean little to a 'healthy' person and not much to a psychoneurotic, mean a great deal of pain and suffering to the schizophrenic. His resistance against frustration is easily exhausted.

Once he reaches his limit of endurance, he escapes the unbearable reality of his present life by attempting to reestablish the autistic, delusional world of the infant; but this is impossible because the content of his delusions and hallucinations are naturally colored by the experiences of his whole lifetime (9-12, 21-25).

How do these developments influence the patient's attitude towards the analyst and the analyst's approach to him?

Due to the very early damage and the succeeding chain of frustrations which the schizophrenic undergoes before finally

giving in to illness, he feels extremely suspicious and distrustful of everyone, particularly of the psychotherapist who approaches him with the intention of intruding into his isolated world and personal life. To him the physician's approach means the threat of being compelled to return to the frustrations of real life and to reveal his inadequacy to meet them, or—still worse—a repetition of the aggressive interference with his initial symptoms and peculiarities which he has encountered in his previous environment.

In spite of his narcissistic retreat, every schizophrenic has some dim notion of the unreality and loneliness of his substitute delusory world. He longs for human contact and understanding, yet is afraid to admit it to himself or to his therapist for fear of further frustration.

That is why the patient may take weeks and months to test the therapist before being willing to accept him.¹

However once he has accepted him, his dependence on the therapist is greater and he is more sensitive about it than is the psychoneurotic because of the schizophrenic's deeply rooted insecurity; the narcissistic seemingly self-righteous attitude is but a defense.

Whenever the analyst fails the patient from reasons to be discussed later—one cannot at times avoid failing one's schizophrenic patients—it will be a severe disappointment and a repetition of the chain of frustrations the schizophrenic has previously endured.

To the primitive part of the schizophrenic's mind that does not discriminate between himself and the environment, it may mean the withdrawal of the impersonal supporting forces of his infancy. Severe anxiety will follow this vital deprivation.

In the light of his personal relationship with the analyst it means that the therapist seduced the patient to use him as a bridge over which he might possibly be led from the utter loneliness of his own world to reality and human warmth, only to have him discover that this bridge is not reliable. If so, he will respond helplessly with an outburst of hostility or with

¹ Years in the case reported by Clara Thompson (27).

renewed withdrawal as may be seen most impressively in catatonic stupor.

One patient responded twice with a catatonic stupor when I had to change the hour of my appointment with her; both times it was immediately dispelled when I came to see her and explained the reasons for the change. This withdrawal during treatment is a way the schizophrenic has of showing resistance and is dynamically comparable to the various devices the psychoneurotic utilizes to show resistance.²

The schizophrenic responds to alternations in the analyst's defections and understanding by corresponding stormy and dramatic changes from love to hatred, from willingness to leave his delusional world to resistance and renewed withdrawal.

As understandable as these changes are, they nevertheless may come quite as a surprise to the analyst who frequently has not observed their source. This is quite in contrast to his experience with psychoneurotics whose emotional reactions during an interview he can usually predict. These unpredictable changes seem to be the reason for the conception of the unreliability of the schizophrenic's transference reactions; yet they follow the same dynamic rules as the psychoneurotics' oscillations between positive and negative transference and resistance. *If the schizophrenic's reactions are more stormy and seemingly more unpredictable than those of the psychoneurotic, I believe it to be due to the inevitable errors in the analyst's approach to the schizophrenic, of which he himself may be unaware, rather than to the unreliability of the patient's emotional response.*

Why is it inevitable that the psychoanalyst disappoints his schizophrenic patients time and again?

The schizophrenic withdraws from painful reality and retires to what resembles the early speechless phase of development where consciousness is not yet crystallized. As the expression of his feelings is not hindered by the conventions he has eliminated, so his thinking, feeling, behavior and

² Edith Weigert-Vowinkel (30) observed somewhat similar dynamics in what she calls the 'automatic attitudes' of schizoid neurotics.

speech—when present—obey the working rules of the archaic unconscious (26). His thinking is magical and does not follow logical rules. It does not admit a *no*, and likewise no *yes*; there is no recognition of space and time. I, you, and they are interchangeable. Expression is by symbols; often by movements and gestures rather than by words.

As the schizophrenic is suspicious, he will distrust the words of his analyst. He will interpret them and incidental gestures and attitudes of the analyst according to his own delusional experience. The analyst may not even be aware of these involuntary manifestations of his attitudes; yet they mean much to the hypersensitive schizophrenic who uses them as a means of orienting himself to the therapist's personality and intentions towards him.

In other words, the schizophrenic patient and the therapist are people living in different worlds and on different levels of personal development with different means of expressing and of orienting themselves. We know little about the language of the unconscious of the schizophrenic, and our access to it is blocked by the very process of our own adjustment to a world the schizophrenic has relinquished. So we should not be surprised that errors and misunderstandings occur when we undertake to communicate and strive for a rapport with him.

Another source of the schizophrenic's disappointment arises from the following: since the analyst accepts and does not interfere with the behavior of the schizophrenic, his attitude may lead the patient to expect that the analyst will assist in carrying out all the patient's wishes, even though they may not seem to be to his interest, or to the analyst's and the hospital's in their relationship to society. This attitude of acceptance so different from the patient's previous experiences readily fosters the anticipation that the analyst will try to carry out the patient's suggestions and take his part, even against conventional society should occasion arise. Frequently it will be wise for the analyst to agree with the patient's wish to remain unbathed and untidy until he is ready to talk about the reasons for his behavior or to change spontaneously.

At other times he will unfortunately be unable to take the patient's part without being able to make the patient understand and accept the reasons for the analyst's position.

For example, I took a catatonic patient who asked for a change of scene, one day for lunch to a country inn, another time to a concert, and a third time to an art gallery. After that he asked me to permit him with a nurse to visit his parents in another city. I told him I would have to talk this over with the superintendent and in addition suggested notifying his people. Immediately he became furious and combative because this meant that I was betraying him by consulting with others about what he regarded as a purely personal matter. From his own detached and childlike viewpoint he was right. He had given up his isolation in exchange for my personal interest in him, but he was not yet ready to have other persons admitted to this intimate relationship.

If the analyst is not able to accept the possibility of misunderstanding the reactions of his schizophrenic patient and in turn of being misunderstood by him, it may shake his security with his patient.

The schizophrenic, once he accepts the analyst and wants to rely upon him, will sense the analyst's insecurity. Being helpless and insecure himself—in spite of his pretended grandiose isolation—he will feel utterly defeated by the insecurity of his would-be helper. Such disappointment may furnish reasons for outbursts of hatred and rage that are comparable to the negative transference reactions of psychoneurotics, yet more intense than these since they are not limited by the restrictions of the actual world.

These outbursts are accompanied by anxiety, feelings of guilt, and fear of retaliation which in turn lead to increased hostility. Thus is established a vicious circle: we disappoint the patient; he hates us, is afraid we hate him for his hatred and therefore continues to hate us. If in addition he senses that the analyst is afraid of his aggressiveness, it confirms his fear that he is actually considered to be dangerous and unacceptable, and this augments his hatred.

This establishes that *the schizophrenic is capable of developing strong relationships of love and hatred towards his analyst.*

'After all, one could not be so hostile if it were not for the background of a very close relationship', said one catatonic patient after emerging from an acutely disturbed and combative episode.

In addition, I believe *the schizophrenic develops transference reactions in the narrower sense* which he can differentiate from the actual interpersonal relationship.

A catatonic artist stated the difference between the two kinds of relations while he was still delusional and confused when he said pointing to himself, 'There is the artist, the designer and the drawer', then looking around my office at the desk and finally at me, 'the scientist, the research worker, the psychiatrist. . . . As to these two my fears of changes between treatment and injury do not hold true. Yet, there is also something else between us—and there is fear of injury and treatment—treatment and injury.' Then he implored me: 'Understand! Try to be psychic—that will constitute real communism between us' (here using a political symbol to indicate a personal bond).

Another instructive example was given by an unwanted and neglected middle child of a frigid mother. He fought all his life for the recognition denied him by his family. Ambitious, he had a successful career as a researcher. During the war he was called to a prominent research center some distance from his home. Ten years later, after several frustrating repetitions of his childhood conflicts, he became sick.

The first eighteen months of his analysis were spent in a continuous barrage of hatred and resentment. He would shout: 'You dirty little stinking bitch', or, 'You damned German Jew; go back to your Kaiser!' or, 'I wish you had crashed in that plane you took!'. He threatened to throw all manner of things at me. These stormy outbursts could be heard all over the hospital.

After a year and a half he became less disturbed and began to be on friendly terms with me, accepting willingly some

interpretations and suggestions. Asked about his hatred of me, he said, 'Oh, I think I did not actually hate you; underneath I always liked you. But when I had that call to the Institute—do you remember?—I saw what the Germans had done to our men and I hated you as a German for that. Besides, mother, far from being proud of me as you would have expected, hated me for going instead of staying home and supporting her pet, my younger brother. You were mother, and I hated you for that. My sister, although living near the Institute, did not even once come to see me although she had promised to. So you became sister, and I hated you for that. Can you blame me?'

From these examples can one doubt that the schizophrenic demonstrates workable transference reactions?

As the usual psychoanalytic approach is effective only with psychoneurotics, what modifications are necessary in our current technique in order to meet the particular needs of schizophrenics?

Contact with the schizophrenic must begin with a long preparatory period of daily interviews (as in psychoanalysis with children) during which the patient is given the opportunity of becoming acquainted with the analyst, of finding out if the analyst can be of value to him, and of overcoming his suspicion and his anxiety about the friendship and consideration offered to him by the analyst. After that the patient may gain confidence in his physician and at last accept him.

One patient shouted at me every morning for six weeks, 'I am not sick; I don't need any doctor; it's none of your damned business'. At the beginning of the seventh week the patient offered me a dirty crumpled cigarette. I took it and smoked it. The next day he had prepared a seat for me by covering a bench in the yard where I met him with a clean sheet of paper. 'I don't want you to soil your dress', he commented. This marked the beginning of his acceptance of me as a friend and therapist.

Another very suspicious patient after two days of fear and

confusion ushering in a real panic became stuporous for a month—mute, resistive to food and retaining excretions. In spite of this rather unpromising picture, I sat with him for an hour every day. The only sign of contact he gave to me or anyone was to indicate by gestures that he wanted me to stay; all that he said on two different days during this period was: 'Don't leave!'.

One morning after this I found him sitting naked and masturbating on the floor of his room which was spotted with urine and sputum, talking for the first time yet so softly that I could not understand him. I stepped closer to him but still could not hear him so I sat down on the floor close to him upon which he turned to me with genuine concern: 'You can't do that for me, you too will get involved'. After that he pulled a blanket around himself saying, 'even though I have sunk as low as an animal, I still know how to behave in the presence of a lady'. Then he talked for several hours about his history and his problems.

Finally I offered him a glass of milk. He accepted the offer and I went to get it. When I came back after a few moments his friendliness had changed to hostility and he threw the milk on me. Immediately he became distressed: 'How could I do that to you?' he asked in despair. It seemed as though the few minutes I was out of the room were sufficient time for him to feel that I had abandoned him.

His confidence was regained by my showing that I did not mind the incident. And for eight months of daily interviews he continued to talk. Unfortunately he was then removed from the sanitarium by his relatives.

This also serves to illustrate the difference between the schizophrenic's attitude towards time, and ours. One patient, after I told him I had to leave for a week, expressed it thus: 'Do you know what you are telling me? It may mean a minute and it may mean a month. It may mean nothing; but it may also mean eternity to me.'

Such statements reveal that there is no way to estimate what time means to the patient; hence the inadvisability of trying

to judge progress by our standards. These patients simply cannot be hurried and it is worse than futile to try. This holds true in all stages of treatment (15).

This was brought home to me by a catatonic patient who said at the end of five months of what seemed to me an extremely slow movement in the direction of health: 'I ought to tell you that things are going better now; but'—with anxiety in his voice—'everything is moving too rapidly. That ought to make us somewhat sceptical.'

As the treatment continues, the patient is neither asked to lie down nor to give free associations; both requests make no sense to him. He should feel free to sit, lie on the floor, walk around, use any available chair, lie or sit on the couch. Nothing matters except that the analyst permit the patient to feel comfortable and secure enough to give up his defensive narcissistic isolation, and to use the physician for resuming contact with the world.

If the patient feels that an hour of mutual friendly silence serves his purpose, he is welcome to remain silent: 'The happiness to dare to breathe and vegetate and just to be, in the presence of another person who does not interfere', as one of them described it.

The only danger of these friendly silent hours is that the patient may develop more tension in his relationship with the analyst than the patient can stand, thereby arousing great anxiety. It belongs among the analyst's 'artistic' functions, as Hill has called them (14), to sense the time when he should break his patient's friendly silence.

What are the analyst's further functions in therapeutic interviews with the schizophrenic? As Sullivan (24) has stated, he should observe and evaluate all of the patient's words, gestures, changes of attitudes and countenance, as he does the associations of psychoneurotics. Every single production—whether understood by the analyst or not—is important and makes sense to the patient. Hence the analyst should try to understand, and let the patient feel that he tries.³ He should as a rule not

³ Diethelm also stresses this viewpoint (5).

attempt to prove his understanding by giving interpretations because the schizophrenic himself understands the unconscious meaning of his productions better than anyone else.⁴ Nor should the analyst ask questions when he does not understand, for he cannot know what trend of thought, far off dream or hallucination he may be interrupting. He gives evidence of understanding, *whenever he does*, by responding cautiously with gestures or actions appropriate to the patient's communication; for example by lighting his cigarette from the patient's cigarette instead of using a match when the patient seems to indicate a wish for closeness and friendship.

'Sometimes little things like a small black ring can do the job', a young catatonic commented after I had substituted a black onyx ring for a silver bracelet I had been wearing. The latter had represented to him part of a dangerous armour of which he was afraid.

What has been said against intruding into the schizophrenic's inner world with superfluous interpretations also holds true for untimely suggestions. Most of them do not mean the same thing to the schizophrenic that they do to the analyst. The schizophrenic who feels comfortable with his analyst will ask for suggestions when he is ready to receive them. So long as he does not, the analyst does better to listen. The following incident will serve as an illustration. A catatonic patient refused to see me. I had disappointed him by responding to his request that someone should spend the whole day with him by promising to make arrangements for a nurse to do so instead of understanding that it was I whom he wanted. For the following three months he threatened me with physical attack when I came to see him daily, and I could talk with him only through the closed door of his room.

Finally he reaccepted me and at the end of a two-and-a-half hour interview stated very seriously: 'If only you can handle this quite casually and be friendly and leave the young people [the nurses] out of it, I may be able to work things out with

⁴ Laforgue (18) attributes the cure of a case of schizophrenia to his interpretative work with the patient. According to my experience I believe it was due to his sensitive emotional approach and not the result of his interpretations.

you.' The next day in the middle of another hour of confused hallucinatory talking, he went on: 'This is a great surprise to us. There were lots of errors and misunderstandings between us and we both learned quite a bit. If you could arrange for me to see my friends and to spend more time on an open ward, and if you remain casual we might be able to coöperate.' It is scarcely necessary to say that we acted in accordance with his suggestions.

In contrast to fortunate experiences like these there will remain long stretches on every schizophrenic's lonely road over which the analyst cannot accompany him. Let me repeat that this alone is no reason for being discouraged. *It is certainly not an intellectual comprehension of the schizophrenic but the sympathetic understanding and skilful handling of the patient's and physician's mutual relationship that are the decisive therapeutic factors.*

The schizophrenic's emotional reactions towards the analyst have to be met with extreme care and caution. The love which the sensitive schizophrenic feels as he first emerges, and his cautious acceptance of the analyst's warmth of interest are really most delicate and tender things. If the analyst deals unadroitly with the transference reactions of a psychoneurotic it is bad enough, though as a rule not irreparable; but if he fails with a schizophrenic in meeting positive feeling by pointing it out for instance before the patient indicates that he is ready to discuss it, he may easily freeze to death what has just begun to grow and so destroy any further possibility of therapy.

Here one has to steer between Scylla and Charybdis. If the analyst allows the patient's feelings to grow too strong without providing the relief of talking about them, the patient may become frightened at this new experience and then dangerously hostile toward the analyst.

The patient's hostility should ideally be met without fear and without counterhostility. The form it sometimes takes may make this difficult to do. Let it be remembered however, that the less fear patients sense in the therapist the less dangerous they are.

One patient explained this to me during the interviews we had in her post-psychotic stage of recovery. 'You remember', she said, 'when you once came to see me and I was in a wet pack and asked you to take me out? You went for a nurse and I felt very resentful because that meant to me that you were afraid to do it yourself and that you actually believed that I was a dangerous person. Somehow you felt that, came back and did it yourself. That did away with my resentment and hostility toward you at once, and from then on I felt I could get well with you because if you were not afraid of me that meant that I was not too dangerous and bad to come back into the real world you represented.'

Sometimes the therapist's frank statement that he wants to be the patient's friend but that he is going to protect himself should he be assaulted, may help in coping with the patient's combativeness and relieve the patient's fear of his own aggression.

Some analysts may feel that the atmosphere of complete acceptance and of strict avoidance of any arbitrary denials which we recommend as a basic rule for the treatment of schizophrenics, may not accord with our wish to guide them towards reacceptance of reality. We do not believe that is so.

Certain groups of psychoneurotics have to learn by the immediate experience of analytic treatment how to accept the denials life has in store for each of us. *The schizophrenic has above all to be cured of the wounds and frustrations of his life before we can expect him to recover.*

Other analysts may feel that treatment as we have outlined it is not psychoanalysis. The patient is not instructed to lie on a couch, he is not asked to give free associations (although frequently he does), and his productions are seldom interpreted other than by understanding acceptance.

Freud says that every science and therapy which accepts his teachings about the unconscious, about transference and resistance and about infantile sexuality, may be called psychoanalysis. According to this definition we believe we are practising psychoanalysis with our schizophrenic patients.

Whether we call it analysis or not, it is clear that successful

treatment does not depend on technical rules of any special psychiatric school but rather on the basic attitude of the individual therapist toward psychotic persons. If he meets them as strange creatures of another world whose productions are nonunderstandable to 'normal' beings, he cannot treat them. If he realizes however, that the difference between himself and the psychotic is only one of degree and not of kind, he will know better how to meet him. He will be able to identify himself sufficiently with the patient to understand and accept his emotional reactions without becoming involved in them.

Summary

Schizophrenics are capable of developing workable relationships and transference reactions.

Successful psychotherapy with schizophrenics depends upon whether the analyst understand the significance of these transference phenomena and meet them appropriately.

BIBLIOGRAPHY

- 1 ABRAHAM, KARL: The Psychosexual Difference between Hysteria and Dementia Praecox, in *Selected Papers*. London: Hogarth Press, 1927.
- 2 BRILL, A. A.: *Schizophrenia and Psychotherapy*. Am. J. of Psych., IX, No. 3, 1929.
- 3 BULLARD, D. M.: *Organization of psychoanalytic Procedure in the Hospital*. To be published in J. of Nerv. and Ment. Disease.
- 4 ——— *The Application of Psychoanalytic Psychiatry to the Psychoses*. To be published in *Psa. Rev.*
- 5 DIETHELM, OSKAR: *Treatment in Psychiatry*. New York: The Macmillan Co., 1936.
- 6 FENICHEL, OTTO: *Outline of Clinical Psychoanalysis*. New York: W. W. Norton Co., 1934.
- 7 FERENCZI, SANDOR: Stages in the Development of the Sense of Reality, in *Contributions to Psychoanalysis*. Boston: Richard G. Badger, 1916.
- 8 FREUD: *On Psychotherapy*. Coll. Papers, I.
- 9 ——— *The Loss of Reality in Neurosis and Psychosis*. Coll. Papers, II.
- 10 ——— *Neurosis and Psychosis*. Coll. Papers, II.
- 11 ——— *Psycho-Analytic Notes upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)*. Coll. Papers, III.
- 12 ——— *On Narcissism: An Introduction*. Coll. Papers, IV.
- 13 ——— *A General Introduction to Psychoanalysis*. Lecture XVI. New York: Liveright Publ. Co., 1935.

- 14 HILL, LEWIS B.: *Treatment of the Psychotic Ego*. Read before the Annual Meeting of the Am. Psych. Assn., St. Louis, May 1936.
- 15 HINSIE, LELAND E.: *Treatment of Schizophrenia*. Baltimore: Williams and Wilkins Co.
- 16 JELLIFFE, SMITH ELY: *Predementia Praecox*. Am. J. Med. Science, 1907, P. 157.
- 17 KAMM, BERNHARD: *A Technical Problem in the Psychoanalysis of a Schizoid Character*. Bull. of the Menninger Clinic, I, No. 8, 1937.
- 18 LAFORGUE, RENÉ: *A Contribution to the Study of Schizophrenia*. Int. J. Psa., XVIII, Part 2, 1936.
- 19 MULLER, MAX: *Über Heilungsmechanismen in der Schizophrenie*. Berlin: S. Karger.
- 20 SCHILDER, PAUL: *Entwurf zu einer Psychiatrie auf psychoanalytischer Grundlage*. Int. Psa. Bibliothek, No. XVII, Vienna: Int. Psa. Verlag.
- 21 SULLIVAN, HARRY STACK: *The Oral Complex*. Psa. Rev., XII, No. 1, 1925.
- 22 ——— *Affective Experience in Early Schizophrenia*. Am. J. of Psych., VI, No. 3, 1927.
- 23 ——— *Research in Schizophrenia*. Am. J. of Psych., IX, No. 3, 1929.
- 24 ——— *The Modified Psychoanalytic Treatment of Schizophrenia*. Am. J. of Psych., XI, No. 3, 1931.
- 25 ——— *Socio-Psychiatric Research. Its Implications for the Schizophrenia Problem and for Mental Hygiene*. Am. J. of Psych., X, No. 6, 1931.
- 26 STORCH, ALFRED: *The Primitive Archaic Forms of Inner Experiences and Thought in Schizophrenia*. Nerv. and Ment. Disease Monograph Series No. 36. New York: Nerv. and Ment. Disease Publ. Co.
- 27 THOMPSON, CLARA: *Development and Awareness of Transference in a Markedly Detached Personality*. Int. J. Psa., Part 3, 1938.
- 28 TIDD, CHARLES W.: *Increasing Reality Acceptance by a Schizoid Personality during Analysis*. Bull. of the Menninger Clinic, I, No. 5, 1937.
- 29 ——— *A Note on the Treatment of Schizophrenia*. Ibid., II, No. 3, 1938.
- 30 WEIGERT-VOWINCKEL, EDITH: *A Contribution to the Study of Schizophrenia*. Int. J. Psa., XIX, Part 3, 1938.
- 31 WAELDER, ROBERT: *Schizophrenic and Creative Thinking*. Int. J. Psa., VII, 1926.
- 32 WEININGER, B.: *Psychotherapy During Convalescence from Psychosis*. Psychiatrie I, No. 2, 1938.
- 33 ——— *The Importance of Reëducational Therapy in Recovered Psychotic Patients*. To be published.
- 34 WHITE, WILLIAM A.: *Study on the Diagnosis and Treatment of Dementia Praecox*. Psa. Rev., VIII, 1917.
- 35 ——— AND JELLIFFE, SMITH ELY: *The Modern Treatment of Nervous and Mental Diseases*. Philadelphia: Lea and Febiger.
- 36 WHITE, WILLIAM A.: *Outlines of Psychiatry*. New York: Nervous and Mental Disease Publ. Co.
- 37 LEWIS, NOLAN D. C.: *Research in Dementia Praecox*. Scottish Rite of Freemasonry for the Northern Masonic Jurisdiction of the United States of America, 1936.

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DEVELOPMENTS IN THE PSYCHO-ANALYTIC CONCEPTION AND TREATMENT OF THE NEUROSES

BY SANDOR RADO (NEW YORK)

During the past few years we have witnessed rapid progress in general medicine culminating in the recent advances in the chemotherapy of infectious diseases. In view of this bright picture in our neighbor's field it is fitting to ask ourselves whether we too are in a position to report improvements. The purpose of my paper is to show that we are, although in our field developments have been slower and less spectacular.

Although mental healing is the oldest kind of healing, scientific psychotherapy is a very young branch of medicine. It was only some forty years ago that Freud laid its foundations by the discovery of a method for the penetrating psychological investigation of mental life. The essence of this method was, and still is, to maintain a special kind of psychological contact with the patient over an extended period and by certain technical means enable him to unfold himself mentally before the eyes of the physician. This procedure of prolonged observation however was more than a method of investigation. It appeared itself to have a therapeutic effect which could be directed and intensified by skilful influence. In medical practice it has been employed ever since that time for its value as a means of treatment.

Freud summed up the early results of his psychoanalytic studies in two closely interrelated formulations based on the hypothesis of instinctual drives. According to the first formulation, neurotic symptoms are due to the repression of instinctual drives during the period of childhood; the drives thus repressed are excluded from normal development yet they

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remain powerful and produce the derivative manifestations which we encounter as symptoms. The second formulation stated that the psychoanalytic procedure remedies the symptoms by inducing the patient to overcome his resistances—the repressing forces in his mind—thus allowing the repressed pathogenic unconscious in him to become conscious again. In spite of the many complicated details that were later added, these twin formulations have remained the foundation upon which psychoanalytic work has been carried out.

In accord with these formulations the practicing analyst focused his attention upon the abundant fantasy productions of the patient. These fantasies were seen as forming the mental background of his neurotic symptoms and behavior; they were considered the flagrant manifestations of his hitherto repressed and unconscious drives. Their production was therefore encouraged. The analytic procedure was to retrace these fantasies to early infantile experiences of the patient. As a rule he could be shown that in his fantasies and symptoms he had revived and repeated his remote past and was reverting to the primitive instinctual gratifications of that time. Sometimes tangible improvements followed this type of analytic work; in other cases no improvement was forthcoming. It was then disquieting to find that neurotic fantasies and symptoms are like the heads of the fabled hydra any of which when cut off was replaced by two others unless a fire brand were used to scorch the growth. Unfortunately we had no formula for such cauterization.

The capriciousness of our therapeutic results puzzled us. It required years of clinical study and the repeated revision of our working assumptions to bring us closer to a solution. The first move in these developments was made by Freud. In his book *Hemmung, Symptom und Angst*, published in 1926, he reexamined his theory of the pathogenesis of the neuroses (1). Here he reversed his previous conception that the repression of instinctual drives leads to anxiety, holding that on the contrary anxiety leads to the repression of instinctual drives. He came to the conclusion that *anxiety* was the decisive factor in

the causation of the neuroses. In his own words: 'Whence springs the preference over all other affects which the affect of anxiety seems to enjoy in *alone evoking reactions which we distinguish from others as abnormal* and which in their inexpediency obstruct the stream of life?'

From this recognition of the dominant rôle played by anxiety in the pathology of the neuroses Freud, astonishingly, drew no conclusions for the technique of treatment. Other authors, especially Ferenczi and Wilhelm Reich, attempted to do so during the ensuing years but without conclusive results. My own therapeutic efforts gradually led me to realize that we had reached a stage of development when our understanding of the etiology and treatment of the neuroses was hindered rather than aided by the theory of instincts itself. This theory was repeatedly modified by Freud, each time becoming more speculative, more general and remote. Although captivated by the philosophical implications of this theory, Freud was aware of its scientific shortcomings. He wrote in 1933: 'The theory of instincts is, as it were, our mythology. The instincts are mythical beings, superb in their indefiniteness.'⁽²⁾ Obviously this hypothesis, though of great heuristic value in the early development of psychoanalysis, has outlived its usefulness. If Freud's discoveries were to bear new fruits by stimulating further scientific inquiry, it was necessary to segregate the factual findings of psychoanalysis from its metaphysical elements and to build some other frame of reference that would rest on our established biological knowledge of man and suit our medical needs.

We attempted to meet this need by describing the actually observable dynamics of the mind in terms of integrative ego functioning or to introduce a convenient designation, in terms of an *egology*.¹ This egological concept has gradually evolved from a theoretical position first stated in 1927 and further elaborated in 1933.⁽³⁾ It has enabled us to look upon the

¹ Integrative ego functioning is of course the integrative functioning of the 'total personality'. The latter term is avoided because of the somewhat metaphysical content that it has been made to represent.

neuroses as disorders of integrative ego functioning and thus to study and describe them in terms of an *ego pathology*. The results of our attempt have been presented elsewhere (4) and will be published. Here I shall merely indicate the few points needed to clarify the problem of treatment.

The first task was to learn more about anxiety, and also to arrive at a closer definition of our terms, making a sharp distinction between the affect of anxiety and the state of fear or apprehension. Fear (apprehension) is marked by a highly intellectual content, a specific feeling tone, and the absence of peripheral motor manifestations. Hence fear (apprehension) is not an affect but a predominantly intellectual state of mind.² Its general characteristic is alertness to danger; ego-logical analysis however reveals its essential substance to be *anticipation of pain from impending injury*. Pain and injury must of course be understood to include purely mental as well as physical experiences. In anxiety, on the other hand, the intellectual element is negligible, though it too is perceived as a specific feeling (related to fear). The decisive component from which it derives its character as an affect is its specific peripheral motor manifestations centered around a sudden and transitory impediment of breathing.

The outstanding fact in regard to fear and anxiety as well as pain is that they are the key devices of a safety function of the ego which I propose to call *emergency control* (5). These devices act on the ego in a definite way; they prompt it reactively to *emergency measures*, such as quick emergency moves, elaborate emergency fortifications and finally reparative adjustments. Here I shall mention only the emergency moves. They are: the outward operations of flight or evasion; the release of anger or rage resulting in the outward operations of combat; the purely intellectual move of 'choosing the lesser evil'; and last, the inward inhibitory impulses, the operations of self-control. The latter restrains the ego in cases where it would otherwise expose itself to emergencies and must therefore be

² In the sense of the definition advanced in the text the term 'fear' is the exact equivalent of the German *Befürchtung*.

considered the prophylactic branch of emergency control. All this is readily observed in the normal ego.

Anxiety is a reflex-like response. We may refer to it as the *anxiety reflex*. The ways in which this reflex is elicited in the newly born infant are obscure but we see that it undergoes a definite development in early childhood. This development falls into two stages. In the first, experience and training tend to condition it to become responsive only to sense perceptions which truly indicate that the ego is exposed to injury, in other words that there exists a state of actual emergency. With this process of early conditioning an attempt is made to enable the anxiety reflex, inherited from our subhuman ancestors, to serve as a device of emergency control under the conditions of civilization. The control then to be fully adequate should function according to the following pattern: sense perceptions truly representative of emergency (of impending injury) reflexly evoke anxiety whose action in turn prompts the ego to reactive emergency measures.

This aim however can only be realized in the second stage when the development of the child permits the fuller enlistment for this purpose of its intellectual function. The anxiety reflex is then gradually transformed into and superseded by the higher *fear reflex*. The vital point in this change is the *anxiety affect*; whereas its feeling tone remains unchanged, its motor elements are replaced by the intellectual components characteristic of fear. Upon completion of this metamorphosis then, the devices of emergency control, originally pain and anxiety, have become pain and fear. With the evolution of fear anxiety has withered away.

It is a symptom of abnormal development if the evolution of the fear reflex from the anxiety reflex is not a full transformation but merely a branching out. Though the fear reflex develops, the anxiety reflex also persists and far from dwindling away, shows signs of increasing strength. Its reflex excitability increases; its affect manifestations expand. If elicited, the reflex no longer manifests itself as a *flash* of anxiety but as an *attack* of anxiety. The former served as a stimulant

to useful action; the anxiety attack, on the contrary, has a paralyzing effect on the ego, sometimes to the point of complete incapacitation. Previously a serviceable device of emergency control, the anxiety reflex has by its survival and hypertrophy become a menace to the ego.

Henceforth the ego will be subject to attacks of anxiety. These attacks seem to occur first as an added affect manifestation in real emergencies where the normal child would respond only with fear. Later however, they arise independently of such occasions. Our investigations have recently begun to shed light on the chain of internal events responsible for this momentous change, events which of course remain hidden from the ego itself.

After experiencing a few anxiety attacks the ego begins to dread their recurrence. In its desperate efforts to prevent them it has only the intellectual resources of fear at its disposal. For want of better insight the ego will trace its attacks of anxiety to imagined causes and henceforth will be afraid of these. In other words, it now dramatizes anxiety in terms of morbid fears. During the further course of childhood development both the anxiety attacks and the morbid fears sustained by them may subside. It is then in typical situations in the period of puberty and later in maturity that they recur. Though the content of the morbid fears is now colored by contemporary elements, they are easily revealed as revivals of the fears formed in childhood.

