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# PSYCHOANALYSIS REVISED

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## *THE HUMAN SETTING OF THE DEVELOPMENT OF IDEAS*

Progress in every science is based on two processes: discovery of new facts and the gradual improvement of the conceptual mastery of these facts. The second of these processes involves the critical evaluation of current views, establishing what they accomplish and where they fail and need modification. In the natural sciences this continuous discarding of older views and replacing them with new constructions which are better adapted to the observations is considered a natural course of development. It is seldom connected with violent emotional attacks or with the foundation of inimical schools competing with and disparaging each other. The revision of theory in physics is mainly a question of intellectual argument, an unemotional evaluation of factual evidence. The more removed a discipline is from its observational basis the greater opportunity there is for emotions to enter into scientific discussion. In the nineteenth century almost all German philosophers were fighting each other, the idealists viciously attacking the materialists and the positivists trying to discredit the followers of all other schools. Every professor of philosophy felt that he had the ultimate and unique key to the sanctuary of truth. Also in young and less developed fields of science emotional issues are of great influence. Thus, in the social sciences and in psychology the admixture of such emotional impurities mars the rational evolution of ideas. The strictly intellectual process, the consistent and gradual adaptation of theoretical constructions to the ever-growing observational material makes the study of the history of physics, however, a thrilling experience well-nigh æsthetic in nature.

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Naturally, every fundamentally new scientific discovery is apt to arouse emotional rejection both among experts and laymen. Every science consists of the continuous struggle of objective knowledge against wishful thinking. Since the world is not as we want it to be, every new recognition of a factual situation arouses emotional resistance. Apart from this emotional resistance, the inertia of the intellect also has a retarding influence. One adheres to ideas which have proven helpful in the past. Every alteration of ideas requires new learning, new effort, a new intellectual adjustment. While wishful thinking and the inertia of the mind are universal phenomena, there are also some more individual emotional issues frequently involved. Every originator of an idea has a partiality towards his own accomplishment. We know how sensitive authors are even towards small editorial changes in their manuscripts. No wonder that this sensitiveness appears in exaggerated fashion when a change of fundamental ideas and theories is required. But it is not only the originator of ideas who is emotionally involved in scientific progress. So also is the critic who requires changes and suggests minor or major improvements upon the theory. Often he has a more critical than creative mind and unconsciously resents the genius' creative capacity. And should he himself possess a productive intellect and have ambitions for originality, he might feel envious of the giant with whom he is unable to compete. Then he will be apt to exaggerate the defects of the theory of the originator and emphasize the novelty and significance of his own contributions. And finally there is the inert mass of blind followers who uncritically apply the views of an authority, who laboriously have learned the ideas of the master and now desperately defend them from every innovation which would demand new intellectual investment. Since they seldom have judgment or courage for critical evaluation they feel confused and helpless if the critic begins to undermine traditional views and thus shakes their blind belief in the authority, a belief which they so direly need. They therefore dislike the innovator who is capable of emancipating himself from the spell of the master. Of course apart

from these three extreme groupings among scientists, there are many who represent transitions, mixed types, who may have the qualities of all three groups. In fact the majority belongs to this mixed type.

As in all fields of scientific life, so also in psychoanalysis these are the actors in the drama of scientific development: the creative genius, his critics, the mass of followers and, of course, all the intermediary types. All these together, despite their human frailties, are responsible for every step in scientific progress. One purpose however unites them all: the search for truth. In the long run the intellectual strivings for understanding outweigh the emotional impurities; or at least let us hope that this is the case.

### *EVOLUTION AND REVOLUTION OF IDEAS*

Attempts to revise psychoanalytic views and to improve upon the psychoanalytic technique of treatment are almost as old as psychoanalysis itself. Indeed Freud's life work consisted in a continuous struggle for the adjustment of his theoretical concepts to the rapidly increasing factual material which had been discovered by means of his novel technique of studying human beings. He revised even his most fundamental concepts several times and it was no easy matter for his pupils—most of them more or less uncritical followers—to keep step with the ever-changing views of the master. Only a few of them offered a fundamental revision of Freud's views. Some of them succeeded in founding new schools, none of them in improving the theory. And yet apart from these radical innovators and dissenters, a slow and gradual change of ideas took place which, however, has not found systematic expression in psychoanalytic literature. Horney's new book, *New Ways in Psychoanalysis*,<sup>1</sup> is one of the very few systematic attempts at a critical evaluation and revision of the theoretical constructions of psychoanalysis.

Much of what the author offers as fundamental innovation is nothing but the more or less successful formulation of precisely

<sup>1</sup> Horney, Karen: *New Ways in Psychoanalysis*. New York: W. W. Norton & Co., Inc., 1939.

such gradual changes in traditional concepts which almost tacitly—certainly without much ado—took place during the natural course of development as a result of the interchange of ideas between many different workers. Due to a prevailing worship of authority, or perhaps only to an instinctive respect for the sensitiveness of the master, only a few of these more or less widespread modifications were stated explicitly and then always in an unsystematic fashion without emphasis upon the deviation from older concepts. Mostly these changed attitudes were expressed in clinical discussions, in case seminars, thus gradually pervading psychoanalytic teaching.

All of this, of course, does not detract from the merit of Horney's attempt to review systematically and to describe explicitly changes which took place more or less tacitly in the course of many years. It is more a question of taste and perspective, how much credit an author is willing to give himself for changes which gradually have occurred and were unsystematically expressed by a number of others. Thus, for example, Horney's emphasis on the actual life situation had already been voiced in 1924 by Ferenczi and Rank<sup>2</sup> who, like others—among them the author of this article—criticized the search for infantile memories as a therapeutic aim in itself. Furthermore, Horney's stress upon understanding the total dynamic configuration of personality in relation to the environmental situation is today indeed a commonplace. It would be a difficult task to single out those publications which have contributed to this synthetic point of view. Anyone who wanted to arrogate to himself alone the recognition of this methodological principle would do a grave injustice to the majority of experienced analysts. Another view which Horney makes a target of her polemic passion is the attempt to explain overt behavior as the mechanical repetition of previous situations. This was discarded by Freud as soon as he abandoned the universal traumatic explanation of neurotic symptoms, although the

<sup>2</sup> Ferenczi, Sandor and Rank, Otto: *Entwicklungsziele der Psychoanalyse*. Leipzig: Int. Psa. Verlag, 1924. Trans. *The Development of Psychoanalysis*. New York: Nerv. and Ment. Dis. Publ. Co., Monograph Series No. 40, 1925.

occasional, almost unmodified, striking repetition of earlier experiences in the form of psychotic and neurotic symptoms remains a valid observation.

Many of Horney's critical comments are directed against such antiquated views as if they were still current. On the other hand, she often claims for herself innovations which have been current for a long time. Her book contains, however, other less obvious criticisms, and also problematic yet significant suggestions. She subjects the problem of the rôle of sexuality in neuroses and the whole libido theory to a most timely scrutiny and although she cannot offer any satisfactory new solution to replace old concepts, she stimulates a discussion of these taboos of psychoanalytic theory which in the course of time have lost much of their magic quality.

If Horney's book did not contain more than a systematic review of more or less generally accepted, but not explicitly formulated changes in psychoanalytic thinking, as well as discussion of more problematic views, the only criticism against it could be that it is somewhat lacking in perspective towards her own contribution. This of course is only a secondary issue. But certainly a more detached historical presentation, showing the gradually increasing trend toward more dynamic and less mechanical views, would have been more convincing and its educational value for the so called 'orthodox followers' considerably greater.

Her polemic ardor involves the author, however, in greater difficulties and more serious issues than those of questionable taste and lack of perspective. As is often the case when one attacks an enemy, one is likely to adopt the enemy's worst weaknesses. Horney attacks the libido theory and replaces the idea of a vague and mystical biological substance—the libido—with an equally empty sociological slogan—culture. She tries to expel Satan with Beelzebub. Just as human behavior cannot be explained satisfactorily by a solely biological principle which is immanent in the organism (libido), neither can it be explained by a sociological principle alone (culture). Cultural influences obviously act upon a highly complex biological

system which has to an amazing degree a preformed individual structure. Furthermore, culture itself is originated by the dynamic qualities of biological systems. Obviously we deal here with a complex interplay between biological systems (men) which create a society and become modified by their own creation.

Horney would have had a wonderful opportunity to present historically the development from the more static and material concept of libido—this mystical substance which circulates in the body—to a more dynamic psychology of individual tendencies which have to be understood in their total configuration and in relation to the environment. She could have shown the striking parallel between the development of physics and psychoanalysis. Physics also starts with the mechanical substance idea, then develops the concept of the Proteus-like energy which appears in different forms, only to arrive at the field theory in which the energy quantities are no longer dealt with in isolated systems but in relation to each other. Also in psychoanalysis a more materially conceived libido was replaced by more dynamic concepts. Increasing attention was paid to the great variety of individual tendencies and strivings. Referring to them as libido manifestations became more a matter of speech than anything else. In the last ten or twelve years in what is called ego psychology the interest was focused on these individual tendencies in their complex interrelationship with each other and the environment. This point of view Horney introduces now as a fundamental deviation from Freud.

To this Horney may reply that such a historical representation is impossible because in the psychoanalytic literature these consecutive phases cannot be so clearly distinguished. This may be true; but the task would then be only more difficult, not impossible. Anyone who really cares to undertake this important work can find classical examples in such historical studies as Mach's *History of Mechanics*<sup>3</sup> and *History*

<sup>3</sup> Mach, Ernst: *Die Mechanik in ihrer Entwicklung. Historisch-Kritisch dargestellt*. Leipzig: Brockhaus, 1912.

of Thermodynamics<sup>4</sup> and Einstein's and Infeld's *Evolution of Physics*.<sup>5</sup> In these presentations the authors' efforts are not directed towards minimizing the value of older concepts in order to make the new ones appear more significant. On the contrary, they try to show the beauty and the accomplishments of older views—how gradually latent inconsistencies in the theory and new observations require changes, thus demonstrating the organic growth in scientific thought—its step by step adaptation to the observational substratum. A polemic attitude does not allow such a detached historical approach. Horney's polemic dialectic approach is responsible for the fact that whenever she goes beyond sheer criticism and offers a new solution she is apt to replace an old error with a new one. How could it be otherwise? The antithesis is always the opposite of the thesis but truth is seldom the diametric opposite of an error. Therefore, if the thesis is erroneous, it does not necessarily follow that the antithesis will be right. To correct these errors in both directions requires a laborious synthesis. The dialectic approach may be a successful outlet for polemic passion, but it is a detour in scientific development. It is not necessary that one first fall into the opposite error before one find the right solution. There is an evolution, not only a revolution of ideas. All this will be demonstrated with a few examples of Horney's dialectic procedure.

### *THE PITFALLS OF THE DIALECTIC APPROACH*

#### *a. Sociology versus Biology; Culture versus Libido*

Horney accuses Freud of being an instinct theorist who has a one-sided biological orientation: 'In so far as he [Freud] is convinced that psychic life is determined by emotional drives and in so far as he assumes these to have a physiological basis, he belongs to the instinct theorists [p. 39]. . . . Freud con-

<sup>4</sup> Mach, Ernst: *Die Prinzipien der Wärmelehre. Historisch-Kritisch entwickelt*. Leipzig: J. A. Barth, 1896.

<sup>5</sup> Einstein, Albert and Infeld, Leopold: *The Evolution of Physics*. New York: Simon & Schuster, 1938.



ceives instincts as inner somatic stimuli which are continually operating and which tend toward a release of tension' (p. 39). Horney also criticizes Freud because 'he is mostly interested in the ways in which the family in particular and culture in general molds these emotional tendencies which have a physiological basis' (p. 40). It is obvious to anyone who is schooled in scientific methodology that this type of dialectic argument which Horney uses, such as not physiology but environment, is empty and lacks any real sense. There is no sense in denying the biological foundation of processes that take place in a living organism no matter whether one studies the circulation of the blood or emotional tensions. All manifestations of the patient's behavior are naturally the expressions of fundamental underlying biological dynamics. If Freud is interested in how this complex biological system acts under the influence of environmental influences, he does exactly what the physicist does who is observing the behavior of a system in a field of forces. It is pointless to try to deny that a biological organism itself has its own phylogenetically predetermined dynamic structure. It is true of course that the behavior of animals is much more predetermined than that of human beings. The spider does not learn how to make a complicated web. It prepares its first web in all the minute geometric details exactly as its ancestors have done. Probably a spider's behavior is very little modified by later experiences. No sociology is needed to understand its behavior. In human beings the opposite extreme is true. Very little behavior is predetermined in detail yet the fundamental dynamic structure is to a high degree similar in all races and cultures. The psychodynamic structure of man is certainly molded to an extremely high degree by later experiences and the study of these molding experiences is precisely the fundamental contribution of psychoanalysis. Reading Horney's book, one might get the impression that Freud was an old style psychiatrist who believed that all later mental changes in life are rigidly predetermined by constitutional structure. Freud's significant contribution to psychiatry is just the opposite view. He demonstrated the

extreme formative significance of later experiences, especially of family life, as the medium through which cultural trends exert their influence upon the individual. For dialectic reasons Horney must create the effigy of a one-sided biologically oriented Freud. Then in order to destroy this effigy, she becomes extremely one-sided in the opposite (anti-biological) direction. Thus she overlooks some quite fundamental facts of human psychology: that not only is the human being born with a psychophysiological dynamic structure but that even his later development is influenced to a high degree by the quite rigidly predetermined biological growth. Such biological changes as the postnatal myelinization of certain nerve tracts, the advent of dentition, the further development of the central nervous system which enables the child to learn to walk and talk, the physiologically determined development of the functions of intelligence, the maturation of the sex glands, senescence—these are all biological phenomena and constitute the most fundamental crises in emotional development. The individual has not only to adjust himself to a complex external environment but also to an ever-changing internal environment which follows the unchangeable course of biological growth and deterioration. To try to understand the psychology of puberty or senescence without paying attention to the biological changes in the organism would be a procedure just as one-sided as to try to understand an individual as a complex structure of innate libidinal drives which operate in him without regard to external influences.