The significance of the morbid fears can hardly be over-rated; it becomes apparent when one realizes that the ego reacts to them in essentially the same way as to ordinary fear. Under their pressure the ego though actually in no danger, fights, retreats, fortifies and readjusts itself, exhausting itself in superfluous emergency measures. These measures are the decisive factors in the development of the neuroses. They carry the disturbance set up by the anxiety attacks into the individual functions of the ego. The manifold details of these measures have been gradually disclosed by the minute analysis of a large variety of cases. Clinical findings have demonstrated

the validity of the following conception: *neurosis is ego functioning altered by faulty measures of emergency control*. In the pathogenesis of neurosis the first observable event is a disturbance in the development of the fear reflex resulting in the survival of the anxiety reflex and the expansion of its affect manifestations to attacks; in the effort to control anxiety attacks the ego generates morbid fears and is then pushed by these into faulty emergency measures which invade and upset any or all of its functions.

The ego however is unconscious of the true meaning and source of its neurotic manifestations. Such a striking lack of self-awareness may seem astonishing. However closer observation reveals that the normal ego behaves in a similar fashion in regard to its realistic fears. Its behavior may be definitely motivated by fear of which it neither is nor dares to be conscious. One is forced to realize that it is precisely because of their intimidating and humiliating side effects that the ego shies from a consciousness of its fears, though wholly under their domination. It is no longer surprising then that it should be unaware of the nature of the complicated operations deriving from this unrecognized source.

The neurotic ego is thus driven by its morbid fears blindly to carry out unnecessary emergency measures which reduce both the range and the efficiency of its functioning. The damage is particularly serious if the disturbing influences of morbid self-control invade the delicate physiological mechanism of organ functions, depriving the ego of its due command of the organs. This is notably the case in disturbances of the genital function, an element rarely absent in any neurosis. Though the development of this function is completed only in puberty, its finer coördinations are unbalanced under the impact of anxiety in early childhood. Also to be emphasized as another fairly constant feature in the neuroses is one that has not been given the attention to which it is entitled by its practical importance. I am referring to the disturbances of the group membership functions of the ego which include the individual's capacity for and way of doing his share

of work in the community, and his handling of the competitive aspects of life. Since our knowledge of these functions themselves is incomplete, their disturbances are as yet somewhat obscure; but here too our approach has led to clarification.

Strangest of all however, are those actions of the neurotic ego which are obviously self-injurious. We have gradually come to understand these phenomena as the outcome of morbid fears under whose pressure the ego often brings down on itself the very injury which formed the imaginary object of its fear. A woman has a wholly unwarranted fear of being slighted and ignored; unwittingly she displays a resentful attitude which will lead to her being avoided in fact. The morbid fear of being persecuted drives many into actions that bring about their actual persecution. The sexual life of neurotics is full of self-injuries inflicted in this way. Once an ego has come to the point of coping with its anxiety by producing and sustaining morbid fears, the consequences are far-reaching indeed. Yet this mechanism alone far from explains all the spectacular self-injuries involved in the neuroses. Further insight into them was gained with the realization that emergency control is integrated on three hierarchic levels. On the highest, the intellectual level, its device is fear; on the next, the subintellectual or affectomotor level, its device is anxiety; and on the lowest, subaffect level its device is pain. These superimposed levels of integration possibly reflect the course of phylogenetic development. Fear is anticipation of pain, eliciting efforts to avert the impending injury. The flash of anxiety is a cruder device for the same purpose. On the lowest level of organization pain cannot yet be foreseen and thus averted, but must none the less be dealt with when it occurs. Control of pain is therefore directed toward eliminating the source of suffering, if necessary even by the sacrifice of a part of one's own body. Such conduct reveals a principle ingrained in the organization of all animals, including man. In the phylogenetic scale of increasing differentiation and complexity of organization there gradually become apparent many reflexes designed to eliminate pain-causing agents from the surface or inside of the body. The

scratch reflex, the shedding of tears, sneezing, coughing, spitting, vomiting, colic bowel movement are but a few well-known instances of this principle of pain control in our bodily organization. This principle I have called the *riddance principle*, and its physiological embodiments the *riddance reflexes*. Reverting to the voluntary operations of ego functioning, we may observe in ourselves an impulse to tear away an intolerably aching portion of the body: a tooth, an ear, a finger, etc.

The decisive step came with the recognition that the same basic riddance principle governs the ego's attitude toward *mental* pain, toward the torment caused by its morbid fears and anxieties. For example: when the morbid fears responsible for sexual incapacitation have become intolerable, the individual develops the impulse to rid himself of this organ which appears to be the cause of his distress. Such primeval impulses of emergency control are checked by the intellectual realization that their pursuit would harm rather than benefit the ego, or more frequently these impulses are automatically repressed. In the latter case no less than in the former is the effect upon the ego tremendous. The ego cannot escape a faint awareness of being impelled toward the very injuries it dreads, and its fears feed and grow on this awareness. A vicious circle is then established: the fears thus intensified reflexly turn back on and stimulate the deep-seated riddance impulses which in turn magnify the severity and painfulness of the fears. Once this mechanism has been set in motion, the outlook for the further course of the neurosis is indeed alarming. The patient moves from defeat to defeat. In other cases, in psychoses or under morbid excitement, he loses his controlling insight and in a paroxysm of riddance, actually inflicts self-injury in order to end the insupportably painful tension of anticipation (6). In some cases, driven to end the tension, the patient brings about a situation in which he is inevitably injured by others. A refined technique of achieving this is to lure the surgeon into the performance of unnecessary operations.

It was the disclosure of the riddance principle that finally led me to feel that the attempt to understand the neuroses in

egological terms of emergency control was fully justified and offered a promising approach. It was a great satisfaction to me to be able to demonstrate in a crucial problem of psychopathology that voluntary operations of integrative ego functioning are governed by the same principles embodied in the ego's reflex organization.

Leaving many important points untouched, we must now return to the problem of neurotic fantasies. Whereas until now we have been concerned mainly with the devices of emergency control and the corresponding emergency moves, in dealing with neurotic fantasies we touch on those other elements of emergency control that we have called fortifications and reparative adjustments. We regard these fantasies as illusory operations acting vicariously for inhibited normal operations. The greater the pleasure deficiency of the functionally crippled ego, the greater its tendency to indulge in wishful fantasies. This is but one instance of the ego's effort to increase its working equipment by the revival of the magic operations of childhood, a morbid act of fortification that takes place on a large scale in every neurosis. Yet these illusory operations are themselves not immune from the inhibitory action of morbid fear and anxiety, and the ego is therefore obliged even here to retreat and make its reparative adjustments.

We need not go further into these details. The point to be stressed here is that neurotic fantasies are vicarious operations. Our first task then is to retrace them to the operations one would find in their place had the ego remained normal and to use them as an indication of the forces interfering with the ego's normal functioning. The same is true in regard to the other symptoms which owe their existence to the reparative efforts of the neurotic ego to open up inferior sources of pleasure and profit as a compensation. In this procedure, instead of allowing ourselves to be sidetracked to the secondary consequences of the disturbance we use the fantasies and symptoms together with other data to direct attention to those focal points where the chain of pathological events actually origi-

nates. We can restore to normality functions damaged by anxiety only by removing the obstacle of anxiety from their range. This implies incessant study of the disturbed functions themselves rather than of the functions that have come to act vicariously for them, and the careful disclosure of the manifold damage done to their structure by anxiety. Gradually unfolding the patient's life history in terms of his intimidation we arrive inescapably at his early childhood when the first impact of anxiety on functions not yet fully developed laid the foundations for their future disturbances.

This reorientation of therapeutic work unfortunately does not lessen the time needed for treatment, and demands if possible even keener penetration than before into the patient's present and past, but it does reward us with a greater measure of success.

I have been able to present only a fragmentary picture of developments in our field. Foremost among the many other subjects that are ready to be reported is the better understanding, in the light of integrative ego functioning, of the phenomenon known as transference and the utilization of this insight in the technique of treatment. The discussion of these subjects however must await another occasion.

REFERENCES

1. FREUD: *Hemmung, Symptom und Angst* Ges. Schr. XI authorized trans.: *The Problem of Anxiety*. New York: W. W. Norton & Co., 1936.
2. ——— *New Introductory Lectures on Psychoanalysis*. New York: W. W. Norton & Co., 1933.
3. RADO, SANDOR: *An Oversolicitous Mother: A Contribution to the Psychology of the Ego*. Int. Ztschr. Psa., XIII, 1927; trans. Int. J. Psa., IX, 1928.
——— *Fear of Castration in Women*. This QUARTERLY, II, 1933, p. 445 ff.
4. ——— *Lectures at the New York Psychoanalytic Institute from 1936 to 1939*.
5. CANNON, WALTER B.: *Bodily Changes in Pain, Hunger, Fear and Rage*. New York: D. Appleton-Century Co., 1934.
6. RADO, SANDOR: *The Psychoanalysis of Pharmacothymia (Drug Addiction)*. This QUARTERLY, II, 1933, p. 16 ff.

Problems of Psychoanalytic Technique

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PROBLEMS OF PSYCHOANALYTIC TECHNIQUE

BY OTTO FENICHEL (LOS ANGELES)

VII

Comments on the Literature of Psychoanalytic Technique

What we have wished to do in our discussions up to this point was not to contribute anything really new, but to annotate the technical rules set up by Freud and to show how the freudian theory of neuroses is applied in psychoanalytic therapy. We have discussed not the historical transformations of analytic technique but its principles as actually applied at present. Now that this discussion has been completed, some remarks about the historical development will certainly be of interest, as will be also the divergence of opinion among analysts upon certain points. With reference to the latter we believe that the need for lengthy polemics has been precluded by the presentation in previous chapters of conclusions arrived at not on the basis of controversy but rather by virtue of their cogency.

The psychoanalytic literature is very extensive. It is amazing how small a proportion of it is devoted to psychoanalytic technique and how much less to the theory of technique: an explanation of what the analyst does in psychoanalysis. This state of affairs is the result first of all of difficulties in presentation with which we too have had to contend in these discussions since in our wish to describe technique we had to presuppose a knowledge of the foundations of technique; it is the result, further, of external difficulties such as the consideration that patients in analysis might read the psychoanalytic literature. Nevertheless, the scarcity of papers on technique remains astonishing. To be sure, the absolute number of such papers is considerable, as shown in the appended bibliography; but this is a relatively small num-

ber compared with the total volume of psychoanalytic literature.

I do not intend to go back to beginnings and, for example, to describe the relationship of analysis to hypnosis. I shall start at the point where, long after analysis had been introduced as a special technique, the technical papers of Freud were generally known and followed by all analysts, and Freud had proposed as the subject for a prize competition the reciprocal influence between technique and theory.⁷⁰ In 1923 appeared the book of Ferenczi and Rank, *Entwicklungsziele der Psychoanalyse*.⁷¹ At the Congress in Salzburg in 1924, a symposium on this subject⁷² was held in which Rado, Alexander, and Sachs, took part. For reasons of economy of space I can devote only a few sentences to each contribution, and I must therefore select what I consider essential and characteristic. It may be that the selection is subjective and that another might have chosen differently.

We began our discussions with a description of the eternal Scylla and Charybdis of analytic technique—too much talking *versus* too much feeling. In the early days of psychoanalysis the topological formula to the effect that in analysis 'the unconscious is made conscious' held sway. This formula was better known than the dynamic one, as yet not understood, that analysis must 'abolish resistances'. At that time, therefore, the greater danger was the Scylla of too much talking or intellectualization: the analyst guessed at complexes, named them and depended upon that for the cure. This might succeed if there were no special resistance isolating what was talked about from the actual point of the dynamic defense conflict. If there was such a resistance, the analyst relied in vain upon a comparison with the many cables that had to be untied one by one. As long as the main secret—resistance—remained unsolved, he might understand intellectually as

⁷⁰ Int. J. Ps., III, 1922. p. 521.

⁷¹ In English: Ferenczi and Rank: *The Development of Psychoanalysis*. New York and Washington: Nervous and Mental Disease Publ. Co., 1925.

⁷² Int. J. Ps., VI, 1925. pp. 1-44.

much as he wished about childhood and development but it did no good. Ferenczi's and Rank's book represented a reaction against this situation. They emphasized again and again that analysis is not an intellectual but an affective process, a 'process of libido flow' in which emotional experiences are relived in the transference and previously hidden material thus returned for the ego's disposal. The authors certainly went too far to the other extreme. In their emphasis on experiencing they became admirers of abreaction, of acting out, and thus working through was the loser. When we reread the book today we get the impression that in the history of psychoanalysis Scylla periods and Charybdis periods evidently alternated and that it must have been very difficult to pass evenly between the opposite dangers.

The symposium in Salzburg had a somewhat different character; it set itself the same problems as we have in these discussions. It is unfortunate that Rado's contribution⁷³ has remained a fragment. He advances a theory of hypnosis and catharsis in which he explains how the therapist makes use of certain transference tendencies of the patient to reproduce regressively certain archaic conditions of the ego, thus making it possible for the therapist, or rather the patient's conception of him, to become endowed with special authority because the functions of the superego and many functions of the ego have been projectively assigned to him. To be sure, the genuine superego and ego remain. The therapist is introjected as a 'parasite upon the superego' and also, we must add, as a 'parasite upon the ego'. His special authority is then made use of by the therapist to induce the ego, in the case of hypnotic suggestion therapy, to strengthen its defensive activities; in the case of hypnotic catharsis therapy, to weaken the defensive measures. This theory works well enough except for the following circumstance: the success in this delegation of authority and ego regression remains closely dependent upon the condition that the libido previously bound up in the

⁷³ Rado, Sandor: *The Economic Principle in Psychoanalytic Technique*. Int. J. Psa., VI, 1925. pp. 35-44.

genuine neurosis now remains bound in a transference neurosis, the hypnotic rapport, and does not become free. A paper applying these views about hypnotic catharsis to an understanding of psychoanalysis was planned by Rado but never published. It would have explained that analysis begins similarly to an hypnotic rapport but ultimately proceeds to a *dissolution* of the transference. It would have made clear also that the development of the transference takes place in analysis not through an obvious and sudden incitement to regressions but through the opportunity for spontaneous development.

Perhaps we have not stressed sufficiently that in analysis 'transference' actually has as its content not only the repetition of old relationships in general, but of those especially in which functions that later will be taken over by ego and superego are still exercised by persons in the external world. To say that 'the analyst educates the ego to a tolerance of the instincts' is equivalent to saying that 'the analyst functions as the patient's superego' and in so doing operates otherwise than the patient's superego previously did. The 'cleavage' into an observing and an experiencing part of the ego in interpretation comes about through identification of the patient with the analyst. Strachey⁷⁴ considers this the really effective principle in interpretation, affirming Rado's earlier views.

Alexander⁷⁵ was more impressed by discoveries, new at the time, about the superego. The process of eliminating the archaic and automatic defensive activity of the ego, which takes place mostly (but not always) under the pressure of an archaic and automatically operating superego, he described by pointing out that analysis must transfer the functions of the superego to the reasonable ego, making superfluous 'the repressing power' of the superego. We have expressed the opinion that there is considerable truth in what Alexander

⁷⁴ Strachey, James: *The Nature of the Therapeutic Action of Psycho-Analysis*. Int. J. Ps., XV, 1934. pp. 127-159.

⁷⁵ Alexander, Franz: *A Metapsychological Description of the Processes of Cure*. Int. J. Ps., VI, 1925. pp. 13-35.

formulated in so radical a manner. Not only over the id but also over the superego as an absolute power beyond appeal must the ego prevail in the form of reason and reasonable judgment of actual situations adapted to present reality. However, there remains even for the healthy person the possibility of estrangement between the experiencing and the evaluating functions of the ego; hence also the quality of 'ought to' and the feeling of guilt.

The contribution of Sachs⁷⁶ to the symposium emphasized particularly what we have called the confrontation of the ego with the warded off contents: not single abreactions but 'the complete subordination to the secondary process' of what was previously unconscious and its 'incorporation in the ego' is what is essential for psychoanalytic therapy; only that could alter the dynamics and economics of the previous types of defense. It is noteworthy that at this time, shortly after the appearance of *The Ego and the Id*,⁷⁷ the differentiation between the concepts 'id' and 'unconscious ego' was not yet clear. Sachs wrote: 'The resistance then is part of the id which shelters it—above all from the demands of the ego ideal which at least, in so far as identification with the analyst has taken place, strives against the resistance.'⁷⁸ Thus he designates as 'id' the unconscious portion of the ego which is really in opposition to the id; and he designates as 'ego ideal' the reasonable ego as modified through the introjection of the analyst, which really is opposed to what we mean by ego ideal (part of the unmodified superego). This mode of expression then leads Sachs to make use of concepts in his paper otherwise than we have used them in our discussions.

In 1927 the *Internationale Zeitschrift für Psychoanalyse* published papers from the Seminar for Psychoanalytic Therapy in Vienna which attempted to bring together systematically

⁷⁶ Sachs, Hanns: *Metapsychological Points of View in Technique and Theory*. Int. J. Psa., VI, 1925. pp. 5-13.

⁷⁷ Freud: *The Ego and the Id*. London: Hogarth Press, 1927. (Original, German edition: *Das Ich und das Es*. Vienna, 1923.)

⁷⁸ Sachs, Hanns: *Loc. cit.* p. 8.

the results of long case discussions and thus deal more with clinical practice than had the Salzburg symposium. Most noteworthy of these was the paper of Reich, *Zur Kritik der Deutung und der Widerstandsanalyse*⁷⁹ (An Evaluation of Interpretation and of Resistance Analysis) in which the theoretical explanations coincide extensively with our views. What was new in this paper was the way it took into consideration not only the dynamic rôle of interpretation ('removing resistance') but its *economic* aspect as well. Reich's emphasis upon being systematic in interpretations is in itself correct. The sequence of interpretations is prescribed by the sequence of the layers in the unconscious, and every deviation from this sequence causes a 'chaotic situation'. But one gets the impression that this emphasis upon systematization goes somewhat too far, or is expressed unclearly because of too extensive schematization. He takes Freud's rules of technique as his point of departure and works over them without presenting any new proposals for technique as if merely to say: 'Think continually whether you are applying the correct freudian technique.' We should not, he advises, only *say* that interpretation is a dynamic and economic process, we should consistently think it through and follow it out in that way. Do not interpret that about which the patient is just now talking, but interpret at the point where the economically decisive resistance lies, and especially in relation to the character. Also in this paper Reich describes for the first time how *consistency* in interpretation promotes working through.

The first of Sterba's papers on technique⁸⁰ brings to us the application of these basic principles in a special case—the latent negative transference, in connection with which the beginner easily makes mistakes. This is followed by two more

⁷⁹ Reich, Wilhelm: *Zur Kritik der Deutung und der Widerstandsanalyse*. Int. Ztschr. Psa., XIII, 1927. pp. 141-159.

⁸⁰ Sterba, Richard: *Über latente negative Übertragung*. Int. Ztschr. Psa., XIII, 1927. pp. 160-165. *Zur Bewältigung der Dynamik des Übertragungs-widerstandes*. Int. Ztschr. Psa., XV, 1929. pp. 456-470. *The Fate of the Ego in Analytic Therapy*. Int. J. Psa., XV, 1934. pp. 117-126.

important, more theoretical papers, *Zur Bewältigung der Dynamik des Übertragungswiderstandes* (On the Control of the Dynamics of the Transference Resistance) and *The Fate of the Ego in Analytic Therapy*. In these it is stated (as we too have pointed out) that the effective factor in interpretation lies in the *division* of the ego into an experiencing portion and an observing portion which results from the positive transference and an identification with the analyst. This cleavage in the patient's ego is utilized by the analyst to demonstrate the discrepancy between present and past, and this demonstration then induces the ego to alter its defensive attitude. The alteration becomes permanent by virtue of the subsequent working through.

Reich subsequently pursued further⁸¹ in many ways the principles laid down in *Zur Kritik der Deutung und der Widerstandsanalyse*, investigating and describing their application in detail. It is the merit of his important papers to have added to the meaning of the rules: 'Interpretation of resistance precedes interpretation of content' and 'Analyze always from the surface'. In order to attain the desired dynamic and economic alteration, he said, it is necessary to recognize and name not only what is fended off but also the *defending force* itself, and this 'ego analysis' must take place systematically, consistently, and in the end historically. When a patient does not follow the basic rule of free association, the analyst must not, impatient with such unsuitable behavior, try to influence him pedagogically or punish him by depriving him of treatment; he must try to understand analytically why the patient behaves thus and why he does it just in this manner. Reich made especially clear the 'frozen character resistances', and above all the fact I have tried to show in these discussions,

⁸¹ Reich, Wilhelm: *Bericht über das Seminar für psychoanalytische Therapie am psychoanalytischen Ambulatorium in Wien 1925-1926*. Int. Ztschr. Ps., XIII, 1927. pp. 241-245. *Über Charakteranalyse*. Int. Ztschr. Ps., XIV, 1928. pp. 180-196. *Der genitale und der neurotische Charakter*. Int. Ztschr. Ps., XV, 1929. pp. 435-455.

that in many cases the thawing out at just these points is the indispensable prerequisite to any subsequent progress in analytic treatment, even when at these same points relatively fluid living conflicts between instinct and defense are concurrently observable.

With Reich's *Characteranalyse*,⁸² which brings all these conclusions together and supplements them with some new ones, we must thoroughly agree in its *essentials*. However, the objection must be made that the book gives way so extensively to some personal characteristics of its author, especially to his penchant for schematic simplification, that the work as a whole suffers. We wish therefore to qualify our essential agreement by two minor theoretical objections and by some others that are directed not against Reich's principles but against the way he applies them.⁸³ The two criticisms of theory refer to: (1) the insufficient consideration of 'faulting' and of 'spontaneous chaotic situations'; (2) the neglect of 'the collection of material'. Objections to the way his principles are applied are: (1) 'Shattering of the patient's defensive armor' is sometimes accomplished too aggressively with Reich and should be regulated by better dosage. (2) When a patient's aggression is mobilized by an aggressive act of the analyst, this aggression is not properly speaking a 'negative transference'; or rather, to the extent that it still is one it loses its ability to be demonstrated as such. (3) Reich's preference for 'crises', 'eruptions' and theatrical emotions makes one suspicious of a 'traumatophilia' that has its roots in a love of magic. (4) The 'shattering of the defensive armor' is masochistically enjoyed by many patients, and specific transferences can hide behind such enjoyment and escape discovery.

In the time that has elapsed since the publication of this book, Reich has undergone an unsatisfactory development

⁸² Reich, Wilhelm: *Characteranalyse*. Vienna, 1933 (published by the author).

⁸³ Cf. Fenichel, Otto: *Zur Theorie der psychoanalytischen Technik*. Int. Ztschr. Psa., XXI, 1935. pp. 78-95.

which has led him entirely away from psychoanalysis. His new therapeutic efforts⁸⁴ can be criticized directly from the correct 'Reichian principles' which they contradict; their chief dangers are the falsifications of the transference and the tendency to 'traumatophilia'.

One of the stimuli to the development of so called 'analytic ego psychology'⁸⁵ was insight into the fact that *resistance* analysis is the real therapeutic agent and that pursuing the aim of analyzing resistance has as a prerequisite the thorough analytic investigation particularly of chronic attitudes of resistance anchored in an individual's character. Here again the extent of the literature concerning the newly gained psychological insight is incomparably greater than the amount of literature which seeks to utilize this insight in contributing to an improvement of psychoanalytic technique. For example there is a paper by Nina Searl⁸⁶ in which she strives to clarify what it means to *analyze* a resistance in contradistinction to 'refuting' a resistance. On the other hand a paper by Kaiser,⁸⁷ which I have criticized in detail elsewhere,⁸⁸ likewise calls for consistent interpretation of resistances; but for him 'interpreting a resistance' means *not* confirming its presence, finding out its purpose and immediate cause and coördinating its form with those past experiences of the patient out of which it originates, but rather logically to refute the so called 'resistant thoughts' or to demonstrate their contradictions. It is remark-

⁸⁴ Reich, Wilhelm: *Psychischer Kontakt und Vegetative Strömung*. Copenhagen: Sexpol Verlag, 1935. *Orgasmusreflex, Muskelhaltung, und Körperausdruck*. Copenhagen: Sexpol Verlag, 1937.

⁸⁵ Another stimulus to development of analytic ego psychology was the circumstance that in place of the most frequent earlier forms of neurosis in which a relatively unified ego seemed to be disturbed by 'symptoms', there appeared more and more other forms of neurosis in which the ego itself seemed drawn into the pathological process.

⁸⁶ Searl, Nina: *Some Queries on Principles of Technique*. Int. J. Psa., XVII, 1936. pp. 471-493.

⁸⁷ Kaiser, Helmuth: *Probleme der Technik*. Int. Ztschr. Psa., XX, 1934. pp. 490-522.

⁸⁸ Fenichel, Otto: *Zur Theorie der psychoanalytischen Technik*. Int. Ztschr. Psa., XXI, 1935. pp. 78-95.

able that so exaggerated a rationalism is compatible with anti-rationalism upon a different point. Kaiser, an admirer of acting out, considers a 'true eruption of instinct' the sole therapeutic principle. He gives to 'resistance analysis' the further significance that the unconscious itself is no longer to be made an object of analysis at all.

Nunberg to whom we are indebted for his paper about the 'wish for recovery',⁸⁹ included in his book, *Allgemeine Neurosenlehre*, a chapter on the 'theoretical foundations of therapy'.⁹⁰ He lays great stress upon two factors as being therapeutically effective: (1) the so called 'synthetic function of the ego', which shows itself therapeutically in the tendency of the ego to assimilate immediately such contents as are newly made accessible to it and to arrange them in a purposeful coherence; (2) 'abreaction', or the explosive release in the act of becoming conscious, of the energy previously bound up in the conflict of repression. In previous sections of these discussions we have expressed our opinion about the rôle of abreaction.

The English school of psychoanalysis has contributed two series of lectures on technique, one by Glover⁹¹ and one by Sharpe,⁹² which to be sure show the influence of the divergent views which these analysts possess concerning the theory of neuroses, but which are very fruitful. Both present more the practice than the theory of technique. Both fail to teach principles concretely and elastically applicable to actual situations, but each gives examples of applications which afford glimpses into the subjective nature of their own work. In this they emphasize that what has been taught is example and not model, and that the correct technique is an 'art' which obtains

⁸⁹ Nunberg, Hermann: *The Will to Recovery*. Int. J. Ps., VII, 1926. pp. 64-78.

⁹⁰ Nunberg, Hermann: *Allgemeine Neurosenlehre auf psychoanalytischer Grundlage*. Berne and Berlin: Verlag Hans Huber, 1932. pp. 293-312.

⁹¹ Glover, Edward: *Lectures on Technique in Psycho-Analysis*. Int. J. Ps., VIII, 1927. pp. 311-338 and 486-520. IX, 1928. pp. 7-46 and 181-218.

⁹² Sharpe, Ella Freeman: *The Technique of Psycho-Analysis*. Int. J. Ps., XI, 1930. pp. 251-277 and 361-386. XII, 1931. pp. 24-60.

increased probability of success not through more abundant knowledge, but through the deeper analysis of the analyst himself. Sharpe's emphasis on defense analysis, particularly character analysis, coincides with our views.

A more theoretical contribution from the English school is represented by the paper of Strachey.⁹³ Of all the processes taking place in analysis, he lays greatest stress upon the substitution of the analyst for the patient's superego. The analyst functioning as superego uses his power to abolish that portion of the patient's own superego that requires pathogenic defense. In his investigation of the mechanisms with whose help the analyst becomes the patient's superego, Strachey relies upon the views of Melanie Klein.⁹⁴ 'The neurotic vicious circle', Strachey states, is interrupted by the analyst's offering himself to the patient as an object to be introjected. In so far as he is a 'good' object, he interferes in the circle and prevents further 'projection' of archaic and 'evil' introjected objects. The phenomenon we call 'transference upon the analyst' Strachey describes by stating that the patient projects archaic imagos, that is archaic introjected objects, upon the analyst. The patient becomes convinced however of the analyst's tolerant attitude, introjects then the 'good' interpreting analyst, and thereby neutralizes the intrapsychic archaic introjected objects that were active within him. With this as a basis Strachey analyzes interpretation, pointing out that an effective interpretation must be a 'transference interpretation', or in other words must be a matter of the *real present* at the moment in which it is offered. With this stipulation taken into account, he believes, we need not hesitate to offer 'deep' interpretations early in the analysis.

A book written by Helene Deutsch, *Psycho-Analysis of the Neuroses* (London: Hogarth Press, 1932), describes primarily the treatment of specific types of neuroses and contains many

⁹³ Strachey, James: *The Nature of the Therapeutic Action of Psycho-Analysis*. Int. J. Ps., XV, 1934. pp. 127-159.

⁹⁴ Klein, Melanie: *The Psycho-Analysis of Children*. London: Hogarth Press, 1932.

important and stimulating observations about the essentials of psychoanalytic technique in general.

An antithesis to all these attempts to *make use of our knowledge* for the development of technique is found in some works of Theodor Reik on technique. He warns that too much knowledge can be *harmful* to the analyst because it might lead him to misapplication of this knowledge and to a hampering of his intuition. In his first work on this subject, *New Ways of Psychoanalytic Technique*,⁹⁵ Reik went to extremes. He was constantly fearing harm from too much reflective thinking. He starts from the recognition (published in earlier papers)⁹⁶ that the realization of unconscious contents, following the elimination of repressions, always takes place with a remarkable feeling of surprise which alone, according to Reik, is dynamically and economically effective.⁹⁷ Therefore both the analyst and the patient should always be prepared for surprises. The analyst should give free play to his unconscious without any preconceived theoretical opinions, should discover everything anew in each patient. Reik apparently imagined the 'systematic techniques' against which he inveighed to be blueprints valid for all cases and to be learned by rote. In his latest book, *Surprise and the Psycho-Analyst*,⁹⁸ Reik has modified this standpoint in a gratifying way. In spite of polemics in favor of intuition and against too much intellect and theory in the practising analyst, this splendid book contains the best scientific theory of the mode of action of intuition.

A more recent paper on the theory of technique is one by Alexander,⁹⁹ *The Problem of Psychoanalytic Technique*.

⁹⁵ Reik, Theodor: *New Ways of Psychoanalytic Technique*. Int. J. Ps., XIV, 1933. pp. 321-339.

⁹⁶ Reik, Theodor: *Der Schrecken*. Vienna and Leipzig: Internationaler Psychoanalytischer Verlag, 1929.

⁹⁷ The magical effects of interpretation described by Reik (for instance fright at the possibility that unconscious wishes might be fulfilled merely because the analyst gave expression to them) are to be interpreted as resistances.

⁹⁸ Reik, Theodor: *Surprise and the Psycho-Analyst*. New York: E. P. Dutton & Co., 1937.

⁹⁹ Alexander, Franz: *The Problem of Psychoanalytic Technique*. This QUARTERLY, IV, 1935. pp. 588-611.

Following a critical discussion of Ferenczi, Reich, and Kaiser, in which Reich is partly misunderstood and partly unconvincingly contradicted, Alexander emphasizes the confrontation of the ego with what was previously warded off as a partial manifestation of the 'synthetic function of the ego'. That 'today is not yesterday', the patient *learns* only through 'total' interpretations, as Alexander terms those interpretations which connect past experiences with present reality, so that the old material can now be coördinated in new contexts. That all this takes place mostly because dammed up instinctual energy becomes capable of discharge and the patient learns to get *satisfactions* is not worked out further.

Anna Freud's book, *The Ego and the Mechanisms of Defence*,¹⁰⁰ a fundamental work on the investigation of defense mechanisms and ego psychology in general, deals also with many problems of technique. We are shown how resistance analysis is necessary for true liberation of the forces bound up in the defense conflict. Her new insight into the dynamic and economic aspects of various defense mechanisms must naturally have a fertile effect upon the technique of influencing these defenses.

The proposals for an 'active technique' that originated with Ferenczi and his school, and the papers that have such proposals as their point of departure will not be discussed because we have already considered this subject in detail.

Since the end of 1936 when the lectures on which this discussion of the problems of psychoanalytic technique is based were concluded, problems of technique have frequently come to further discussion in the literature. Therefore it seems necessary to speak briefly at this point about at least three contributions that have appeared in the meantime. These are the symposium on *The Theory of Therapeutic Results* at the Fourteenth International Psychoanalytic Congress in Marienbad in August, 1936; a paper of Melitta Schmideberg, *The*

¹⁰⁰ Freud, Anna: *The Ego and the Mechanisms of Defence*. London: Hogarth Press, 1936.

Mode of Operation of Psychoanalytic Therapy, and a paper, Analysis, Terminable and Interminable, in which Freud himself expresses some opinions concerning these questions.

The Marienbad symposium gives a clear picture of how far the opinions of analysts are still divergent concerning what really constitutes the effective factor in psychoanalytic therapy. An attempt at a complete and systematic exposition of the effective factors was undertaken by Bibring,¹⁰¹ whose explanations in general coincide with our views. He discusses the development of the changes which constitute the cure by taking up these processes from the respective points of view of the id, of the superego, and of the ego, one after the other.

My own contribution¹⁰² was identical with what I have expressed in section II of this paper.

Nunberg and Strachey discuss further what they had expressed in their earlier papers on the subject. Nunberg¹⁰³ once more offered the opinion that abreaction (already effective in mere free association) and the synthetic function of the ego have the greatest significance as therapeutically effective factors. The tendency of the repressed to reach consciousness, he showed, is the force that aids us most in our therapeutic endeavors. He bases this upon the 'repetition compulsion' of which the transference is a special case. We should like however to express the opinion that when, after elimination of the defense, the energies of the warded off instincts accrue again to the disposal of the ego, the impetus to provide a discharge for what was warded off and therewith also the 'repetition compulsion' vanishes completely and is not merely 'drawn to the side of the ego'. Strachey¹⁰⁴ held fast to his previous opinion that the essential task consists in making the superego more tolerant. This is done by means of correct 'transference interpretations', that is the interpretation of the feelings experi-

¹⁰¹ Bibring, Edward: *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis*, VI. Int. J. Psa., XVIII, 1937. pp. 170-189.

¹⁰² Fenichel, Otto: *ibid.*, pp. 133-138.

¹⁰³ Nunberg, Hermann: *ibid.*, pp. 161-169.

¹⁰⁴ Strachey, James: *ibid.*, pp. 139-145.

enced by the patient at the moment. In this the essential point is the patient's 'introjection' of the analyst that takes place at the moment of giving such an interpretation, in which it is important 'that the patient shall introject [the analyst] not as one more archaic imago added to the rest of the primitive superego, but as the nucleus of a separate and new superego'.

Glover¹⁰⁵ expressed sceptical views about the possibility of any theory of therapy at all: the actually effective factors are extraordinarily diverse. While analytic 'interpretation' is specially suited for the defense mechanism of repression (hysteria), against other pathogenic mechanisms other therapeutic measures are effective. Among the latter a part is certainly played by mechanisms which in another degree and at another point would themselves be pathogenic, such as displacements, introjections, projections.

Laforgue¹⁰⁶ designated as the two essential therapeutic agents: (1) the patient's confidence in the physician, coinciding with what we usually call 'suggestion', which in analysis however is used otherwise than in suggestion therapy, namely for weakening the defenses and not for strengthening them; (2) the patient's readiness for analytic work since he must actively of his own volition work at the task of overcoming his resistances. Determining factors for the magnitude of this readiness for the analytic work are the wish for recovery and occasionally the effects of certain shock experiences. Laforgue then describes various types of greater or lesser will to recover and discusses the rôle of the countertransference about which we cannot agree with him that the analyst must be a 'leader'. It is certainly true that there are patients who—particularly at the beginning of an analysis—develop a 'magical' relationship to the analyst which from the standpoint of therapy can be curative to a certain degree, but which nevertheless becomes a resistance and must be eliminated. I have not been able to

¹⁰⁵ Glover, Edward: *ibid.*, pp. 125-132.

¹⁰⁶ Laforgue, René: *Der Heilungsfaktor der analytischen Behandlung*. Int. Ztschr. Psa., XXIII, 1937. pp. 50-59.

convince myself either that 'magical transferences' are an indispensable requisite for analysis, or that they regularly exhibit a development parallel to the phylogenetic evolution of thinking.¹⁰⁷

Bergler¹⁰⁸ emphasized that he wished not to present a theory of therapy but only to describe some factors that are effective in therapy. It strikes us that among these factors we find again some 'magical' ones which must of course be analyzed eventually as resistances. When a patient unconsciously looks upon psychoanalysis as sexual play and, fantasizing that the analyst joins in this sexual play, draws the conclusion that his sexual fears were groundless, it would seem to me that a success based upon such a fantasy is a doubtful one and itself requires analysis. A sense of guilt stemming from infantile sexuality but displaced upon the question: 'Why do I not yet get well?' can certainly as a *vis a tergo* strengthen the will to recover in certain stages of an analysis. The displacement of the guilt feeling must however be reversed and the sense of guilt must again be connected with the infantile sexuality. Worthy of attention is what Bergler calls 'the unconscious resonance of the physician's consistency'. He writes (pp. 152-153): 'At the beginning of analysis our interpretations strike our patients as completely absurd and they constantly counter them with logical arguments. From the exalted pinnacles of logic and common sense, they look down upon us compassionately, ironically and sometimes actually in despair of our intelligence. . . . The only thing which takes them aback is the consistency with which we defend our point of view. . . . It is a fact of experience that in life in general any assertion

¹⁰⁷ Laforgue writes (*loc. cit.*, p. 59): 'The infantile oral-anal ego of the neurotic seeks with the help of the analyst to master anxiety and reality at first by means of magic and makes of the analyst a magician. Later the anxiety can be mastered and the attempt is made to attain adaptation to reality on a religious level. In this the analyst assumes the rôle of a leader. Finally, in a later stage of the treatment, the patient attempts to identify himself with the analyst.'

¹⁰⁸ Bergler, Edmund: *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis*, IV. *Int. J. Psch.*, XVIII, 1937. pp. 146-160.

which is made with inner conviction, however absurd it may be, is disconcerting. The most superficial explanation is that opinions, expressed unwaveringly and with inner conviction, have the effect of a challenge to the scepticism of the hearer. Since all patients are consumed with internal ambivalence, the analyst's consistency *eo ipso* undermines their doubts. As far as the internal truth of our statements is concerned, they are quite incapable of forming a judgment at the beginning of the treatment.' Even beyond this the consistency of the physician is supposed by Bergler to have therapeutically valuable effects in other respects as well. The quotation from Bergler shows that he has an understanding of 'interpretation' quite different from ours. We consider that it is a mistake when analytic interpretations at the beginning of the treatment make upon the patient an impression of complete absurdity, and we consider it correct at the beginning of the treatment to make to the patients only such assertions whose internal truth they are completely capable of judging.

The paper of Melitta Schmideberg¹⁰⁹ brings together several of her other contributions.¹¹⁰ As an auxiliary force supporting the efforts of the analyst to induce his patient to give free associations, there comes into question according to Schmideberg not only the impetus of the repressed toward motility, but also 'the wish to give something good to the people one loves', the 'reparation tendency'. Interpretations make the exertion of resistance superfluous and thus support the natural tendency toward 'synthesis'. Making the unconscious conscious normally comes about through interpretation with the aid of interposing of preconscious ideas, a process we have called 'confrontation of the ego with the previously unconscious contents'. Schmideberg believes however that it can occasionally take

¹⁰⁹ Schmideberg, Melitta: *The Mode of Operation of Psycho-Analytic Therapy*. Int. J. Psa., XIX, 1938. pp. 310-321.

¹¹⁰ Schmideberg, Melitta: *Zur Wirkungsweise der psychoanalytischen Therapie*. Int. Ztschr. Psa., XXI, 1935. pp. 46-54. *Reassurance as a Means of Analytic Technique*. Int. J. Psa., XVI, 1935. pp. 307-324. *After the Analysis*. This QUARTERLY, VII, 1938. pp. 122-143.

place without such an intermediary stage. She writes¹¹¹: 'Emotions constitute one direct link between consciousness and the unconscious and symbolism is another. For this reason, symbolic interpretations which are associated with feelings offer a direct approach to the unconscious, and are especially valuable with patients in whom the preconscious has only developed imperfectly (young children, psychotics).'

This seems to us doubtful. In the description of the changes which take place during analysis in the instinctual structure of the patients, Schmideberg does not mention the significance of the fact that after elimination of repressions, the libido previously bound to infantile aims is subjected to the primacy of the genital and therefore becomes capable of satisfaction. The following seems to her more essential (p. 315): 'Analysis effects a new and improved fusion of the impulses liberated as a result of transitory defusion, and consequently a modification of the original impulses: aggressive impulses are libidized and sexual ones more elaborately distributed, i.e., sublimated. The aggression liberated in analysis is extensively employed in the work of organizing the id. Sexual fixations are loosened as a consequence of the reduction and more advantageous distribution of the underlying anxiety and aggression.' She too emphasizes that in practice in addition to these measures specific for analysis other unspecific ones also have therapeutic effect.

It is certainly impossible to do justice in a few sentences to the thirty-three pages, so rich in meaning, of Freud's paper, *Analysis Terminable and Interminable*.¹¹² Only a few things particularly important for our subject may be given special attention. Freud writes (p. 377): 'Instead of inquiring *how* analysis effects a cure (a point which in my opinion has been sufficiently elucidated) we should ask what are the obstacles which this cure encounters'. Accordingly his paper examines

¹¹¹ Schmideberg, Melitta: *The Mode of Operation of Psycho-Analytic Therapy*. Loc. cit.

¹¹² Freud: *Analysis Terminable and Interminable*. Int. J. Ps., XVIII, 1937. pp. 373-405.

these obstacles. To be sure our comprehension of the problems concerning the failures of analysis depends upon the 'sufficient elucidation' of the success in other cases. The evident differences between the views of the authors of the Marienbad symposium seem to show that even in the matter of the success of analysis much is not yet clear to the analysts' comprehension.

At any rate, Freud examines the 'obstacles' in a discussion of the effects of traumas, of absolute and relative strength of instincts, and of ego modifications that make analysis more difficult. The problem of *shortening* the treatment, which is his point of departure, soon gives way to another problem. Rank's attempt to shorten treatment was, like many others, completely unsatisfactory; and fixing a date for concluding analysis, sometimes necessary for compulsion neurotics, is essentially a two-edged measure. We would gladly take long periods of time if we were only sure of attaining our goal. What is the goal? Must we require assurance against future relapses? Freud believes that the optimistic point of view implied in the very question of the avoidability of relapses presupposes 'a number of things which are not exactly a matter of course', and these presuppositions are (p. 380): 'in the first place, . . . that it is really possible to resolve an instinctual conflict (or, more accurately, a conflict between the ego and an instinct) finally and for all time; secondly, that when we are dealing with one such conflict in a patient, we can, as it were, inoculate him against the possibility of any other instinctual conflicts in the future; and thirdly, that we have the power, for purposes of prophylaxis, to stir up a pathogenic conflict of this sort, when at the moment there is no indication of it. . . .' Perhaps, however, these presuppositions are not so completely unjustified, as our discussion of Freud's following arguments will attempt to show.

Freud's remarks about the strength of instincts as an obstacle to therapy we would supplement by referring to the physiological periodicity of the strength of instinct. Instincts only become insuperably strong when they are shut off from dis-

charge and are thus dammed up. Freud explains (p. 381) the concept of 'permanent settlement of an instinctual claim' as follows: 'That is to say, it is brought into harmony with the ego and becomes accessible to the influence of the other ego-tendencies, no longer seeking for independent gratification.' However, just that sort of settlement of an instinctual claim succeeds so much the less, the more dammed back the instinct is. Only when the instinct, barred from motility and from the ego, must carry on its existence in the unconscious, repeatedly producing and sending out from there derivatives at the wrong point and the wrong time—it is only then that the instinct is so completely subject to the primary process that it evades all restraint. Certainly 'permanent settlement of an instinctual claim' cannot mean causing it to vanish completely. What it must mean is that the possibility should be provided of avoiding instinctual damming up by virtue of the discharge of the greater part of the instinctual energy. Then the remaining instinctual claims requiring suppression are relatively lacking in energy content. The point is to regulate quantitatively the relation between instinct that impels to action and ego which carries out actions. It is thus a question less of the absolute than of the relative strength of instinct, which is diminished by satisfaction and therefore indirectly by psychoanalysis which makes satisfaction possible.

The prerequisite for such psychoanalytic success would seem to be that the analysis be carried out correctly in its economic aspect. Since it is not possible, as Freud makes clear, to settle completely in analysis *all* unsettled remainders from the past, the point is that the *more essential part* of the remainders should be settled. For this purpose, in all cases in which unsettled remainders of the past (containing the threat of relapses) are solidified in relatively constant structures such as character attitudes, it would seem necessary to attack and to dissolve these solidified structures at the very beginning.

All this seems to be contradicted when we read in Freud's paper (p. 386) that for the purpose of guarding a patient against future instinctual conflicts we have to turn 'a possible

future conflict into a present one . . .'. And this cannot be done: 'Tempting as it may be to our therapeutic ambition to propose such tasks for itself, experience bids us refuse them out of hand.' For in order to transform a latent instinctual conflict into a present one, 'there are only two things we can do: either we can bring about situations in which the conflict becomes actual or we can content ourselves with discussing it in analysis. . . .' The former we do not attempt, for 'to conjure up fresh suffering [is] a thing which we have so far rightly left to fate'. The latter does not work because merely talking about something cannot really settle it.

This much is clear. The question arises however as to whether these are really the only two possibilities. It is certainly not a question of creating fresh conflicts that are not present, but of mobilizing latent ones. Never are these conflicts completely dormant; the ego merely acts as if they were. The analyst is accustomed to detecting great conflicts behind the smallest signs. His task then is to make clear to the patient the actuality of the 'conflict', in other words to put the patient's ego at a distance from these signs, so that the rationalizations, eruptions and derivatives become noticeable to the ego. Of what use is it to discuss with the patient only those matters that occupy him consciously if one at the same time overlooks the fact that at certain points where the patient himself feels no conflict alive within him, the energies which made him ill are 'tonically' bound in a way unknown to him? We must then, it seems to me, literally 'transform a latent instinctual conflict into a present one' if we wish to resolve it, to render capable of discharge the decisive portion of the solidified instinctual energy bound in it, and so to restore health. Thus we must 'bring about situations in which the conflict becomes actual'. We do this however not by imitating fate with interference in the patient's real life nor by joining artificially in the play of the transference, but by psychoanalysis of those points at which the latent conflicts make themselves evident by naming their derivatives and inducing the observing ego to stand at a 'distance' from them.

I should like to call special attention to one more sentence (p. 387) from this context: 'The work of analysis progresses best when the patient's pathogenic experiences belong to the past so that the ego can stand at a distance from them.' That is certainly an important warning to the partisans of acting out and of 'affective eruptions'. But there is a special circumstance about this 'distance' of the ego. Distance can be established with respect to latent conflicts only if it is first temporarily diminished or abolished. It should never become so great that the patient's feeling, 'This matter concerns me', or 'I must occupy myself with my past because it interferes disturbingly in the present', is replaced by the opposite feeling: 'About all this I can talk quite comfortably, for I stand at a distance from it, and it does not concern me any longer'.

In his discussion of problems of *ego modifications* that make analysis more difficult, Freud reminds us first of the fact that for analytic work we need the patient's reasonable ego. Our work rests upon its coöperation, and in his very earliest recommendations on technique¹¹³ Freud considered its intactness an absolute prerequisite for the successful accomplishment of an analysis. Now it turns out that only in the fewest cases is the ego intact. There can also be, as Freud notes, constitutional peculiarities of the ego which make analysis more difficult. As a rule, however, the fact is that infantile instinctual conflicts have produced in the structure and modes of function of the ego alterations which either appear only in certain situations (phobic attitudes and their further developments) or are solidified as 'character attitudes' and reactive peculiarities. With these it is a matter of defensive functions not adapted to the present situation but which set in automatically and are broken through by unrecognized escape-eruptions of instincts; and all this corresponds to the fact that by virtue of the defense itself the domain in question is withheld from further development. By force of circumstance, psychoanalysis has long been

¹¹³ Freud: *On Psychotherapy* (1904). Coll. Papers, Vol. I. London: Hogarth Press, 1924. pp. 257-258.

interested in these problems of 'character analysis'. We know essentially how to attack the problem: we split the ego, so to speak. To its residual reasonable, observing portion we demonstrate its behavior, show the behavior to be produced purposefully by the ego, discover the purpose and trace it finally to its historical origin—nothing different from what we do with symptoms which are more a distorted expression of the id. Freud is sceptical about the therapeutic expectations from the 'historical reduction' of ego modifications. The ego under the influence of education has accustomed itself, says Freud, to displacing the scene of conflict from without to within; then, unable to become free of the ghosts it has conjured up, frequently calls them up at points where they are disturbing, in the analysis itself as well. Freud nevertheless admits (p. 393): 'This must not be taken to imply that they [defensive ego modifications] makes analysis impossible. On the contrary, they constitute half of our analytic task.' However, this half of the work is very difficult. While the warded off instinct is our ally in the analytic work, the defensive part of the ego is our adversary, since it is only interested in maintaining the resistances, and the reasonable ego, which could aid us, is at first powerless against this defensive portion of the ego. It is the essence of resistance that it does not allow itself to be revealed without further resistance.

Again, whether or not we can master these difficulties depends upon quantitative relationships. Further, there must be taken into account (p. 395) those matters that Freud in *The Problem of Anxiety* has designated as 'resistance of the id':¹¹⁴ Many persons seem to have such an 'adhesiveness' of their libido that they cannot be turned from a customary mode of behavior. Others are easily changed, but the changes produced are evanescent, and 'one feels not as if one had worked in clay but as if one had written in water'.

Freud believes (pp. 396–398) that to all the difficulties in dealing with ego modifications a further one is added which

¹¹⁴ Freud: *The Problem of Anxiety*. New York: W. W. Norton & Co., Inc., 1936. pp. 137–139.

he derives from his conception of the biological genuineness of the destructive instinct. Some persons who at the same time have instincts with contradictory aims, tranquilly allow these contradictory tendencies to exist one next to the other or one after the other without being particularly affected. Others suffer from this contradiction, and it becomes for them a severe psychic conflict which they try to settle by erecting a defense against one of the two conflicting instincts. This 'inclination to conflict' in many people which enormously increases the difficulty of their analysis, Freud wants to trace back to a constitutionally determined higher quantum of 'free floating destructive energy'. But, we may ask, does not the explanation suffice that in those cases in which the contradictions between instincts are experienced as severe conflicts, it regularly turns out that one of the conflicting instincts is relatively more ego-syntonic, the other relatively more warded off? A greater inclination to conflict is possessed by those individuals whose instinctual conflict expresses in addition a 'structural' conflict. Since persons who have more structural conflicts are those who have turned one part of their instinctual energies against the self in such a way that they now serve for the suppression of other instinctual claims, it is understandable that these same persons with greater inclination to conflicts also evidence more inclination to self-destruction.

Freud's noteworthy discussion of the psychology of the analyst need not be mentioned here. The concluding section of his paper holds that we approach with greatest difficulty those resistances that extend into the biological sphere, and by that he means bisexuality. In both man and woman the impulses proper to the opposite sex incur repression. The man's rejection of his passive homosexual femininity and the woman's of her masculine wish for a penis constitute the obstacles to therapeutic success most difficult to remove. To be sure, the two are not quite analogous according to Freud's discussion. For the man the difficulty comes from clinging to his *fear* of being feminine. He cannot assume the passive attitude because it unconsciously signifies for him the dreaded castration. For

the woman the difficulty comes from clinging to her *pleasure* in being masculine. She cannot assume the required passive attitudes because she would prefer to be active. This distinction seems highly significant. Perhaps there lies in it an indication that we should be wary of reaching back to biology as long as experiential and social factors can still be operative. Some of our women patients, Freud states, because of their penis envy consider analysis of no avail. 'We can only agree with them', he writes (p. 405), 'when we discover that their strongest motive in coming for treatment was the hope that they might somehow still obtain a male organ, the lack of which is so painful to them'. But what brings most patients into analysis is the hope for fulfilment of old libidinal and hostile (revenge) infantile impulses, the hope for better crutches rather than the hope of attaining a state in which crutches are superfluous. Penis envy in this connection does not seem to possess any essential uniqueness. We must in analysis make efforts to see through every type of 'unconscious wish for recovery' as early as possible in order to eliminate this abundant source of resistances. It is true that these efforts especially often fail in instances of castration anxiety in men and of penis envy in women.

Translated by DAVID BRUNSWICK

BIBLIOGRAPHY

1. ABRAHAM, KARL: *Sollen wir die Patienten ihre Träume aufschreiben lassen?* Int. Ztschr. Psa., I, 1913, pp. 194-196.
2. ——— A Particular Form of Neurotic Resistance Against the Psycho-Analytic Method, in his *Selected Papers*. London: Hogarth Press, 1927.
3. ——— The Applicability of Psycho-Analytic Treatment to Patients at an Advanced Age, in his *Selected Papers*. London: Hogarth Press, 1927.
4. ——— *Psycho-Analytical Notes on Coués Method of Self-Mastery*. Int. J. Psa., VII, 1926, pp. 190-213.
5. ALEXANDER, FRANZ: *A Metapsychological Description of the Process of Cure*. Int. J. Psa., VI, 1925, pp. 13-34.
6. ——— *Psychoanalysis of the Total Personality*. London: Hogarth Press, 1927.
7. ——— *Der neurotische Charakter*. Int. Ztschr. Psa., XIV, 1928, pp. 26-44.
8. ——— *On Ferenczi's 'Relaxation Principle'*. Int. J. Psa., XIV, 1933, pp. 183-192.

9. ——— *The Relation of Structural and Instinctual Conflicts*. This QUARTERLY, II, 1933, pp. 181-207.
10. ——— *The Problem of Psychoanalytic Technique*. This QUARTERLY, IV, 1935, pp. 588-611.
11. ——— *Review of Kubie: 'Practical Aspects of Psychoanalysis'*. This QUARTERLY, V, 1936, pp. 283-289.
12. BÁLINT, ALICE: *Handhabung der Übertragung auf Grund der Ferenczischen Versuche*. Int. Ztschr. Psa., XXII, 1936, pp. 47-58.
13. BÁLINT, MICHAEL: *Charakter und Neubeginn*. Int. Ztschr. Psa., XX, 1934, pp. 54-65.
14. ——— *The Final Goal of Psychoanalytic Treatment*. Int. J. Psa., XVII, 1936, pp. 206-216.
15. BEHN-ESCHENBURG, HANS: *Über eine seltene Deutung des Widerstandes*. Int. Ztschr. Psa., XVII, 1931, pp. 276-282.
16. BENEDEK, THERESE: *Defense Mechanisms and Structure of the Total Personality*. This QUARTERLY, VI, 1937, pp. 96-118.
17. BERGLER, EDMUND: *Symposium on the Theory of Therapeutic Results of Psychoanalysis*. Int. J. Psa., XVIII, 1937, pp. 146-161.
18. BERNFELD, SIEGFRIED: *Der Begriff der Deutung in der Psychoanalyse*. Ztschr. f. angew. Psychol., XLII, 1932, pp. 448-497.
19. BIBRING, EDUARD: *Symposium on the Theory of Therapeutic Results of Psychoanalysis*. Int. J. Psa., XVIII, 1937, pp. 170-189.
20. BIBRING-LEHNER, GRETE: *A Contribution to the Subject of Transference Resistance*. Int. J. Psa., XVII, 1936, pp. 181-189.
21. BLEULER, EUGEN: *Das autistische undisziplinierte Denken in der Medizin*. Berlin: Springer, 1927.
22. BOEHM, FELIX: *Dürfen wir Gefälligkeiten von Patienten annehmen?* Int. Ztschr. Psa., IX, 1923, p. 77.
23. ——— *Das Unbewusste des Analytikers in der Analyse*. Int. Ztschr. Psa., IX, 1923, pp. 77-78.
24. BREUER, JOSEF, AND FREUD: *Studien über Hysterie*. Leipzig and Vienna: Franz Deuticke, 1895.
25. BRILL, A. A.: *A Few Remarks on the Technique of Psychoanalysis*. Med. Rev. of Rev., April, 1912.
26. ——— *Psychoanalysis: Its Theories and Practical Application*. Philadelphia and London: W. B. Saunders Co., 1913.
27. BUNKER, HENRY A.: *Psychotherapy and Psychoanalysis*, in Lorand's *Psychoanalysis Today: Its Scope and Function*. New York: Covici Friede, Inc., 1933.
28. CARNCROSS, H.: *Activity in Analysis*. Psa. Rev., XIII, 1926, pp. 281-293.
29. CLARK, L. PIERCE: *Some Practical Remarks upon the Use of Modified Psychoanalysis in the Treatment of Borderland Neuroses and Psychoses*. Psa. Rev., VI, 1919, pp. 306-308.
30. COLE, E. M.: *A Few 'Don't's' for Beginners in the Technique of Psychoanalysis*. Int. J. Psa., III, 1922, pp. 43-44.
31. CORIAT, ISADOR H.: *Some Statistical Results of the Psychoanalytic Treatment of the Psycho-Neuroses*. Psa. Rev., IV, 1917, pp. 209-216.
32. ——— *Active Therapy in Psychoanalysis*. Psa. Rev., XI, 1924, pp. 28-38.

33. DEUTSCH, HELENE: *Psychoanalysis of the Neuroses*. London: Hogarth Press, 1933.
34. EDER, M. D.: *Dreams as Resistance*. Int. J. Psa., XI, 1930, pp. 40-47.
35. EITINGON, MAX: *Reminiszenzen aus der Geschichte der Psychotherapie*. Int. Ztschr. Psa., XVI, 1930, pp. 165-171.
36. ——— *Über neue e Methoden-Kritik an der Psychoanalyse*. Int. Ztschr. Psa., XVII, 1931, pp. 5-15.
37. FARROW, E. PICKWORTH: *A Method of Self-Analysis*. Brit. J. of Med. Psychol., V, 1925, pp. 106-118.
38. FENICHEL, OTTO: *Outline of Clinical Psychoanalysis*. New York: W. W. Norton and Co., 1932.
39. ——— *Zur Theorie der psychoanalytischen Technik*. Int. Ztschr. Psa., XXI, 1935, pp. 78-95.
40. ——— *Symposium on the Theory of Therapeutic Results of Psychoanalysis*. Int. J. Psa., XVIII, 1937, pp. 133-139.
41. ——— *Ego Disturbances and Their Treatment*. Int. J. Psa., XIX, 1938, pp. 416-438.
42. FERENCZI, SANDOR: *Introjection and Transference, in Contributions to Psychoanalysis*. Boston: Richard G. Badger, 1916.
43. ——— *A Transitory Symptom: The Position During Treatment, in Further Contributions to the Theory and Technique of Psychoanalysis*. London: Institute of Psycho-Analysis and Hogarth Press, 1926.
44. ——— *On the Feeling of Giddiness at the End of the Analytical Hour, Ibid.*
45. ——— *Falling Asleep During the Analysis, Ibid.*
46. ——— *Discontinuous Analysis, Ibid.*
47. ——— *Restlessness Towards the End of the Hour of Analysis, Ibid.*
48. ——— *Technical Difficulties in an Analysis of Hysteria, Ibid.*
49. ——— *On the Technique of Psycho-Analysis, Ibid.*
50. ——— *On Influencing the Patient in Psychoanalysis, Ibid.*
51. ——— *Further Developments of 'Active' Technique, Ibid.*
52. ——— AND RANK, OTTO: *The Development of Psychoanalysis*. Nerv. and Ment. Dis. Pub. Co., Monograph Series, No. 40, 1925.
53. ——— *On Forced Phantasies, in Further Contributions to the Theory and Technique of Psychoanalysis*. London: Institute of Psycho-Analysis and Hogarth Press, 1926.
54. ——— *Psychoanalysis of Sexual Habits, Ibid.*
55. ——— *Contraindications to the Active Psychoanalytical Technique, Ibid.*
56. ——— *Zur Kritik der Rank'schen Technik der Psychoanalyse*. Int. Ztschr. Psa., XIII, 1927, pp. 1-9.
57. ——— *Das Problem der Beendigung der Analysen*. Int. Ztschr. Psa., XIV, 1928, pp. 1-10.
58. ——— *Die Elastizität der psychoanalytischen Technik*. Int. Ztschr. Psa., XIV, 1928, pp. 197-209.
59. ——— *The Principle of Relaxation and Neocatharsis*. Int. J. Psa., XI, 1930, pp. 428-443.
60. ——— *Child Analysis in the Analysis of Adults*. Int. J. Psa., XII, 1931, pp. 468-482.

61. ——— *Sprachverwirrung zwischen dem Erwachsenen und dem Kinde.* Int. Ztschr. Psa., XIX, 1933, pp. 5-15.
62. FORSYTH, DAVID: *The Technique of Psychoanalysis.* London: Kegan Paul, Ltd., 1933.
63. FRENCH, THOMAS M.: *A Clinical Study of Learning in the Course of a Psychoanalytic Treatment.* This QUARTERLY, V, 1936, pp. 148-194.
64. FREUD, ANNA: *The Technique of Child-Analysis.* New York and Washington: Nerv. and Ment. Dis. Pub. Co., 1928.
65. ——— *The Ego and the Mechanisms of Defense.* London: Hogarth Press, 1937.
66. FREUD: *The Interpretation of Dreams.* London: Allen and Unwin, 1915.
67. ——— *Freud's Psycho-Analytic Method.* Coll. Papers, I.
68. ——— *Three Contributions to Theory of Sex.* New York: Nerv. and Ment. Dis. Pub. Co., 1910.
69. ——— *Wit and Its Relation to the Unconscious.* London: Fisher Unwin, 1916.
70. ——— *Fragment of an Analysis of a Case of Hysteria.* Coll. Papers, III.
71. ——— *Analysis of a Phobia in a Five-year-old Boy.* Coll. Papers, III.
72. ——— *Notes upon a Case of Obsessional Neuroses.* Coll. Papers, III.
73. ——— *On Psychoanalysis.* Amer. J. of Psychol., 1910.
74. ——— *The Future Prospects of Psycho-Analytic Therapy.* Coll. Papers, II.
75. ——— *Observations on 'Wild' Psycho-Analysis.* Coll. Papers, II.
76. ——— *The Employment of Dream-Interpretation in Psycho-Analysis.* Coll. Papers, II.
77. ——— *The Dynamics of the Transference.* Coll. Papers, II.
78. ——— *Recommendations for Physicians on the Psycho-Analytic Method of Treatment.* Coll. Papers, II.
79. ——— *Fausse Reconnaissance ('Déjà Raconté') in Psycho-Analytic Treatment.* Coll. Papers, II.
80. ——— *Further Recommendations in the Technique of Psycho-Analysis.* Coll. Papers, II.
81. ——— *On Narcissism: An Introduction.* Coll. Papers, IV.
82. ——— *The Unconscious.* Coll. Papers, IV.
83. ——— *Some Character-Types Met with in Psycho-Analytic Work.* Coll. Papers, IV.
84. ——— *A General Introduction to Psychoanalysis.* New York: Liveright Publishing Corp., 1935.
85. ——— *Mourning and Melancholia.* Coll. Papers, IV.
86. ——— *From the History of an Infantile Neurosis.* Coll. Papers, III.
87. ——— *Turnings in the Ways of Psycho-Analytic Therapy.* Coll. Papers, II.
88. ——— *Introduction to Psychoanalysis and the War Neuroses.* London: Int. Psa. Press, 1921.
89. ——— *Zur Vorgeschichte der analytischen Technik.* Int. Ztschr. Psa., VI, 1920, pp. 79-81.
90. ——— *The Psychogenesis of a Case of Homosexuality in a Woman.* Coll. Papers, II.
91. ——— *Beyond the Pleasure Principle.* London: Int. Psa. Press, 1922.