We see that for the sake of argument, Horney is driven to a theoretical position which is just as untenable as the imaginary position which she attributes to the imaginary straw man, Freud. Instead of attacking an imaginary one-sided biological orientation she could have restricted herself to her extremely valuable critical statements concerning certain primitive notions which prevailed in the original views of genital and pregenital development. In her chapter on libido theory her contention that possessiveness and greediness are not the results of anal habits and pleasure sensations or that dependence is not

the result of an oral libido (p. 62) are certainly valid statements. She is right in stating that the fact that the infant's dependence is involved mainly with its nutrition does not prove that dependent feelings of the adult are the sublimation of oral libido. The correct formulation is that while the little child manifests its dependent needs in the wish to be fed, in being carried around and taken care of by the mother, the adult feels this longing in a different, that is to say an adult way, in the wish to receive financial or emotional support or advice. The form of the expression of dependence changes but the dependent attitude, which is not the result of the process of nutrition, is the primary factor. The interesting phenomenon which Freud, Abraham and others discovered was that the early oral way of satisfying a dependent longing or the infantile way of manifesting independence or spite becomes a model for later behavior. Horney, however, has to deny the significance of this intimate relation between adult and childhood behavior for the sake of attacking the concept of the repetition compulsion. I shall come back to this controversy.

I do not know whether or not some analysts still maintain these early views of libido theory according to which the bodily pregenital activities are considered as the basis of fundamental emotional tendencies, dependence being the manifestation of an oral libido; cruelty, stubbornness or independence as manifestations of anal libido; ambition, the sublimation of urethral libido. Certainly for those who still believe in these anatomical, nondynamic concepts Horney's book will have an excellent educational value. In this connection the following passage of Horney's book deserves quotation: . . . 'a person does not have tight lips because of the tenseness of his anal sphincter, but both are tight because his character trends toward one goal—to hold on to what he has and never give away anything, be it money, love or any kind of spontaneous feeling. When in dreams an individual of this type symbolizes persons through feces, the libido theory explanation would be that he despises people because they represent feces to him, while I should say that representing people in symbols of feces is an expression

of an existing contempt for people.' I agree fully with this view of Horney which I have expressed in a very similar way in the concepts of 'vector analysis'.<sup>6</sup> If Horney, instead of a wholesale attack upon the biological bases of the instinct theory, had singled out this confusion about the relation between infantile behavior patterns, pregenital activities and emotional attitudes on one hand, and later adult behavior patterns and emotional attitudes on the other, she would have avoided an untenable theoretical position. Of course by restricting herself to the clarification of this single issue the whole sensational effect of her dialectic attack under the slogan of 'sociology versus biology' would have been lost.

How untenable Horney's antibiological attitude is, is best shown by the fact that she comes into glaring contradiction with herself. In her chapter on feminine psychology when she validly questions Freud's explanation as to why the girl turns away from the original object of attachment, the mother, towards the father, Horney uses against Freud a biological argument. She writes: (p. 102) 'Not recognizing the elemental power of *heterosexual attraction*,<sup>7</sup> Freud raises the question as to why the girl has any need at all to change her attachment to the father'. Here, when she needs it, Horney is obviously not averse to taking refuge in a fundamental biological instinct (heterosexual attraction) for the explanation of certain aspects of human behavior.

#### *b. Actual Situation versus Childhood Situation.*

##### *Dynamic Structure versus Repetition Compulsion*

In her book Horney makes a somewhat belated attack against a one-sided interest in the childhood situation and against uncritical hunting after childhood memories. She emphasizes that the goal of therapy is to give the patient an understanding

<sup>6</sup> Alexander, Franz: *The Logic of Emotions and its Dynamic Background*. Int. J. Ps., XVI, 1935, pp. 399-413.

Alexander, Franz: *The Influence of Psychological Factors upon Gastro-Intestinal Disturbances: A Symposium*. This QUARTERLY, III., 1934, pp. 501-588.

<sup>7</sup> This author's italics.

of his actual emotional problems and thus to enable him to master his emotional difficulties. Although this seems to be a commonplace, one must concede that for a long time there was a tendency among analysts to neglect the exact study of the actual emotional situation and to concentrate upon those early childhood events which can be brought into etiological relationship with the present. The recollection and reconstruction of these early experiences were considered the main goal of therapy.

This whole argument hinges, of course, on the difficult question of the therapeutic significance of the recovery of forgotten memories, a question which has been repeatedly discussed in the analytic literature. Ferenczi and Rank, although by different reasoning, came to a similar conclusion. They too stressed the detailed study of the actual life situation and minimized the significance of remembering and of reconstruction of the past.<sup>8</sup>

I believe that years ago I found the correct answer to this controversy and have expressed it in different publications.<sup>9</sup> My suggestion was that whenever a patient is able to recollect a forgotten infantile situation this will always take place when he is able to face a repressed tendency directed towards a person who plays an important rôle in his actual life. For example when he becomes able to recognize a hostile impulse against his benefactor then he will also be able to remember hostile impulses against persons who played a similar rôle in his past life (father or brother). I also emphasized that the transference emotions being less intensive and less realistic than those felt towards real objects in life, the recognition of such a repressed impulse most likely will take place in the analytic situation. Such an uncovering of a latent transference emotion makes it possible for the patient to remember similar and repressed emo-

<sup>8</sup> Ferenczi, Sándor and Rank, Otto: *Loc. cit.*

<sup>9</sup> Alexander, Franz: *The Problem of Psychoanalytic Technique*. *This Quarterly*, IV, 1935, pp. 588-611.

Alexander, Franz: *Concerning the Genesis of the Castration Complex*. *The Ps. Rev.*, XXII, 1935, pp. 51, 52. (First published in *Int. Ztschr. Ps.*, XVI, No. 3/4, 1930.)

tional attitudes of the past. One could say the ego becomes permeable for a certain type of repressed affect. Remembering, accordingly, is more an indicator of a successful removal of a repression than anything else. It is more the result or a sign of the progress of the analysis than the cause of it. I wrote:<sup>10</sup>

‘By bringing into consciousness a repressed unconscious thought content of the present time, we open the way for similar or identical infantile repressed material. . . . The analysis of the actual situation (in the first place, naturally the transference as an experimental example of the actual psychic situation) is the best way to bring infantile material into consciousness. . . . One represses as an adult, similar material (similar emotional qualities) as one repressed when a child. . . . The understanding of recent unconscious material enlarges the permeability of the ego for repressed affects. . . . In addition, the emotions active in the transference are less intensive than the corresponding infantile emotions, because they are only experimental examples of the latter.’

In another place I stated:<sup>11</sup>

‘Although the direct therapeutic value of the process of recollection may be questioned, the removal of the infantile amnesia must be considered as a unique indicator of the successful resolving of repressions.’

It is obvious that this evaluation of recollection does not necessarily deny that the recovery of infantile memories is also of therapeutic value. It seems that a comparison of his actual neurotic reactions with those earlier emotional situations after which these are patterned helps the patient to recognize their inadequacy.

For minimizing the value of genetic understanding, Horney sets up another dummy, a Freud, who in a simple-minded mechanistic way tries to explain adult behavior as the unmodified repetition of childhood behavior under the influence of

<sup>10</sup> *Ibid.*: pp. 51, 52.

<sup>11</sup> Alexander, Franz: *The Problem of Psychoanalytic Technique*. *Loc. cit.*, p. 595.

a mystical repetition compulsion. After she sets up this imaginary adversary, Horney defends the opposite thesis: that what is aimed at in analysis is to help the patient understand his present life situation and to recognize his neurotic ways of handling his 'basic anxiety' (actual character structure).<sup>12</sup> Then he will be able to correct them. In spite of the fact that many of her contentions are partially correct and significant, perhaps in no other place does Horney get into a more hopeless confusion than in this argument. She gets trapped in the pitfalls of dialecticism.

It is obviously correct that the patient should understand his actual emotional entanglements through which he gets involved in conflict with the environment and with himself. It is also true that the adult behavior patterns are not unmodified repetitions of childhood situations. On the other hand, there is no doubt that past experiences have a determining influence upon the later personality structure. The question is only one of how past experiences shape character formation. A careful analysis of this question: in which way the emotional experiences of the past mold the dynamic structure of the personality is however entirely lacking in Horney's book. She is satisfied with emphatic and repetitive statements that the present is not an unmodified repetition of the past. She is interested only in proving that Freud overestimates the significance of the past and does not try to understand the present situation of the patient in its totality. After she has thus erected the imaginary one-sided thesis that Freud explains behavior on the basis of repetition compulsion, that is to say, by the mechanical automatic repetition of the past—then in order to win the battle she has only to discredit the concept of repetition compulsion.

My intention here is not to defend a philosophical concept

<sup>12</sup> When Horney on page 143 states that 'the patient's own character structure is entirely neglected in Freud's considerations', one can only ask oneself whether she understands the Freudian theory. Freud's concept of the superego formation is based precisely on the assumption of a structural change within the personality—the result of a complex developmental process—which has a definite influence upon behavior. That structural changes of similar nature may take place during the whole of life is a valid statement of Horney.

of repetition compulsion as the basis of every drive or instinct. Such a concept is an abstraction and has but little to do with the understanding of the emotional problems of patients. What is of interest for us are those observations from which, correctly or incorrectly, the concept of repetition compulsion has been abstracted. We may entirely disregard this abstraction itself and deal with the factual material. This consists of a vast variety of observations showing that there is a tendency in the living organism to repeat certain behavior patterns which it has learned in the past for the gratification of its needs. The best evidence for such a repetitive tendency is offered by a study of the learning process.<sup>13</sup> The violin player has the greatest difficulty in giving up old faulty movements which have become automatic by faulty practice. Even with advanced technique he is apt to relapse until new, stronger innervation patterns are established. The same principle holds true for the adjustments which the child has to perform during his emotional development. After the child has discovered that thumbsucking is a method of relieving emotional tension, later, after he has given it up, he may under certain conditions have recourse to this old habit. A female patient, whenever her advances were repudiated by her husband, fell asleep with her thumb in her mouth. This is a simple demonstration of a regressive way of trying to satisfy a craving for love, security and sexual gratification.

The genetic significance of such observations cannot be argued away by any dialecticism. It is the well established phenomenon which Freud called regression which Horney tries if not to deny, at least to minimize in its significance. The dynamic process underlying similar clinical observations can be formulated as follows: if an individual is thwarted in the gratification of a need there is a tendency to regress to an earlier way of gratifying the same need or a similar one which can be substituted for the thwarted longing. The above clinical observation is an extreme example of an almost unmod-

<sup>13</sup> French, Thomas M.: *Clinical Study of Learning in the Course of a Psychoanalytic Treatment*. This QUARTERLY, V, 1936, p. 148.



ified repetition of an old behavior pattern. Psychotic and some neurotic symptoms often are such isolated repetitions of early experiences. When patients suffering from hallucinations hear the same words with which their mother used to admonish them, this also is a faithful unmodified repetition of a past experience. If Horney had said that such unmodified repetitions are only characteristic for certain isolated symptoms which are like foreign bodies in the personality but that the totality of the patient's behavior is very far from being a mere repetition of the past, she would have made an irrefutable statement. The patient is struggling to adapt his emotional needs to the given situation; whenever the integrating power of his highest centers (in psychoanalysis we call them ego) fails to find a satisfactory solution he is apt to return to old techniques and methods of gratifying his needs.

One of the most significant contributions of Freud to psychiatry has been to show that the seeming irrationality of certain neurotic behavior and symptoms disappears with the discovery of the phenomenon of regression. So long as the patient's behavior is a rational response to his internal needs and external situation one can understand it from the knowledge of the actual situation alone. The behavior of an ideally rational being—who of course does not exist—who could adjust his subjective needs precisely in the most efficient manner to any given situation, could be understood without knowledge of his past. Every reaction of his would be a consistent rational adaptation to the given situation. Knowing the situation and the actual emotional needs the problem of his behavior could be completely solved at any given moment without any knowledge of the past. Human beings, however, are far from acting so rationally because, to put it simply, they are the victims of their habits—of those adaptive mechanisms they learned in the past. Unconscious mechanisms are just such residues of the past in contrast to the ever flexible rational behavior which is under the control of the conscious ego. The inadequacy of symptoms to resolve emotional tensions lies just in their regres-

sive nature, in the fact that they represent solutions which were adequate in the past but are no longer so. Clinical experience shows that they usually represent a very early behavior pattern of childhood. The thumbsucking of the woman who is rebuffed by her husband will not solve her despair for being rejected, whereas the thumbsucking of the child might be a quite adequate solution of an emotional tension—its feeling of being thwarted. It is scarcely believable that Horney can have forgotten these elementary and fully substantiated facts of psychological dynamics.

Of course the repetitive nature of a neurotic symptom is not always so transparent as in the above quoted case. It is more difficult to understand the dynamic process of regression in patients who return not to an early form of gratification but to a painful situation of the past. The phobia of the patient who is afraid of leaving his home and feels safe only in its vicinity offers a typical example of an irrational, inexplicable symptom which puzzled psychiatry for so long. Such a patient is afraid in a situation which entails no danger for him. The symptom becomes intelligible only when one realizes that the patient has regressed to an early emotional attitude of childhood. As a child he felt safe only near to his home and was afraid to go far from it. At that time, of course, his anxiety might have been quite rational because as a child he had not the capacity for sufficient orientation. The question in such a case is: why does the patient regress to such an unpleasant experience of his past? The analytic study then shows that this patient uses the symptom to barter a lesser evil for a greater. What he is really afraid of is not being far away from home but of loneliness and lack of human contact. He does not have the confidence that he can solve this problem in his actual life situation; his symptom, fear when on the street, helps him to deceive himself about this seemingly insoluble issue. He persuades himself that he is afraid of the street and thus saves himself the painful realization of how alone and isolated he is in his life. He also saves himself from the effort to build up human relationships

for which he feels inadequate and unwilling. This symptom has an additional determination. The patient craves to be back in the past as a child when his dependent feelings were satisfied; however putting himself back into childhood in fantasy he must also face the unpleasant side of childhood: childish insecurity and fear. This is a similar psychological mechanism to that which one can observe when a little child plays with a toy representing a wild animal. The more he believes in his fancy of dealing with a wild animal, the more he will get into a real fearful excitement. If he wants to enjoy the thrill of hunting a tiger in his fantasy he must also experience the fear that goes with it. The tragedy of the neurotic patient can be found in this mechanism. After he has said 'A' by regressing emotionally into the past, he must also say 'B' and accept the sufferings of the past as well.

A neurotic symptom is a foreign body embedded in the texture of rational behavior. In order to grasp its significance, one must first (as Horney validly requires) understand in all detail the actual emotional situation. Yet without knowing the past emotional patterns which it repeats the symptom remains unintelligible. What Horney might reasonably have criticized is the faulty conception of regression that attempts to explain the totality of the patient's behavior as a mechanical repetition of the past. In this connection it is also important to emphasize that the retracting of an isolated symptom to an early behavior or emotional pattern is quite unsatisfactory. The important issue is to understand the symptom in its dynamic relation to the totality of the actual personality structure. One must understand what gap the symptom fills in the emotional situation; what kind of a rational, acceptable human relationship is replaced by it.

Horney's error lies in erecting an antithesis between the analysis of the actual dynamic structure of the patient (Horney calls it horizontal analysis) as opposed to the genetic point of view (Horney's vertical analysis). Only both points of view

together can give a satisfactory understanding of human behavior.<sup>14</sup>

*c. Fear of the Hostile World versus Frustration*

Horney involves herself in controversy even where her ideas are not only confirmatory of Freud's views, but where they represent a valuable contribution to existing knowledge. Following Freud she considers anxiety as the central dynamic issue in neuroses. She correctly states that apart from seeking satisfaction one of the most powerful driving factors in behavior both of adults and children is the tendency to avoid insecurity, to alleviate that free floating anxiety which is based on a feeling of insecurity. (Peculiarly Horney tries to postulate a fundamental difference in this respect between neurotics and normals, a difference which is obviously only a relative one). Also Horney assumes that this insecurity, a 'basic anxiety', develops in childhood. Freud distinguishes two main factors in this childhood anxiety: fear of retaliation and of loss of love. Horney using somewhat different terminology comes to a similar conclusion. So far so good. The further discussion of anxiety however, involves Horney in a controversy with certain views of Freud which she has to repudiate if she wants to remain faithful to her antiphysiological orientation. There are in particular two things which she does not like, (1) the psychoanalytic emphasis upon the biological helplessness of the child as the ultimate reason for his anxiety and (2) the view that anxiety might result from the frustration of fundamental instinctual tensions.

Careful analysis of the infantile situation leads, however,

<sup>14</sup> In her chapter, *The Emphasis on Childhood*, Horney herself feels that her discussion may appear as a controversy of 'actual versus past' and in the summary of this chapter (pp. 152-153) she comes to a valid formulation of the relationship of the present to the past. This makes it even clearer that her whole preceding pointed discussion in the chapter was directed against an imaginary opponent who wants to explain the whole of an adult patient's behavior as a mechanical repetition of past experiences. Though the formulation at the end of the chapter is correct, in the previous heated discussion of the repetition compulsion the fundamental significance of the recognition of regressive phenomena is lost.

precisely to these two factors. The human infant is indeed helpless and fully dependent in the satisfaction of all his vital needs upon the help and good will of the adults. Whenever he is repudiated and left to his own resources, an unbearable tension of necessity develops in the child; he feels threatened in his vital existence and probably experiences something like a panic. Thus both frustration and the biological helplessness of the child are in a most intimate causal nexus with the primary anxiety of the child. This cannot be argued away by any pettifoggery.

Frustration of subjective needs is still in another, more indirect way connected with anxiety. The gratification of certain forbidden impulses brings the child into conflict with adults and leads to punishment or withdrawal of love. Such impulses consequently are felt as threats because if it gives in to them they involve the child in conflicts with the adults. They represent an internal danger because of their painful consequences which the child has experienced before.

A third causal connection between frustration and fear is that frustration provokes in the child hostile impulses which by necessity lead to fear of retaliation. Horney has to combat or at least minimize the importance of this intimate connection between frustration and anxiety because it has a biological foundation. This however does not keep it from existing.

What Horney mostly stresses is the part which the environment by its 'unreliability and unfairness' plays in making the child feel insecure. This, of course, is a highly productive point of view. Yet this like every problem of human behavior has its two sides. (1) There is the field of forces to which the biological system is exposed: the environmental influence; (2) but there is also the biological system itself with its own complex structure. The primary interest of psychoanalysis is the individual, and what it studies are processes within the individual in his relation to the environment. Anxiety is a process within the individual, and as such it must ultimately be described in psychological and physiological terms.

To consider the individual as an inert, infinitely pliable

system is methodologically just as incorrect as the procedure of Melanie Klein who tries to understand neurotic phenomena in the child from the interplay of immanent endogenous forces which are strictly phylogenetically predetermined and unfold themselves automatically during development.<sup>15</sup> Therefore Klein is so little interested in the nature of the environment to which the child is exposed she does not even find it necessary to get acquainted with the parents of the children she studies. The counterpart of this one-sidedness is however, to try to understand the child from the exclusive study of those external influences to which it is exposed without making reference to the complex internal structure of the child and the immanent phylogenetically predetermined main lines of development. Horney's one-sided stress on the analysis of the environmental factors (the sociological point of view) might be excused as a reaction against one-sided concentration upon the individual without sufficient and detailed reference to his environment, a trend which in fact has been current in some analytic circles. But in as much as Horney goes to the other extreme, her statements require correction. An anxiety theory not based on physiology is a scientific anomaly.

*d. Cultural Influences versus Specific Family Constellations*

The short history of the relationship of psychoanalysis to sociology unquestionably is marked by grave methodological errors. Freud committed one of them which he did not correct in his later writings when he applied individual psychological mechanisms in an oversimplified manner to primitive societies. That this error has been repeated by some of his followers is well known. I have characterized this methodological error as 'psychoanalyzing society'.<sup>16</sup> In such attempts the psychoanalyst considers a complex society as if it were nothing but a magnified individual, overlooking the fact that an organized

<sup>15</sup> Klein, Melanie: *The Psychoanalysis of Children*. London: Hogarth Press, 1932.

<sup>16</sup> Alexander, Franz: *Psychoanalysis and Social Disorganization*. Am. J. of Sociology, XLII, 1937, p. 787.

society is not a homogeneous unit, but consists of highly differentiated groups that have intricate interrelationships. These interrelationships form a cultural pattern determined by a variety of historical, geographical, climatic and other factors acting upon those universal psychological mechanisms which operate in the individual. The specific form of a culture can never be explained by psychological mechanisms alone; the knowledge of the history of the group is indispensable. Group behavior is not the creation of a single individual, like an unconscious fantasy, but is primarily an historically determined phenomenon, a result of the complex interaction between human beings in an organized society. In her latest book Horney pays little attention to this most vulnerable point in Freud's writings but criticizes Freud's 'limitations in understanding of cultural factors' on another basis: 'How little weight Freud ascribes to cultural factors is evident also in his inclination to regard certain environmental influences as the incidental fate of the individual instead of recognizing the whole strength of cultural influences behind them. Thus, for example, Freud regards it as incidental that a brother in the family is preferred to the sister, whereas a preference for male children belongs to the pattern of a patriarchal society.' (p. 170).

Here Horney again puts herself into a false position. She falls into an error opposite to that of Freud's. To apply individual mechanisms unreservedly to group phenomena obviously is a grave mistake, but it is just as incorrect to try to replace the highly specific psychological influences existing within each individual family with general cultural factors. The specific family in which the patient has been raised might be an atypical family, a dissenter within the group. Horney quotes as an example the cultural trend current in our society of preferring boys to girls. She warns analysts to take into account such cultural trends in dealing with their patients. But what if the patient's father and mother are exceptions and both had an atypical predilection for girls? Psychoanalysis deals with individual human patients and not with groups. It is a more microscopic method than that of sociology. It is

interested in the specific actual influences upon the growing individual rather than general cultural trends. I have subjected this problem to methodological scrutiny and because I cannot say it more concisely, I quote: <sup>17</sup>

'Much confusion is brought into this field by the lack of precise definition of what is meant by the expression, "environmental influences".

'For the sociologist this expression means mainly certain traditionally transmitted cultural patterns that determine the individual's behavior in almost every manifestation of his life. It determines not only the social attitude in a broader sense but also an individual's eating habits, his excremental habits, the way he raises his children, and the way he treats his wife, economically and even sexually.

'For the psychoanalyst this expression means something even more specific. . . . He cannot be satisfied with speaking of such general influences as are represented by cultural patterns. He must look for more specific factors which vary from family to family and which have a different significance even within one family for the different children. For example, the environment of an only child is entirely different from that of another child who is a member of a large family, although both may belong to the same social group. The environment of the oldest child is different from that of the youngest and from that of the middle child. Of course we speak here of a subjective or psychological environment. For the anthropologist or sociologist whose interest is focused on culture as a whole system, these differences are not so interesting. He studies the civilization of some part of Africa and compares it with one in central Australia. For the psychoanalyst, the object of study is the individual with his specific emotional problems. . . .

'The attempt to substitute such generalizations as "cultural patterns" for the specific details of the environmental influences upon the individual actually found in each individual case is not permissible. "Cultural patterns" is a generalization of certain types of behavior which are typical in certain groups. But we know that the individual differences can

<sup>17</sup> *Ibid.* pp. 793-795.



be enormous within the same civilization. In our Western civilization, for example, certain children may be trained by nursing habits that are typical only in some of the so-called primitive civilizations. This may contribute to the development of a personality type which in our civilization would be infrequent and yet would be the most common type in another civilization. In the clinical psychoanalytic approach the main aim is to understand each individual in terms of his own life-history. The sociologist is interested in the cultural system as a whole, the clinical psychoanalyst in specific individuals.'

This methodological criticism of an uncritical application of the sociological point of view clearly shows what a tremendous amount of thought and energy is wasted by the dialectic vein of reasoning. Freud erred by applying individual mechanisms to group phenomena without sufficiently considering other factors. His dialectic adversary must necessarily go into the opposite error by applying the sociological point of view adequate for studying group phenomena but not sufficiently refined for the study of the fates of specific individuals within the group.

### *THE SUMMING UP*

Horney's argument is written in a most conciliatory style, but its effect is to create an imaginary, exclusively biologically oriented Freud who single-mindedly tries to explain adult behavior as the mechanical repetition of early instinctual (biological) patterns. But her badly mutilated psychoanalysis has lost both its legs: its biological foundation, and the stress on the genetic understanding of the present from the past. The antibiological and antigenetic Horney proposes a theory which one-sidedly deals with the complex dynamic structure of the adult personality suspended in a vacuum and robbed both of its physical body and its genetic past: a scientific nightmare.

Although theory is not its *forte*, the book has considerable assets. It is full of excellent descriptions of typical emotional conflict situations within different personality organizations. Horney's masochistic, perfectionistic and narcissistic characters

are clinical pictures masterfully abstracted from a wealth of observations. This article, however, is devoted to the question of the revision of theory which is also the main topic of Horney's book.

Fortunately the predominance of her interest in theoretical polemics did not entirely suppress the clinical orientation of the author. Her book is motivated by the keen recognition of certain shortcomings of psychoanalytic theory. It is written by a born clinician who by nature is only at home when dealing with psychological realities and not with theoretical abstractions. She should not have undertaken the difficult job of revising the theoretical foundations of psychoanalysis. Yet her book will have a healthy influence in making us realize even more than we already do that the theoretical superstructure of psychoanalysis has not kept pace with our rapidly improving understanding of the psychodynamic structure of our patients' total personalities. But Horney opposes an imaginary psychoanalytic theory which never even in its very beginnings was so one-sided as she depicts it. Because she opposes this imaginary theory in an antithetic fashion her theoretical solutions contain errors which are precisely the opposite of those she is combating. Thus the theoretical views she offers are often considerably weaker than those which are actually current although unfortunately not yet systematically formulated.

In one respect however Horney's book deserves unreserved praise: the validity of her attempt to understand patients in terms of detailed psychological realities instead of theoretical abstractions cannot be overemphasized in our field in which there is such a temptation to replace with theory a real understanding of the living person.

### *THE NEED FOR A REVISION OF PSYCHOANALYTIC THEORY*

Freud was primarily a great observer and only secondarily a great theoretician. His theories sometimes lack strict consistency, contain contradictions, and are avowedly of a preliminary nature. One must realize that he did pioneer work in an almost virgin territory. He developed an extremely

refined instrument for psychological investigation, accumulated novel observations, and it is only natural that his first formulations were groping attempts to bring some order into the chaos of the newly discovered field of the dynamics of human personality. He was perfectly aware of the shortcomings of his theoretical concepts and laboriously and consistently worked on their improvement. He justifiably stated that it was too early to create a pedantic and strictly defined conceptual system because this would hamper further development. He intentionally kept some of the fundamental abstractions somewhat vague and undefined—like those of libido, of narcissism, of sublimation—because he was keenly aware of the fact that these concepts must be kept in flux in order to become gradually adjusted to the increasing wealth of observations. This vagueness of some of his concepts has often been held against him by those who would have preferred a simple clearcut 'text-book-psychoanalysis' which might easily be learned by reading a few books. Psychoanalysis thus remained a fertile field for the empirically minded, clinically oriented person who could dispense with precise and logically consistent theoretical systems. Therefore psychoanalysis attracted good clinicians and observers rather than keen theoreticians, which might partially explain why psychoanalysis during its rapid development has dragged along theoretical concepts belonging to its different phases. This led to an extreme redundancy of theory. The original materialistically conceived libido theory—the theory of the pregenital zones—coëxisted with the more dynamic views of psychological conflict, vector concepts, the structural view of the human personality, the fully dynamic anxiety theory, and that of the ego defenses. There was, however, a constant trend towards a more synthetic dynamic approach, away from more analytic mechanistic and materialistic concepts.