92. ——— *Group Psychology and the Analysis of the Ego*. Vienna: Int. Psa. Verlag, 1922.
93. ——— *The Ego and the Id*. London: Institute of Psycho-Analysis and Hogarth Press, 1927.
94. ——— *Bemerkungen zur Theorie und Praxis der Traumdeutung*. Ges. Schr., III.
95. ——— *The Problem of Anxiety*. New York: W. W. Norton & Co., 1936.
96. ——— *New Introductory Lectures on Psychoanalysis*. London: Hogarth Press, 1933.
97. ——— *Analysis Terminable and Interminable*. Int. J. Psa., XVIII, 1937, pp. 373-405.
98. ——— *Constructions in Analysis*. Int. J. Psa., XIX, 1938, pp. 377-387.
99. FUCHS, S. H.: *Zum Stand der heutigen Biologie*. Imago, XXII, 1936, pp. 210-241.
100. GLOVER, EDWARD: *'Active Therapy' and Psycho-Analysis*. Int. J. Psa., V, 1924, pp. 269-311.
101. ——— *Critical Notice of 'Entwicklungsziele der Psychoanalyse' von S. Ferenczi und Otto Rank*. Brit. J. of Med. Psychol., IV, 1924, pp. 319-325.
102. ——— *A 'Technical' Form of Resistance*. Int. J. Psa., VII, 1926, pp. 377-380.
103. ——— *Lectures on Technique in Psycho-Analysis*. Int. J. Psa., VIII, 1927, pp. 311-338, 486-520; IX, 1928, pp. 7-46, 181-218.
104. ——— *The Vehicle of Interpretations*. Int. J. Psa., XI, 1930, pp. 340-344.
105. ——— *The Therapeutic Effect of Inexact Interpretation*. Int. J. Psa., XII, 1931, pp. 397-411.
106. ——— *Symposium on the Theory of Therapeutic Results of Psycho-Analysis*. Int. J. Psa., XVIII, 1937, pp. 125-133.
107. HANN-KENDE, FANNY: *Zur Übertragung und Gegenübertragung in der Psychoanalyse*. Int. Ztschr. Psa., XII, 1926, pp. 478-486.
108. HÁRNIK, J.: *Über die Forcierung blasphemischer Fantasien*. Int. Ztschr. Psa., XIII, 1927, pp. 61-64.
109. ——— *Resistance to the Interpretation of Dreams in Analysis*. Int. J. Psa., XI, 1930, pp. 75-78.
110. HARTMANN, HEINZ: *Die Grundlagen der Psychoanalyse*. Leipzig: Georg Thieme, 1927.
111. HENDRICK, IVES: *Facts and Theories of Psychoanalysis*. New York: Alfred A. Knopf, 1934.
112. HERMANN, IMRE: *Die Psychoanalyse als Methode*. Vienna: Int. Psa. Verlag, 1934.
113. HITSCHMANN, EDUARD: *Die Indikationen für psychoanalytische Behandlung*. Vienna: Ars medici, XIV, No. 10, 1924.
114. ——— *Wandlungen der Traum-Symbolik beim Fortschreiten der Behandlung*. Int. Ztschr. Psa., XVII, 1931, pp. 140-142.
115. HORNEY, KAREN: *Die Technik der psychoanalytischen Therapie*. Ztschr. f. Sexualwissenschaft, IV, 1917, p. 185 ff.
116. ——— *The Problem of the Negative Therapeutic Reaction*. This QUARTERLY, V, 1936, pp. 29-44.

117. JEKELS, LUDWIG, AND BERGLER, EDMUND: *Übertragung and Liebe*. Imago, XX, 1934, pp. 5-31.
118. JELLIFFE, SMITH ELY: *The Technique of Psychoanalysis*. New York: Nerv. and Ment. Dis. Pub. Co., Monograph Series, No. 26, 1914.
119. ——— *Some Notes on Transference*. J. Abnormal Psychol., VIII, No. 5, 1914, p. 302.
120. ——— *Contributions to Psychotherapeutic Technique through Psychoanalysis*. *Psa. Rev.*, VI, 1919, pp. 1-14.
121. ——— *The Old Age Factor in Psychoanalytical Therapy*. Med. J. and Record, New York, No. 1, 1925.
122. JONES, ERNEST: The Psycho-Analytic Method of Treatment in *Papers on Psycho-Analysis*. Baltimore: Wm. Wood and Co.; London: Bailliere, Tindall and Cox, 1913.
123. ——— *Psycho-Analysis in Psychotherapy*, *Ibid*.
124. ——— *Reflections on Some Criticisms of the Psycho-Analytic Method of Treatment*, *Ibid*.
125. ——— *The Attitude of the Psycho-Analytic Physician Towards Current Conflicts*, *Ibid*.
126. ——— *Die Technik der psychoanalytischen Therapie*. Jahrb. f. *psa*. Forschungen, VI, July, 1914, pp. 329-342.
127. ——— *Some Practical Aspects of the Psycho-Analytic Treatment*, in *Papers on Psycho-Analysis*. Baltimore: Wm. Wood and Co.; London: Bailliere, Tindall and Cox, 1913.
128. ——— *Bemerkungen zur psychoanalytischen Technik*. I. *Träume in der Psychoanalyse*. II. *Suggestion und Uebertragung*. Int. Ztschr. *Psa.*, II, 1914, pp. 274-275.
129. ——— *Treatment of the Neuroses*. Baltimore: Wm. Wood. and Co.; London: Bailliere, Tindall and Cox, 1920.
130. ——— *The Nature of Auto-Suggestion*, in *Papers on Psycho-Analysis*. Baltimore: Wm. Wood and Co.; London: Bailliere, Tindall and Cox, 1913.
131. ——— *Theorie und Praxis in der Psychoanalyse*. Int. Ztschr. *Psa.*, XI, 1925, pp. 145-149.
132. KAISER, HELMUTH: *Probleme der Technik*. Int. Ztschr. *Psa.*, XX, 1934, pp. 490-522.
133. KLEIN, MELANIE: *The Psychoanalysis of Children*. London: Hogarth Press, 1932.
134. KOVÁCS, VILMA: *Beispiele zur aktiven Technik*. Int. Ztschr. *Psa.*, XIV, 1928, pp. 405-408.
135. ——— *Training- and Control-Analysis*. Int. J. *Psa.*, XVII, 1936, pp. 346-354.
136. KUBIE, LAWRENCE S.: *Über die Beziehung zwischen dem bedingten Reflex und der psychoanalytischen Technik*. Imago, XXI, 1935, pp. 44-50.
137. ——— *Practical Aspects of Psychoanalysis*. New York: W. W. Norton and Co., 1936.
138. LAFORGUE, RENÉ: *'Active' Psychoanalytical Technique and the Will to Recovery*. Int. J. *Psa.*, X, 1929, pp. 411-422.

139. ——— *Resistances at the Conclusion of Analytical Treatment.* Int. J. Psa., XV, 1934, pp. 419-434.
140. ——— *Exceptions to the Fundamental Rule.* This QUARTERLY, V, 1936, pp. 369-374.
141. ——— *Der Heilungsfaktor der analytischen Behandlung.* Int. Ztschr. Psa., XXIII, 1937, pp. 50-59.
142. LANDAUER, CARL: *'Passive' Technik.* Int. Ztschr. Psa., X, 1924, pp. 415-422.
143. LOEWENSTEIN, RUDOLF: *Bemerkungen zur Theorie des therapeutischen Vorganges der Psychoanalyse.* Int. Ztschr. Psa., XXIII, 1937, pp. 560-563.
144. LOW, BARBARA: *Psychoanalysis: A Brief Account of the Freudian Theory.* London: George Allen and Unwin, Ltd., 1920.
145. ——— *The Psychological Compensations of the Analyst.* Int. J. Psa., XVI, 1935, pp. 1-8.
146. MACK BRUNSWICK, RUTH: *A Supplement to Freud's 'History of an Infantile Neurosis'.* Int. J. Psa., IX, 1928, pp. 439-476.
147. MUELLER-BRAUNSCHWEIG, CARL: *Der psychoanalytische Prozess.* Ztschr. f. Sexualwissenschaft, IX, 1923, pp. 301-310.
148. NUNBERG, HERMANN: *The Will to Recovery.* Int. J. Psa., VII, 1926, pp. 64-78.
149. ——— *Probleme der Therapie.* Int. Ztschr. Psa., XIV, 1928, p. 441 ff.
150. ——— *The Synthetic Function of the Ego.* Int. J. Psa., XII, 1931, p. 123 ff.
151. ——— *Allgemeine Neurosenlehre auf psychoanalytischer Grundlage.* Berne: Hans Huber, 1932.
152. ——— *The Theoretical Basis of Psychoanalytic Therapy, in Lorand's Psychoanalysis Today: Its Scope and Function.* New York: Covici Friede, Inc., 1931.
153. ——— *Symposium on the Theory of Therapeutic Results of Psycho-Analysis.* Int. J. Psa., XVIII, 1937, pp. 161-170.
154. OBERNDORF, C. F.: *The Scope and Technique of Psychoanalysis.* Med. Record, Nov. 22, 1912.
155. ——— *The Practice of Psychoanalysis.* N. Y. State J. of Med., XXI, 1921, p. 95.
156. ——— *Technical Procedure in the Analytic Treatment of Children.* Int. J. Psa., XI, 1930, pp. 79-82.
157. RADO, SANDOR: *The Economic Principle in Psycho-Analytic Technique.* Int. J. Psa., VI, 1925, pp. 35-44.
158. RANK, OTTO: *Zum Verständnis der Libidoentwicklung im Heilungsvorgang.* Int. Ztschr. Psa., IX, 1923, pp. 435-471.
159. ——— *The Trauma of Birth and Its Importance for Psychoanalytic Therapy.* New York: Harcourt, Brace and Co., 1924.
160. ——— *Technik der Psychoanalyse.* Vienna and Leipzig: Franz Deuticke, 1926.
161. REICH, WILHELM: *Zwei narzisstische Typen.* Int. Ztschr. Psa., VIII, 1922, pp. 456-462.
162. ——— *Der triebhafte Charakter.* Neue Arbeiten z. aerztl. Psychoanalyse, No. 4, Vienna: Int. Psa. Verlag, 1925.

163. ——— *Weitere Bemerkungen über die therapeutische Bedeutung der Genitallibido.* Int. Ztschr. Psa., XI, 1925, pp. 297-317.
164. ——— *Zur Technik der Deutung und der Widerstandsanalyse.* Int. Ztschr. Psa., XIII, 1927, pp. 141-159.
165. ——— *Über Charakter-Analyse.* Int. Ztschr. Psa., XIV, 1928, pp. 180-196.
166. ——— *Charakter-Analyse, Technik und Grundlagen,* published by the author in Vienna, 1933.
167. ——— *Psychischer Kontakt und vegetative Strömung.* Copenhagen: Sexpol-Verlag, 1935.
168. REIK, THEODOR: *Some Remarks on the Study of Resistances.* Int. J. Psa., V, 1924, pp. 141-154.
169. ——— *The Therapy of the Neuroses and Religion.* Int. J. Psa., X, 1929, pp. 292-302.
170. ——— *New Ways in Psycho-Analytic Technique.* Int. J. Psa., XIV, 1933, pp. 321-334.
171. ——— *Surprise and the Psycho-Analyst.* New York: E. P. Dutton and Co., 1937.
172. RIVIERE, JOAN: *A Contribution to the Analysis of Negative Therapeutic Reaction.* Int. J. Psa., XVII, 1936, pp. 304-320.
173. ROBITSEK, ALFRED: *Symbolisches Denken in der chemischen Forschung.* Imago, I, 1912, pp. 83-90.
174. SACHS, HANNS: *Metapsychological Points of View in Technique and Theory.* Int. J. Psa., VI, 1925, pp. 5-12.
175. ——— *Behaviour as an Expression of Mental Process During Analysis.* Int. J. Psa., XI, 1930, pp. 231-332.
176. ——— *Zur Theorie der psychoanalytischen Technik.* Int. Ztschr. Psa., XXIII, 1937, p. 563.
177. SADGER, ISIDOR: *Erfolge und Dauer der psychoanalytischen Neurosenbehandlung.* Int. Ztschr. Psa., XV, 1929, pp. 426-434.
178. SCHMIDEBERG, MELITTA: *Zur Wirkungsweise der psychoanalytischen Therapie.* Int. Ztschr. Psa., XXI, 1935, pp. 46-54.
179. ——— *Reassurance as a Means of Analytic Technique.* Int. J. Psa., XVI, 1935, pp. 307-324.
180. ——— *The Mode of Operation of Psycho-Analytic Therapy.* Int. J. Psa., XIX, 1938, p. 310 ff.
181. ——— *After the Analysis.* This QUARTERLY, VII, 1938, pp. 122-142.
182. SCHULTZ-HENCKE, HARALD: *Einführung in die Psychoanalyse.* Jena: Gustav Fischer, 1927.
183. SEARL, M. N.: *Some Queries on Principles of Technique.* Int. J. Psa., XVII, 1936, pp. 471-493.
184. SHARPE, ELLA F.: *The Technique of Psycho-Analysis.* Int. J. Psa., XI, 1930, pp. 251-277; 361-386; XII, 1931, pp. 24-60.
185. SHEEHAN-DARE, HELEN: *On Making Contact with the Child Patient.* Int. J. Psa., XV, 1934, pp. 435-439.
186. SIMMEL, ERNST: *Psycho-Analytic Treatment in a Clinic.* Int. J. Psa., X, 1929, pp. 70-90.
187. SLUTSKY, ALBERT: *Interpretation of a Resistance: The Analytical Treatment as a Neurotic Defense.* This QUARTERLY, I, 1932, pp. 345-448.

188. STEINER, MAXIM: *The Dream Symbolism of the Analytical Situation*. Int. J. Psa., XVIII, 1937, pp. 294-305.
189. STERBA, RICHARD: *Über negative Übertragung*. Int. Ztschr. Psa., XIII, 1927, pp. 160-165.
190. ——— *Zur Dynamik der Bewältigung des Übertragungswiderstandes*. Int. Ztschr. Psa., XV, 1929, pp. 456-470.
191. ——— *The Fate of the Ego in Analytic Therapy*. Int. J. Psa., XV, 1934, pp. 117-126.
192. ——— *Das Psychische Trauma und die Handhabung der Übertragung*. Int. Ztschr. Psa., XXII, 1936, pp. 40-58.
193. ——— *Zur Theorie der Übertragung*. Imago, XXII, 1936, pp. 456-470.
194. STERN, ADOLPH: *On the Counter-Transference in Psychoanalysis*. Psa. Rev., XI, 1924, pp. 166-74.
195. ——— *A Psychoanalytic Attempt to Explain Some Spontaneous 'Cures' in the Psycho-Neuroses*. Psa. Rev., XI, 1924, pp. 415-425.
196. ——— *What Is a Cure in Psychoanalysis?* Author's Abstract, Psa. Rev., XII, 1925, p. 461.
197. STRACHEY, JAMES: *The Nature of the Therapeutic Action of Psycho-Analysis*. Int. J. Psa., XV, 1934, pp. 127-159.
198. ——— *Symposium on the Theory of Therapeutic Results of Psycho-Analysis*. Int. J. Psa., XVIII, 1937, pp. 139-146.
199. TANEYHILL, G. LANE: *Notes on Psychoanalytic Technique*. Psa. Rev., III, 1916, p. 461.
200. WITTELS, FRITZ: *Die Technik der Psychoanalyse*. Munich: Bergmann, 1926.

(Conclusion)

The Permanent Relief of an Obsessional Phobia by Means of Communications with an Unsuspected Dual Personality

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THE PERMANENT RELIEF OF AN OBSESSIONAL PHOBIA BY MEANS OF COMMUNICATIONS WITH AN UNSUSPECTED DUAL PERSONALITY

BY MILTON H. ERICKSON (ELOISE, MICHIGAN), AND LAWRENCE S. KUBIE (NEW YORK)

For over a year a twenty-year-old college girl, quiet, reserved, and well poised had suffered secretly from constantly recurring obsessive fears that the icebox, kitchen, college laboratory and locker doors had been left open. These fears were always accompanied by a compulsive, often uncontrollable need to examine and reexamine the doors to make certain they were properly closed. She awoke in the night to make repeated trips to the kitchen in order to reassure herself but this failed to resolve her incessant doubts about the doors. An additional but seemingly unrelated symptom was an intense hatred of cats which she considered 'horrid, repulsive things'. This feeling she attributed to an early experience of watching 'an awful cat eating some nice pretty little baby robins'. It was learned that she enjoyed making pets of laboratory animals such as white rats and guinea pigs despite obsessive fears that she might fail to close the door of the animal room. At the time the patient was seen her difficulty was becoming more inclusive and she was beginning to have fleeting recurring doubts about many other doors, although not to a troublesome degree.

1. Induction of Catalepsy and of Hand Levitation under Hypnosis and Suggestion of Name for Hypnotic Personality for Purpose of Classroom Demonstrations

Without any conscious or deliberate therapeutic intent on the part either of the student or of the investigator, this twenty-

year-old student of psychology (who will be called 'Miss Damon') volunteered to serve as the subject of some experiments in hypnotism. A trance induced at the first session was characterized by a marked degree of amnesia, ready hand levitation and profound catalepsy. To demonstrate suggestibility a posthypnotic suggestion was given that in the trance her name would be 'Miss Brown'.

II. Persisting Fascination with Levitation and Horror over Catalepsy

The next day Miss Damon sat about the office entirely neglectful of her work and absorbed in inducing hand levitation and arm catalepsy by autosuggestion. She would observe these combined phenomena briefly and then would cause them both to disappear by further autosuggestions. This was repeated over and over throughout the day in a seemingly compulsive fashion. It was noted that while suggesting to herself either the lifting or the lowering of her hands, she would repeatedly ask such questions as, 'Do you see my hand move? How do you explain it? What does it mean? What is happening? Have you ever had such an experience? What psychological and neurological processes are involved? Isn't it funny? Isn't it queer? Isn't it interesting? I'm so curious I'm just fascinated by it.'

Any replies to these comments went unheeded; she seemed unaware of what she was saying.

While inducing *levitation* her facial expression was one of intense, lively, pleased interest; but as her hand or hands reached the level of her shoulders and she began to develop an apparent catalepsy, her attitude would change markedly. A facial expression would appear which one could characterize only as 'dissociated'. She seemed to lose contact with her surroundings and to become unresponsive to verbal or tactile stimuli. In addition to the expression of dissociation, there appeared a look of intense terror, with pallor, dilated pupils,

deep, labored, and irregular respiration, a slow irregular pulse, and marked tension and rigidity of her whole body. Soon these manifestations would disappear, quickly to be replaced by the previous look of eager, amused interest; whereupon she would at once begin suggesting to herself a lowering of her hand and a disappearance of the catalepsy.

Later that day she was asked why she was so interested in catalepsy and levitation but she could give only such rationalizations as were based on her psychological training and interests. She showed no realization that more might be involved, except for a joking remark that *her extremely low salary warranted her getting whatever experience she could*.

The next day the same behavior began anew. After confirming the observations of the previous day, the suggestion was offered that she might like to try more complex coördinated movements. She was interested at once and the suggestion was given that she try automatic writing, to which she agreed eagerly while expressing many doubts about her capacity to do so.

III. Investigation through Automatic Writing, Leading to Attack of Acute Anxiety

After placing her in a suitable position, to distract her attention completely from the proceedings the subject was instructed to read silently an article on gestalt psychology and to prepare a mental summary of it, ignoring as she did so anything that might be said or that might occur.

When she had become absorbed in the reading, hand levitation was suggested. She was then instructed to pick up a pencil and *to write the reason for her interest in hand levitation and in catalepsy*. This last instruction was repeated several times, and in a short time she began to write without any interruption of her reading. Towards the end of the writing she developed body tremors, marked generalized physical tension, deep labored respiration and pupillary dilatation, and

her reading seemed to become laborious and difficult. As she completed the writing her face was pale and expressed intense terror. She dropped the pencil and explained that she suddenly felt 'terribly afraid', and that she wanted to cry but could not understand why this was so since there was nothing to distress her in what she had been *reading*.

With these words her anxiety seemed to disappear completely, to be replaced by an air of eager puzzled interest; and she made no further reference to her emotional distress, apparently forgetting it completely. Immediate questions showed that she was able to give an adequate summary of what she had read. Then she was reminded of the task that had been given her. She inquired whether or not she had written anything and when shown her writing manifested first pleasure and then disappointment. The writing was illegible, scrawling, and even difficult to recognize as such. She studied it carefully, however, and succeeded in deciphering the first word as 'trains' although a careful study of the word and the observation of the movements of her pencil as she wrote indicated that it was 'trance'.

Then she was asked to repeat the writing under the same conditions as before. Essentially similar results and behavior were obtained except that this time instead of dropping the pencil she continued to make writing movements in the air while expressing verbally her feeling of being 'awful scared'. Again, immediately upon verbalizing her emotional distress she seemed to forget it and interested herself first in summarizing what she had read and then in attempting to understand her writing. Accordingly she was asked to decipher what she had written and while she was absorbed in this, low voiced suggestions were made 'to write all the rest which is not yet written on the paper'. Apparently without her knowledge she resumed the automatic writing in lines consisting of single words or short phrases, one of which was followed by an emphatic period. The completed writing is shown in the following illustration.

These will be sub-vent *sub-vent* *sub-vent* *sub-vent* *sub-vent*
sub-vent *sub-vent* *sub-vent* *sub-vent* *sub-vent* *sub-vent*
sub-vent *sub-vent* *sub-vent* *sub-vent* *sub-vent* *sub-vent*
sub-vent *sub-vent* *sub-vent* *sub-vent* *sub-vent* *sub-vent*
sub-vent *sub-vent* *sub-vent* *sub-vent* *sub-vent* *sub-vent*

As she wrote, she seemed to the observer to be breaking her message into fragments, writing a little here, moving her hands to another part of the sheet, writing a bit more, then apparently inserting a part between two previously written phrases. Also there was a tendency for her hand to move back and forth over the completed writing, arousing in the observer the suspicion that she was really counting or checking on what had already been written. Subsequently this proved to have been what she was doing: she had rewritten parts because of a persisting dissatisfaction which led her to make repeated changes. The emphatic period was placed only after her hand had wandered back and forth over the page as if searching for the right phrase. It was found later that she had placed a second period after another phrase.

It was discovered ultimately that the writing constituted a complete production, composed of separate but related elements some of which were partial reduplications and rearrangements of various fragments.

Because of her unusual reaction to hand levitation and catalepsy, because of the strong affects of which she was only

slightly aware, and finally because of the peculiar character of her automatic writing and of the concomitant conduct, the assumption was made that the writing represented significant material and that unconsciously she was seeking aid from the investigator. It was decided therefore to pursue the problem further. The investigation was carried on jointly by M.H.E., an assistant who served chiefly as a necessary conversational foil, a secretary who took complete notes of everything said and done, and the subject herself.

Because of the peculiar fashion in which the material was presented, the method of presentation itself constituting a significant part of the problem, no orderly or systematic procedure of investigation could be followed. We were forced rather to proceed by trial and error, attempting and abandoning many leads in the effort to decipher the writing.

More than twelve hours of almost continuous work were required to solve the problem, and all progress was achieved in isolated fragments. No attempt will be made to tell a strictly chronological story of the work but enough material will be given to show the main steps which led up to the solution of the problem.

IV. The Discovery of the Dual Personality

The first essential step was achieved at the beginning of the investigation and was confirmed throughout: the identification of a second and unknown personality in the subject. This discovery was made in the following fashion.

After the subject's hand had completed the last bit of automatic writing and had placed the emphatic period, the investigator quietly slipped the sheet of paper from under her hand leaving a fresh one in its place with her hand still holding the pencil. This was done without attracting her attention. She continued her task of deciphering, finally declaring aloud that she could make out only the words 'trance', 'will', 'my', 'catalepsy' and 'ever,' and expressed much amusement over her inability to read more, asking laughingly, 'Did I really write that nonsense?'. Both the investigator and his assistant replied

affirmatively and in the same amused tone. At the moment the subject was leaning forward over the desk and her hand was out of range of her peripheral vision. As the verbal reply was given to her question, her hand was observed to write, 'No,' of which Miss Damon remained unaware. Immediately the investigator asked, as if speaking directly to the subject, 'What do you mean?', and while Miss Damon puzzled over what he meant, her hand wrote 'Can't'. Again speaking as if to Miss Damon, the question was asked, 'Why?', to which her hand replied, 'Damon doesn't know these things'.

There followed a series of questions, seemingly directed to the subject, who was merely bewildered and confused because of their unintelligibility to her while her hand wrote appropriate replies. These, with their answers will be quoted verbatim to show the definition of this second personality. The quotations continue from the last question and reply cited above. The questions were asked orally, the replies given by automatic writing.

Q: Why?

A: Don't know, afraid to know.

Q: Who?

A: D [Damon].

Q: Who does?

A: Me.

Q: Me?

A: Brown.

Q: Who?

A: Me—Brown—B.

Q: Explain.

A: D is D, B is B.

Q: B know D?

A: Yes.

Q: D know B?

A: No. No.

Q: B part of D?

A: No. B is B; D is D.

Q: Can I talk to B?

A: Are!

- Q: Talk to D?
A: Want to. [If you want to.]
Q: How long have you been B?
A: Always.
Q: What do you want?
A: Help D.
Q: Why?
A: D afraid.
Q: Do you know what D is afraid of?
A: Yes; D no.
Q: Why?
A: D afraid, forgot, don't want to know.
Q: Think D should?
A: Yes, yes, yes.
Q: You know what it is?
A: Yes.
Q: Why don't you tell D?
A: Can't, can't.
Q: Why?
A: D afraid, afraid.
Q: And you?
A: Afraid a little, not so much.

At this point Miss Damon interrupted to declare her utter bewilderment over the investigator's fragmentary remarks, and demanded an explanation.

- Q: Shall I tell her?
A: Sure; she don't know.

The secretary then read the questions while her answers were shown to Miss Damon. She attended carefully with a look of increasing understanding, finally remarking, 'Why that really must mean I have a dual personality', and then was greatly startled that her hand emphatically wrote 'Right'. Recovering her poise, Miss Damon asked, 'Can I talk to you?' 'Sure.' 'Can you talk to me?' 'Yes.' 'Is your name really Brown?' 'Yes.' 'What is your full name?' 'Jane Brown.' Later it was found that *Jane* signified identification with a favorite childhood literary character, and that Jane was really






the important name, the *Brown* having evidently been added to it at the time of the first hypnotic demonstration described above.

Miss Damon then reviewed the questions and said musingly, 'You want to help me, Brownie?' 'Yes, Erickson ask, ask, ask.' Further similar questions by Miss Damon elicited variations of the same cryptic answer of 'Erickson ask' and a stubborn refusal to elaborate.

Throughout the investigation, the Brown personality was found to be literally a separate, well-organized entity, completely maintaining its own identity, and differentiating to a fine degree between Brown and Damon. Brown was capable of entering into spirited arguments with the investigator, his assistant and with Miss Damon, and of expressing ideas entirely at variance with those of Miss Damon. She could know before Damon did what Damon would say or think, and contributed thoughts to Miss Damon in a manner quite as psychotic patients bring up autochthonous thoughts. She would interrupt an attempted explanation of Miss Damon's by writing 'Wrong', and would respond to stimuli and cues which Miss Damon either overlooked completely or misunderstood. In fact she so impressed her personality upon those in the office that automatically she was regarded by the entire group as a distinct personality among them. Nor was Brown limited just to the problems at hand. She would enter readily into conversations on many other topics, often resorting to this in an effort to distract the investigator from his efforts. In addition Brown was possessed of a definite sense of personal pride; on two occasions she resented derogatory remarks Damon made about her, and thereupon refused to write anything more except 'Won't' until Damon apologized. Brown frequently became impatient and irritable with the investigator because of his inability to comprehend some of her cryptic replies; and at such times she would unhesitatingly and unsparingly denounce him as 'dumb'.

A characteristic of Brown's automatic script was its economy. A single letter was written whenever possible in place of a

word, or a word for a phrase; abbreviations, phonetic spellings, condensations, puns, peculiar twists of meaning, all were employed, at first to a slight degree but to a greater and greater degree as the investigation progressed. Naturally this rendered the investigator's task correspondingly difficult. It was necessary to discover by appropriate questions that Damon, Brown, and Erickson were all designated by their initials; 'help' meant 'B wants to help D' or 'E should help D'; 'W. Y.' meant 'Will you'; 'No' sometimes meant *no* and sometimes *know*, an abbreviation of 'Brown does know' or some similar phrase; 'subconsequence' was the condensation of '*subitement*', 'subsequent' and 'consequent'; and 'Yo' was found to be neither *yes* or *no*, but 'I don't know'. *No* written from left to right meant 'no', but written from right to left signified a 'no' reversed, which is 'yes'.¹ In these respects Brown's language was much like the language of dreams and constitutes in fact a demonstration of the validity of what Freud has written about the use of condensation, elision, reversal of sense, duality of meaning in the language of dreams.

Another method of abbreviation was the use of a vertical pencil mark to mean 'Yes', a horizontal one to mean 'No', and an oblique line to mean 'I don't know'. Also,  signified 'First part "no", second part "yes"', while  had the opposite meaning. Similarly , , , signified 'First part "I don't know", second part "yes"', etc.

In addition to these economies, Brown utilized innumerable cues and signs to communicate her meaning, which often were exceedingly complicated and abstruse in character. For example, Brown was asked, 'Can we get the information from Damon?'. Slowly, hesitatingly, Brown moved her hand about the page as if searching for a place to write, then turned the page over and wrote quickly, 'Yes'. Since this answer was

¹ This is a frequent trick in automatic writing and is one reason why it is not sufficient just to read automatic writing, and why one must watch it as it is being written. Adequate objective records therefore could be made only by use of a motion picture. Brown's explanation of the reverse writing was, 'D no [know] question. D read answer. D thinks she understands. E see writing. E no real answer. D don't. That way D not afraid.'

contradictory to previous replies, the investigator replied, 'I don't understand', eliciting the comment, 'Dumb'. Asked 'Why', the answer 'Saw' was obtained. Much effort finally made it clear that the investigator had observed that before answering the question she had reversed the paper which signified that the question too had been reversed. Asked, 'Then the question you really answered "yes" to was what?' 'From Brown.'

Another cue given repeatedly throughout the investigation was a very short oblique line made at random on the paper which looked as if she had attempted to write but had become blocked in her effort. Later study of Brown's productions disclosed the line to be an accent mark by which Brown was indicating that a word the investigator had thought to identify as 'consequent' and which Brown had affirmed to be both the right word and rightly spelled and, with equal emphasis, the wrong word and wrongly spelled was really the French word *conséquent*. Brown confirmed this guess and when the investigator musingly remarked, 'Well, what do you think of that', Brown wrote, 'Dumb'.

Other cues were writing on a fresh sheet to signify a shift to a new aspect of the problem; writing over previous writing; widely separating various parts of a single written response; periods placed within a phrase or remote from a phrase; dropping the pencil with the point or the eraser in direct relationship to a word; peculiar contradictory answers to the same question; counting the letters in a word or the words in a sentence and giving different totals upon repetition of the counts; misspellings to direct attention to a word, and many others, many of which at first either were overlooked completely or were misunderstood.

Brown's attitude towards the investigation was consistent throughout and was highly significant. She asserted emphatically that she alone knew the content of the writing, that Miss Damon did not know, and because of fear could not know; that *Miss Damon needed help which must be given in a way known only to Brown*, and that the investigator's function was

primarily the assumption of a very special kind of 'responsibility' that permitted Brown to give assistance only in response to direct and specific questions with the reservation that Brown might accept or reject or postpone the questions as she felt to be best. Brown was found to maintain a highly protective attitude towards Damon, shielding her, demanding special consideration for her, offering encouragement, distracting her attention, deliberately deceiving her, and employing various other protective measures.

Perhaps the best portrayal of Brown's attitude may be found in the following quotations from her answers:

'Writing means a lot, B know it all, D don't, can't, afraid, forgot something a long time ago, D can't remember because she never knew some of it, she just thought she did but she didn't. B afraid to tell D, D get awful scared, afraid, cry. B don't like D scared, won't let her be scared, won't let her feel bad. B can't tell D, won't tell D. D must know. D must have help. B need help. Erickson ask. Ask right question, B tell Erickson right answer, wrong question, wrong answer. Right question only right question. B just answer, not tell, won't tell because D afraid, awful afraid. Erickson ask, ask, ask. Brown answer, not tell, question answer, not tell, question, answer, that help. B answer but not too fast because D get scared, cry, sick. B tell truth, all truth, Erickson not understand, don't understand because he don't know. B trying to tell, Erickson don't ask right questions. Ask, ask, ask. B can't tell, won't tell. B a little afraid; B only answer. Ask, ask.'

Repeated and indirect attempts were made to induce Brown to help frame questions but her reply was always, 'Erickson ask, B answer; right question right answer, wrong question wrong answer'.

Essentially therefore the task of the investigator became an active search for information forthcoming only when a question was found which hit the nail precisely on the head, and which could be answered with approximately one word. The cues given by Brown seemed designed in part to provoke and compel further aggressive interrogations. On the other hand,

in conversations which touched upon any other topic except the immediate problem, Brown was under no such restrictions. In addition, Brown in these unrelated conversations was at liberty to drop innumerable hints and clues, most of which were overlooked by the investigator.