As has been mentioned before, this development strikingly parallels the development of physics from Newtonian mechanics through Maxwell's electromagnetic field theory to the concept of relativity.

Fortunately, this coëxistence of older and newer theoretical

views belonging to the different phases of psychoanalytic theory has had little influence upon actual dealing with the patients. It has not helped therapy but has not harmed it much either. There are many excellent psychoanalytic practitioners who do not care much for theoretical finesse and, while in their clinical work they represent the most advanced dynamic point of view, in their theoretical thinking they may still adhere to early libido concepts. Nevertheless a well-formulated and conceptually clear theory becomes more and more imperative. The more a discipline advances the more it needs such conceptual order brought into its findings. In an increasing degree further advancement will depend upon a well-defined theory.

Therefore the aim which Horney sets for herself in her book, namely, to purify psychoanalysis from some traditional views of the past which are no longer consistent with its present status might have been welcome had she done it in a critical historical instead of in a polemic dialectic fashion. She certainly would have more successfully filled an urgent need. Even so, her book—though it does not always do justice to current views—at least shows up the weaknesses of earlier concepts. If only she had not fallen into exaggeration to an unnecessary degree!

In order to revise a theory it is necessary at first to take stock of what are those well established fundamentals upon which one can build a superstructure. In her remarkable first chapter which is free of polemics, Horney tries to reconstruct these solid fundamentals. First she mentions the introduction of psychological causality into psychiatry, then the discovery of the dynamic effect of unconscious tendencies, and the dynamic conception of the structure of the personality. Furthermore she includes among the immovable cornerstones of Freud's theory the concept of repression and other forms of defenses of the ego: reaction-formation, projection and rationalization; also the concept of displacement of emotions and their turning towards the self. She also includes Freud's dream theory.

This is a fair though somewhat narrow evaluation of the fundamentals. Many important freudian concepts she must repudiate in order to remain faithful to her dialectic premises.

So we do not find among the fundamentals recognized by Horney such extremely valuable concepts as regression and fixation which are based on the best factual evidence. By admitting these, Horney would have lost her freedom to militate against the genetic approach. As has been pointed out above, without the concept of regression neurotic and psychotic symptom-formation and some neurotics' automatic repetitive behavior would remain entirely unintelligible. Horney gives somewhat more consideration to Freud's structural concept of personality. What she does not like here are only the instinctual factors implied in the theory of the ego and superego. It is only natural that the concept of an instinctual reservoir—the id—could not find any toleration in the antibiological orientation of Horney.

The value of these approximate structural generalizations can however hardly be questioned. The concept of the ego representing the highest integrating center of the mental apparatus and having the function of adapting conflicting subjective needs to each other and to the external environment is one of the most valid formulations in psychoanalytic theory. This concept fully coincides with the modern dynamic views of the physiology of the central nervous system. Freud's and Fechner's stability principle, according to which the ego's function is to reduce excitation within the organism, is identical with Cannon's physiological theory of homeostasis. The most encouraging fact is that psychology and physiology arrived at these parallel formulations entirely independently of each other. The controlling functions of the ego which have been postulated by Freud are corroborated by the inhibitory effect of the highest integrating cortical centers; moreover the twofold receptive surface of the ego which enables it to mediate between internally perceived subjective needs and externally perceived outward situations coincides with the twofold sensory apparatus in the central nervous system, the capacity of the cortex to register internal and external stimuli. The concept of a superego as the latest acquired inhibitory function is also in good accord both with clinical observation and physiological thought.

In fact the concept of the superego is one of the most successful abstractions of psychoanalytic theory and even Horney would have nothing against it if Freud had not explained its dynamic force on a biological (instinctual) basis. The id, which nobody has directly observed, is of course still a theoretical conclusion based on the observation that the integrative synthetic function of the ego develops only slowly from a more disorganized dynamic state. But here the physiological facts at least are not contradictory since it has been established that the lower mid-brain centers (hypothalamus) seemingly have some relation to emotional expression on a less highly integrated level than the cortex.

So far then, in reviewing psychoanalytic theory we do not find any need for a fundamental revision. What is needed is further elaboration and refinement. If Horney requires an elimination of the biological point of view, what psychoanalysis requires is a much greater correlation of psychological dynamics with the functioning of the central nervous system. Future development obviously lies in this direction.

What are those views in psychoanalytic theory that require fundamental revision? I too like Horney believe that it is our instinct theory which is most unsatisfactory; but unlike Horney, I consider the instinct theory unsatisfactory not because it is too biological but because it is not sufficiently so. Its most vulnerable spot is the evaluation and definition of the rôle of sexuality.

### *THE COÖRDINATION OF PSYCHOLOGICAL AND PHYSIOLOGICAL DYNAMICS*

The concept of sexuality has undergone fundamental changes in Freud's thinking. Originally he distinguished two basic drives—the instinct for self-preservation (ego instinct) and sexuality, and extended the concept of sexuality to other phenomena which have nothing to do with reproduction. He made this extension on the basis of phenomenological evidence. The child obviously has sexual sensations when other parts of

the body are stimulated in connection with such vegetative processes as nutrition and excretion. Furthermore, the study of the perversions has demonstrated that almost any strong emotion can become the content of sexual desire such as curiosity in voyeurism, pride and boasting in exhibitionism, hostility, cruelty and the wish for domination in sadism, and guilt feelings, notably the wish to be punished and disciplined, in masochism. One spoke of displacement of sexual energy or transformation of pregenital libido into genital libido and vice versa. Similar figurative expressions were used which had no satisfactory meaning. Later, Freud introduced—in place of a multiform sexuality and an ego instinct—the theory of the eros and death instincts. They represent the two fundamental vectors in the process of life, the one towards upbuilding and growth, the other towards destruction, decomposition and death. In order to explain such phenomena as sadism which is both destructive and at the same time sexual, he proposed the idea of erotization of the destructive instinct.

This dualistic theory may explain such phenomena as sadism and masochism but it is too abstract a concept to be useful for understanding and describing the tremendous qualitative wealth of sexual and nonsexual psychological phenomena. Its advantage is that it is strictly a dynamic vector concept.

Ferenczi then made a valuable suggestion by calling attention to the draining function that sexuality fulfils in the energy system of the organism. Every excitation the ego (the central nervous system) cannot discharge through activity by voluntary goal-directed behavior may find a kind of short circuit outlet in sexual excitement and release. He considered the genital apparatus to be the executive organ for draining such unrelieved tensions.

This can best be demonstrated in the field of perversions. Accumulated but never expressed hostile feelings against adversaries may lead for example, to a sadistic distortion of the sexual urge. I had the opportunity to make the interesting observation that lust-murderers and pedophiliacs are often extremely inhibited, crushed and weakly individuals who never could give

expression to their aggressions in life. All these accumulated aggressions find a vent in their sexual activity, in attacking the weak. Similarly those persons are apt to develop voyeurism whose intellectual curiosity, for some reason or other, is inhibited. Sexual exhibitionists are usually morbidly modest and shy individuals who cannot give expression to their wish to impress others through ordinary channels: through speech and gestures. They relieve all their pent-up boastfulness by showing off in exhibiting their penes, which is connected with a sudden release of tension and is felt as sexual gratification. I have demonstrated that unrelieved and accumulated guilt feelings may find an outlet in masochistic perversion.<sup>18</sup>

According to this concept, sexuality is the expression of a surplus excitation within the organism which it is unable to relieve in other ways. It does not seem to be related to any specific quality of impulse because the sudden gratification of any pent-up emotional tension may be connected with sexual excitement and pleasure sensation. Horney correctly emphasizes that this does not at all mean that all these emotions are sexual in nature. The confusion comes from our using the term sexuality in two different ways: we call sexual (1) certain pleasure sensations connected with genital excitement and also (2) the process of reproduction.

The correct formulation is that every biological or emotional tension, whether or not it is connected with reproduction, might be relieved by a genital excitation and release connected with a pleasure sensation. In the young individual, preëminently emotional tensions related to the vegetative processes of growth are connected with such pleasure sensations and release (oral and anal pleasure sensations). In the mature individual, primarily the emotions centering around reproduction are connected with genital pleasure sensations and outlet. It would possibly be advisable to restore to sexuality its original meaning and restrict its use to psychological and physiological processes connected with reproduction. The so called pregenital mani-

<sup>18</sup> Alexander, Franz: *The Psychoanalysis of the Total Personality*. New York: Nerv. and Ment. Dis. Publ. Co., 1935, pp. 128-138.



festations are connected exclusively with the process of growth even though surplus tensions belonging to the growth process (for example nutrition) may also find a release through the genito-urinary system. The question now is: what is the biological relationship between pregenital tendencies centering around the process of growth on the one hand, and the genital tendencies centering around reproduction on the other hand?

Ever since I took up the study of psychoanalysis, I have struggled with this problem. In my earliest publication I subjected this question of the relation of growth to reproduction to an inquiry<sup>19</sup>; also in other writings, although never in a systematic fashion, I tried to correlate the fundamental psychological tendencies with the basic processes of life.

I came to some approximate formulations. The main phases of life are growth towards maturation, reproduction after having achieved maturation and, finally, decline towards death. The life process itself is based on incorporation of energy and substance from the environment, their retention and elimination. During the three different phases of life (growth, reproduction, and gradual decomposition) the balance between the incorporation of energy, its retention and its elimination, varies. In the young maturing individual, more energy and substance is retained than eliminated; hence it grows. The psychological expression of this phase of life appears in the form of so called pregenital tendencies which all center around incorporation and retention. Eliminative tendencies appear only in connection with waste products. The young individual in order to grow must take in from the environment and retain whatever he can use for his growth. This is clearly reflected in the ego-centric help-seeking dependent attitude of the child. Only after the child has reached or has approached the limit of individual growth, that is to say maturity, does a new physiological phenomenon appear: reproduction, together with a new psychological orientation, love of others in the mature sense. The surplus energies which can no longer be used for growth create

<sup>19</sup> Alexander, Franz: *Metapsychologische Betrachtungen*. Int. Ztschr. Psa., VII, 1921.

a tension which the individual resolves in the form of reproduction. Reproduction in multicellular organisms follows the same principle as in primitive monocellular organisms: basically it is an asymmetric form of cell division. In the monocellular organism, after the limits of the individual growth are reached cell division takes place. The corresponding process in the complex polycellular beings is the elimination of the germ cells.

Seen in this perspective, reproduction is nothing but the continuation of growth overstepping the limits of the individual. Growth and reproduction being thus connected in the biological sense, it is quite natural that the psychological expression of growth, the so called pregenital sexuality, should be related to sexuality in the restricted sense (genital sexuality and reproduction).

The important fact is that all these processes which are connected phenomenologically with sexual pleasure and which primarily are released through the genito-urinary tract are manifestations of surplus energy or surplus tension. Thus for example, an oral incorporating urge that goes beyond the need for food appears in the form of thumb-sucking which causes, by the artificial stimulation of the mouth, a sexually tinged pleasure sensation, often accompanied by genital excitement (oral erotism). A surplus of aggressiveness which goes beyond its natural aim of defending the organism against an enemy, appears in the form of sadism: this is cruelty for its own sake and is connected with genital excitement and pleasure. Thus sadism is the manifestation of an accumulated aggressiveness which either is not useful to the organism at the moment or which the organism (as in neurotics), on account of inhibitions, cannot express sufficiently in attacking adversaries. Then it is drained by the sexual apparatus. Finally, propagation appears when the individual is saturated and his surplus energies cannot be usefully employed any longer for the maintenance of life or further growth. The physiological expression of this surplus energy is the drive towards reproduction. Its psychological manifestation is the turning away of interest from the indi-

vidual's own person towards external love objects. From the physiological point of view this form of elimination is no longer elimination of waste products but of germ cells; from the psychological viewpoint it is giving real affection to others which replaces mere self-love.

Only this last specific manifestation of surplus energy is what we should call sexuality. All the pregenital manifestations belong to the great chapter of growth. Since sexuality is growth beyond the limits of the individual, pregenital and genital manifestations are related to each other.

Today our criterion for the sexuality of an emotional process lies in the phenomenological fact that it is accompanied by pleasure sensation in the genitals. It might be hoped that in the future we will be able to correlate more precisely sexual pleasure sensations with certain quantitative factors (possibly with the suddenness of the release of an emotional tension) rather than with the quality of the tension.<sup>20</sup>

These biological considerations throw a somewhat different light upon the significance of sexuality in neuroses. Ferenczi's drainage theory offers the clue. Whenever this draining through genito-urinary release is inhibited for psychological reasons (neurotic conflicts and inhibitions), the central nervous system is robbed of one of its most important means of relieving tensions. Thus an unrelieved tension is sustained. In neurotics, the normal acceptable expression of emotions in personal relationships is inhibited and a regression to earlier forms of emotional expression takes place. In the place of mature human relationships, childish dependence mixed with spite and hostility appear. Thus disturbed human relationships and not disturbed sexuality is the primary cause of neurosis. Horney correctly emphasizes this in her book. Disturbed sexuality is rather the result of the regression from mature

<sup>20</sup> In one place Freud suggests that the sexual pleasure sensation might be dependent upon a certain time relationship between excitation and release (rhythm). Cf. Freud: *Das ökonomische Problem des Masochismus*. *Ges. Schr.*, V, p. 375.

emotional expression to infantile forms. If these infantile attitudes are drained off by sexual expression, we speak of perversions. In those cases in which even this immature sexual expression is blocked, neurotic symptoms appear in order to relieve the emotional tensions. This is the real meaning of the old formulation of Freud that perversions and neuroses have a vicarious relationship to each other ('The neurosis is the negative of the perversion').

However this is not the place to evolve in detail a new instinct theory. I have wished only to make a few suggestions as to lines along which an adequate dynamic theory of the fundamental drives might be further developed. The requirements which such a theory must fulfil are that it be in accordance with the fundamental observations of physiology as well as with dynamic psychology of human and animal behavior.

It is possible that only through experimental methods will these issues be clarified. The study of the relation of hormones to instinctual tendencies is most promising in this respect. We are already able by the experimental introduction of hormones into animals to intensify fundamental instinctual attitudes, for example the maternal instinct. One can also produce homosexual behavior in animals by the introduction of sexual hormones. It would be false on the basis of such experiments to return to the substance theory of libido, since hormones are nothing but catalyzers and can only accelerate or intensify certain phases of the life process. They are certainly not carriers of libido. The importance of these observations is that they open the way for an experimental study of the fundamental instincts. They may also serve as a reminder for those who tend to forget that human impulses have a biological basis.

In summary, the further elaboration and revision of psychoanalytic theory must come from the correlation of psychological observations with the facts of physiology and general biology. It is most encouraging, as Grinker has pointed out lately, that the principal dynamic and structural concepts of psychoanalysis such as repression, regression, ego and superego functions, are

in close accord with the present findings of neurology.<sup>21</sup> Now also our instinct theory must be correlated with the fundamental dynamics of the life process.

The attempt to make psychoanalysis more sociologically and less biologically oriented is unsound because psychoanalysis must integrate both with biology and sociology at the same time. We must understand the biological structure of the organism as well as the nature of those external influences to which it is exposed. The creation of such an artificial antithesis as 'sociology versus biology' might be useful in political life—it has some demagogic appeal to the emotions—but it has no place in science. Man is a complex biological organism, an individual personality, and a member of a highly organized social group. He must be understood and described in physiological, psychological, *and* sociological terms.

<sup>21</sup> Grinker, Roy: *A Comparison of Psychological 'Repression' and Neurological 'Inhibition'*. J. Nerv. and Ment. Dis., LXXXIX, 1939, pp. 765-781.

## Identification with the Enemy and Loss of the Sense of Self

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## IDENTIFICATION WITH THE ENEMY AND LOSS OF THE SENSE OF SELF

BY CLARA THOMPSON (NEW YORK)

Identification is one of the forms of object relationship found to some extent in everyone. In early childhood it is one of the methods of mastering the environment. The child not yet possessed of sufficient knowledge or experience to make a critical evaluation of the attitudes and standards he finds surrounding him takes on uncritically the point of view, ways of life and even mannerisms of some person or persons in authority. Gradually, if he is unhampered, critical attitudes begin to develop. By increasing the number of people with whom he makes identifications he encounters conflicting ideologies and personal attitudes, and among these he is able to find his preferences and slowly to develop a point of view of his own.

In general, these identifications are expressions of positive feeling. The child tries to be like the individual he loves and admires. However, another type of identification exists. In her recent book, *The Ego and the Mechanisms of Defence*,<sup>1</sup> Anna Freud has described identification with the aggressor as an ego defense. She stresses the power which the child thus obtains. With this power he feels himself equal to the threatening authority. She does not mention, however, what may happen within the child's own personality when the identification is maintained over a long period of time. Since the identification rises primarily out of fear, the child is really joining forces with a hostile power. In doing so he surrenders part of his own interests. He has taken into himself an ideology not because he admires it or believes in it, but chiefly for protective purposes. The enemy he feared from the outside has, so to speak, reappeared inside himself. Towards this incorporated imago the young child has greater difficulty in developing a critical attitude than towards the friendly one because any

<sup>1</sup> Freud, Anna: *The Ego and the Mechanisms of Defence*. London: Hogarth Press, 1937.

attempt to reject it later tends to rouse the same fear which caused its being accepted in the first place.

We all know the many ways in which parents are inimical to their children's personalities. The most common are rigid, intolerant attitudes in general, especially neurotic destructive attitudes towards the child. One of the most potent of these is the chronic attitude of disapproval. The child unable to cope with the hostility directed towards him may renounce his own interests for the sake of peace and take over his parents' attitudes. This may be called identification with the enemy, and one would expect it to be inhibitory to personality development, as are all defense mechanisms.

This way of forming object relationships, i.e., identifying through fear, may persist into adult life and may in some individuals who have been badly damaged be the most important, in some the only way of maintaining object relationships. If so, the individual goes on making new identifications with hostile forces, never living his own life; in time he does not know what his own life might be if he were suddenly released and allowed to live it. Moreover, the hostile forces do not live at peace with each other within him; he must now be like one person and now like another, and if he has to be like both at once he is in a quandary.

It is important to make clear the distinction between identification and imitation. The two are related but the former is a predominantly unconscious process. There may be moments of recognition of its existence but its most important aspects develop outside of awareness. Imitation, on the other hand, is chiefly a conscious mechanism. Imitation may also take place through fear but its effects on personality are not as devastating as those of identification through fear.

A conscious tendency to go through the motions of being like other people is frequently found in individuals who also have a tendency to make identifications. The two character patterns are related. An illustration of both identification and imitation can be found in the attitudes of individuals living in countries ruled by dictators where nonconformity to the cur-



rent ideologies may be punished by death. Many people under these conditions conform outwardly but keep their own inner counsel. They think otherwise. On the other hand there are individuals who are actually 'converted' to the current ideology through fear. They close their minds to any critical attitude about it. They no longer dare to doubt its rightness. This latter group may be classed with the type of patient reported in this paper. These patients one would suspect are people confronted by unusual danger.

It is not strange, therefore, that the individuals who first attracted the author's attention to the subject were psychotic. Probably the psychotic group does not as a whole fall under this pattern. There is, therefore, no intention to generalize about all psychotic individuals. The aim is rather to describe and understand the implications of one type of object relationship shown especially clearly in some of them.

The cases which furnished the data for observation were three schizophrenics and three schizoid personalities. All six showed a personality development of the nature already described. There were early identifications with hostile people through fear, accompanied by varying degrees of renunciation of the patients' own personal drives. The characteristic attitude towards the analyst was one of uncritical identification. To the psychotic patients especially she was perfection. Attempts to be like her were made unconsciously by all, and there was a conscious effort at imitation in four of the cases.

All of the psychotic cases had had a period of institutional care because of their illness. They had established their relationship to the analyst while still in the institution, and it is probable that this relationship aided materially in producing the social recovery which made it possible for them to live outside a hospital. The thing which may have distinguished these patients from others of the psychotic group was their capacity to make an apparently strong positive attachment under whose influence their psychotic symptoms disappeared. In each case the relationship to the analyst was maintained without much change for many years. In two there was

practically no further change in the patients' personalities until a final complete collapse and return to psychosis, from which one escaped by suicide, the other continuing in a deteriorated condition. The third improved a great deal and has been able in the last ten years to function successfully with only occasional brief contacts with the physician. She, however, never feels quite sure of herself, and in situations of stress solves her problem either by surrendering herself to her husband's decision without trying to think it out or by pretending that she is the doctor and trying to feel the way the analyst would feel about it. This trick is often successful in resolving the state of confusion for her. However, it is clear that her type of attachment is still that of uncritical identification and for some reason this defense against the discovery of her personal self has never been broken through.

The conclusions reached regarding the significance of the use of identification as a defense in these psychotic individuals can be only speculative. Since the particular attitude was not broken up in any case, one can not be sure of how it came about. However, a very brief consideration of the lives of two is helpful in showing the general trends.

A more detailed description of the first case has already been published.<sup>2</sup> This patient complained constantly of her lack of awareness of being a person. She could not imagine how people felt, what it meant to them to talk to each other. She tried to be like them by consciously imitating their conversation and their mannerisms, as well as by unconscious identification. She imitated the analyst most completely, parroted her phrases, dressed like her, tried to live like her. For five years she made a social adjustment and held a job on the basis of an identification. When the analyst went away for a few months, the adjustment broke down completely and the patient had a kind of fantastic elation which necessitated hospitaliza-

<sup>2</sup> Thompson, Clara: *Analytic Observations During the Course of a Manic Depressive Psychosis*. *Psa. Rev.*, XVII, 1930, pp. 240-252.

The final course of this case shows that the original diagnosis was a mistake. This is clearly a case of schizophrenia.

tion. On the analyst's return she was again able to assume her pretense of normal life, only to relapse once more when support was again temporarily withdrawn. At the time she committed suicide she appeared an empty deteriorated personality who nevertheless kept up the externals of normality—a neat appearance and a gracious manner.

The patient had two psychotic parents. When she was five the mother attempted to kill herself and the patient. Much of her childhood was spent in the company of this woman. The father was a man subject to severe depressions and violent hates. Identifications with these parents out of fear of them could easily have been the source of personality destruction in the manner described earlier. One could say that under the shell of these identifications nothing which could be called an individual existed. The analyst served as a benign identification for a few years, but there existed no capacity to integrate her with the total personality. This case is the most complete example of loss of all sense of self ever observed by the author. Judging by the nature of the relationship to the analyst as well as to all important people in her environment, one must conclude that the pattern of the patient's object relationships was that of identification; and one can speculate that the original damage done to her personality was brought about by identification with people felt to be hostile.

The second psychotic case is that of the patient with the most successful outcome of the three. She was the unattractive daughter in a large family. The mother was a silent martyr type. The father was a clergyman—in public life a saint, in his family a domineering, hysterical tyrant throwing tantrums whenever he was crossed. Moreover, his official puritanical attitude about sex was in marked contrast to his selfish perverse sexual demands. The patient was known as his favorite and was able to manage him. She was docile and receptive to his ideas and thought she admired him extravagantly. She early became very religious. She married a man whom she considered her social inferior but who, however, was in reality a fairly adequate person. She probably depended upon him

more than she ever admitted to herself. Officially, she devoted her life to religion and on the side she was a chronic invalid. In the early forties, following a miraculous faith cure of her physical complaints, she became convinced she was to give birth to a holy child who was to save the world from suffering. When she realized after several months that this was not true she became weak, took to her bed and lay helpless for weeks, believing then that she was to die to save the world. On her arrival at the hospital she rapidly made another miraculous cure, believing that God had sent her to this physician and that she must obey the analyst implicitly. Her obedience included completely taking over the analyst's way of life. She gave up all religion, apparently without a regret, and in general made sweeping changes in her attitudes. For years no critical thoughts about the analyst occurred to her. She once stated that her faith was so great that 'If you told me to jump off the Washington Monument, I would do it'. Obviously, the analyst had fallen heir to the patient's tendency to make identifications. And here for the first time was a clue to what happens when a patient is impelled to identify with something alien to her own convictions and personality. Because of the wide difference between the cultural setting of the analyst and patient, some of the analyst's attitudes were not congenial to the patient's personality and the milieu in which she lived. Nevertheless, she adopted these alien ideas along with the others. But when she talked of these ideas among friends she was so extreme in her enthusiasm and so at sea when trying to support them with explanations that her friends got the impression she was just fanatical about a new subject. We have in this an indication of what an individual with a very feeble sense of self will try to do in the face of hostile identifications. She cannot overtly disagree but she can indicate—in this case by a kind of caricature—that agreement is not as perfect as it seems. Later examples will show other types of indirect expressions of disagreement.

Why this patient was able to protest in this way while the first patient was not, is not clear. Possibly it had to do with

a difference in the degree of fear and hostility at the basis of the original identifications in each case. This patient for some reason had more of a sense of self than the first patient and because of that, under the relatively benign identification with the analyst over many years, a great degree of health has been achieved. Possibly the benefits received from the patient's identification with the analyst are the chief obstacles to her final emancipation. Through them she is protected from feeling insignificant and helpless. She is still in her own mind the rejected, worthless child but borrows a certain prestige and self-esteem through her identification with the analyst. Due to her age and educational limitations she has little to look forward to in her own future, but the fact that she has been an interesting case still gives her a sense of importance.

A discussion of the case of the third psychotic patient will be omitted because of its length and because it offers no added insight into the mechanisms under consideration. The patient finally deteriorated. Although she was not as totally lacking in a sense of self as was the first patient, she at no time achieved the independence of the second.

In brief, we have the cases of three individuals who showed at the time of their analytic contact, personalities which were chiefly made up of early identifications made because of fear. The original relationship with the analyst was also an identification, probably also due to fear, possibly the fear of being cast out as too unimportant or too sick. There was almost no ability to express hostility toward the analyst. Where there was some reality reason to feel the analyst to be an enemy, in the first case, for instance, when the analyst went away and in the second case when the patient took over ideas uncongenial to her, the patients fell into a form of psychotic behavior but did not express anger. In situations where the average neurotic individual would have experienced hostility these patients became confused, felt as if they were going to pieces and lost contact with reality. The question as to what took place in them to bring about the loss of contact with reality cannot be adequately answered from this material because the changes

were so sweeping that the patients could not coöperate in the investigation. The second case has contributed the most understanding. It seemed that whenever this patient was confronted with something in the personality of the analyst which she could not accept she was not able to be critical. In the early days of the analysis she had to act it out in an exaggerated form in her own life; by carrying to an extreme in her own life something from the personality of the analyst she was producing a kind of caricature which might be considered an unconscious critical attitude. It was at the same time on the conscious level a hearty endorsement of the analyst's attitude or idea. Thus she was in the position of championing a cause in which she did not believe. This was also the mechanism of her religious psychosis based on an identification with her father. Later in her analysis when confronted by defects in the analyst or her husband, the two people whose lives she copies at present, she was still unable to be directly critical: her first reaction was confusion and inability to think. She has not developed beyond this stage.

The tendency to make identifications through fear is not limited to psychotic personalities. One occasionally finds a similar tendency in other personality types. The neurotic, orally dependent individual is most likely to show the difficulty. With him identification is the chief form of object relationship and there is a weak sense of self. The analysis of three schizoid personalities has shown the mechanism at work more clearly than could be demonstrated in the psychotic cases. In these three, circumscribed episodes were observed and analyzed and may be presented as samples of the characteristic type of behavior.