As these various aspects of the two personalities, their attitudes to the questioner and their methods of yielding information gradually became clearer, the task of discovering the meaning of the writing became relatively easier.

At first, the subject was told to write and rewrite her message more and more legibly with each repetition. This was unsuccessful whether the repetitions were of phrases, words, syllables or letters. An attempt to have the message written with synonyms for the words or merely substituting other words, so that the investigator could at least determine how many words were involved, was met by a flat refusal: 'Won't'.

A fresh approach was then begun and Brown was asked, 'Is that sentence correct and complete?'. 'No.' Further extensive questioning finally yielded the cue, 'Wrong question'. After much futile questioning it was learned that the writing constituted two sentences and hence the investigator should have said *sentences* rather than *sentence*. These sentences, B replied, were abbreviated in form and the words were either abbreviated or condensed; but B added the reassurance, 'All there; B know; B understand; E ask right question; B tell'.

Next it was learned that the first sentence contained 7, 8, or 9 words; 7 and 8 were stated emphatically, 9 somewhat dubiously; similarly, B indicated that the second sentence contained 13, 14, or 16 words; 13 and 14 emphatically, 16 dubiously. Making the immediate assumption that some of the words were repeated or that some could be broken up into two words, 'Brown' was asked to point to the words as she counted, but she replied, 'Won't, not yet'. To direct questions concerning these possibilities, she replied, 'Won't tell'. When it was pointed out to her that her refusal to answer these questions was tantamount to admitting that some of the words

were either repeated or could be broken in two, Brown conceded, 'Maybe'; whereupon Miss Damon, who at the same moment was conversing with the investigator's assistant about a recent book, suddenly stammered, complained of feeling frightened and then continued her conversation, again appearing to repress all knowledge of her emotional disturbance, just as she had done with the panic which occurred during her first automatic writing.

The implication of Miss Damon's behavior was mentioned to Brown, who replied, 'Maybe. Not tell too fast yet.'

In response to further questioning, the words *trance*, *will*, *my*, *catalepsy*, *every* and *ever*, were deciphered and confirmed, and were placed in order in the sentences as follows:

	<i>Word</i>	<i>Sentence</i>
Trance	1	1
Will	2	1
My	3	1
Catalepsy	10, 11, or 12	1 and 2 counted in one sequence.
Every	8, 9, or 10	" " " " " " "
Ever	13 or 14	" " " " " " "

(A fuller explanation of this count must be reserved for the end of the paper.) Further questioning proved fruitless, nor could any aid be secured in further deciphering. Brown simply replied 'Won't' to all inquiries.

A fresh start was made by attempting to have Miss Damon look at various parts of the writing and give free associations; but this was interrupted at once by Brown writing, 'No, no', and a complete blocking of Miss Damon's efforts by a failure on her part to understand what was desired. This is an interesting parallel to the behavior of those patients in analysis who listen with earnest attention to repeated explanations of what they are to do, but seem incapable ever of digesting what is told them sufficiently to produce any free associations at all. In the case of Brown and Miss Damon, it was as if Brown protectingly told Damon when she could think safely

and similarly had the power to forbid her to think and thus arrest her intellectual processes.

Since Miss Damon knew the Morse code it was suggested that her habit of drumming with her fingers be employed by Brown to tap out the message. S. O. S. which was obtained repeatedly meant, Brown explained, 'E help, ask'.

Efforts then were made to identify the words simply as parts of speech or to identify individual letters as such without regard to their positions in sentences or words. To these attempts, confusing, contradictory, and conflicting answers were made which Brown finally summarized as, 'Can't; just can't; not right questions', but no suggestions could be obtained from her as to how the right questions might be asked.

At this point Brown was asked if the investigator might continue his attempts to secure individual words and she replied, 'Try'. Accordingly, Brown was instructed to draw two horizontal lines, one to symbolize the most meaningful word in the message and the other the least meaningful, and to draw them any length she wished, equal or unequal, since the lines themselves would have no meaning.

Brown drew two lines, one about twice the length of the other. In drawing the first line, however, Brown was seen to pause momentarily at about the middle while the second line was drawn in a single stroke. The investigator took this for a cue and immediately extended his pen as if to point to the first line, but actually in doing so covered up the last half of the line. As this was done Miss Damon who had been commenting in an amused fashion to the assistant about the investigator's absorption in asking foolish questions, remarked that he was probably too absorbed to notice the unpleasant smell of the cigarette he had carelessly dropped in the ash-tray. As the investigator with due apologies extinguished the butt, Brown was seen to push aside the sheet of paper bearing the lines. Again when asked if the investigator might continue his questioning, Brown replied, 'Ask, try'. Accordingly

her attention was called to the break in drawing the line and she was asked if this meant a word formed from two words. Despite many variations in the form of the question, no answer was obtained except the statement that the right question had not been asked. Finally, the investigator declared emphatically, 'That broken line *does* mean two words in the form of one, doesn't it?'. 'Yes.' 'And the word "smell" has something to do with the first part, hasn't it?' 'No.' 'You mean that it may or may not be unpleasant?' 'Yes.'

Here Brown shifted her hand to another part of the sheet while Miss Damon declared that she had suddenly become afraid and wanted to cry. Brown wrote, 'Help D', and when this was interpreted to mean 'Comfort D', Brown wrote 'Right'. Miss Damon was immediately drawn by the investigator into a discussion of his activities and developed a lively interest in this until shown the broken line, whereupon she again manifested fright, said she could not understand her 'funny feelings' and proceeded to laugh them off.

At once Brown wrote, 'Feel better, ask' and then wrote 'Con' a syllable she had previously written but declared wrong. Extensive questioning followed in which Miss Damon participated actively, with the words 'subconsciously', 'subsequent', 'consequent', and 'consequences' coming out, all of which Brown declared to be both right and wrong. Miss Damon impatiently denounced Brown as 'crazy' and 'a liar'. At this, Brown refused to write anything except 'Won't'. Finally in response to the question why, Brown replied 'Angry'. As Miss Damon read this she flushed deeply and explained with embarrassment, 'Brown wants me to apologize', and in a shamefaced manner said, 'I'm sorry, Brown'. Inquiry by the investigator elicited the fact that Brown accepted the apology and would now write again, and spontaneously she wrote 'E, E, E' as if addressing the investigator directly while Miss Damon conversed humorously with the assistant about the apology and her 'misbehavior'. The investigator continued with 'What' to which Brown replied 'Sleep'. 'Why?' 'Interferes.' As Brown wrote this last word Miss Damon was still

conversing with the assistant and had not been aware of Brown's writing, but as this word was completed, Miss Damon declared, 'Why, Brown is going to punish me'. Immediate questioning of Miss Damon showed that she had only the 'feeling' that she was to be punished and that she could offer no explanation for it unless it was that her apology was not properly offered. While she was giving this explanation Brown wrote, 'E, waiting'. Accepting the implied rebuke the investigator hypnotized Miss Damon thus removing her as a source of interference.

Thereupon more rapid progress was made in relation to the words which had been obtained previously. Brown eliminated the word 'subconscious' and declared that 'subsequent' was both the right word correctly spelled, and the wrong word incorrectly spelled. At this point Miss Damon awakened in a state of terror, recovered rapidly, and began talking at random on various topics, mentioning among other things that her grandfather was a French Canadian. Shortly after this Brown wrote 'Sleep', and the investigator obeyed the command and put Miss Damon to sleep again. Inquiry disclosed that French words were involved and the elusive word might be 'subsement' or 'consequent' or 'something like'. While this information was being obtained, Miss Damon repeatedly awakened and fell asleep again, showing intense terror each time she wakened. Questioned about Miss Damon, Brown explained that nothing could be done to help her, that it was necessary for her to experience these fits of terror but that she would feel better as soon as she had felt all of the terror which was connected with the word under examination. All of this information was volunteered by Brown, the investigator studiously avoiding any leading question. Finally Miss Damon awakened comfortably, asked what was going on and Brown wrote 'Tell'. Tentatively, not knowing just what to tell, the investigator pointed to the words obtained. Miss Damon interestedly commented that the problem seemed to be one of correct spelling of French words. As she said this Brown wrote 'Look'. This was pointed out to Miss Damon and everybody

began to study the words, but Brown was observed to write impatiently, 'Look, look look'. Miss Damon's attention was directed to this, and she declared, 'Why, she must mean look somewhere else; the dictionary of course!'.

Page after page of the dictionary was thumbed over with innumerable conflicting answers from Brown, until Brown impatiently told the investigator 'Wrong!'. More care in asking questions disclosed that the dictionary had a word like Brown's word, and that the dictionary word, while it was the right word and correctly spelled, was still the wrong word because Brown had not spelled her word correctly, 'Never learned to spell'.

Instructed to write her word, Brown now wrote '*subitement*', then followed it by '*subsequemment*', succeeded by 'subsequent'. Asked if 'subsequent' were right for the message, Brown made no reply but Miss Damon again became intensely terrified and proceeded entirely to forget the last steps of the investigation. Quickly she recovered her poise and took up her remarks as if she had just awakened from a trance.

Brown was asked if she had seen any other word of significance in the dictionary. 'Yes.' 'Your word?' 'Yes. Spelled different.' Here Miss Damon interrupted to ask the investigator, 'What does *he* [meaning Brown] mean?' This peculiar slip of the tongue was marked by sudden pallor and a rapid forgetting of the question. Brown, asked for the word seen in the dictionary, wrote 'Niaise'. When Miss Damon declared there was no such word, that she had never heard of such a word, Brown wrote, 'D don't no it'. Asked if this word in some form were in the automatic writing Brown had written, B answered, 'Yes'. Asked, 'How learned', Brown replied 'Grandfather', and questioning disclosed the fact that *at the age of three*, Miss Damon had been lost and that her grandfather had called her 'Niaise'. (Note Miss Damon's subsequent error in placing this episode at the age of four, as though this discussion had never occurred.)

Brown then objected to further inquiries along this trend, explaining 'B afraid, D afraid of B telling'. Miss Damon read

this with amusement, denied that she had even a remote feeling of fear and declared that she was now getting 'terribly interested'. B commented as Miss Damon spoke, 'D don't no'. As Miss Damon read this she remarked, 'Isn't *he* economical?'. Immediately the investigator asked, 'Brown, what do you think about Damon's last remark? Explain it.' Brown wrote, B is *she*. D says *he* because she means Da---. D don't no Da---. B no Da---.' Miss Damon followed this writing with intense interest, asked the secretary if she really had said 'he', and then explained that 'Da' was really the first two letters of Damon and that the three dashes signified m, o and n. As she completed this explanation, Brown threw pencils, paper, and books on the floor while Miss Damon gasped and in a horrified manner declared, 'Brownie is having a temper tantrum', adding, 'And she can't help it either'.

No further information could be obtained from either Miss Damon or Brown, until Miss Damon pleadingly asked, 'Please, Brownie, get the information', to which Brown replied, 'Suppose I fail?'. In a challenging tone, Miss Damon replied, 'Brown, will we ever know?'. Slowly Brown wrote, 'Yes', while Miss Damon shrank back in her chair, hid her face and began to cry. The investigator asked 'When?'. 'Don't know.' Taking a firm, aggressive stand, the investigator declared that too many hours had been spent already, that it was now four P.M., that the assistant had an evening appointment, as did likewise the secretary, and that more reliance should be placed upon Erickson. At this moment the assistant stated that her appointment was for eight. Brown was asked to specify the time at which she would give the complete information. At this point Miss Damon recovered her poise and interest and expressed delight when Brown wrote seven thirty, but when Miss Damon asked Brown to confirm this promise, Brown ignored her, writing, 'E, ask, work'.²

² Here Brown specified the exact time at which full insight would be achieved. It is often found to be desirable to ask subjects to specify the hour at which they will understand something, urging them not to set this hour at either too immediate or too remote a time. This seems to give them a definite

V. The Use of a Mirror as a 'Crystal' in Which to Call Up Visual Memories

Asked how, Brown wrote 'Crystal'. Miss Damon explained that Brown must want her to do crystal gazing which she considered ridiculous since she did not know how, had only heard about it, and really could not do it. Brown replied, 'Waiting'.

Accordingly a trance was induced and using a mirror which reflected the ceiling, Miss Damon was instructed, 'Brown wants you to look in that crystal and see'. Almost as soon as she peered into the mirror an expression of intense terror came over her face, and she awakened sobbing, cowering in her chair, hiding her face, declaring that she was 'awful, awful afraid', and begging piteously for help. Evidently the investigator's face reflected his alarm; but before he could say anything, Brown wrote, 'It's all right, E. D just scared. Got to be. Then feel better. Just comfort.' Tentatively the investigator made a few general soothing remarks, while Brown wrote 'Right', and Miss Damon piteously and tearfully reiterated her remarks, 'I'm so scared, just awful scared'.

In a short time Miss Damon recovered her poise, and became quite apologetic about her 'babyish' behavior. At the same time Brown was writing, 'Better now; crystal'.

The procedure was repeated with the same results except that this time before awakening, the subject repeatedly looked into the mirror then away from it, taking a longer look each time and finally trying to say something but awakening to avoid speaking. A similar panic followed lasting about twenty minutes, with Brown repeatedly reassuring the investigator that 'D soon feel better now', 'Everything all right', and 'D getting ready to know but she don't no it'.

Finally, when Miss Damon had composed herself, apologiz-

task and goal and to relieve them of the difficulty of making up their minds in the final moment of decision as to when to expect insight. Thus it gives them an ample opportunity to prepare for that insight. Not infrequently analyses are brought to conclusion in a manner comparable to this when the analyst arbitrarily sets a date for the termination of the treatment.

ing for her emotional outburst as before, Brown again wrote, 'Crystal'.

Another trance was induced, crystal gazing again suggested, and this time although markedly agitated, Miss Damon reported in her trance that she was seeing her grandfather, and that he was saying a word. As this report was given, Brown wrote 'B getting scared, awful scared', at which Miss Damon awoke and calmly and comfortably asked, 'What time is it?', although the investigator's watch lay face up on the desk. In answer to her own question, she glanced at the watch and gave the time correctly as six thirty-five while Brown at the same moment wrote: 25 to 7. Miss Damon commented, 'Seven must be the important number to Brown. I wonder why?', and looked to the investigator for an answer. While Miss Damon waited expectantly for a reply, Brown wrote:

D no everything 7:30.

D tell then—forgot long ago.

B won't tell.

B won't let D no till 7:30.

At this moment Miss Damon asked irrelevantly, 'Brownie, what is your first name?', and as Brown made no reply, Miss Damon in an agitated, excited, highly emotional fashion said, 'He's gone crazy! *He!* Gosh!' Then quietly in a subdued puzzled way, Miss Damon asked Brown why she had said *he*. Brown answered, 'D no soon; not ready yet'. When Miss Damon sniffed at this answer, Brown wrote, 'D don't believe because afraid'. Miss Damon declared that she had been afraid a short time previously but she had no sense of fear at all now, and her air was one of amusement. Brown commented, 'D don't no. D wrong. D getting ready, soon ready. 7:30 right time; D have nuff time get ready.' Following these remarks, Miss Damon scoffed, declared with amusement that she was ready for anything and that she had no fear. Brown repeated her comments, finally interjecting, 'B tell everybody at 7:30. D understand; nobody else.'

Suddenly Miss Damon's dispute with Brown changed in character, and she became definitely apprehensive. Addressing Miss Damon, the investigator asked what was happening, to which Brown, startling Miss Damon replied, 'First D afraid vague, then afraid to learn something, then afraid she not no; now she afraid she going no. D afraid she going to no *it*', with the *it* written in heavy characters.

Miss Damon attempted to ridicule this explanation, but her general discomfort became increasingly apparent and she began attacking the logic of the various statements, dropping the point and feebly returning to it.

Suddenly Miss Damon looked at the watch and remarked that it was seven twelve. As she spoke, Brown wrote, '7:21', and Miss Damon said excitedly, 'Look, she reversed it'.

'Brown was asked why and her explanation was:

D thinks 7:07 [Damon disputed this].

E won't [understand].

E will later.

No further explanation could be elicited.

While Miss Damon puzzled over this material, Brown wrote, 'D will begin to remember at 7:23'.

Miss Damon: 'That's ridiculous. How can she say a thing like that. There's nothing to remember.'

Brown: 'B changing D mind.'

Miss Damon: 'She is not, she is not, there is nothing to remember.'

Brown: 'D don't no. B changing D mind.'

Miss Damon: 'That is ridiculous. As if I didn't know if my mind was being changed.' Immediately she sobbed very hard but briefly, and then asked timidly, 'Have I a reason to be scared?'

Brown: 'Yes.'

Brown to investigator: 'D cry, don't mind, nothing help. D feel better.'

Miss Damon still crying, observed at seven twenty-two and a half that 'time is fast', recovered her poise, denied that there was anything to remember or that she was scared that

she wouldn't remember, fluctuating from amusement to apprehensiveness.

At seven twenty-seven and a half another intense panic developed, Miss Damon showing great terror, sobbing, cowering, declaring piteously that there was nothing to remember.

At seven thirty B wrote slowly, much interrupted by Miss Damon's sobbing, 'consequences of catching the muskrat to the little idiot', following which Miss Damon sobbed, shuddered, and cowered, begging piteously for help until seven thirty-five. Exactly at that moment, she recovered her poise and declared with startled interest, 'I just remembered a story my grandfather told us when we were kids. A muskrat got into the pantry. Every one chased it and knocked over all the things. I haven't got a thing to do with what my hand is doing.'³

The investigator asked, 'Well, what does all this mean?'

Brown replied, 'D no, E not understand, told you before.'

³ An explanation of the various times alluded to here is necessary. (1) Brown promised to tell everybody at 7:30. (2) Shortly thereafter Miss Damon mentioned that it was 7:12, while Brown wrote 7:21, at which Miss Damon remarked, 'Look, she reversed it', and Brown immediately replied, 'Damon thinks 7:07'. This was promptly disputed by Damon. (3) Brown then remarked, 'E won't [understand]. E will later.' This was followed by the statement, 'Damon will begin to remember at 7:23'. (4) At 7:22½ Damon remarked, more or less casually, 'Time is fast', but at 7:27½ Damon developed a panic. (5) At 7:30 Brown wrote the significant material, of which Damon remained unaware until exactly 7:35. The explanation of these events is as follows: Miss Damon glanced at a watch which was face up on the desk, and read the time as 7:12. Brown wrote these digits but in doing so reversed the last two digits, thereby directing attention to the minutes. Miss Damon remarked, 'Look, she reversed it', at which Brown said, 'Damon thinks 7:07', and then promptly declared that the investigator wouldn't understand then but would later on. Now it must be noted that 7:07 is exactly five minutes less than 7:12. Furthermore, the promise was made that at 7:23 Damon would begin to remember; but at almost that time the only thing that occurred was the casual remark that 'time is fast'. At 7:27½, however, a panic ensued, apparently five minutes late. At 7:30, actually in accord with the promise 'to tell all', the full material was written; but again Damon remained unaware of it until 7:35. When the investigator later asked Brown, 'Why didn't you keep your 7:30 promise?', her remark was 'Did—my watch'. Checking Damon's watch, it was found to be exactly five minutes slower than that on the table, and as this was being noted, Brown's hand moved up to point to the 7:07 on the written page. From there it slid over to 'E won't. E will later.'

Erickson: 'You agreed to give the full message.'

Miss Damon interrupting verbally: 'Every *subitement* catalepsy the consequences of catching the muskrat to the little idiot.'

Erickson: 'That it?'

Brown: 'No.'

Erickson: 'What is it?'

Miss Damon: 'Spelling is bothering her; let's let her look in the dictionary.'

After many pages had been thumbled, many apparently at random, Brown wrote 'Subséquemment, subséquent, subsequent'.

Erickson: 'The sentence is?'

Brown: 'Every subsequent catalepsy consequences of catching the muskrat to the little idiot.'

Erickson: 'First sentence?'

Brown: 'No.'

Erickson: 'Write first.'

Brown: 'Trance will my rat antrocine go?'

Miss Damon: 'She can't spell, poor thing.'

Brown: 'Antrosine, osine.'

Miss Damon: 'Osine, osine, aussi.'

Brown: 'Aussi.'

Erickson: 'Two words? First one.'

Brown: 'Enter.'

Erickson: 'Rat?'

Brown: 'Muskrat.'

Erickson: 'The real sentences.'

Brown: 'Trance, will my muskrat enter, also go. Every subsequent catalepsy the consequences of catching the muskrat to the little idiot.'

Erickson: 'I don't understand.'

Brown: 'D does.'

Miss Damon's explanation: 'I know what it means now but I didn't then. It's all right there. Everything, except the words mean so much. Each one means different things. You see, I thought I was interested in catalepsy; it wasn't catalepsy but the rigidity. I was just frightened by the muskrat epi-

sode. You see, I was lost when I was four years old [Brown interrupted to write three (cf. above), and Miss Damon accepted the correction explaining that she probably remembered wrong, Brown commenting, 'Right'] and I was awful scared. *Grandfather scolded me when I got home; he called me "petite niaise"* [Brown wrote *petite niaise* and pointed the pencil to the phrase followed by the emphatic period], *and scolded me and said I had left the door open and I hadn't. And I was mad at him and afterwards I would leave doors open to spite him and I got my brother to do it too. Pantry door and icebox door. And grandfather laughed at me for getting lost, and then he told me, while I was still scared, about how he got lost and the muskrat got in the pantry and everything got upset, and I thought I did that. I was so scared I got grandfather's story about him mixed up with my getting lost.* Here Brown wrote, '*Petite niaise thinks she is her grandfather*'. 'And I was so mad at grandfather, and so scared and I left doors open to spite him and I wondered if another muskrat would come.' Again Brown wrote '*Petite niaise thinks she is her grandfather*'. This time Miss Damon became aware of the writing, read it, laughed and said, 'You remember when I called Brown *he*, and Brown wrote Da---? Well, I can explain that. Brown was telling you that I didn't know who I was because my grandfather's name was David. Like my name it begins with Da and has three more letters. And that's what Brown means when she says the little idiot (that word is really spelled *niaise*) thinks she is her grandfather.'⁴

Erickson: 'Anything else Miss Damon?'

Miss Damon: 'No, that's all.'

Brown: 'Yes.'

Noticing Brown's reply, Miss Damon flushed then asked, 'Brownie, has all that got anything to do with doors bothering me?'

Brown: 'Yes, tell.'

⁴ Brown's persistency here is noteworthy. Twice Brown brought Damon back to the story by writing '*Petite niaise thinks she is her grandfather*', apparently in order to compel Damon to keep to this important issue.

Miss Damon then gave an account of her phobia, speaking of it consistently in the past tense. Following this, Miss Damon asked, 'Has it anything to do with my not liking cats?'

Brown: 'Yes.'

Miss Damon: 'How?'

Brown: 'Cats chase rats.'

Miss Damon: 'How I have rationalized my hatred of cats. I always thought it was because I saw a cat catch a baby robin, a tame baby robin. But really I didn't like cats because, well *cats like rats*, and I didn't like rats.'

Then with an exclamation of delight, Miss Damon said, 'Now I know why I always thought there was something wrong with the way I *liked* the white rats in the laboratory. When I played with them I knew I didn't like them but I always persuaded myself I did, and I did like them in an uncomfortable way. [Here Brown wrote, 'D liked them so she wouldn't no the truth'.] I suppose rats are all right, but I'm not crazy about them any more.'

Summary

In brief then this is the story of a young woman who for a great many years had hidden phobic and compulsive impulses so discreetly that they had escaped the attention even of those who during those years had known her well. However when by apparent chance she volunteered to be the subject for a demonstration of hypnotism, she found herself caught up in a swift stream of events which led in a few hours to the permanent elimination of her phobias and compulsions.

First she became fascinated by the phenomenon of induced hand levitation, and horrified to the verge of dissociation over induced catalepsy. Thereupon by means of automatic writing an effort was made to investigate the reasons for this extreme horror and fascination. This led at first to a series of acute anxiety states, and then to the uncovering of a wholly unsuspected dual personality, a personality which linked with a childhood heroine from the literature of her youth. In a

session lasting several hours repeated unsuccessful efforts were made to decipher the automatic writing that had been recorded by this second personality. Finally visual images were evoked by having the subject gaze into a mirror while under deep hypnosis. These images brought back to consciousness some episodes from the third year of the patient's life which clarified the writing and at the same time explained the phobias and compulsions, all of which served to effect a therapeutic result that has persisted over a period of years.

Discussion

The story presents challenging problems with regard to the workings of unconscious processes and the different technical approaches to them.

In one session several hours in duration, repressed memories were recovered of a traumatic experience that had occurred at the age of three and had been completely forgotten.

These memories were recovered by the use of automatic writing. The original automatic script was almost unintelligible, only a few letters or syllables being recognizable (cf. illustration). The writing had been accompanied by an intense transient panic. The slow and laborious deciphering of this original script simultaneously solved the mystery of the neurosis itself.

Further use was made of automatic writing as a method of answering questions about the meaning of the original automatic writing. At the end visual images were evoked by having the subject, while under hypnosis, gaze into a mirror which reflected a blank ceiling.

During the course of these observations a wholly unsuspected dual personality was uncovered. It is possible that the presence of such a well organized dual personality may be an essential precondition for the successful use of such devices as automatic drawing or writing, mirror gazing, and the like since they would seem to depend upon a rather high degree of hysterical dissociation. It is possible also that the unsuspected presence of just such dual personalities, closely knit and com-

pletely segregated from the rest of the personality, may account for certain analytic defeats.

Psychoanalytically the automatic writing is of particular interest because it makes use of the same condensing and obscuring devices as those which occur in humor and in the language of dreams. In less extensive observations this has been noted in the past by Erickson (4) and the same fact was recently reported with regard to automatic drawing by Erickson and Kubie (5). It would seem therefore that in selected cases automatic drawing and automatic writing may offer an accessory method of approach to the unconscious, a method, furthermore, which depends upon principles of interpretation which are thoroughly familiar from dream analysis. In special circumstances these devices may have advantages over more customary technical procedures. For instance one of us (L.S.K.) has found that in certain types of dreams they can be used to demonstrate vividly and objectively the latent content of the dreams without resort to any verbal interpretation. (Observations not yet reported.)

Of further technical interest is the utilization of mirror-gazing while under hypnosis. In the interplay between the two main personalities and by means of the questions asked by the investigator and answered in automatic writing by the second personality, much work had already been done to elucidate the meaning of some fragments of the original automatic script. Furthermore, it had become increasingly clear that the content latent behind this script was charged with intense and unbearable terror; but by these procedures alone it had not been possible to transcribe this unintelligible writing into clear, understandable prose, nor to recover the original experiences which underlay the panic. The preliminary steps seemed rather to establish a situation in which the subject gradually came to feel safe under the guardianship of her protective dual personality and of the investigator. As the subject became sufficiently reassured, she was able to face the sources of her terror and finally could recover the lost memories while gazing into a mirror under hypnosis. It is especially worthy

of note that the suggestion that this device be tried was given by the second personality.

The use of hypnotism merits further discussion. Hypnotism is under such a cloud that the debt which psychoanalysis owes to it is often forgotten. Freud's earlier writings are full of allusions to the various phenomena of hypnotism, some of which will be quoted in another connection below. As the years went on however, all reference to the problems with which these phenomena confront us disappeared until the papers on Group Psychology and the Analysis of the Ego (9), the German edition of which appeared in 1921 and the English translation in 1922. Here it became evident that the derogatory attitude towards hypnotism which its therapeutic failures and its commercial exploitation had engendered in every serious scientist had turned Freud's thoughts too from its scientific importance, even as an object of analytic study. (See the chapter, *The Group and the Primal Horde*, pp. 95-100.) Yet in spite of his antipathy to the use of hypnotism, on page 100 he says of hypnosis that it 'is solidly founded upon a previous position which has survived in the unconscious from the early history of the human family'. The implication here is that hypnotic phenomena are universal and must be taken into consideration in all efforts to understand the neuroses. If this is true, then the study of hypnotic methods is a duty for the psychoanalyst, and he must return to that fountainhead of original and dramatic unconscious material from which Freud himself derived his first impetus.

It is interesting furthermore to see that Anna Freud in her recent book, *The Ego and the Mechanisms of Defense* (6) subscribes to the traditional derogatory judgments against the use of hypnotic methods to elicit unconscious material. There she says (pp. 11-13) that under hypnosis the revelation of the unconscious is achieved by a 'total elimination' of the ego which therefore takes no part in the therapeutic procedure but in the end throws off the influence of the physician and again represses the unconscious material which has been brought to light. She contrasts with this the process of free

association under which the ego is induced to 'keep silent' only for interrupted fragments of time so that the observer's attention is constantly oscillating between the elicitation of material during the period of ego acquiescence and direct investigation of the activities of the ego itself when it becomes resistant.

It should be obvious that there is no *a priori* reason why hypnotic investigations of the unconscious cannot be carried on in just this way. Nor is there any necessary reason why the analytically informed investigator or therapist who in these days is using hypnotism should forcibly thrust upon his patient the material which has been gained from the unconscious under hypnosis, merely because in a more naïve period before anything was understood about the forces of resistance the traditional hypnotist proceeded in that ruthless fashion. The lessons learned through psychoanalysis can be applied in the use of this allied method, and there is no more reason why hypnotic therapy should consist of an explanation of the patient's symptoms to the patient without regard to the attitude of the patient than that this should be the process of analysis. On the contrary, it is possible in the hypnotic as in the waking state to secure information from the unconscious and then so to motivate the total personality that there will be an increasing interplay of conscious and unconscious aspects of the personality so that the former gradually overcomes the resisting forces and acquires an understanding of the latter. Just as in analysis there can with patience be a full opportunity to delay, postpone, resist, and distort when necessary, and yet through this activity always bring the process nearer to a therapeutic goal.

In fact this process is well illustrated in the case under discussion, when for instance during the questioning of Brown, Miss Damon suddenly interrupted saying, 'Every subitement catalepsy the consequences of catching the muskrat to the little idoit'. This was a sudden and seemingly meaningless eruption of unconscious material into consciousness; yet in it a few important fragments of memory returned. By this 'meaningless' verbalization Miss Damon participated on a conscious

level but in a safe and partial fashion; thereby, however, she prepared herself for the more dangerous complete participation that occurred later. Thus it played a rôle identical with that of a dream which is only partially remembered and partially interpreted.

It is a clinical fact that the memories brought to light and the emotions discharged in this strange experience permanently relieved this young woman of a serious and rapidly increasing compulsive phobic state. The question may fairly be asked however, whether the investigators are in a position to explain either the origin of the phobia or its resolution. Here perhaps it is best again to let the facts speak for themselves by reviewing the brief story as far as it is known.

For a short time a little girl of three believes she is lost, and while lost gets into a state of intense terror. She is found again or else finds her way home and is greeted by a grandfather who scolds her, makes her feel guilty of leaving doors open, laughs at her, humiliates her by calling her a little *niaise* (idiot), and finally tries to comfort her by telling her a story of an occasion in his own childhood when he was lost and when a muskrat entered the house through an open door and got into a pantry where it did a great deal of damage. At this the little girl is thrown into a state of increased terror, rage, anger, resentment and confusion. She mixes up her grandfather's story and especially the tale of the muskrat with her own experience. She feels as if it had happened to her *almost as though she were her grandfather*. She is angry and out of spite and revenge she deliberately begins to leave doors open as he had done and as he had unjustly accused her of doing. Then she begins to fear that she will make a mistake, that she will leave doors open unwittingly and that something dreadful will come in. She begins compulsively to check up on the doors over and over again.

The identification of the child with her grandfather is presumably an example of that form of defense by identification with the aggressor that is described by Anna Freud in *The Ego and the Mechanisms of Defense* (loc. cit. p. 117).

Brown's statement was that when Miss Damon was 'so scared' her grandfather should have explained fully all about her scare instead of 'selfishly' telling her about his being scared too because that meant that Damon's scare was so bad that it scared even grandfather, and besides 'it added his scare to hers'. Brown stated further that it was Damon who resented this, and Damon who punished grandfather, although Brown confessed, 'I helped a little, too. Damon thought of leaving the doors open and Damon did that, but I helped by getting Damon to get her brother to do it.' Brown then explained the phobia as a direct consequence of this effort to punish the grandfather: that Damon concluded if she punished grandfather in this way she would be hopelessly caught and unable to stop punishing him. Brown added, 'It's just like she still believes that thing about a child crossing its eyes and not getting them uncrossed. That is, she believes it in a certain way even though she knows it isn't true. That's what happened then.'

Without attempting to settle the question of whether or not this is an adequate explanation of the phobia, one may feel justified in concluding that the first component of the motivating forces, namely the revenge fantasy against the grandfather, was repressed and that the phobia remained obsessive until this original motive was recovered. From the point of view of analytical therapy it is particularly interesting to emphasize that the obsessional phobia was relieved merely by the recovery of these specific conditioning events and without any investigation or discharge of underlying patterns of instinctual *œdipus* relationships, castration anxiety, or the like.

Perhaps most surprising of all is the entirely unanticipated discovery of a dual personality in a young woman who aside from the phobias described above had been living a relatively normal and well adjusted life, and in whom the existence of such an *alter ego* had not even been suspected. Inevitably this raises the question of how frequent such unrecognized dual personalities may be, either as partial or as complete formations. If they exist, the complications which they must create

in transference relationships in formal psychoanalytic therapy are of utmost significance and have never been investigated. The mere possibility that they are more frequent than has been suspected demands the development of methods to test out their frequency and their significance.

One cannot say that the existence of such multiple personalities has not been suspected or mentioned in analytical writing; but its far-reaching significance seems to have been strangely overlooked, probably because of the disrepute into which all hypnotic phenomena have fallen because of their traditional association with commercialized hypnotism. Freud and Breuer (2) state, 'that the splitting of consciousness, so striking in the familiar classical cases of double consciousness, exists rudimentarily in every hysteria, and that the tendency to dissociation, and with it the appearance of abnormal states of consciousness which we comprise as "hypnoid" are the basic phenomena of the neuroses'. Further, 'The existence of hypnoid states is the basis and determination of hysteria'. Later they speak of the varying 'facility' which people show towards 'hypnoidal dissociation' as having an etiological relationship to the development of neuroses. On pages 174 to 175 Breuer (3) in his discussion of the Theoretical Material, describes a mechanism for this 'splitting' that emphasizes its universality. On page 101 of his paper on General Remarks on Hysterical Attacks, 1909, (7) Freud notes the rôle of multiple identifications and the fantastic and dramatic playing out of various rôles in a hysterical patient. Nor have other observers limited the phenomena to these hysterical structures. Alexander in *The Psychoanalysis of the Total Personality* (1), page 55, says: 'Therefore, when I describe the superego as a person, and neurotic conflict as a struggle between different persons, I mean it, and regard the description as not just a figurative presentation. . . . Furthermore, in the study of the neuroses there is no lack of such visible manifestations of a divided personality. There are, for example, the true cases of dual personality—quite rare, to be sure. But the compulsion neurosis lacks few of the indubitable manifestations of a dual personality.'

In view of these observations it is somewhat surprising that with all of the emphasis that has been laid on the varying rôles of the analyst in the transference situation, so little has been said about the varying rôle of the patient who may present to the analyst not one personality but many.

This is not the place to discuss the mechanism by which such multiple personalities are established. Perhaps it can be said that no single case has been studied deeply enough to answer this question, despite the dramatic literary descriptions which exist in classical literature. Nor is there as yet sufficient evidence at hand to establish how many degrees of such multiple formations may exist. Another perplexing problem is presented by the relationship of the phenomenon to the process of repression. Clearly in the production of multiple personality a process must occur in which certain psychological events are rendered unconscious. Is this the same process of repression as that with which we are familiar in the psychopathology of everyday life and in the neuroses? The topographical figure of speech which comes to mind is, that that which we ordinarily think of as 'repression' is a repression downwards, and that the psychological structure that results is a series of layers one upon another; whereas the 'repression' which would result in a multiple personality would be a vertical division of one personality into two more or less complete units like the splitting of paramcium. Yet obviously such a concept has purely diagrammatic value and may be misleading.

In fact one must ask whether one is justified in dismissing the possibility that all acts of repression involve the creation of a larval form of a secondary personality. In his only reference to the problem Freud, in his Note on the Unconscious in Psychoanalysis, 1912 (8), p. 25, refers briefly to the existence of alternating states of separate and independent systems of consciousness. After stressing the fact that they are *alternating* and not coëxistent states of consciousness, Freud leaves the issue without discussing how this form of segregation of conscious material differs from that which occurs in ordinary repressions. Here again it would seem that we face a basic

gap in psychoanalytical knowledge, a gap which exists at least partly because we have turned our backs so completely upon material available only through the experimental use of hypnosis. The states of conscious and unconscious mentation existing in cases of multiple personality *coëxist* quite as truly as in simpler repressions.

In the case here under discussion, we are unable to explain the existence of the personality first known as Jane and later as Jane Brown. We are in a position to understand in some measure the function which this dual personality performed, but not how it came into being. The story makes it evident that under the impulse of terror and anger, the young woman had made a very deep and painful identification of herself with her grandfather. Somehow all of her later anxieties and compulsions stemmed from this momentous event. At some time she built up a protective companionate *alter ego*, Jane, who knew the things that she did not want to know, who was either unable or else forbidden to tell them to anyone but who exercised an almost continuously protective rôle towards the patient herself. This was evidenced on innumerable occasions during the course of the sessions described in this report, and is in striking contrast to the destructive or malicious alternative personality which has more frequently been described in the literature (10).

The 'Sally' type of personality, described by Morton Prince, often seems to glory in a sense of power but by adroit manoeuvring can be made to demonstrate this power in the interests of therapy by compelling the other personality to accept unconscious data which it is trying to reject. In the present case the disagreements between the two personalities, that is, the abuse, the epithets, the supercilious arrogance, the sulking, the apologies, appear to have been sham battles by means of which the one manipulated the other. The evidence for this is given in the following scrawled statement by Brown: 'D need help; D not no [know] D need help. B must help D. E must help D. D not no so got to be made to take help. Got to give help when she not no so she take it. D not no right thing to

do. D do wrong thing. B no right thing. B can't tell D; B got to make D do right thing the best way B no how.' This explanation is typical of many others and shows that this apparent internal warfare was a by-product of the clumsy efforts of Brown to guide Miss Damon towards an understanding of matters that Brown understood but could not communicate directly. Even the anger Brown showed against Miss Damon seemed to serve the same purpose of impressing on Damon the seriousness of the whole matter. Similarly, the occasional impatient abuse of the investigator was like the anger of a child who impatiently tells an adult that it has explained everything when the whole matter remains incomprehensible to the adult.

The apparent 'impishness' does not seem to be an expression of Brown's real attitude which was one of deadly seriousness and concern, of worry and anxiety which she seemed to mask from herself, from the investigator, and especially from Miss Damon in order to prevent Miss Damon from sensing her anxiety. It was particularly when Miss Damon became alarmed that Brown went off on some irrelevant tangent inducing laughter on the part of the investigator and his assistants. That Brown herself was also afraid is shown in her statement, 'E not hurt. E can do it. E not afraid. E won't be afraid. D afraid; B afraid so let E do it.'

The ambiguities of the responses, and the insistent demand of Brown for an absolutely right question before she could answer is a characteristic and at the same time a puzzling phenomenon. It was as though she could not tell her story outright, but could only betray it, as we have said, like the schoolboy who dares not tell on the school bully, but can betray him indirectly if asked the correct question. To this end, much of the seemingly irrelevant material turns out on close inspection to have been highly relevant because it betrayed cues which were evident to Brown but not to the investigator until the whole story was made clear. It was for this reason that the investigator seemed to Brown to be so intolerably stupid.

A detailed study of multiple personalities might shed much new light on the problem of anxiety: how anxiety is distributed between the various personalities, what different forms anxiety may take in each, how this correlates with special traits of each.

The material from this case justifies only a few comments at this time. In the first place it is clear that the subject herself suffered from two types of fear. There was the initial horror state which overcame her when the hypnotically induced catalepsy reproduced in her the terror originally experienced when she was lost and when her grandfather told her the story of the muskrat. In her catalepsy this old fear recurred as a state of paralyzing panic without phobic distortions or projections but with characteristic bodily immobility. Against this she originally defended herself by a partial dissociation and an attempted identification with her grandfather. This however had served only to plunge her into deeper waters when the grandfather told the story of his own fears. The relationship of this type of experience to the formation of the second personality is something about which we are in a position only to speculate.

The second type of fear from which Miss Damon suffered occurred whenever disturbing unconscious material suddenly threatened to break through the barriers into conscious expression. She dramatized this type of fear more freely than the other, with obvious vasomotor disturbances and with evidences of shame and embarrassment as well as of fear. Such anxiety is familiar of course from clinical analytical experience and from Freud's descriptions; but its demonstration in the interplay between these two personalities was particularly clear.

The protecting Brown however, was also not immune to fear. She showed momentary anxiety about looking too closely at the visual images that were called up in the mirror. She was afraid she would see something too horrible to endure, and frequently she made use of euphemism, ambiguities, and circumlocutions of all sorts to escape dealing directly with a frightening topic. She seemed to know that the investigator could name the 'awful thing' without experiencing a dread

similar to her own. Thus she said, 'E not hurt. E can do it. E not afraid. E won't be afraid. D afraid. B afraid. So let E do it.' It is not easy to say how much of Brown's fear was for her own safety and how much for Miss Damon's.

A word of further explanation is necessary to clarify the peculiar and confusing way in which the subject first counted out the positions of the words in the sentences. (Cf. p. 484.) After the sentences were fully deciphered it was possible completely to explain the counts:

Erickson: (Cf. p. 494) 'The real sentences?'

Brown: 'Trance, will my muskrat enter, also go.

Every subsequent catalepsy the consequences of catching the muskrat to the little idiot.'

<i>Word</i>	<i>Position</i>	<i>Sentence</i>
Trance	1	1
Will	2	1
My	3	1

<i>Word</i>	<i>Position</i>	<i>Sentence</i>
Catalepsy	10	1 and 2 together.
Catalepsy	11	1 and 2 together, if 'muskrat' is counted as 2 words.
Catalepsy	12	1 and 2 together, if 'also' and 'muskrat' are each counted as 2 words.
Every	8	1 and 2 together.
Every	9	1 and 2 together, if 'muskrat' is counted as 2 words.
Every	10	1 and 2 together, if 'also' and 'muskrat' are each counted as 2 words.
Ever	13	After the following sequence: 'Trance, will, my, muskrat, musk, rat, enter, also, all, so, go, every, ever'.
Ever	14	After the following sequence: 'Trance, will, my, muskrat, musk, rat, enter, also, all, so, go, every, eve, ever'.

'Catalepsy' could have been given different positions, but the subject later explained that it had not occurred to her to

split and reduplicate the words in this way until after she had reached the word 'ever'; and then it was too late to go back to the word 'catalepsy'.

This fragmentation of automatic words and sentences is strictly comparable to the fragmentation of the automatic drawings described in the recent paper of Erickson and Kubie (5); the words instead of being counted as parts of a sentence are counted purely as syllabic units with only a numerical relation to one another. The task of resolving this deliberately misleading system of counting was tremendously difficult.

BIBLIOGRAPHY

1. ALEXANDER, FRANZ: *The Psychoanalysis of the Total Personality*. Nerv. & Ment. Disease Monographs, Series No. 52, New York and Washington; Nerv. & Ment. Disease Publ. Co., 1930.
2. BREUER, JOSEF, and FREUD: *Studies in Hysteria. I. The Psychic Mechanism of Hysterical Phenomena*. Nerv. & Ment. Disease Monographs, Series No. 61, New York and Washington: Nerv. & Ment. Disease Publ. Co., 1936.
3. ——— *Studies in Hysteria. III. Theoretical Material* (Josef Breuer). *Ibid.*
4. ERICKSON, MILTON H.: *The Experimental Demonstration of Unconscious Mentation by Automatic Writing*. *This QUARTERLY*, VI, 1937, p. 513.
5. ——— and RUBIE, LAWRENCE S.: *The Use of Automatic Drawing in the Interpretation and Relief of a State of Acute Obsessional Depression*. *This QUARTERLY*, Vol. VII, 1938, p. 443.
6. FREUD, ANNA: *The Ego and the Mechanisms of Defence*. The International Psychoanalytic Library, No. 30. London: Hogarth Press, 1937.
7. FREUD: *General Remarks on Hysterical Attacks*. Coll. Papers, II. International Psychoanalytical Library, No. 8. London: Hogarth Press, 1924.
8. ——— *Note on the Unconscious in Psychoanalysis*. Coll. Papers, IV. International Psychoanalytical Library, No. 10. London: Hogarth Press, 1925.
9. ——— *Group Psychology and Analysis of the Ego*. International Psychoanalytical Library, No. 6. London and Vienna: International Psychoanalytic Press, German Ed., 1921, English trans. 1922.
10. PRINCE, MORTON: *The Dissociation of a Personality*. New York: Longmans Green & Co., 1908.

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THE SOCIAL AND CULTURAL IMPLICATIONS OF INCEST AMONG THE MOHAVE INDIANS

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Certain aspects of the problem of incest had been deemed of the utmost importance for the understanding of cultural and social dynamics long before the epoch making discoveries of Freud. Unfortunately the discussions of social anthropologists centered chiefly about the negative aspects of incest such as exogamy and incest taboos in the most formal and impersonal sense of the word. Anthropological literature is strangely lacking in concrete data concerning the occurrence of incest. With the exception of a few brilliant anthropologists like Malinowski (*x*), field workers have provided us with nothing but elaborate listings of taboos.

It remained for Freud to discover the importance of the positive aspects of incest in individuals as well as its social and cultural dynamics. Unfortunately, due to the inherent deficiencies of anthropological field reports, psychoanalysts have had to generalize mainly from data obtained from the western cultures, and have therefore been unable to formulate generalizations valid beyond the frontiers of those cultures.

It is the purpose of this essay to analyze in terms of Mohave culture, data about the Mohave Indians collected by the writer, and to trace the ramifications of incest in all phases of that culture. In addition to making the data available to psychoanalytic students of anthropology, we hope to make

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valid primarily for Mohave culture certain generalizations having perhaps wider and more general applicability, *mutatis mutandis*, to the individual patterns of other cultures and societies.

Incest in Myth and Folklore

No psychoanalytically informed student of anthropology will deny that myths may be considered *figuratively speaking* a form of collective daydreaming. In the opinion of D. G. Campbell creation myths are for culture what early memories (true or fictitious) are to the individual. Regardless of the truth or falsity of this statement for other cultures, it is a satisfactory description of the Mohave culture. It is a cardinal tenet of Mohave culture that mythical precedent is duplicated in actual present day life. Every possible mode of behavior of any importance can be referred back to a mythical precedent. We have stated elsewhere (2) that according to Mohave belief, cultural phylogeny as described in myths, is duplicated by ontogeny; hence it would be impossible to obtain a real insight into the problem of Mohave incest and to evaluate correctly its cultural meaning, if we failed to look for a mythical precedent.

In addition to the Mohave creation myth, the body of Mohave mythology contains, among other things, a number of shamanistic or semi-shamanistic song cycles or myths. They compare to the creation myth as the Apocrypha compare to the Bible. They all seem to branch from the main stem of Mohave mythology and they elaborate from special angles certain generalized mythical events the prototype of which is to be found in the creation myth proper. An excellent analysis of Mohave mythology has been made by Kroeber (3).

One of the major shamanistic song cycles is called the Brief *Tu:manp'á* (*Tu:manp'á Utáu:t*). It contains among other incidents an account of a brother-sister incest.

The following is a brief abstract of this myth.

When the God Matavilye died, bewitched by his daughter who dived into the ground while he was defecating and ate

his excreta, *Tu:manp'a* and his sister *Kuakwisavepon* together with the rest of the people, abandoned the death-house according to the custom. From *Ahavulypo* (Water Pole) which was the center pole of the house, they started on a journey towards the North. As they wandered northward they caught up with those who had left the house before they did, and left them behind. On their journey they saw different water places. They also witnessed the scalping of the Buzzard-Person by the Insect-People. That is why the buzzard has a bald spot.

At a certain place, known at present as St. George, they turned back and went southward. They followed the western (California) bank of the Colorado River. Eventually they passed once more the house in which *Matavilye* had died. Near Fort Mohave where the Red Mountains are to be found, they waded across the Colorado River and continued their southward trek on the eastern (Arizona) bank of the river. They saw all sorts of things on that journey. Eventually they reached the place where the town of Topock is to be found at present. There they stopped for a while. Looking backward, they thought they would never again go back the same way. Thence they proceeded to a place called *Mataño*, which is in the *Chemehuevi* Valley. There they found a camp inhabited by various tribes. They first reached the camp's southern edge. The brother and sister danced and sang all night the *Tu:manp'a* song cycle for this village. The singing went on all night. Eventually the girl left her brother and married a young man. At daybreak however, her brother went to get her back because he did not favor this marriage. He took her away from her husband and once again they proceeded southward. They had covered four or five miles when *Tu:manp'a* obtained some magic power from the fact that the sun shone on him and they began to travel underground. At *Hakutcip* (Bill Williams River) they emerged from the ground and married. They lived together. They said they did it because the custom of getting married would thus become established among future generations of men.

At that time, however, the dead God *Matavilye* often transformed people into rocks or beasts. Eventually this

incestuous couple was transformed into an existing group of oddly shaped rocks, called Tcamosem Kutcoyv. The Mohave say that these rocks show the brother and sister kissing. The girl sits proudly erect—proud of what she has done. The man however is bowed down in shame. That is why no Mohave will marry his sister.

It is not possible within the limits of this essay to connect each incident in this myth with some specific cultural trait in the tribe. Suffice it to say that this myth contains no element which may not be found in other contexts in various other myths. One incident should be noted because of its significance for psychoanalytic theory as well as for the generalization we wish to make. It is the incident of the underground travel. The earth is female. Matavilye was born from the womb of the earth, his father being the Sky-Male (probably the sun). The concept of the return into the womb finds even a ritual expression in Mohave therapy (4) and intrauterine fantasies are a crucially important feature of Mohave shamanism (5); hence the brother and sister seem to have returned into the womb. Matavilye's house should perhaps also be equated with the womb for many cogent reasons including such expressions as 'the Womb is the house of the foetus and of the unweaned child'. Roheim's (6) data on the neighboring Yuma also support this opinion. If these views be correct, then, since the brother and sister emerged simultaneously from the ground at Hakutcip they were twins—symbolically at least. A pair of twins composed of a boy and girl are, according to Mohave belief, husband and wife in Heaven whence they come to visit this earth although they may not marry during their earthly lives (7).

The next two stories are not myths, but belong to the secular Coyote Cycle. The Coyote tales are the Mohave equivalents of nursery tales and anecdotes. The first story seems to be a local invention. The second is very widely distributed in America and no special inferences as to the nature of Mohave culture should be drawn therefrom.

I The old Coyote Mošar Hatamala (penis night-snake) (8) lived alone with his daughter. This old Coyote was very proud of his huge penis and of the unparalleled feats he could perform with it. He could sling it across the Colorado River and copulate with a woman standing on the other bank. Intercourse with him invariably killed the women. Sometimes he saw 'cocky' men swimming in the river and 'showing off' by diving in the water and popping up again buttocks first. At once the old Coyote would copulate with them rectally until they died. He had lots of fun with his huge penis. One day he asked his daughter to swim with him in the river. He had intercourse with her in the water and she died of it.

Rectal intercourse between males is a standard Mohave homosexual practice (9). In several other stories the penis is used as a weapon of destruction. Promiscuous women (*kamalo:y*) were often purposely infected with syphilis by smearing a certain sticky substance on the penis of the syphilitic man delegated to rape her. This would cause vaginal abrasions and facilitate contamination (10).

II There lived in olden times a wise old Coyote. His daughter lived with him. The old man used to get firewood by burning the bottom of a tree. Every morning he went out to attend to his work while his daughter remained at home. One day the old Coyote said to his daughter: 'Today I shall not go out for firewood. I am going to visit my nephew, and will not return until nightfall. My nephew looks just the way I look, his features, his hands and his shape are just like mine. Now I shall go away in that direction, through the bushes. However, my nephew might plan to come here today, around noon. He is likely to arrive from another direction, however.'

Thereupon the cunning old Coyote took leave and departed towards the west. He went on and on. After a while he made a quarter circle and returned to his camp from the south, posing as his own nephew. When he met his daughter, she said: 'My father told me that his nephew would look the way he does'. The alleged nephew reached

the house and wanted to have intercourse with the girl. 'Even though he looks just like father, he is not the same person', thought the girl and permitted him to have intercourse with her. They spent the better part of the day having intercourse again and again. Finally the alleged nephew departed toward the south and eventually returned home from the west by the same path he used in the morning. He loitered in the bushes for a while to let time pass. When the sun finally set he returned to his house and lived with his daughter as a father should.

This myth, as already stated, is typical of the Great Basin Trickster series, and in no way specifically Mohave. It should be noted that the girl still committed incest by having intercourse with her father's nephew.

In all these stories Coyote, the Trickster, obviously symbolizes id strivings untrammelled by the censorship of the superego.

Exogamy and Incest Taboos

The Mohave *gentes* are patrilineal but blood relationship is reckoned bilaterally. Both the father's and the mother's kin are held to be blood relatives. Sexual intercourse including homosexual relations and sexual games among children is prohibited between any person and his or her ascendants, descendants and cousins, including second cousins. Even if no immediate blood relationship can be traced, a person should not have sexual relations with any other person belonging to the same *gens*. In theory as well as in practice, the Mohave react strongly against anything reminiscent of incest.

Dissolving Kinship in Incestuous Marriages

This section deals with highly controversial material on which no two informants agree, and on which several of them have changed their opinions between 1932 and 1938. There are good reasons for this divergence of opinion. The custom is wholly obsolete and must have been practiced but seldom even in the past because marriages of cousins were extremely rare.

There is one fact on which all informants agree: when cousins or blood relatives married, the girl's family took a piece of farm land or a horse from the boy's family when the marriage took place. We shall now enumerate the controversial points:

- 1 A horse was taken, killed, mourned and cremated, as though a Mohave had died—or, more specifically, as though the groom had died.
- 2 The horse was killed and eaten.
- 3 The horse was killed and eaten but the bones and scraps were cremated and the family mourned the death of a relative (the groom).
- 4 It means that the groom 'is sort of dead'.
- 5 It does not mean that the groom is dead but only that the ties of kinship between the groom and the bride have been dissolved. It means that 'A new boy marries the girl'.
- 6 The kinship ties between the boy's and the girl's family are dissolved too.
- 7 They mourn because by severing the kinship ties between the groom and the bride, the family, in a way, loses a kinsman although it wins at the same time a relative-in-law.
- 8 'Since the groom consents to the killing of the horse, which represents him, it is a sort of suicide' (by identification).
- 9 It is not considered as a form of suicide.
- 10 It is done to preclude the possibility of a divorce between the spouses: 'If you want to get married so badly, despite the fact that you were related, then you must stay married'. We have no data as to how effectively this ceremony strengthened the very tenuous bonds of marriage between two Mohave.
- 11 They cry because it is like having a dead relative since the bonds of kinship have been severed.
- 12 They cry because the families usually die out when relatives marry.

In discussing these controversial points the Mohave spontaneously correlate this ceremony with two other rites. When

a young person loses an eye, the family gives a feast so that the tribe should become 'accustomed' to the changed appearance of that person. When there is a boundary dispute (11) each contending party gives a feast, and those who attend the feasts are expected to support their host's claim and assist him during the formalized battle for the strip of farm land in question. An analysis of the Halyeku:p myth (12) clearly shows that one of the chief characteristics of human status—in contradistinction to animals—is the fact that they own land. The farm land of a dead person is either left fallow for several years or else is taken over by persons who are *not* relatives of the deceased. The horse that is killed is supposed to wait for the groom in the land of the dead just as the souls of the bewitched wait for the bewitcher (13). It may be added that the property of the dead is destroyed, the shadows of the property thus destroyed going to join the soul of the deceased.

Under these circumstances we do not think it unreasonable to assume that this ceremony does amount ultimately to a severing of the bonds of kinship between at least the groom and the girl's family including the bride herself. It is also plausible to assume that the groom is considered dead at least in certain respects, namely with respect to those of his aspects and modes of behavior that were connected with his relationship to the bride's family.

Lack of space prevents us from showing that this ceremony may plausibly be held to constitute a form of suicide although by inference a good case could be made out for such an interpretation. Suffice it to remind the reader that Zilboorg (14) has stressed the connection between incest or incestuous wishes and suicide. This thesis is further substantiated by the fact that only shamans, especially malevolent shamans practicing witchcraft, commit informal incest. The suicidal tendencies of Mohave shamans practicing witchcraft have been described elsewhere in detail (15). Anthropologists (16) as well as psychoanalysts (17) have often emphasized the fact that there is a strong correlation between incest and witchcraft. In our discussion of the Mohave incest material we plan to show

that this view can be intimately linked with Menninger's (18) interpretation of suicide.

Altonio and Aoo:r  (from the Spanish *oro*, gold) were full brothers. They belonged to the oo:tc gens. Altonio's daughter ao:tc, aged about thirty, and Aoo:r 's daughter's son Humar Atcem (whose gentile affiliation could not be ascertained), aged about twenty-five, wished to get married. They were both full blooded Mohave. At the wedding Aoo:r  killed two horses. There was however no mourning. This occurred at Parker, Arizona about forty years ago. It appears to have been the last, somewhat skeletal performance of this ceremony.

The following incestuous marriage was not accompanied by any ceremony, and seemed to have elicited intense anxiety. Su u:r of the Mah gens was no shaman but came from a family riddled with shamanism, incest, insanity, and witchcraft. His father, who led a truly exemplary life, was a 'good' shaman specializing in diseases of the eyes. The boy was made to marry his second cousin, Tcatc, of the Tcatc gens, after it was discovered that he, and not a Yuma Indian, had made her pregnant. Eventually the girl 'died from worry over what she had done, and because they were social outcasts'. Then the husband was taken to the hospital with tuberculosis and dismissed as incurable. He soon reached the cachectic and algid state. One of this writer's informants, the patient's cousin, tried unsuccessfully to doctor him for 'an old horse kick' to which he ascribed the boy's ailment. The patient however accused the medicine man of having bewitched him, which almost broke the heart of the medicine man who had been singing himself hoarse night after night in an attempt to cure the patient. In January 1933 another shaman, Ahma Huma:re, doctored the patient for the *weylak* and *weylak neve i*: (ghost-illness) diseases, the ghost in question being the patient's dead wife. Some improvement took place but the patient died after all. The informant commented: 'There used to be a lot of people in that family, but when incest occurs it is a bad omen. They seem to die off. Otac has only two children left.'

Other instances of incest in that family will be related below. The case just quoted has been the subject matter of much gossip and discussion. The tribal reaction was distinctly dysphoric. Anyone familiar with Menninger's thesis concerning the nature of suicide will consider that Suṣu:r's tuberculosis may have been made fatal more rapidly by the intense anxiety connected with incest.

Miscellaneous Customs Connected with Incest

The incest taboo is a constant preoccupation in the minds of the Mohave and one encounters hints and allusions to incest in many contexts.

When for example a man marries a prepubescent girl he carries her around on his back, attends to the household chores and, in general, acts both as a husband and *in loco parentis*. The Mohave comment very cynically within the man's hearing that perhaps he has married his own daughter. 'Whom are you carrying around on your back? Is that your daughter?', they ask him. When such marriages break up, the husband often has a manic attack (*hiwa: itck*, heartbreak). These manic attacks will be discussed elsewhere.

When an elderly woman marries a young man, people ask her whether the man she is seen with is her nephew. Often a man divorces his flighty young wife and marries his mother-in-law. Although this is not incestuous, it nevertheless is considered somewhat preposterous. 'Men do not marry their daughters-in-law. Only women are crazy enough to do such a thing', our woman interpreter commented.

During coitus a man is not supposed to kiss a woman's breast, because it resembles suckling and by implication incest. A woman can insult a man by offering him her breast. The implication is: 'You poor orphan; you have no one to suckle you'.

This writer used to tease his eighty-odd-year-old informant Tcatc by saying that she was his girl; that he cared for no one else. This teasing delighted the old lady, but the writer was severely reprimanded by his interpreter, a woman: 'You

should not say such things. She is old enough to be your grandmother.'

Genital stimulation of sucklings or children by parents never takes place because it is reminiscent of incest.

Mohave humour which is very Rabelaisian, often skirts the topic of incest.

The Mohave preoccupation with incest is reflected in personal names. The Mohave are in the habit of assuming names that are either a slur on the opposite sex, or else a slur on some person or situation obnoxious to them. Thus an old shaman of impeccable conduct had several names. One was *Haravi:ya* (whisky mouth), and the other *Mowa:va kwañe:nā* which can be translated, 'has sexual relations with relatives'.

Since many primitive groups not excluding the Mohave are bashful about their names, we are confronted with the problem: does a woman calling herself *Tcamkhama:y* (all testicles), does a man calling himself *Tcamkhispan* (all vulva), or 'Commits incest' voice thereby unconscious cravings even when the selection of the name was inspired partly by the cultural pattern? It is probable that the very fact that they took advantage of the cultural pattern to voice in so personal a form their disapproval does express some repressed impulse. The close identification between a person and his name—*nomen est omen*, the Romans put it—is not a matter of fancy and interpretation but a well established cultural fact. Not seldom one gains the impression that a name is a non-corporeal part or imago of the self; hence if what we have tentatively suggested just now is at all plausible, such names would be expressive of a return of the repressed: parts of the unconscious are included in the name which is a dissociated part of the personality of its bearer. In this context the high moral standards of the shaman calling himself 'Commits incest' are perhaps significant.

Incest Proper

Despite stringent taboos, we have been able to secure a number of reports of the occurrences of incest. Even the most severely

prohibited forms of incest such as between father and daughter, mother and son, brother and sister have been reported. In every instance of such sexual relations between members of the biological family in the narrowest sense, one or both members of the family were shamans, and shamans having evil powers at that. According to Mohave belief only shamans having powers to bewitch commit incest. This has been described elsewhere in greater detail (19).

Father-daughter incest: The name of the father has been stated to have been both Utoh and Tcamaḥu:ly vaha:. Three accounts of this case of incest were obtained. The first in 1932, the second in 1936, both from the same informant, and the third in 1936 from another informant. They tally so closely that the three accounts are condensed into a single one.

Utoh, a shaman of the *ño:ltc gens*, had two daughters. Both were married and lived with him and his wife o:otc. One night, for no known reason, Utoh copulated with his younger daughter. 'Maybe he was crazy', the informant comments. What the daughter's husband and children were doing at the time is not known. The girl was half asleep and thought the man approaching her was her husband. She did not wake up completely, but let the man perform intercourse with her. When she realized that the man was her father, she sat up in bed and cried until dawn. This happened about forty years ago. At that time Utoh was about forty years old and his daughter about twenty. No punishment was meted out to him, but he was ostracized and held to be worse than a dog.

Nothing seems to have happened to the man. The daughter, however, appears to have become neurotic. 'She began to act queer. *She thought someone had bewitched her.*' She sat and spat about her, with an odd expression in her eyes. She died two years later.

Her mother and her older sister also began to act 'queer'. In the end they too became very neurotic and died within the next few years. At present only one son of the older daughter is still alive. He lives at Yuma. His name is Nakue mahay. In the opinion of the interpreter, 'It must have been a weak-minded family'.

As shamans bewitch only those they both love and have reasons to dislike—usually members of their own families, or faithless lovers or spouses—the raped daughter's delusion that she was bewitched seems to be intimately connected with the cultural pattern. Psychoanalysts may well wonder whether the daughter failed to awaken 'accidentally on purpose'. Rapes during sleep are old legal excuses for conscious or unconscious acquiescence.

Mother-son incest: Wenawen, a woman of the Mah gens, married a man of the Mah gens. She had two sons, Etc-eyer tapk'a and Yellak Hiha, both shamans, bewitchers and recognized braves (*Kunamihye*). There are two versions of this incest. The first was obtained from a relative of this family.

These two men were real big shamans. They cured the bird sickness in children, colds and aching joints. Yellak Hiha freely confessed that he had started an epidemic. He was not killed; he was brave and people feared him. Their old mother was blind. One night they went to her house and carried her outside into the shrubs. They were just about to have intercourse when the younger said to his brother 'You do it first'. She recognized her son's voice and begged them to leave her alone. They listened to her pleas and carried her back to the house. Next day the old woman told the story to her relatives and begged them to kill her, but they would not do it. They comforted her. She died a natural death.

The second version was obtained from Tcatc.

Your informant is mistaken about this story. It happened before he was born. It was related to me by one of Yellak Hiha's friends who participated in it. That was before the smallpox epidemic. She was lying in her house, her face covered. Yellak Hiha, his brother and this friend carried her outside but when they took the cover off her face they saw who it was and carried her back into the house.