The detailed histories of the three will not be given. As in the psychotic cases, all three were early turned into a way of life contrary to their own interests by a dominating neurotic parent. Unable to struggle against the pressure, they identified with the parent and espoused his or her way of life without conscious resentment. In the case of patient 'A', the personality produced was one of a likeable, rather spineless person.

Because of his need to be accepted, he would take on the coloring of whoever was closest to him at the time. He held a position much inferior to his potentialities and tended to associate with inferior people. Patient 'B' developed more successfully. His original identification with his mother, although contrary to many of his natural interests, nevertheless offered him a conventional pattern of life which worked for many years. With the development of the mental illness of his brother he became alarmed at the direction his life was taking and tried to find his own life. He went through many months of floundering aimlessly, attempted to take one or two people as models and finally attached himself to the analyst. The identification with his mother remained and at times the conflicts between the various personalities within him created extreme indecision and panic. Although he had managed to achieve some success in work his personal relations were for the most part superficial except in the few situations where a relationship of identification occurred. Patient 'C' made the most successful adjustment of all in his work. In his personal relations he kept everyone at a distance by his impatience and irritability. His attitude towards the analyst was in marked contrast to other relationships. From the beginning he reacted to her with the exaggerated approval so characteristic of this type of personality. She was just the kind of person he wanted to be. He said one day, 'If I got angry with you, I would die'. Here an early identification with an erratic, unpredictable father persisted even to the time of analysis. In some of his moods he would say he could feel himself being his father. In his early years the attachment had been a happy, positive one. As he grew older he began to realize that the father only approved of him when he was carrying out his wishes. When the boy did something successful on his own, the father was scornful and the boy had the feeling of failure. He never expected his father to see him through anything which really interested him. There also seemed to be no support from the mother who was an invalid and died during the patient's childhood.

All three patients showed a tendency to take over the per-

sonality of the analyst *in toto*. 'B' made a struggle against this and showed a negativistic attitude for some time. With all three, the fact that the analyst was of a different sex caused difficulty because of the fear of being made feminine.

In these patients when something in the identification was a threat to the weak personality, instead of protest or hostility there occurred something similar to a miniature psychosis lasting from a few moments to a few hours. The relation to reality became disturbed. There was either a confusion about the sense of self or there was a disturbance of the sense of reality. The following examples illustrate the way in which this worked.

'A' had formed a friendship with a man about his own age. He had been attracted to him by the latter's aggressive manner and air of confidence; in addition he thought his friend's hairy body to be a sign of virility. The patient admired these characteristics and adopted his friend as his model. For a time the friendship seemed very successful and the taking over of some of the other man's attitudes produced an improvement in the patient's general adjustment. There had been some discussion of homosexuality in a theoretical way between them. The patient, however, ignored any deeper significance this topic might have for his friend. One day as he walked along the street, possibly thinking of his friend, he suddenly had a feeling as if his body were not his own but that of his friend, and he felt that he was walking in an effeminate manner. The impression was very transient.

As a result of the analysis of this episode the patient became aware of things he had observed but of which he had taken no note: for instance, that his friend did have an effeminate walk, that his interest in homosexuality was probably more than academic, and that he himself had drifted a long way in the direction of outwardly agreeing with his friend about homosexuality.

One could dismiss the whole thing by saying it was an expression of a projection onto his friend and then a reintroduction of his own homosexual drives, although what is meant



by a homosexual drive in this situation would need further explanation. What we do know, however, is that the friend was in reality an overt homosexual and that the patient tended to take on the color of his surroundings out of fear. In this patient the basic personality, if one may use the term, was hidden by a passive attitude; not even he himself knew what he wanted. He got along in the world generally by acting like the people with whom he found himself. Under most circumstances he was not particularly aware of doing this. Occasionally, however, this attitude threatened him in some important way as in the above situation. He was unable to move away from the danger because he was dependent on the person concerned. Neither, for the same reason, was he able to show his resentment and contempt. He therefore took over the other person's behavior at the same time denying any responsibility for it. This seems similar to the way in which the second psychotic patient acted out in an exaggerated manner the parts of the analyst's personality she could not accept.

Another situation of a similar nature was the following. During masturbation 'C' began to cough. At that moment it seemed as if he were the analyst, and that meant that he was a woman. The awareness of the identification was produced by the cough, since the analyst has a chronic cough. The situation meant he had gone too far in copying her. She would make a woman of him. As in the first instance, we know that this patient had some wishes to be a woman, but these wishes were defenses against other drives. At any rate in discussing this experience the patient became aware of the fact that he had been troubled because the analyst was a woman. There had been growing concern lest in copying her he was making a fool of himself. How could he learn to be a man, especially in sexual matters, by copying a woman? These ideas had not become clear to him until the analysis of the coughing episode.

Another example: during intercourse patient 'B' had taken the feminine position. Suddenly he had a sensation almost like an hallucination that his mother was in the room. He had

a feeling of anxiety. This time although the unreality was felt not within the personality but in the environment, the associations proved it to be an identification with his mother. He felt she would not mind his having sexual interests so long as they were just like hers. That made them less dirty. However, as he found from analyzing the episode, he himself did not prefer the feminine rôle and accepted it only to please the woman and his mother. This patient in his persistent clinging to the attitudes and standards of his mother frequently brought confusion on himself. For example, he could not get rid of the impression that to be aggressive was to be feminine. This confusion not only generated bizarre conflicts in his sexual life but also troubled all his relationships with people.

The examples thus far given have been of very fleeting experiences. These seemed very instructive because subsequent discussions made the meaning clear to the patients.

A more involved and serious experience lasting from one analytic hour to the next had to do with the patient trying to incorporate something of the analyst which was not acceptable. During a discussion of current events in 'C's' life the analyst had said, 'Why don't you get an apartment and live more comfortably?'. (The patient continued to live in a furnished room although his financial condition had recently improved.) The idea seemed somewhat disturbing and the suggestion was withdrawn. The patient, however, could not dismiss the idea but went into an acute confusion after leaving the office. He did not know where he was and, according to reports of friends, looked and talked in a dazed manner. The patient himself was able to give very little account of the twenty-four hours, except that he had tried to stay awake all night because he felt something terrible would have happened if he had gone to sleep. He finally fell asleep and dreamed that the analyst said, 'You want me to tell you whether to stop analysis'. The patient experienced great anxiety during the dream and was confused when he arrived for analysis the next day. The situation was apparently a reaction to the apartment suggestion which was virtually a command to live in the same

way that the analyst did. The penalty for not conforming would be rejection: that is, the end of the analysis. This was rationalized as follows. The analyst was impatient at the slow progress. If the suggestion were followed, the analysis would progress more rapidly. However, the patient did not himself want to live in an apartment. It was not his picture of an improved way of life, but his own wish could not assert itself in the face of a suggestion felt by him to be a command carrying the threat of rejection if disobeyed. The confusion cleared up entirely with clarification of the conflict. Insight was accompanied by an explosion of rage and criticism of the analyst.

These episodes, because of the patient's ability to understand them, have made a certain character pattern clearer. Some individuals, because of early threats from destructive personalities in authority, identify with these personalities through fear. In the course of taking this step, critical attitudes towards the person in authority are suspended. In time the capacity for a conscious critical attitude is lost. The whole situation becomes a vicious circle. Identification with the enemy makes an already weak self more helpless and therefore more in need of handling later threatening object relationships by further uncritical identification. Finally, the patient can no longer have the feeling of living his own life. When the destructive identification is sufficiently great, possibly all sense of personal wishes or drives are lost as in the first psychotic case. In the cases where the damage is less extensive there remains some ability to distinguish between favorable and unfavorable situations. However, due to the fear of the enemy personality plus dependence on him, the critical faculty can only with difficulty come to consciousness, and this happens usually only after identification has taken place. In these cases the criticism usually appears as some attempt to disclaim responsibility for the act or attitude which has already been incorporated. It may be disclaimed by being made ridiculous like a caricature; or the individual denies that it is his own body experiencing the sensation; or he makes a general denial

of reality. On what occasions one type of reaction appears rather than another is not clear. All methods have one quality in common: namely, the unacceptable aspect of the object has to be taken into the self before any even indirect recognition of its danger can be admitted. At the same time there occurs inhibition of any adequate expression of hostility.

It will be seen that because of the nature of the dependence of these individuals it takes very little to make the analyst, or any person on whom the patient leans, become a threat to him. A relatively innocent question asked at the wrong moment can do extensive damage because it cannot be rejected. Therefore, in treating these patients one must be constantly on the alert lest one unwittingly lead the patient into a situation contrary to his interests. All intervention on the part of the analyst must be made cautiously and with the awareness that any resulting disturbance in the reality sense means that the patient feels seriously threatened by the analyst. Such a situation must be straightened out at once.



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# THE TRANSLATION OF THE CRYPTIC AUTOMATIC WRITING OF ONE HYP- NOTIC SUBJECT BY ANOTHER IN A TRANCE-LIKE DISSOCIATED STATE

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During the training of a subject for a particular experiment in hypnosis, a unique observation was made upon the ability of one person in a spontaneous trance accurately to decipher and to translate the mysterious and cryptic automatic writing of another. In their conscious states neither individual could understand the script. In trance-like states each one quite independently reached identical interpretations of it. Cryptic automatic writing is found to suffer from processes of distortion identical with those seen in dreams; and the translation of such writing, to involve the same principles as those involved in dream analysis.

In chronological sequence in the protocols detailed below there is portrayed both the general situation and the series of events leading to these observations: (1) the subject as an incident in his training and while in a deep trance was told by an assistant in the absence of the investigator, to forget all the vowels but not the fact of their existence. (2) In another trance a week later he was given additional suggestions to the effect that he would replace the seventh (g), eighth (h), and ninth (i) letters of the alphabet with their respective numerals and that henceforth his name would be 'Jack Young'. (3) He was then asked to write his name. In doing this he omitted the vowels and substituted the numeral '10' for the letter 'J', declaring emphatically as he completed this task that something was wrong.

Assuming in the interpretation of hypnotic productions as in the interpretation of dreams, that every trivial detail has meaning, the assistant sought to secure from the subject an

explanation both of his use of the numeral *ten*, and of his comment that something was wrong. The subject wrote the letters 'N' and 'F' and the numerals '7', '7', '8' and '9' automatically in his effort to explain these phenomena, apparently offering them as an adequate explanation of everything. Dissatisfied, the assistant demanded a more understandable written explanation. This resulted in still more abbreviated and cryptic automatic writing; and further requests produced merely a repetition of that writing, despite the assistant's efforts to compel some alteration of the written characters by active physical interference.

External circumstances then terminated the interview at this point but not before the subject had demonstrated his complete lack of any conscious understanding of what his written 'explanation' meant, or of what the 'mistake' had been, and whether it was the substitution of a '10' for the 'J' in his written name.

After the subject left, the investigator came into the laboratory and while he and his assistant were puzzling over the cryptic writing, a second subject, Alice, entered the laboratory and showed an immediate interest in the problem. This subject has the rare capacity to develop spontaneous hypnotic trances during which she functions adequately in whatever situation she finds herself. Upon awakening from them she has no awareness of her trance activities. Because of her interest in the problem, she was given an outline of the essential facts and the writing was shown to her by the assistant who then departed leaving this second subject, Alice, to puzzle over the writing with the investigator.

Thereupon Alice developed a series of spontaneous trance states interspersed with ordinary waking states. In the trance states she interpreted the writing item by item and explained it step by step to the investigator who maintained essentially a passive, receptive rôle. This passive rôle was forced upon the investigator by the brevity of the spontaneous trances, the difficulty of trying to carry on a conversation with her at all, and the necessity constantly to meet her at two different levels of

awareness in a single situation. Alice's spontaneous trances tended to be so brief that she would have time to offer only an explanatory remark or two and would then awaken with no awareness of what she had just said. In the waking state she would continue her puzzled wonderment over the writing which had just been interrupted by the spontaneous trance, or she would become interested in some totally unrelated topic and discuss that until some remark of the investigator disclosed to her his own unclear state of mind regarding the last bit of explanation she had given. There would follow another spontaneous trance in which, briefly and concisely, Alice would make another remark to clarify the investigator's mind. As a consequence, it was necessary for Alice to develop a large number of spontaneous trances and to repeat her explanations many times before she could feel satisfied with the investigator's comprehension of what had been said. In addition, Alice's explanations were often as cryptic to the investigator as the writing itself, as for example her use of the word 'sign' to explain the correctness of the letter 'H' (cf. the protocol below).

In the intervals between the spontaneous trances, investigation showed that Alice had a complete and persistent amnesia for all of her trance disclosures, even after the entire interpretation of the writing had been secured; furthermore when her own interpretation of the writing was presented to her, she regarded it purely as a product of the investigator's own reasoning. However when questioned about it in an induced trance state, she not only recognized the explanation as her own but meticulously corrected the slightest change in wording introduced by the investigator.

Why Alice resorted to this devious and uncertain method of communication instead of permitting herself to develop flashes of conscious insight, is a matter for speculation not wholly explained by her statement that the writing represented her own unconscious way of thinking and writing.

The following day the first subject, T. L., came to the office unexpectedly to report what he termed 'an amusing hypnagogic experience'. Unaware that the assistant had told the



investigator of the original situation, and unaware also of the investigator's subsequent experience with Alice, he described fully his own experiences with the assistant on the previous day, corroborating the details given by the assistant and including others which were later verified. He emphasized in particular his own argumentativeness, his insistence that there was a mistake in the written name, his feeling of absolute certainty about his conscious understanding, and his feeling of irritation with the assistant whose manner seemed unwarrantedly to imply that there were unrecognized meanings in the writing. He related that after his departure he had forgotten about the incident until, falling asleep late that evening, he had a 'hypnagogic experience' in which he 'saw' the episode exactly as it had occurred with a new interpretation of it all. He expressed much amusement over his earlier belligerency and defensiveness, and also about his new realization of 'how intensely you can believe something that is totally wrong, when right in your subconscious you know the truth'. He went on to explain that along with his original 'conscious explanation' he now 'saw' the 'true subconscious explanation' which was not at all similar to his 'conscious explanation'. Asked to restate his original 'conscious explanation', he claimed that because it was 'so wrong' he could no longer remember more than a vague outline of it, but that now he was ready to give the 'correct explanation of the whole thing'.