The third persons consulted seemed to favor the first version.

Brother-sister incest: Etc-eyer tapk'a third son of Nopah was also a shaman. He had several children, among whom

were W.N. and E.N. W.N. is a female shaman and is accused of being a witch. W.N. and her brother were living in the house of their paternal uncle, father of the before mentioned Suḡu:r. W.N. cures colds, pneumonia and influenza. In 1936 she had intercourse with her brother E.N. [Mohave name *Sii:p* (straight erection)]. She was drunk, but not drunk enough not to know what she was doing. During the intercourse their uncle's wife—who was also the sister of their own mother, and who died insane—surprised them, when at about eight o'clock in the morning she came into the house to look for something. 'Poor old lady, it almost killed her', says the interpreter. She scolded them, but W.N. just lay there and laughed: 'You prow around too much—always—go away'. That night her brother went off to Blythe and has not since returned. Shortly afterwards W.N. married. E.N. when drunk says he too is a shaman but he has treated no one yet.

The consensus of opinion in the tribe is that the whole N. family is 'crazy' and evil. Since malevolent shamanistic powers, as well as violent tempers and neurotic dispositions seem to run in that family, they are feared.

Mother-son incest: θaraviyo is a shaman sixty years old. He specializes in the cure of horse-kick disease, and other diseases connected with horses, grouped together under the name *ahat*. While at school in Fort Mohave he had intercourse with a hen. 'The hen's guts fell out afterwards and she died.'

When he was about fifteen years old he sneaked up to his mother one night while she was asleep. His mother's name was ño:rtc of the ño:lrc *gens*. (Her name indicates that she had already lost a child by death.) He performed intercourse with her. She cried out and he ran away. His father jumped up to see whether it was really his son. This happened at Fort Mohave about forty-five years ago.

Another version of this incest was given by Tcatc.

This man and his brother Marasay were both grown men. Marasay too was a shaman, but at that time had not yet begun to cure. θaraviyo was already curing the *ahat* diseases and the diseases of children whose mothers, while they car-

ried them in utero, had looked upon crippled and dead dogs. (The interpreter identifies this with spinal meningitis. She herself lost a child from that disease.) Tcatc states that the name of their mother was Tcatc of the Tcatc *gens*, not ño:rtc. The mother cried out but the two men held her down and raped her in succession.

Although this mother-son incest was indubitably completed while the one quoted above was not, it does not occupy the minds of the gossips as much as does the former—perhaps because of the fact that two famous men were involved in it. Another reason is perhaps the constant troublesome behavior of the N. family.

Incest and witchcraft: 'As a young boy I had intercourse with my niece, daughter of my half-brother whom I have also bewitched recently. Then my nephew came and said to me "You had intercourse with your 'sister'" (kinship term). I shrugged my shoulders. "I shall tell people about it", he said to me. "Go ahead and tell them", I replied. I went right for it [i.e. coitus with the classificatory sister]. I was twenty-five and she was twenty. Her name was ño:lrc. She was a full-blooded Mohave. She had pretty thighs and a very tight vagina. I never had intercourse with her vaginally, only anally the way you do with virgins. I did not care what I did. I was a shaman anyway. Now I am old but I still dream of her. She died thirty years ago. I bewitched her and now, as is the case with those one bewitches for such a purpose, I see her in my dream and have intercourse with her ghost. When I have intercourse with her ghost I yell in my dream like this: yyyi:u. Then my wife asks me, "Why do you yell?" Then I say, "I dreamt someone came to kill me". [We have described elsewhere (20) that witches both fear and wish to be killed.] This ghost of ño:lrc is still young and pretty. Ghosts stay young.'

Several months after confessing to the writer both this and other instances of his activities as a witch, the informant got very drunk one winter night and slept in the open. He contracted pneumonia and died. His confession was made when

very drunk with all his aggression released. Next day he was frightened and begged the writer not to tell it to anyone lest he be murdered as a witch. Occasionally he went on heavy 'binges' but the one causing his death seems to have been unusually severe and the circumstances strongly reminiscent of Menninger's thesis that alcoholic overindulgence is an equivalent of self-destruction. It should be added that the informant had recently 'bewitched' his mother and his above-mentioned half-brother.

Incest-adultery-suicide: The following suicide is one of a series of three.

Pi:it, of the ño:ltc *gens* was a full blood Mohave of about twenty-seven. About a quarter of a century earlier, his paternal half-brother had committed suicide because his wife nagged him. Pi:it killed himself because of a woman. Shortly afterwards another man killed himself because of the same woman.

Pi:it was living with some relatives. His paramour and distant relative Po:tà of the Po:tà *gens*, daughter of a Mohave father and Vanyume mother, and her husband Amalytamoo:ra lived in the same house. This incestuous relationship was known, or at least suspected, for some time. Suddenly Po:tà's family began accusing him openly of incest with her, his third cousin, and whom he called 'older sister' in Mohave. Thereupon the woman who had been aware all the while of the incestuous nature of this relationship, ceased 'going with him' and refused further sexual favors. It is curious to note that the husband did not interfere, and that the adulterous aspects of the relationship seem not to have been noticed. Exasperated by the termination of the affair and by the accusation of incest, Pi:it shot himself with a .32 revolver in the breast just before sunrise, close to the house in which they were all living.

This case of 'incest' which is incestuous only in the Mohave sense in so far as it involves only third cousins, does not involve any shamans and may therefore be interpreted as a somewhat marginal case. It represents a transition between the more

serious forms of incest and sexual relations with persons with whom one should not have sexual relations. On the surface it would seem that malice rather than true indignation was at the bottom of the accusations of incest.

Incest with a lateral ascendant: The following instance of incest is a dubious one, since the man involved has never been positively identified. Once more the N. family is involved.

Tcatc reports the case as follows:

'I knew ño:rtc huhual when she was about twelve years old and lived down there, at a place known as Captain's cottonwood (*Ah'a kapitan*). She is a close relative of Otac. His father was her mother's brother, and his mother was her father's sister. She was married many times, but her husbands always died shortly after the marriage. She is a nymphomaniac. She is a very kind old woman, and always was a good housewife and kind to people, but it was known that she would have intercourse for the asking. She had four boys, one of whom, Hassek (whip) of the Hualy gens is still alive and married to a Kamia Indian near San Diego. The other night she came home sober from a certain feast. Suddenly a thickset boy put a sack on her head and took all her money. Perhaps he was drunk. He also raped her although she is older than I [Tcatc] am. This would make her over eighty years old. If she had not been copulating so much all her life, she would have died long ago.' Although the man has never been positively identified, rumor has it that either H.N. or else E.N. (the one who had relations with his sister) was responsible for the rape. 'These N. are devils and close relatives of mine', the interpreter remarked at this point. 'They are bad because all their relatives were bad. They are just as bad as the white folk.'

Whether this rumor is true or not, it added to the bad reputation of the N. family in general and shows how much incest is on the minds of the Mohave.

We have seen that incest is unequivocally condemned by the Mohave. Relatives who marry are supposed to have mute children who are referred to as *yamom* meaning insane.

Tcatc stated: "The people who commit incest are "just plain crazy". No one knows how they get that way. They are so much in love with one person that they do not care whether that person is a relative or not. It does not matter that people sit down and preach to them about the fact that their true love is a relative; they just want them and want them. W.N. must be crazy that way. As soon as such things start happening the whole family is wiped out somehow. This is not a punishment of fate. [There is no Mohave word meaning punishment.] It just happens that way. It has become proverbial. When the Mohave see relatives "go together" they say, "It is a sure sign that that family will die out." That is all we know on the subject.'

It is needless to state that incest is not the cause of the extinction of the family but an omen. The Tumanp'a myth is in this context deemed to be some sort of prophesy that incest is bound to occur from time to time. 'It is Fate that wipes families out, not the Gods. They commit incest because they are going to die out. It is not even due to witchcraft, this extinction; it was just meant to be that way. "That is the way things were meant to be", the Mohave say. No one can control Fate.'

Although the Mohave deal usually with some lenience towards people whose temperament leads them to do abnormal things, nevertheless they speak very severely of those who commit witchcraft and incest. These actions are no longer directed against individuals. They are a menace to the whole tribe; hence the strong reaction to it. How far their own repressed incest wishes may motivate this condemnatory attitude, we do not presume to say.

Incest with a ghost of the dead: We have already given above the account of a Mohave shaman who continued to have incestuous relations with the ghost of a girl he had bewitched. The same account would serve for every other case of witchcraft where a person of the opposite sex is involved whether related to the witch or not. This is not a matter of individual psychological processes, but part of the cultural pattern. This

has been described by the writer elsewhere in detail (21). Intercourse with one's victims elicits a strong yearning in the shaman to join his beloved ghosts in the land of the dead, and he proceeds to bait the relatives of his victims until he is killed. Shamans do not become ill or insane (*yamom*) from such intercourse.

Normal human beings sometimes dream of having intercourse with dead relatives. They do not conceive ghost children from such intercourse although pseudocyesis might conceivably follow dream intercourse if the woman had lost a child. The dead are believed by the Mohave to use many allurements to induce the living to join them in the land of the dead. Sexual intercourse with a living relative while the latter is dreaming, is one of the most compelling methods the ghosts employ in trying to achieve their aim. This causes a form of disease known as *weylak ñeveði*: [from *hiwey* (anus) *lak* (pain) *ñeveði*: (ghost)] which some shamans can cure. The symptoms are gastrointestinal disorders and sometimes episodes of mental confusion.

There is no space here to give a lengthy analysis of this disorder. It is planned to do so in an analysis of Mohave psychopathology at some future date. Suffice it to say that the prime motive of the ghosts is to detach the living from the land of the living and to lure them to the land of the dead.

Interpretations

In attempting to evaluate the data here presented for the purpose of obtaining insight into the cultural and social meaning of incest among the Mohave, we do not pretend to offer a detailed psychological analysis. Our data would warrant no such individualized treatment since most of the case histories are of persons who were dead or otherwise inaccessible to this writer; nor do we expect to extrapolate from generalizations concerning the Mohave to generalizations concerning incest in other societies. Such generalizations will be possible only after a representative body of data from hundreds of cultures has been obtained.

It has been stated (22) that from an early age the Mohave child's libido is distributed more or less uniformly over a large area of the body social, and that the intense individualized object cathexis characteristic of our own culture does not obtain among them. That this is the case in many other primitive cultures, Menninger has seen quite clearly (23). This early socialization of the child permits the Mohave to coöperate first and last with the purpose of maintaining tribal continuity at all costs. There is hardly any difference between the duties of a person towards his next-of-kin and his remote relatives or even the tribe as a whole. Generosity to the point of wastefulness is one of the cardinal virtues of Mohave culture.

It is the writer's thesis that stinginess and incest are both characteristic of the unsocialized Mohave who is unable to disperse his libido over the whole social group and prefers to center it on his next-of-kin. In psychoanalysis we would speak of an unresolved œdipus complex. It consists in singling out one's next-of-kin for special attention, sexual as well as economic, at the expense of a wider social feeling. Under these conditions tribal cohesion could not have been maintained. Intense tribal cohesion and national feeling are, however, characteristic of the Mohave to an unusual degree (24). An incestuous couple as well as a stingy family automatically detaches itself from the give-and-take pattern of tribal existence; it is a foreign body—or at least an inactive one—in the body social.

According to Freud's later views the sexual instinct (Eros) cannot be sublimated; only the aggressive tendencies (Thanatos) can be sublimated. Eros is a builder, not a destroyer and isolationist. The most articulate exponent of this view is Menninger (25). Incestuous couples fail to participate in the erotic (in the freudian sense) mixture that cements the tribe together. Were incest tolerated, the tribe would fall apart into small groups thereby jeopardizing its existence. Were incest permitted social cohesion, the very formation of social groupings, would be impossible. The same is true of intense love between two nonrelated persons. Romantic love

is frowned upon by the Mohave, and retelling the tale of Romeo and Juliet's woes plunged them into disgusted consternation.

This diffuse libido without strong object cathexis which Menninger (26) holds responsible for the high incidence of suicide in primitive cultures, is precisely the factor that held Mohave—and presumably other—cultures together *at first*.

It is an isolated, antisocial being who commits incest. Proximity alone is insufficient, otherwise city tenements would have a higher ratio of incest than have scattered farms and the opposite is true. The connection between incest and schizophrenia is well known. Faris (27) has stressed the correlation between isolation and schizophrenia. The same view is held on other grounds by this writer in a sociological analysis of schizophrenia (28).

We have seen that among the Mohave incest is committed mainly by shamans. Our whole knowledge of Mohave shamanism (29) makes it obvious that the Mohave shaman, especially the witch, is in a way a person outside the main stream of Mohave social life. He is far more introverted than the average Mohave who is a strong extrovert. The shaman's intrauterine fantasies have become culturally standardized. His attachment to, and bewitching of, his own relatives is proverbial to the point of being nearly a matter of custom. His libido is less diffuse, and so are his aggressions. He is more temperamental than others to such a degree that temperamental people are often accused of being shamans. He feels more strongly and reacts with greater intensity than do other Mohave. If we assume that an individual's total mass of affect is finite, then it follows that a few intense attachments will absorb as much energy as many mild attachments.

A strong object cathexis is invariably inversely proportional to a strong social feeling. The *égoïsme à deux* of the French epitomizes this situation perfectly. When old Mohave men who would have difficulties in obtaining substitutes for their young wives who have left them have manic attacks, they are reacting to an accident of Mohave culture which is so con-

structed that if a strong object cathexis is formed and then broken, it is nearly impossible to find another opportunity for forming a second bond of equal intensity. Free floating libido has to be redistributed over a larger area or else it will lead to psychotic episodes or suicides. Our data on suicide fully substantiate this view (30). What has been said about incest with ghosts and their attempt to detach the living from life is also symptomatic of this dilemma.

Thus it would appear that among the Mohave, incest interferes with socialization and is indicative of fixation; it is therefore socially dangerous creating as it does, nonintegrated and noncoöperative cells within the group. For the Mohave at least, the taboo seems to be directed against the antisocial, noncoöperative aspects of incest. In itself incest is neither good nor bad; it is simply antisocial or, more strictly speaking asocial.

Speaking with the utmost caution, and ready to withdraw the suggestion should any evidence to the contrary be adduced, we infer from the Mohave that the family, not the horde, must have been the first semistable grouping of humans, although we wonder whether the family could be called a *social* group since it stands in the way of a wider diffusion of the libido. We are inclined to consider the *primal* family at least, a definitely antisocial unit—a view supported by data drawn from primate sociology, to a certain extent (31). In this sense Freud's Cyclopæan family is to a slight extent vindicated. This writer is strongly impressed by the tenuousness of emotional bonds in the primitive families he has observed at first hand among Indians, Melanesians and the Moi. We suggest that strongly cemented biological families and romantic love cannot obtain social sanction except in strongly cemented societies that tend to interfere, as in the romance of Tristan and Isolde or the marriage of Napoleon and Josephine. We suggest further that in our own times the family is no longer a social unit but a shelter from the wear and tear of social life. The sanctity of the home seems to be essentially the sanctity of socially harmless escape mechanisms. Among the Mohave, however,

where emotional bonds are tenuous, the family is truly a social body which not merely grows but also secretes.

REFERENCES

1. MALINOWSKI, B.: *The Sexual Life of Savages in Northwestern Melanesia*. London: G. Routledge and Sons, Ltd., 3rd ed., 1932.
2. DEVEREUX, GEORGE: *Sexual Life of the Mohave Indians*. Doctor's Dissertation MS. University of California Library, 1935.
3. KROEBER, A. L.: *Handbook of the Indians of California*. Bureau of American Ethnology, Bulletin 78, 1925.
4. DEVEREUX, G.: *Der Begriff der Vaterschaft bei den Mohave Indianern*. Ztschr. für Ethnologie, LXIX, 1937, pp. 72-78.
5. DEVEREUX, G.: *L'Envoûtement chez Les Indiens Mohave*. Journal de la Société des Americanistes de Paris, XXIX, 1937, 405-412.
- KROEBER, A. L.: *Loc. cit.*
- RÖHEIM, GÉZA.: *Psychoanalysis of Primitive Cultural Types*. Int. J. of Ps., XIII, 1932, pp. 1-224.
- TOFFELMIER, G., AND LUOMALA, K.: *Dreams and Dream Interpretation of the Diegueño Indians of Southern California*. This QUARTERLY, V, 1936, pp. 195-225.
6. RÖHEIM, GÉZA.: *Loc. cit.*
7. DEVEREUX, GEORGE: *Sexual Life of the Mohave Indians*. *Loc. cit.*
8. Presumably *Hypsiglena ochrorhynchus ochrorhynchus*, spotted nightsnake, vide Spier, Leslie: *Havasupai Ethnography*. American Museum of Natural History, Anthropological Papers, XXIX, No. 3, 1928.
9. DEVEREUX, GEORGE: *Institutionalized Homosexuality of the Mohave Indians*. Human Biology, IX, 1937, pp. 498-527.
10. DEVEREUX, GEORGE: *Sexual Life of the Mohave Indians*. *Loc. cit.*
11. KROEBER, A. L.: *Loc. cit.*
12. Based on an unpublished version of this myth, collected by Professor Kroeber who kindly put the MS. at our disposal.
13. DEVEREUX, GEORGE: *L'Envoûtement chez les Indiens Mohave*. *Loc. cit.*
- DEVEREUX, GEORGE: *Mohave Soul Concepts*. American Anthropologist XXXIX, 1937, pp. 417-422.
14. ZILBOORG, GREGORY: *Suicide among Civilized and Primitive Races*. Amer. J. of Psychiat., XCII, 1936, 1347-1369.
- ZILBOORG, GREGORY: *Considerations on Suicide, with Particular Reference to that of the Young*. The Amer. J. of Orthopsychiatry, VII, 1937, pp. 15-31.
15. DEVEREUX, GEORGE: *L'Envoûtement chez les Indiens Mohave*. *Loc. cit.*
16. BUCK, PETER: *Regional Diversity in the Elaboration of Sorcery in Polynesia*. Yale University Publications in Anthropology, No. 2, 1936.
17. JONES, ERNEST: *Nightmare, Witches and Devils*. The International Psycho-Analytical Library, No. 20. New York: Norton and Co., Inc., 1931.
18. MENNINGER, KARL A.: *Man Against Himself*. New York: Harcourt, Brace and Co., 1938.

19. DEVEREUX, GEORGE: *L'Envoûtement chez les Indiens Mohave. Loc. cit.*
20. DEVEREUX, GEORGE: *L'Envoûtement chez les Indiens Mohave. Loc. cit.*
21. DEVEREUX, GEORGE: *L'Envoûtement chez les Indiens Mohave. Loc. cit.*
DEVEREUX, GEORGE: *Mohave Soul Concepts, loc. cit.*
DEVEREUX, GEORGE: *Der Begriff der Vaterschaft bei den Mohave Indianern. Loc. cit.*
22. DEVEREUX, GEORGE: *Mohave Culture and Personality. Character and Personality. (In press.)*
23. MENNINGER, KARL A.: *Man Against Himself, loc. cit., p. 48.*
24. KROEBER, A. L.: *Loc. cit.*
25. MENNINGER, KARL A.: *Man Against Himself, loc. cit.*
MENNINGER, KARL A.: *Men, Women and Hate. The Atlantic Monthly, CLXIII, 1939, pp. 158-168.*
26. MENNINGER, KARL A.: *Man Against Himself, loc. cit.*
27. FARIS, ROBERT E. L.: *Cultural Isolation and Schizophrenic Personality. Amer. J. of Sociology, XL, 1934, pp. 155-164.*
28. DEVEREUX, GEORGE: *A Sociological Theory of Schizophrenia. Psch. Rev., XXVI, 1939, pp. 315-342.*
29. DEVEREUX, G.: *L'Envoûtement chez les Indiens Mohave. Loc. cit.*
KROEBER, A. L.: *Loc. cit.*
RÖHEIM, GÉZA: *Loc. cit.*
30. DEVEREUX, GEORGE: *Mohave Suicide. Typescript in the possession of the Committee for the Study of Suicide, New York, 1936.*
31. ZUCKERMAN, S.: *The Social Life of Monkeys and Apes. New York: Harcourt, Brace and Co., 1932.*

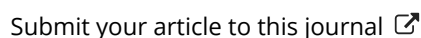
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Primary Mental Abilities. By L. L. Thurstone.
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BOOK REVIEWS

PRIMARY MENTAL ABILITIES. By L. L. Thurstone. Chicago: University of Chicago Press, 1938. 116 pp.

For a number of years Thurstone has been attempting to analyze intellectual capacity into a number of elementary factors. His method has been to give a wide range of psychological tests to a large number of individuals and then to subject the correlations between the test scores to mathematical analysis.

Thurstone's mathematical methods and the assumptions upon which they are based were described in detail in *The Vectors of Mind* published in 1935. *Primary Mental Abilities* contains a considerably less technical resumé of these methods followed by a brief summary of some of the results of the author's research.

By purely mathematical methods it is possible to determine a minimum number of mathematically independent elementary factors necessary to account for the correlations and differences between the test results. The mathematical analysis indicates that an individual's rating in one of these elementary mental abilities will contribute in high proportion (say sixty percent, for example) to his score in a particular test, whereas another elementary mental ability will contribute in much lower proportion (say twenty percent) and still others will contribute not at all to this particular test. Up to this point the analysis has been based on a purely mathematical treatment of the test results with careful avoidance of all psychological preconceptions. In order to emphasize this avoidance of psychological preconceptions, Thurstone has chosen to designate his primary mental abilities by letters instead of names. The psychological analysis follows upon the completion of the mathematical analysis. All tests to which a given factor makes a particularly high contribution are then compared and the attempt is made to find psychological elements common to these tests.

The factors isolated by Thurstone are listed as follows with their probable psychological content so far as this can be deduced from comparison of the tests that have this particular factor in common:

S factor which has something to do with the capacity to visualize spatial relations.

P factor which seems to be related to 'facility in perceiving detail that is imbedded in irrelevant material'.

- N factor which seems to have to do with facility in numerical calculation but is quite distinct from capacity for mathematical reasoning.
- V factor having to do with facilities in verbal and logical reasoning.
- W factor which seems to have to do with facility in manipulation of words and letters without much regard for their meaning.
- M factor which is concerned with memory.
- I factor which seems to be a capacity for inductive reasoning, i.e., for discovering the rule underlying a number of examples.

In addition, there are two factors whose interpretation is still quite tentative:

- R factor which may have to do with a capacity for 'the successful completion of a task that involves some form of restriction in the solution'.
- D factor which perhaps has something to do with deductive reasoning.

To many psychoanalysts who are accustomed to insist upon the importance of direct intuitive understanding of psychological connections, such a research as this one of Thurstone's may seem unpsychological and pedantic. The particular value of this work consists however in the very fact that it offers a strictly objective, non-psychological method for testing psychological preconceptions. Apparently paradoxical findings such as the discovery of a large S (spatial) factor in a test on sound grouping may even suggest questions that may lead to the discovery of unsuspected relations.

In the opinion of the reviewer, a similar 'factor analysis' of dynamic tendencies might throw valuable light upon the psychoanalytic theory of the drives.

THOMAS M. FRENCH (CHICAGO)

DIE TECHNIK DER ANALYTISCHEN PSYCHOTHERAPIE. (The Technique of Analytical Psychotherapy.) By Wilhelm Stekel. Bern, Switzerland: Verlag Hans Huber, 1938. 317 pp.

Stekel promises to describe and explain his technique but he fails to do so. There is a display of a vast number of cases with practical advice strewn between. This book proves again that Stekel is a

practitioner lacking the faculty to integrate his knowledge and experience into a solid theoretical structure. He himself feels it and parries by emphasizing that intuition and artistic empathy are the essentials of psychoanalytic technique and by accusing psychoanalysts of the 'orthodox freudian school' of intricate speculation at the expense of the clinical aspects of their work.

Stekel criticizes the length of the 'orthodox' psychoanalytic treatment. He mentions modestly, that Ferenczi and Rank tried to introduce *his* (Stekel's) method of short treatment, but that they were unsuccessful because they did not recognize that the unconscious does not exist and that the patients are merely actors whose deceptive manoeuvres must be recognized by the artistic physician with the intuition required by the 'active method'. Stekel admits infantile developments that influence the personality but he says it is one's life conflict (actual conflict) that is the essence of a patient's neurosis. This conflict is exposed and the patient (provided with the analyst's advice on how to handle it) is cured whether he believes it or not. Orthodox freudians merely poke around in the past and are blind to the most important actual conflicts, especially to the overwhelmingly important religious conflicts of the patients.

He contends that thirty years of practical experience have proved to him that there is no unconscious; therefore it is very interesting to learn what kind of faulty technique he must have applied to lead him to the negation of Freud's fundamental discovery. Since he fails to furnish a comprehensible description of his 'active' technique one has to pick from his book some outstanding examples of his procedure in order to gain an impression of what he is doing with his patients. It is said by those who know his work that he is a hit or miss interpreter, that he has a certain personal talent for interpretation so that he is able to score a pretty good average of correct interpretations and that his patients, carried along by a strong transference, are sufficiently aroused to reconsider some of their neurotic orientations. But it is not enough to say that Stekel's successes are transference successes, that the patients, half scared by his 'clairvoyance', half admiring him for it, are sufficiently shattered in their neurotic attitudes to yield to their analyst's advice on how to rearrange their practical lives. Neither is it sufficient to say that under the double fire of interpretation and transference these rearrangements of their practical lives has a suggestive effect

like a bitter medicine given to a *malade imaginaire*. There are several points in Stekel's unmethodical method that are worth discussing.

Selection of cases. He requires a trial week of treatment from each patient to determine during this time the strength of the patient's resistances. Often he asserts that he should not have accepted a certain patient because his dreams or his utterances implied a strong resistance. He admits that he does not accept cases with strong resistances who 'seem to be without prospects' (p. 74). After the discussion of a very long case (p. 117) that did not respond to treatment because the patient 'flees from the truth and plays hide and seek with the analyst', Stekel writes: 'The analysis of such a case is such a torment that it is best to interrupt the treatment and to admit to oneself one's inefficacy'. Of course the patient has to take the blame for this failure: his resistance was too strong. If a dream reveal a hidden unwillingness to be cured it is better, Stekel advises, not to treat such a case. He prefers patients who 'like to be analyzed, who do not want to lose a single day, who make no stipulations and conditions, who ask for no respite or consideration' (p. 30). This selection of cases secures, of course, a good percentage of successes. By the promise of short cures Stekel is always sure to have such a great number of applicants that he can select the most promising ones.

Transference. 'Sometimes a patient allows the resolution of a symptom because he needs a pretext to become well and does not grudge his analyst such a triumph. He loves his analyst and love is submission. Thus the transference is the source of some triumphs . . . it is not the method but the physician who cures' (p. 297). Or: 'The parathics [neurotics] are never cured for their own sake. They become well for the sake of the physician. To please him, they allow themselves to be cured' (p. 290). These quotations are sufficiently illustrative. Stekel does not *handle* the transference; he tries merely to establish a good positive transference, evades the interpretation of sexual and negative transferences and contends that there is no such thing as the dissolution of a transference (cf. p. 161). With reference again to the case that did not respond to treatment, the patient obviously had a sexual and behind it, a negative transference to Stekel but he says (p. 114): 'For caution's sake I had not mentioned the transference earlier.'

Is it too late? With utmost caution I approach this subject. She reacts as if I had expected something obscene of her. The hint that such a transference is typical was made in vain. Again she had found something to objectify her conflict and to become entangled in endless dialectics. Now she was able to play the rôle of the shocked and offended one.' This seems to have been the limit of his attempts to interpret her transference resistance. This treatment did not have a successful outcome. One wonders why Stekel was so overcautious if not fearful of approaching the interpretation of the transference resistance when one compares it with the astounding boldness of many of his other interpretations. In case 80, Stekel is very bold in prematurely interpreting the homosexual tendencies of the patient (but without reference to the transference). The patient bolts. Stekel of course, blames the patient's unwillingness to give his 'secrets' away, as indicated by him in his very first dream. There are many other cases which show how bold, even reckless, Stekel can be in his interpretations. Why is he so timid in interpreting transferences when they obviously become a source of resistances? One patient (p. 162) had to undergo three operations for ulcers in the rectum. Before the operation the patient gives all his money and his will to Stekel in trust. Stekel had to hold his hands during the narcosis. Coming out of the narcosis the patient confessed: 'Doctor, I love you so much that I have often walked to and fro in front of your house with a gun. I wanted to shoot you, so that you could not belong to anybody else. . . .' Stekel admits that he saw the patient frequently hovering around his house and that the patient frequently sent his beautiful girl friend to him under some pretext, almost offering her to him. To say that Stekel made a mess of this transference may not be considerate, but it is certainly true.

Termination of the treatment. This question has a close relationship to Stekel's failure to analyze the transference. This failure certainly explains his assertion that a patient who is not cured in at most six months, can never be cured; for he refuses to follow the lengthy but safe route of analyzing a neurosis by analyzing the transference resistances. If he intends to have his patients cured by transference it is disastrous to keep them in analysis until the transference situation becomes messed up. He dismisses the patient when he is at the height of his transference. This seems

to be between the fourth and the sixth month of treatment. For this reason Stekel concentrates either on the actual conflict of a patient or on working out his 'life-line', i.e., his general form of maladjustment. One does not need x-ray eyes to discover these superficial conflicts in a relatively short time. After some dream interpretations which refer only to his superficial conflicts, the patient is declared to be provided with sufficient knowledge and advice on how to adjust himself and how to behave. He is pronounced cured. The possible outcomes are several. The patient with a strongly positive transference may be capable of carrying on at least for a while. He is 'cured' to please the analyst. Another in a state of negative transference may be obstinate. He is turned out by Stekel nevertheless, with the assertion that he knows sufficient to be well if he only wants to be. He is adamant to all pleas of the patients to return to the analysis. So the patient either remains neurotic, which is explained as his unwillingness to be cured, or he seeks help from some other physician. Thus even the negative transference is utilized astutely by Stekel to produce some change in the adjustment of the patient. In one case he provokes a quarrel with his patient (whose parents he had informed of his intention in advance) and takes this quarrel as a pretext for disrupting the analysis. (The chief reason for this procedure was that the patient failed to respond to Stekel's interpretations of his compulsive neurotic symptoms.) He tells his patient that he does not want to become well and that now, without the analyst's help, he cannot become well. Infuriated the patient replies: 'I will show you that I can become well also without your help!' Whether he lost his compulsion neurosis is not stated, but at least he resumed his studies which he had neglected for four years and passed his examinations. Later there was a reconciliation with Stekel. This is one of the numerous neat little tricks one can find in any of Stekel's books.

Some features of Stekel's 'active method' are in principle of lesser importance, so I confine myself merely to mentioning them: his emphasis on the interpretation of dreams (which he analyzes without asking for the patient's associations); his method of 'irritating and provoking' the patient's complexes. He does not say precisely what this means. In one case such a 'complex irritation' seems to consist of Stekel's advice that the patient read a certain novel or see a certain play in which the patient's problems play

an important rôle. Another important feature is his abundant use of ordinary surface psychology to persuade a patient to accept intellectually interpretations which he is not yet prepared to accept emotionally. As a curiosity the fact might be mentioned that Stekel sometimes at the end of an analysis even resorts to sending catholic patients with strong religious guilt feelings and scruples to a priest to confess.

Carl Gustav Jung tries to distinguish his doctrine from Freud's by at least omitting an *o* from its name: he teaches 'Psychanalyse' instead of *Psychoanalyse*. Alfred Adler calls his method '*individual psychologie*'. Of the dissenters only Stekel claims to practise psychoanalysis. At best it is minor psychotherapy based on a prewar psychoanalytical orientation. If Stekel would declare it as that, he would be less inhibited in summing up his theoretical procedures, in omitting false theoretical presentations of his own technique, and he would be of much greater help to those physicians who honestly wish to practise minor psychotherapy for which there is certainly a great and justifiable demand. With his psychological astuteness he certainly has observed many things that understood correctly might add much to any psychotherapist's knowledge of human nature. As psychoanalytic therapy for deeply rooted neuroses, Stekel's procedure can be evaluated only as a regrettable relapse and as the disintegration of a carefully erected science.

CARL M. HEROLD (NEW YORK)

PERSONALITY: A PSYCHOLOGICAL INTERPRETATION. By Gordon W.

Allport. New York: Henry Holt and Company, 1937. 566 pp.