In response to the investigator's manifest interest, he proceeded to give his explanation, but not with the confidence his manner had led the investigator to expect. It became apparent at once that the subject's conscious grasp of the problem was limited and that he only thought he understood it. Actually his method was to offer sudden, brief, dogmatic statements as if each were the complete explanation, only to discover spontaneously that his explanation was inadequate. Then there would follow another sudden flash of conscious insight and another dogmatic statement.

After a number of such steps the subject took the attitude of one solving a puzzle and began to search for the explanation

of his various dogmatic statements and for the significance of the writing. As he studied the writing and tried to fit his various statements to it, additional flashes of insight developed, sometimes relevant to the immediate question he was trying to solve, and sometimes pertinent to another item not yet touched upon. Thus bit by bit in an unsystematic fashion, a complete explanation was developed which was in full accord with the one given by Alice. In this episode the investigator's rôle was again a passive, receptive one.

Of marked interest is the fact that neither subject volunteered any interpretation of the first 'explanation' written as four digits. Both subjects ignored that particular writing completely until it was called to their attention. Alice remarked simply that everything was included in the writing she had explained, while T. L. commented briefly, 'That's [the digits] not so good; the writing's better'.

FIGURE 1

FIGURE 2

FIGURE 3

FIGURE 4

FIGURE 5

FIGURE 6

### PROTOCOL I

#### *First Week*

- 1 Subject T. L. was told while in a hypnotic trance to forget the vowels of the alphabet but not the fact of their existence.

#### *Second Week*

- 2 Subject T. L. was again hypnotized and told this time to replace the seventh, eighth and ninth letters of the alphabet (g, h, and i) with their respective numerals.
- 3 T. L. was then told that his name was 'Jack Young' and he was asked to write it.
- 4 T. L. wrote his name '10 ck Yng' (cf. Figure 1).

- 5 Upon inspection of his writing, T. L. declared it to be incorrect, that the 'J' was a mistake, and he became disputatious when the assistant suggested that it might be correct.
- 6 The assistant asked, 'Is what you wrote correct?'.
- 7 T. L. wrote automatically the character 'N', which was interpreted by the assistant as a 'No', but this T. L. did not confirm (cf. Figure 2).
- 8 The assistant asked if the writing was apparently incorrect.
- 9 T. L. wrote automatically the character 'F' which the assistant interpreted as a 'Yes', but this again was neither confirmed nor corrected (cf. Figure 3).
- 10 The assistant then asked why the writing was only apparently incorrect.
- 11 T. L. wrote automatically the construction, '7 7 8 9', very faintly and somewhat illegibly (cf. Figure 4).
- 12 The assistant asked that the explanation be rewritten plainly and clearly and in a fashion understandable to both of them.
- 13 T. L. then added to the 'N' and the 'F' already written a peculiar group of letters (cf. Figure 5).
- 14 The assistant, after scrutiny of this writing, asked T. L. to rewrite on another sheet of paper his explanation in a more clearly understandable and readable fashion.
- 15 T. L. complied with this request by producing a second graphic construction, essentially a repetition of the previous one, ignoring and resisting as he did so the assistant's attempts to compel an alteration of the writing by forcibly moving the paper while T. L. was engaged in his task (cf. Figure 6).
- 16 No further verbal explanation of the writing was obtained at this time except an argumentative repetition of his previous declaration that the written name contained a mistake namely, the use of 10 for J. External circumstances then brought the interview to an end.

## PROTOCOL II

### *Entrance of Alice*

- 1 The written name was exhibited to Alice by the assistant, and a rapid explanation was given of the posthypnotic sug-

gestions regarding vowels and the replacement by numerals of the seventh, eighth and ninth letters, and of T. L.'s insistence that there was a mistake in the writing of the name. Following this the assistant left.

- 2 Alice studied the name as it was written and then counted the letters of the alphabet rapidly.
- 3 Alice's explanation: 'J' has the ordinal position of '10' but the omission of the vowels gives it the ordinal position of '7'. '7' however is actually identical with 'G' and, hence, it cannot be used to designate 'J'. Therefore, 'J', the seventh letter, must be written as '10'. In brief, J is both the seventh and the tenth letter, but it can be written numerically only as '10'.
- 4 Alice was then shown T. L.'s written production, Figure 6. This, she promptly read as 'Numbers for letters', illustrating this significance by immediate reference to the use of a '10' for a 'J' in the written name.
- 5 The investigator then gave Alice the additional information about the assistant's interpretation of the letter 'N' as signifying 'No' (cf. Figure 2).
- 6 The writing was read then by Alice as, 'Not letters; numbers for letters'.
- 7 Alice's explanation: The second character in the written explanation actually is a 'T' as well as an 'F' and may equally well be read as a '4'. T. L.'s passive acceptance of the interpretation of a 'No' serves to transform the first two characters of the writing into the word 'Not' with the vowel omitted; furthermore since the second character is obviously an 'F', and also a '4', emphasis is thereby placed upon the second character and this is indicated doubly by the fact that the letter 'F' actually is the fourth letter in the alphabet with the vowels omitted. Hence, 'F', by virtue of all this, can be used to signify 'for' as a simple pun as well as an abbreviation.
- 8 Therefore, on first reading the written explanation, one reads 'Not letters', but since this is only part of an explanation, one must reread the written characters for their additional meanings; hence on second reading, one reads 'No 4 ltrs', or 'Numbers for letters'.

- 9 The investigator accepted this reading unquestioningly, but asked what the 'th' meant, since it appeared in both of T. L.'s written explanations.
- 10 Alice first explained with the single word 'sign', but finally declared that it was connected 'by the sign', which she identified by gesture as the line underneath the 'th', with the second character of the written explanation and that it 'explained' the 'mistake'.
- 11 Alice's explanation: The second character reads 'T', 'F', '4', and 'for', but in relation to the 'th' it also reads '7'. 'G' is the seventh letter of the alphabet. 'G' should be written as '7'. 'G' is written 'G' in the name, hence, 'G' is a mistake.
- 12 The investigator then asked Alice to read aloud the written explanation, which she did as follows: 'Not letters; numbers for letters; not 7; seventh letter; 7 in place of letter', and as this explanation was read, Alice declared that there was a concealed '7' in the word 'lttrs', an item which had been consistently overlooked by the investigator.
- 13 As an additional explanation, Alice added, "'7" should be in the place of the letter "G" in the name, but a mistake was made and "G" was written. So to explain what he meant by "a mistake", "7" is written here [pointing to the concealed "7" in the character "lttrs"] so that you can see that there is really a "7" in the place of "letters" where you should read it, but where you really read just "lttrs".'
- 14 The investigator asked if there were any further explanation of the 'th' since 'H' is the eighth letter.
- 15 Alice explained, 'It is a sign. You read "7-th" not 7-t-h.' To this was added, 'Not mistake like "G". It [th] is a sign.'
- 16 The investigator then raised the question of 'G' becoming the fifth letter of the alphabet with the vowels omitted. Alice explained that 'G' could not be the fifth letter because the difficulty about the 'J' had definitely established 'G' as the seventh letter.
- 17 Alice was then asked about the letter 'K'. Again she explained that the establishment of the letter 'J' as number '10' provided a point of orientation for all of the letters in the alphabet,

regardless of the omission of the vowels, and she restated the fact that the vowels had only been forgotten, but not the fact of their existence. Therefore, the letter 'J' established as number '10' would automatically cause 'K' to be letter number '11' and 'G' to be letter number '7'.

- 18 Alice then was asked about the identification of the letter 'F' as the number '4' by virtue of the omission of the vowels. Alice pointed out immediately that this was purely for purposes of punning and that anything was permissible in a pun.
- 19 Alice was then asked to explain how it was that she could interpret such cryptic writing.
- 20 Alice's explanation: 'Oh, that's easy. That's just the way I always think and write. Just a little means a lot.'
- 21 Alice was asked, 'How could you know that the writing could be interpreted?'
- 22 Alice's explanation: 'When you knew about the vowels and the numbers, then you could see lots of meanings all at once right there and you could just read them.'
- 23 When asked about the written digits in Figure 4, Alice explained that they meant the same as the writing, but not so clearly.

### PROTOCOL III

#### *The next day*

- 1 Subject T. L. reported to the investigator an 'amusing hypnagogic experience' in which 'I remembered the whole situation. I had a complete conscious explanation at the time. I was so sure of it, too; I wanted to argue. I said there was a mistake. I remembered every little detail of that whole situation, and, at the same time, in that hypnagogic state I could see the whole thing in an entirely different way. Half asleep there, I could see my conscious understanding of that whole situation and at the same time I could see my subconscious understanding. The two were so different and I had been so sure of my conscious understanding, but it really was all wrong. I didn't have anything right in my conscious understanding at all, and yet I wanted to argue; I was looking for an argument.'

- 2 The investigator asked T. L. for an account of his conscious understanding.
- 3 T. L. declared that he could not remember anything about it except that it was all wrong, nothing right. 'I wasn't even thinking about the things I thought I was thinking about.' The investigator asked him to explain this more fully. T. L. replied, 'Consciously I said there was a mistake but the mistake I thought I was talking about wasn't a mistake at all. I thought I was talking about "J" but in that hypnagogic experience I knew that "J" was right but that "G" was a mistake. "J" was just a mistake to my consciousness even though it was not a mistake to my subconsciousness.'
- 4 The investigator asked T. L. to give an account of his subconscious understandings.
- 5 There followed then an explanation of the writing in which item by item was accorded the same interpretation as had been given by Alice. The method by which his explanation was achieved was one based upon sudden flashes of insight, such as obtain in the solving of a puzzle. Thus in relation to the second character (cf. Figure 3) he declared he could explain it best by writing it from memory, whereupon he proceeded to write the French form of the numeral '7' (the subject has studied French). In the usual position, elevated above the line, he added to this numeral a 'th'. When the accuracy of his recollection was questioned, he became decidedly disputatious and insisted that it was right because of the line underneath the 'th'. From these disconnected flashes of insight partial understandings of several different aspects of the problem were obtained. Alice, on the other hand, recognized the numerical quality of that character along with its other attributes without resort to intermediary steps.
- 6 The order in which T. L. built up his interpretations of the written explanation shown in Figure 6 was as follows:
  - (a) Declaration that the use of a '10' for a 'J' in the written name was not an error but that the 'G' was an error.
  - (b) Statement that the writing (Figure 6) read both 'Not letters' and 'Numbers for letters'.
  - (c) Elucidation of the use of a '10' for a 'J'. 'Without the vowels "J" was the seventh letter and I had to put a

- number for that letter, but I couldn't put a "7" because even if there were no vowels you had to count their places and that would make "G" the seventh letter just as "J" was, so I just wrote the correct number for the letter "J".
- (d) Identification of the 'F' (Figure 2) as a 'T', an 'F', a '4' and as 'for' followed by its identification as a '7' as described in Item 5, and by relating this explanation to the clarification of the 'mistake' contained in the letter 'G'.
  - (e) Declaration that there should be a '7' in addition to the one contained in the second character of the written explanation, to be read with the 'th' as 'seventh letter'.
  - (f) Discovery of the concealed '7' and the reading of the message as 'Not letters, numbers for letters, not 7, seventh letter, 7 in place of letter'.
  - (g) Clarification of the question of the 'K' and the 'H' in the same fashion as Alice had done.
  - (h) Discovery of the pun on '4' and 'F' contained in the second character of the written explanation, since previously he had regarded the 'F' as a simple abbreviation for 'for'.
- 7 Declaration that the four digits, illustrated in Figure 4, constituted a similar but less satisfactory explanation than the writing in Figure 6.
  - 8 Explanation that Figure 6 differed from Figure 5 only because of the assistant's interference. Alice had declared them to be identical in meaning.

### *Discussion*

I. The main event of this unplanned and unexpected experience is in itself worthy of record for it is an arresting fact that one human being while in a dissociated trance-like condition can accurately decipher the automatic writing of another—writing which neither of the two subjects was able to decipher while in states of normal consciousness. The observation stresses from a new angle a fact that has often been emphasized by those who have studied unconscious processes but which remains none the less mysterious—namely, that underneath the diversified nature of the consciously organized aspects of the personality, the unconscious talks in a language which has a



remarkable uniformity; furthermore that that language has laws so constant that the unconscious of one individual is better equipped to understand the unconscious of another than the conscious aspect of the personality of either.

If this is true, and it seems to be a fact attested from many sources, it must give the psychoanalyst reason to wonder as to the wisdom of confining himself exclusively to the technique of free association in his efforts consciously to penetrate into the unconscious of his patient.

II. When one turns to the details of this experience, one finds several points which need more specific emphasis, and certain basic questions which remain wholly unanswered:

(1) In the first place it is striking that in the translation of automatic writing, as in the interpretation of dreams, each element may be made to do double and triple duty: to wit, the several purposes subserved by the letters N and F.

(2) Again we see that here, as in dreams, puns, elisions, plays on words and similar tricks that we ordinarily think of as frivolous, all play a surprising and somewhat disconcerting rôle in the communication of important and serious feelings. We accept this type of thought and language in simple jokes as for instance in the old conundrum of childhood: 'How do you spell "blind pig"?' to which the answer is 'b l n d p g—leave out the "eyes"'. But it is ever a source of fresh amazement when the unconscious processes express weighty and troublesome problems in a shorthand which has in it an element of irreverent levity.

(3) In the whole episode there are two untouched problems—why in the first instance the 'mistake' occurred at all (the slip is seemingly trivial, a tempest in a teapot) and second why when the mistake had occurred, the first subject, T. L., could not have recognized it and corrected it simply and directly. Perhaps it is of importance that the mistake concerned the patient's own identity, i.e., the automatic spelling of his own name. It will be recalled that in the course of the

experiment his name had been changed by suggestion to 'Jack Young'.