The difficulty inherent in the scientific study of the human personality has been apparent to any objective observer for many years. Many schools have arisen ranging from closed systems, based on certain premises logically or pseudologically elaborated, to schools of thought which emphasize the need for the study of the 'total personality'. This has led to the acquisition of a diversity of types of data which may or may not have relevance.

In this excellent book the author has consistently followed through a type of approach which is related to personalistic psychology and which he calls the psychology of personality. Above all he emphasizes the uniqueness of the individual as an individual. By the use of well selected 'color' words, he lays about

him lustily in 'objective' criticism of many of the approaches to the problem.

To the psychoanalyst the book's value is contained in the author's ability to pertinently summarize the pros and cons of the various schools of thought. It is rather intriguing, therefore, that when he comes to discuss psychoanalysis he should fall into many of the standard fallacies. Some day perhaps it will be feasible for a psychoanalyst to write a monograph on the critics of psychoanalysis. Although the author accepts a good many of the psychoanalytic formulations, there is a constant deēmpphasis on their importance. Ostensibly accepting the unconscious, he emphasizes the importance of conscious conflicts to the exclusion of the unconscious. His own point of view being essentially anti-genetic, he of necessity denies the importance of the genetic development of the personality. He reserves some rather specially 'objective' criticism for the concept of the id and the superego. Somehow he gives the impression that to the psychoanalyst, because of Freud's concept of the 'never-changing' id, everything is pre-ordained. He should find great comfort in the fact that many of his arguments against psychoanalysis bear certain similarities to some of the recent attempts by psychoanalysts to pour adulterated new wine, of a rather indeterminate straw color and low specific gravity, into old bottles, retaining the label but nothing else.

Another criticism of psychoanalysis, which the author this time extends to other schools, is that it deals essentially with abnormal individuals and that there is no justification for drawing conclusions from the abnormal regarding the normal. There is a certain insistence on this throughout the book with the statement that the difference between the normal and abnormal is qualitative and not quantitative and that the dividing line is much sharper than the psychoanalysts would have one believe. Although one can follow the author's emotional reasoning, it is rather difficult to accept his point of view in this matter. While it is true that psychoanalysis, in its therapeutic aspects particularly, deals with what might be termed abnormal personality deviations, there has been accumulated a good deal of evidence to show that the division between normal and abnormal is not as clear-cut as the author would have us believe.

Allport accuses the freudian psychoanalysts of overemphasizing

sex. 'Whatever form of behavior or thought is *ever* found in *any* life to be associated with sex, they seem to assume to be *always* connected with sex in *every* life. This procedure produces such absurdities as . . . the dogma that all individuals normally have erotic attachments to the opposite sexed parent (because some neurotics report incestuous impulses).' His dichotomy between the neurotic and the non-neurotic deserves special emphasis since it serves the purpose of denying the existence in the normal of many impulses which are clearly seen in the neurotic. Much that the author denies by implication can be rather easily verified, even by the non-analyst, in a study of individuals who would fall into his category of normal. He states that 'excepting in the most intra-personal sense there is no such concrete fact of sex; when one speaks of sex-habits and sex-adjustments one can only mean *personal* habits and *personal* adjustments, having partial but not exclusive reference to the segmental biological functions of sex. Personality, then, is not a system of formations within a matrix of sex.' This in spite of the fact that the author takes cognizance of Freud's later division of instincts into eros and the death instinct. The reviewer does not intend the above to be taken as an expression of his own acceptance of the death instinct, but nevertheless consistency should be expected from the author if his criticism of Freud is based, as he maintains, on Freud's writings.

Many of the psychoanalytic concepts meet with the author's approval, particularly that of identification. Unfortunately he misconstrues the psychoanalytic interpretation of the process of identification and then doubts whether any new psychological process is involved except imitation of an intensely emotional order.

His own point of view centers around the concept of functional autonomy for which he presents a good deal of evidence. 'Theoretically all adult purposes can be traced back to these seed-forms in infancy. But as the individual matures the bond is broken. The tie is historical, not functional. . . The theory declines to believe that the energies of adult personality are infantile or archaic in nature. Motivation is *always* contemporary. . . Earlier purposes lead into later purposes, but are abandoned in their favor.' To use a rather crude analogy, one might maintain that an electric light continues in its full brilliance after the power has been turned off at the generator because the electric light rejoices in its brilliance. To give historical but not dynamic significance to

the rôle of earlier motivations in current situations really means to maintain only lip service to a concept of a consistently developing personality. The author overemphasizes certain secondary gains and stresses overdetermination at the cost of primary forces. Such a concept seems to be essential to the author since his purpose is to deny, for instance, the importance of infantile sexuality as a dynamic force in genetically determined personality evolution. In a footnote the author states that the case of W. E. Leonard in *The Locomotive God* is instructive in this regard; and indeed it is instructive, since it shows quite clearly Allport's concept that the therapeutic effects in psychoanalysis depend purely upon the historical knowledge of the development of a symptom: 'Even though he could explain why he was once frightened for a very good reason (by a locomotive), the author is quite unable to explain why now he is frightened *for no particular reason*'. This is used as evidence of the fallacy of the psychoanalytic concept. Except at the conscious level, no phobic patient is frightened by the object of his phobia 'for no particular reason'. To the author the concept of functional autonomy 'clears the way for a complete dynamic psychology of *traits, attitudes, interests, and sentiments*, which can now be regarded as the ultimate and true dispositions of the mature personality. . . It utilizes the products of differentiation, integration, maturation, exercise, imitation, suggestion, conditioning, trauma, and all other processes of development; and allows, as they do not, considered by themselves, for their structuralization into significant motivational patterns.' He admits that the historical view of behavior is important for an understanding of personality, but as far as the understanding of motives is concerned, the cross-sectional dynamic analysis is more significant. Motives to him are always contemporary. In ten paragraphs he makes his 'declaration of independence for the psychology of personality'.

In spite of the above criticism, the reviewer feels that the book is of especial value to the psychoanalyst because it does give in a critical, summary way a review of the outstanding approaches to the problem of personality. Its very title, *Personality: A Psychological Interpretation*, is valuable. The author's constant emphasis upon the uniqueness of the individual is an extremely healthy one, since attempts to generalize usually leave one knowing a good deal about nobody. Of interest is his review and criticism of the various

research approaches. There is an excellent discussion of the theory of traits, which are accepted as biophysical factors motivating human behavior.

The chapter he devotes to a discussion of expressive behavior is particularly enlightening. The facial set, movement, gait, and voice are of extreme importance, especially to the psychoanalyst. The acute clinical observer pays constant attention to these manifestations; in fact the therapist who emphasizes merely the verbalization of his patient obtains a one-sided picture. The author is rightly critical of the psychologist's delight in the use of complicated recording instruments to the neglect of 'the most delicate of all recording instruments—himself. The human mind is the only agency ever devised for registering at once innumerable variables and for revealing the *relations between them*.' This statement will assume added importance if there is more than a general realization of the need for a 'standardization' of the observer's mind, such as is attempted by psychoanalysis in the didactic training analysis of the observer.

M. RALPH KAUFMAN (BOSTON)

THE OPEN MIND: ELMER ERNEST SOUTHARD, 1876-1920. By Frederick P. Gay. Chicago: Normandie House, 1938. 324 pp.

In the early years of this century there flashed across the horizon a bright star in the field of psychiatry, a star that blazed brilliantly, briefly, and disappeared as suddenly as it had come. The light of the star went out in 1920 when Elmer Ernest Southard, one of the youngest professors in the three hundred years of Harvard history, died at the age of forty-three.

It was a brave and ambitious task that Professor Frederick Gay of Columbia set himself when he essayed to write the life of his friend. Yet he has done it faithfully and accurately. If his compilation of facts lacks something of the scintillating spirit or the warmth of feeling characteristic of the man whose life is recorded, this must be charged up to the inevitable difficulties of describing the soul of a genius.

There can be no doubt of Southard's greatness measured by his breadth of vision, by his capacity for stimulating and inspiring his students and colleagues, and by the amazing fertility of his investigatory curiosity. The man who was not only a pathologist, a psychiatrist, a hospital executive, a teaching pro-

fessor, but a philosopher, a philologist, a psychologist, a poet, a chess champion, a sociologist and, above all, a charming, gracious human being is a personality too rare and precious and extraordinary to be registered in the cold lines of print of a formal biography. In his few brief years Southard attracted to himself and inspired a large number of disciples with whom he dealt with a never failing kindliness, with that extraordinary technique which so few professors have of making subordinates feel that their ideas are brilliant and important. Often he would take an idea diffidently tendered by one of them and perhaps almost valueless at the beginning, mold or polish it into something of worth, and give it back to the author without the slightest intimation that anyone but that author deserved credit for the project.

The innumerable facets of his personality as seen by his intimate friends, his colleagues, his students, have been patiently collected and recorded by Professor Gay in a book which every man who knew Southard will want to possess, and which every man who would know the determining personalities of American psychiatry will feel obliged to read.

To readers of this *QUARTERLY* it is an exceedingly interesting speculation as to why those two leaders, Southard and Freud, never met, and what would have happened if they had met. In spite of Southard's nominal rejection of psychoanalysis, one of the reviewer's friends is convinced that although he had not publicly acknowledged his intellectual acceptance of psychoanalytic principles, he had long recognized their validity. I knew him very well, and I do not quite believe this; for it must be said that strictly speaking the title Professor Gay has given this book is not accurately descriptive of Southard. Southard had a brilliant, a versatile, a profound, a cultivated, and a productive mind, but not an open mind—an open heart, but not an open mind. This is one of many ways in which he resembled Freud. They also shared the same personal charm and graciousness, the same self-effacement, the same joy in the discovery and elaboration of new ideas, and the same prejudice against foreigners. And just as Professor Freud has never been able to bring himself to feel quite right about America and Americans, so Professor Southard had a definite prejudice against Europeans and against ideas originating and developing in Europe. He would have pointed to the present political developments there as evidence for the justifiability of

his prejudices. Psychoanalysis was one of these European ideas, and Southard rejected it instinctively (I use the word in its conventional, not its scientific, sense). Furthermore, I do not feel it is disloyal for me to say that Southard was essentially a 'superficialist' in the sense that he felt that the nature of things was patently apparent even on the surface if one but looked carefully. He regarded the tendency to sneer at the obvious as a kind of blindness. It required courage for him to say that he could detect pathological changes by the manual palpation of the gross naked brain, and it required courage for him to say that one could see from the very reasons alleged by employers for the discharge of certain employees that the latter were sick. Freud too bespoke the significance of the obvious: for example, the psychopathology apparent in everyday life. But where Freud depended upon deep subsurface analysis, Southard depended more directly upon deductive logic and philosophical extensions, especially by analogy. In this sense Freud is, of course, much the greater scientist; but whereas Freud nominally rejects philosophy and exalts empiricism, Southard, although trained in the mechanics of empirical science to a far greater degree than Freud, preferred the philosophical disciplines to those in which he was trained.

And it is extremely interesting that Southard who sparkled with life, whose whole career was characterized by an optimistic vivacity, should have died so young, while Freud whose sober realism led the optimistic Southard to describe him as a pessimist, Freud, who wrote of death, who gave us that magnificent conception of the death instinct, lived, in spite of suffering and sorrow far beyond that to which the average man is exposed, to almost twice the age at which Southard died.

KARL A. MENNINGER (TOPEKA)

ADULT ATTITUDES TO CHILDREN'S MISDEMEANOURS. By Helen Bott. Toronto: The University of Toronto Press, 1937. 21 pp.

If he expect some advice or criticism in the handling of children's misdemeanors by educators, the reader will be grossly disappointed. It would seem to be a waste of time to prove in complicated statistics that there is 'the need for more understanding and agreement among all those concerned with the child's behavior as to their fundamental aims in training', yet this appears to be the main point of the book. But even this conclusion is not followed since

the author says: 'How far teachers desire or are justified in remaining outside the sphere of thought represented by mental hygiene, or what measures might be suggested to bridge this difference are questions outside the scope of this enquiry'.

The question of the author, whether it is 'legitimate to distinguish among misdemeanors', demands a previous question: what is a 'misdemeanor'? Why is 'avoidance of group' or 'daydreaming' or 'shyness' a misdemeanor while in the list of twenty-one misdemeanors given by the author she does not enumerate eating habits, sleeping difficulties (e.g., getting up at night), crying out during sleep, or bothering people with questions? Thus the list of 'misdemeanors' is incomplete. To define such behavior as misdemeanors, furthermore, does not explain anything; it only shows that they either disturb the adult or disturb the child. Naturally those who do not wish to be disturbed are mainly interested in forbidding aggressive behavior, while those sympathetic to children are more interested in calming their fears. *Fear* and *anxiety*, however, are words that do not appear in this study. Perhaps some of the 'misdemeanors' might be found to have their origin in such states and thus prove to be not so conveniently appraisable as misdemeanors.

EDITH BUXBAUM (NEW YORK)

SOCIALIZED MEDICINE IN THE SOVIET UNION. By Henry E. Sigerist, M.D. New York: W. W. Norton & Co., 1937. 378 pp.

The author of this work is Professor of the History of Medicine in the Johns Hopkins University. In order to evaluate his book, it is necessary to know something of the qualifications of the author. Professor Sigerist regards medical history to a large extent as economic history. He states this concept elsewhere (Bull. Inst. History of Med., 1936, vol. 6) in the following terms: 'The history of medicine in a very large sense is the history of the relationships between physician and patient, between the medical profession in the largest sense of the word (including administrators, public health officers, scientists, nurses, priests, quacks, etc.) and society'. In another passage he adds, 'The history of hygiene is not only determined by scientific ideas but just as much by educational ideals, and public health can only develop under favorable political conditions'. Professor Sigerist consequently regards the history of medicine as a subject of broad and important scope.

To the task before him he brings the experience of a scholar and investigator in the field of medical history, besides first-hand familiarity with the Soviet Union and the language of its people. In view of his conception of medical history, it is not surprising that in order to present his picture of present day Russian medicine, he devotes the first of the six chapters comprising the book to a presentation of the background of Soviet medicine, including an exposition of Marxian principles and the history of Russian medicine up to the time of the revolution.

The problem in Dr. Sigerist's book is the problem of socialist medicine, the Soviet Union offering the first opportunity to study medicine under a completely socialized, non-capitalistic political régime. The last five chapters are devoted to an exposition of Soviet medicine including its principles, organization and administration, and its protective health measures as applied to groups and individuals.

From the pages the fact emerges that the Soviet Union has made tremendous efforts to organize medicine as a function of the state. All hospitals and medical schools are run by the state; all physicians, medical students and nurses are directly paid by the state; private practice as conducted in the capitalistic countries has practically disappeared. Health protection plays an enormous rôle in Soviet medicine and includes elaborate governmental agencies in charge of rest and recreational facilities, food and housing. Furthermore, health insurance has been introduced on a large scale, and epidemics and social diseases are being systematically studied and controlled; the working conditions of labor are being markedly improved, and measures are being pushed for the protection of the health of mothers and children.

There is no doubt that tremendous advances have been made, especially if one compares what the Soviet Union is accomplishing with conditions that existed under the previous czarist régime. For example, the number of physicians in 1913 was 19,785, in 1933, 80,923; there were 13 medical schools in 1913 but more than 50 in 1936; hospital beds in 1913 numbered 175,634, in 1933 there were 442,880; maternity beds 4,709 in 1914 as against 48,250 in 1935-36; nurseries 850 in 1913 as against 299,388 in 1932; patients in health resorts in 1913, 200,000 as against 895,500 in 1935. The data which Dr. Sigerist has collected demonstrate also that since the establishment of Soviet power the various socialized medical

projects which have been planned are being steadily carried out, thereby raising very appreciably the health of the population; moreover, a great number of new research institutions have been created.

There can be no doubt that in a quantitative sense socialized medicine has made enormous progress in the Soviet Union, as the present book convincingly and impressively portrays. On the other hand, the qualitative aspects of medical training and service are much more difficult of appraisal, and Dr. Sigerist's account gives no real picture of actual conditions. Indeed, one is forced indirectly to the conclusion that medical training, diagnosis and care are in many respects at a very unsatisfactory level. This the author does not directly deny, but he expresses the belief that qualitatively too, Soviet medicine has made and will continue to make considerable progress.

There are certain fundamental implications of Soviet medicine that Dr. Sigerist neglects to discuss or to take a clear stand on: the most important perhaps, is the question of intellectual freedom.

State medicine in Russia is an integral part of the Soviet system of government, in consequence of which it will have both the advantages and defects of the ideology from which it springs. The main advantage to medicine in the Soviet system resides in the large and undisputed powers which enable the government to introduce systematic health measures for the care of its entire population. The fact that the system is to a great extent a socialistic one and the population submissive makes the benefits of authoritarian rule in Soviet Russia somewhat more all-inclusive in character perhaps than in other totalitarian states, such as Germany where certain classes and minority groups, if they have not been liquidated, do not share equally the benefits dispensed by their masters. Authoritarian states of whatever complexion are, however, conspicuously ahead of democracies in the degree and rapidity with which measures of socialization of health and living can be carried through. Doubtlessly many of the measures imposed on the Soviet population have resulted in an immediate and striking improvement in health conditions, as Dr. Sigerist so clearly outlines.

On the other hand, there is good reason to suspect that authoritarian rule, whether of the right or left, may be destroying modern medicine at its roots in spite of its apparent successes in the field

of socialized medicine. It is obvious that the brilliant discoveries and achievements in medicine in the last hundred years have been the outcome of the unprecedented encouragement given to the natural sciences in certain civilized communities. Freedom of inquiry and freedom of research are the first and fundamental premises for the further growth and continuing existence of science. These essentials are being denied in Soviet Russia, as well as in Germany, with the inevitable result that science is being prostituted and degraded in those countries. Large institutes and medical schools with increasing budgets are cited by Dr. Sigerist as being created in Soviet Russia. But competent observers have reported that within the walls of these Soviet institutions scientific research and teaching have become subverted into instruments to propagate and to justify the particular social and economic doctrines of the state; that the social sciences, preventive medicine, psychology including psychoanalysis, anthropology, and certain phases of biology and genetics have become subject to a ruthless and repressive censorship by the state; and that, finally, the scope of science has become defined and limited by the social and political prejudices of a half dozen men in power. Moreover, Soviet scientists have been in great measure cut off by state intervention from communication and free discussion of their work with their fellow scholars in other parts of the world. This free intercourse of scholars and scientists, now unfortunately threatened, has been one of the slender threads uniting the cultured elements throughout the world in combating nationalistic, racial and religious obscurantism. In spite of these influences, science may continue for a time to yield occasional brilliant discoveries in the totalitarian states. But having lost its essential inner meaning and integrity, it is inevitable that science will decay. Under these circumstances scientists will resemble nothing so much as groups of trained seals.

The Soviet buildings, equipment and budgets to which Dr. Sigerist refers are necessary but nevertheless represent a relatively minor part of what constitutes any distinguished university or scientific institute. What has made certain German, Scandinavian, English and American universities great at some periods of history has been the intellectual caliber of the scholars which they nurtured. Only when the spirit of free inquiry has been present, and fear and coercion have been banished, have great and gifted minds chosen to reside within academic walls. It is this reviewer's opinion

that impressive as the scientific programs and the elaborate curricula of the Soviets appear on paper, they are essentially meaningless unless intellectual freedom prevails; and regarding the existence of the latter in Russia Dr. Sigerist gives us no evidence.

It is the reviewer's opinion that Soviet medicine has less to offer to the United States in the way of example than Professor Sigerist's enthusiasm would suggest. I am sure that Dr. Sigerist would agree that the United States needs more socialization of medicine, while Soviet medicine needs more of the spirit of free scholarship. For America to achieve the former at the price of losing its present scientific and intellectual freedom would be tragic. The question arises as to whether socialization of medicine is compatible with democratic representative government. The evidence indicates that the two may be compatible, for it is evident that in capitalistic democracies, including the United States, partial socialization of certain institutions, notably education, has been regarded as desirable and has been in the main successful. To a lesser degree medicine also has been slowly undergoing socialization and, on the whole, with success from the standpoint of the increasing health and welfare of the population.

One wonders whether Dr. Sigerist's enthusiasm and sincere idealism may not have led him to sacrifice strict objectivity to some extent. The character of the Soviets, whether or not partly the result of external circumstances, is like a patient who is somewhat shut in, slightly paranoid, secretive, and subject to distinct ideas of reference accompanied by outbursts of aggressive behavior. Should he wish to continue in good rapport with the patient for purposes of future study, it behooves his physician to exercise considerable caution and restraint. Professor Sigerist has given us a preliminary physical examination of the patient without resort to fluoroscopy, encephalograms or prolonged personality study. Perhaps it is his intention to institute these later and at that time to explain to us what the patient's real condition is.

This is a first book but nevertheless an interesting one. With Dr. Sigerist's growing familiarity with Russia and his preëminent gifts as a medical historian and student of sociology, we should expect a deeper analysis at some future time.

Interesting is this anecdote told about Dr. Sigerist. A student once took issue with him whereupon Dr. Sigerist asked him to name his authority. The student replied: 'You said it yourself'.

'When?', asked Dr. Sigerist. 'About three years ago', his pupil answered. 'Ah', said Dr. Sigerist, 'three years is a long time and I have changed my mind since then'.

GEORGE B. WISLOCKI (BOSTON)

MALNUTRITION THE MEDICAL OCTOPUS. By John Preston Sutherland, M.D. Sc.D. Boston: The Meador Press, 1937. 368 pp.

After twenty-one years as Professor of Anatomy and twenty years as Professor of Theory and Practice at Boston University School of Medicine, the writer speaks with authority on the subject of diet. That there is a marked personal bias cannot be denied. The material is a mixture of preachments and scientific data. There are no false claims, rather a series of implications. Failure to obey 'Nature's laws', chief among them 'transgressions of her dietetic laws', has led civilization to disease and misery (p. 266).

A long life and a happy one is assured by eating natural unspoiled grains, vegetables, fruits and nuts, having started life with nine months of breast milk. 'The use of sub-human milk (commonly called cow's milk) after the period of weaning may be fraught with more danger and even harm than benefit to the human race' (p. 51). All food refining processes are not only unnecessary but have 'injurious possibilities' (p. 135).

Needless to say there is no recognition given to emotional factors, even in the chapter on weaning. Man is given a soul, but that too is nourished on a meatless diet without granulated sugar or white flour in any form. In fairness it should be said that part of the text gives one pause to consider contemporary vitamin and mineral therapy and the part that low resistance to disease must play among the underprivileged.

KATHARINE BUTLER (NEW YORK)

PSYCHOLOGICAL FACTORS IN MARITAL HAPPINESS. By Lewis M. Terman, assisted by Paul Battenwieser, Leonard W. Ferguson, Winifred Bent Johnson and Donald P. Wilson. New York and London: McGraw-Hill Book Company, Inc., 1938. 474 pp.

This volume is the outcome of several years of research aiming to define statistically the relationship of some four hundred variables to the marital happiness scores of 792 couples. The exclusive source of data for the study was provided by written answers to a lengthy

questionnaire embracing three main groups of variables: personality factors, background factors, and specific sexual adjustments. The total happiness score of each individual was computed as a numerical index representing a composite of numerous items derived from responses which received graded weights on the basis of intercorrelations, an individual's subjective estimate being only one item correspondingly graded.

In spite of the extreme methodological caution with which the authors seek to close in on their problem, the significance of their results is frequently undermined by the soft paternalism with which they handle the difficulties inherent in the questionnaire method, a method—at least in its present crude state—combining all the liabilities of the subjective approach with few of the advantages. The main trouble seems to arise from an insufficient pre-occupation with what is perhaps the most crucial aspect of a venture such as this: the riddle of when is a question not a question or exactly what does each question presume to measure?

This neglect is fortunately not equally crippling to all sections of the work since of the several hundred questions to which the respondents handed in written answers, there were many where the answers could be accepted as adequate indices of definitely measurable quantities, and where the answers could be counted upon to be reliably straightforward, free from entanglements and capable of being lumped together for purposes of statistical comparison. Thus, questions having to do with age, occupation, income, number of siblings and even items like frequency of intercourse, for example, would fall into this category. Assuming a high degree of honest accuracy in these answers, and providing that the measure of marital happiness used had a fairly serviceable validity, the correlation between marital happiness and any such items would have significance within known limits of reliability. Such statistical evaluations could be welcome additions to our knowledge—and, indeed, the present study is blooming with buds of this sort, buds frequently bearing thorns for the gloved fingers of experts from the experience-has-shown-from-time-immemorial school.

Besides these high-accuracy items, however, the questionnaire presents dozens of items where the utilizable meaning of the responses is complicated in varying degree by a whole scale of difficulties from simple ambiguity arising out of the precision limits of

ordinary language to complex involvements with the respondents' own egos. Questions, to cite a few at random, like

'Have you sometimes felt sexually attracted to a person of *your own sex* [italics authors']? (check) Very strongly—, strongly—, somewhat—, not at all—.'

or

'Have you sometimes wished, either now or during your early life, that you were a woman instead of a man? Yes—, no—.'

or

'Before marriage was your general attitude toward sex one of disgust and aversion—, indifference—, interest and pleasant anticipation—, or eager and passionate longing—?'

can scarcely be expected to yield responses very high in comparability value simply because the sources of error involved are in no sense systematic or constant between individuals, and there is no method of possibly adjusting the scale to such a complex differential. Here the authors seem sometimes to forget that they are really not correlating deep psychological trends to marital happiness but only the *answers to questions*. Thus, despite frequently crossing themselves with pious methodological prayers, in summarizing their results they repeatedly commit the unwitting sin of watering the original stock of correlations with unsecured generalizations like: 'From the data at hand it appears that the presence of homosexual feeling is not so incompatible with happy marriage as is commonly supposed . . .' (p. 343); or 'The conclusion is that woman's premarital attitude toward sex is much less important than many have thought it to be' (p. 248). These statements may or may not be true; but the authors have still regrettably failed to provide us with any instrument for appraising their truth or falsehood in as much as the key items they are measuring are, to say the least, very weak and very fallible indices of the attitudes in question. Similarly, in a section of the book devoted to the correlates of orgasm adequacy in women (appendix I) the authors have failed to contribute substantially to our meager knowledge of frigidity by simply asking a few questions designed to get a subjective estimate of 'degree of attachment to mother' or 'resemblance of spouse to opposite-sex parent' and then summarizing the results with 'In short, we find nowhere in our data any clear trace of Oedipus or Electra influences upon the wife's experience of orgasm' (p. 395). This type of pronouncement, because of its

formal modesty, might tend to disarm the carping critic; but it should be remarked that the same pronouncement could just as meaningfully or meaninglessly apply had the data summarized been the annual volume of carloadings or Christmas sales. The psychoanalytic literature, we must admit, is loaded with examples of mountains made out of molehills due to a zealous neglect of elementary statistical safeguards; but it is a harsh, not to say superfluous poetic justice which invites statisticians to make molehills out of mountains through an equally zealous neglect of the most elementary clinical circumspection.

The above cited indiscretions should not deter the serious student of the marriage problem from spending thoughtful time with this volume. In spite of its defects, this is probably the most complete statistical work-up of many aspects of the problem which has yet been brought out, and, despite its lapses, the most competently handled. It must be said to the authors' credit that their claims are quite modest and that they in no sense regard their work as the ultimate pinnacle of statistical achievement in this field. They express the hope, in fact, that further work along this line may help to develop a more valid prediction scale than they themselves were able to forge from their labors. Perhaps future refinements of the method will also serve to show up more clearly certain images which were only weakly emergent from the present mists—the triple relationship, for instance, between familial background factors, that something known as 'marital happiness' and the capacity for supine imbeddedness in the authority dispensing matrices of our culture. There might emerge from this some interesting (though not unsuspected) data on the tenacious vested interests of the church and state in the marriage institution.

JULE EISENBUD (NEW YORK)

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Revue Française de Psychanalyse. Vol. XI, Number 1, 1939.

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Psychosomatic Medicine. Vol. I, Number 1, January 1939.

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Vol. I, Number 2, April 1939.

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The American Journal of Orthopsychiatry. Vol. IX, Number 3, July 1939.

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- The American Journal of Psychiatry.** Vol. XCVI, Number 1, July 1939.
 THOMAS M. FRENCH: Psychogenic Factors in Asthma.
- The Psychiatric Quarterly.** Vol. XIII, Number 3, July 1939.
 HYMAN S. BARAHAL: Constitutional Factors in Psychotic Male Homosexuals.
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 FRITZ MOELLENHOFF: Ideas of Children About Death. A Preliminary Report.
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 LEONARD W. DOOB AND ROBERT R. SEARS: Factors Determining Substitute Behavior and the Overt Expression of Aggression.
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 MILTON H. ERICKSON: The Applications of Hypnosis to Psychiatry.
- Tokio Zeitschrift für Psychoanalyse.** Vol. VII, Number 7-8, July-August 1939.
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NOTES

On Tuesday evening, September 26, 1939, a FREUD MEMORIAL MEETING was held in the New York Psychoanalytic Institute in New York City. Lawrence S. Kubie, M.D., president of the New York Psychoanalytic Society, presided as Chairman. The first address was by A. A. Brill, M.D., Honorary President of the New York Psychoanalytic Society. Ludwig Jekels, M.D., Freud's oldest pupil, now residing in New York City, read an address in German. A third address was given by Paul Federn, M.D., former President of the Vienna Psychoanalytic Society. From many letters and telegrams received by the Society, Chairman Kubie read a telegram from Thomas Mann. After announcing that a message was being sent by the Society to the friends and family of Professor Freud, the meeting was adjourned.

The Educational Committee of the NEW YORK PSYCHOANALYTIC INSTITUTE offers the following courses for the academic year 1939-1940: 1. The Neuroses, the Psychoses, and Transference Problems in Psychiatric Practice, to be given by Gregory Zilboorg, M.D. 2. Required Readings in Psychoanalysis, to be given by Clara Thompson, M.D. 3. Basic Data and Methods of Psychoanalysis, to be given by René Spitz, M.D., and J. H. Van Ophuijsen, M.D. In addition, the Extension School of the Institute provides two courses for social workers, one an intermediate seminar, Psychoanalytic Thinking in Case Work, conducted by Richard L. Frank, M.D.; the other a course for a selected group of advanced social workers, The Application of Psychoanalysis to Social Work, conducted by I. T. Broadwin, M.D.

ARCHIVIO GENERALE DI NEUROLOGIA, PSICHIATRIA E PSICOANALISI, founded and directed by M. Levi-Bianchini, has ceased publication. On the last page of the Supplement to the volume of 1938 which was recently issued, Dr. Levi-Bianchini states in a small notice: 'With this Volume XX, supplementary to the year 1938, the *Archivio Generale di Neurologia Psichiatria e Psicoanalisi* ceases publication for reasons beyond our control, to be continued as the *Archivio di Psicologia, Neurologia, Psichiatria e Psicoterapia*, edited by the Magnificent Rector of the Catholic University of the Sacred Heart of Milan. Those subscribers that have paid for the year 1939, will receive this volume at the price of 35 lire: the balance of the sum paid will at the same time be returned by postal money order.' Thus after twenty years of publication the only current journal in Italy which had in its name the word 'psychoanalysis' ceases to exist.

A new PSYCHIATRIC DEPARTMENT has been organized at the Mount Zion Hospital in San Francisco, California. Dr. J. Kasanip, Director of the Psychiatric

Department of the Michael Reese Hospital, Chicago, Illinois, and Assistant Professor of Psychiatry at the Rush Medical College, University of Chicago, has been appointed as Chief of the Service. Associated with him will be Dr. Mervyn Hirschfeld, Assistant Professor of Neurology at the University of California Medical School. Work in child psychiatry will be under the direction of Dr. Joseph C. Solomon, formerly on the Staff of the Baltimore Child Guidance Clinic. Dr. William M. Cameron has been appointed as Resident Psychiatrist.

The first series of the WILLIAM ALANSON WHITE MEMORIAL LECTURES is announced by the superintendent and staff of Saint Elizabeth's Hospital and the board of trustees of the William Alanson White Psychiatric Foundation. The lectures will be given by Harry Stack Sullivan, M.D., on the subject: Modern Psychiatric Conceptions, in the Auditorium of the Department of the Interior, Washington, D. C., on Friday evenings at 8:30 P.M. Subjects and dates: Conceptions of Modern Psychiatry, October 27, 1939; Organism and Environment, November 3, 1939; Diagnostic and Prognostic Syndromes, November 10, 1939; Explanatory and Therapeutic Conceptions, November 17, 1939; Prospective Developments and Research, November 24, 1939.

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