It is possible that a highly charged rebellion against the implantation under hypnosis of this alternative personality, struggling with a coexistent attitude of passive submission to the authority of the hypnotist may account for several things: the exaggerated tempest, the curiously evasive quality of some of the replies, the ambiguities (as if he did not know whether to correct the error or not) the elements of malicious humor, the literal-mindedness, the hiding. All of this seems to indicate that, both in the automatic writing and in the subsequent efforts to translate it, the subject is struggling simultaneously to explain and to hide his meaning. In support of this hypothesis there is one possible explanation of the writing, which neither subject offered although it is a rather obvious alternative: if N equals 'not'; and if F is also a 'T', and if we consider that the first letter of the following group of letters is L, then the first three letters would read 'not T. L.'—in other words, not the subject's own initials.

It may well be that if we knew enough about the subject, T. L., and the identifications which must make up the basis of the structure of his whole personality, that this otherwise mysterious little episode would then become quite understandable.

## Practical Approach to the Problem of Narcissistic Neuroses

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# PRACTICAL APPROACH TO THE PROBLEM OF NARCISSISTIC NEUROSES

BY FRANZ S. COHN (NEW YORK)

## I

The chief virtue of this presentation derives from the fact that most of it represents clinical experience that has proved of definite therapeutic value. It advances no new theory nor technique; it is based upon what is common knowledge and practice among psychoanalysts. In my approach there might be the individual difference that I have established the habit of challenging and isolating familiar phenomena. In the text that follows, these phenomena may appear more primitive and exclusive than they really are.

I have found it difficult to confine myself to the traditional definition of the narcissistic neuroses. Narcissistic phenomena are by no means limited to borderline cases or psychoses; practically speaking, any type of neurosis represents a narcissistic problem. For didactic as well as clinical considerations I have neglected that sharp distinction between transference neuroses and narcissistic neuroses. From the clinical point of view transference may safely be regarded as a specific narcissistic phenomenon, and transference in narcissistic neuroses as a primitive and rudimentary type.

Frequently it seems useful to see clinical phenomena in the light of narcissism. This paper follows the plan of investigating a number of phenomena in which the œdipus complex appears to be eclipsed by some other process. This enables us to include certain manifestations frequently appearing at various stages of analyses which belong to a kind of transitory narcissistic neurosis. In these instances the analyst's knowledge

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of and sensitiveness to these narcissistic phenomena is put to a test.

From the standpoint of narcissism the œdipus structure seems to represent an obstructive system through which narcissistic libido filters before changing into object libido. In practice one is commonly confronted with the results of its repercussions and retrograde movements, that is, regressions to still earlier points of fixation.

This presentation is limited in that it does not include the contributions of other authors to the topic. The problem of homosexuality is deliberately omitted; to include this type of narcissistic neurosis would require too much space. The purpose of this paper is to focus interest on some basic facts whose neglect is responsible for a waste of time in treatment and the loss of an opportunity to extend the field of analytic therapy to certain psychotic cases.

One day during a holiday high up in the mountains I met a man sitting opposite a glacier. He informed me that this was a favorite spot of his to which he repaired daily for a few hours. He found himself particularly attracted by the thundering noise of the avalanches. He gave the impression of being a sound and reasonable person. In the course of a conversation I was struck by an obvious association when I heard the man complain of an extraordinary and obstinate constipation which had troubled him since having left home. I saw a connection between his intestinal neurosis and his obsessional interest in the tumbling blocks of ice.

This was an unconscious projection on the glacier. The elimination of fæces having practically stopped for reasons we do not know was now performed symbolically. The glacier was treated like a part of the physical ego; or one might say that the ego boundaries were extended to include the glacier: they had widened in a way we are accustomed to describe as a transference process.

On further acquaintance with this man my conception had to be enlarged. The mountain was not a lifeless body for

him. The mountain had a personality. He had some kind of a geological daydream about its age, its symptoms of disintegration, its stresses and strains—all substantiated by statistics. He had a special ambition to compute how long it would take the glacier to wear down the mountain completely. Obviously all this suggests not only the projection of an anal function but also the shadow of a person of great age.

It is left to one's discretion as to whether to stress this man's concern about himself or his interest in the life span of another person. There is here a serious difficulty in distinguishing between subject and object. All analysts have noticed how frequently this occurs during analysis in certain transference situations in which the patient refers to the analyst when he speaks of himself, and vice versa. In such cases the analytic hours are full of ambivalence, doubt and ambiguity. The ego boundaries are elastic, emotion is alternately projected and withdrawn. The patient experiences great relief if one succeeds in localizing the origin of this phenomenon.

The origin of these symptoms is found in the specific erogenous zones that contribute to the compound of genitality. From their symbolic expressions we are able to learn about the erotogenic structure as well as the functional background of these organic loci.

In the above example which we have taken as a model we can observe that a process whose locus is a small organic province takes on enormous dimensions when projected. There would seem to be an obvious advantage in the detachment of the process from within to some point outside the conscious ego boundaries. But this does not happen; in reality the process remains inside. The mind of the unhappy person is haunted by something that looms in overwhelming dimensions. The projection, reinforced by isolation, has to be maintained at all costs. Personification of the object is added because it introduces reassuring images of figures with whom one can deal. But these are magnified to a superhuman size. Some time they must be reduced again or they would be

unbearable. Our acquaintance tried to do this by the statistics which he applied to the mountain.

There is not much hope that he will ever find a solution because he is not aware of the organic source of his problem. We know that the exaggerated size of these images is not the outcome of projection alone. From dreams we have learned that this is a quality of all inner psychological processes. All organic sensations appear magnified as long as they are not evaluated by the conscious mental apparatus. There is no inner orientation. The processes of incorporation, introjection and identification arise primarily from organic sources. Their total outcome, the superego, magnifies as well as maintains the close attachment to organic functions. Images of persons within the superego structure are secondary.

The realization of these primary facts of magnification may help to explain the close relationship between the suicidal and the masturbatory drives. I dare say that the first never exists without the latter, and vice versa. It is my experience that suicidal impulses definitely lose ground when one succeeds in releasing the underlying unconscious masturbatory complex. The giant suicide then shrinks into the dwarf masturbation.

A similar relationship seems to exist between an unconscious masturbatory or other sexual temptation and the fear of becoming mad. Here there is not only the effect on an infantile mind of magnified inner sensations but also an additional factor, of no less importance, that might be called a process of diminution. A certain amount of narcissistic libidinal discharge causes higher, conscious mental functions to melt down without losing capacity to regain the old form of expression; thus there is a magnification of the object in projection causing fear, and a reduction of consciousness which impairs the defensive power of the intellect and in certain cases results in a feeling of going mad. (Reference to repression is deliberately omitted in order to emphasize these primitive functions.)

Conscious reasoning operates under constant danger of being flooded by narcissistic discharges (the inner danger). The case cited demonstrates this in the man's holiday meditations. In

analytical treatment also one finds that every unnecessary exercise of thought, such as brooding, or indulging in theoretical and abstract thinking, betokens a reaction to emanations of narcissistic libido. I dare say that in the core of all obsessional abstract thought there is an organic sensation, a source of instinct not yet born into any language, particularly not into the language of the conscious mind. We do not always realize how close these sources are, and still how far from being reached by ordinary means. A well-known proverb comes to mind: 'If Mohammed does not come to the mountain the mountain will come to Mohammed'; that is to say: the body will manifest itself.

My holiday acquaintance had a system of communication of his own with these near yet remote centers. He told me once that on certain days he felt an uncontrollable compulsion to calculate over and over all conceivable losses of money that might occur to him. He had learned to recognize these ideas as reactions to sensations which initiated defæcation. He was doubtless what one would call an anal character but I presume that these are reactions which are to be found in any character. The difference is whether one wrestles with these organic powers or whether he has ready ways for making them useful and enjoyable. People who seem to have a particularly amicable relation to them are artists and, at some distance, psychotics. The hardest fight to keep these reactions on a conscious level is exerted in anxiety neuroses such as agoraphobia, the reason being that the danger of surrendering to narcissistic gratifications is particularly great.

Returning to our friend in the mountains, there should be something to say about the destructive tendencies released in his projection. They are conveyed in oral as well as anal symbolism (pulling down, breaking to pieces). But the oral tendency to take in and hold seems to account for the constipation and to safeguard it. It reinforces the retaining power. The intestinal spasm then is the equivalent of an oral function organically speaking, just as the man's greedy calculations are



psychologically speaking. Apparently the addition of narcissistic libido to the normal function by way of a linkage of zones prevents destructive tendencies from being discharged in full strength. By projection they can then be safely dispensed. If possible they are admitted to a higher level when the œdipus mechanism is used as a filtering and balancing system. A certain versatility in producing symbolical expressions is, it seems, the sign of a good preparation for mental control.

Whenever regression puts back the clock the management is shifted again to primitive sources. The advantage arising from such displacement is that the emotional conflict (destructive tendency) which is invariably attached to higher psychological functions is removed from the reach of verbalization. Sublimation would not be possible without a permanent, close and unobstructed relation to these primitive zones with their conflict-reducing charge.

## II

The following clinical episodes and fragments are given to illustrate what has been outlined.

The first is a case of agoraphobia. Among the countless rituals by which this patient used to discharge her intolerable anxiety there was a very striking one. She would carry a large case filled with heavy books. At the height of her anxiety she would drop the unlocked case and then busy herself with collecting the books from the ground. This symbolized defæcation for her, as had almost everything else she did in the street some bearing on the anal function. Stopping on the street, pressing her back into a corner or standing still expressed the holding back of fæces. Her legs were not merely a means of walking but had become psychological appendages of the anal zone. As complementary organs of the sphincter function they were used for symbolical discharge when the pleasure of walking turned into running. She managed to control it then by keeping a rhythm which was most effective when she adapted her pace to that of another person at a distance.

Genital discharge being blocked in this patient, the anal

zone compensatorily had extended far beyond its anatomical boundaries. The result was that she became a bundle of symbols in a magnified world. Slipping out of the front door started the anal symbolism, and from this moment she had to throw in the full weight of her physical and mental equipment to keep control over this widened area. Under ordinary conditions a most intelligent and reasonable person, she became almost psychotic in the street. What distinguished her from a real psychotic were her anxiety and her awareness of being driven into irrational actions by compulsion. Her symbolism was always well rationalized, whereas a psychotic can do without this. (A psychotic told me smilingly how he had shown his great love to a girl by pumping water from a well when she passed by. He considered this a reasonable act.) The agoraphobic knows that he is contending against something he cannot grasp. His conflict is not mercifully dissolved by regression but remains a conscious struggle, because the defense is magnified as well.

This patient was not relieved until she had learned to accept her acts as symbolic representations of natural claims of her body. She went through a period in which anxiety was replaced by surrender to a state of narcissistic gratification. As though drugged she became fully preoccupied with bodily sensations accompanied by most enjoyable fantasies.

This case of agoraphobia was chosen because at this stage of development, agoraphobia shows the features of a narcissistic neurosis. The œdipus situation may be overemphasized while the real trouble is more physical, too far removed from ordinary intellectual control.

Another case of agoraphobia for comparison is that of a young girl in her puberty. Her developing genitality had not found adequate mental organization though she was highly intellectual. She felt threatened with fits of fainting and sensations of going mad. She did not masturbate; instead she pulled out all her hair. The obliteration of her genitality had resulted in an overcharge with narcissistic libido scattered over

all zones and trying to find an outlet. There was grotesque exhibitionism and some anal creations, especially an oral-anal smoking compulsion. Locating these symptoms established the transference, whereupon hairpulling and smoking stopped without the formation of a system of projections that might have extended to the street, as it did in the other patient.

Another type of narcissistic neurosis accompanies genital impotence in men. A patient approaching the end of treatment failed to effect penetration in attempting intercourse. He masturbated before going to sleep and had a dream: squatting in the corner of a room he tries in vain to defæcate.

The dream reveals a surprising aspect. The attempted coitus now takes place inside his body, its failure equivalent to the dream failure in pushing fæces through the anus. This displacement evokes narcissistic assistance. The female object is replaced by his own anal sphincter. The genital sphere is surrendered to an expanded anal zone as were the legs in the agoraphobic. It is at this point that projections originate.

Parallel to this scheme appears the relation between masturbation and the paragenital zones. Compulsory masturbation is by no means an expression of genitality; neither is coitus for this type of neurotic. It seems to be an attempt both to genitalize the organ and to eliminate paragenital influences encroaching on it. This is the reason why no time nor strength is left for a relationship with a partner. These men vividly describe how desire for a partner seems to vanish as soon as erection appears. (There is a parallel in female frigidity.) It is not surprising that these people should feel beset by some malign power. Masturbation and compulsive coitus are not the only ways of attempting to conquer the conflict; smoking and drug addiction may serve. There is a well-known type of the very active person who pits his whole personality against the inner parasite, frequently in a distinctly suicidal way. Present day life offers abundant opportunities for such activity. These are the record breakers of all sorts, especially delinquent ones.

Sometimes one is tempted to believe that the very basis of castration fear may reside in this power of the paragenital zones over a weak genital organization. The psychological power of the castration complex then would derive partly from an interzonal conflict. The absorption of genital libido first takes place inside; later a real castration threat or injury does the rest.

In some cases during treatment we see a patient begin acting out in spite of our efforts to keep pace with him by correct interpretation. The patient unconsciously tries to trick the analyst into taking an active rôle. Periods of doubt and brooding, alternating with violent outbursts of anger against the necessity of choosing a live object, add to the difficulty of the situation. In these periods there are no free associations. Frequently there supervenes a state reminiscent of psychosis. The ego is flooded with sensations from primitive sensual, mostly paragenital sources. One may see rapid improvement from interpretations that point straight to the locality of the primitive process and reveal it clearly. Anxiety then disappears.

A woman patient suffered from compulsion neurosis. Her chief symptom was the fear of becoming insane. For some time she was in a state of increasing anxiety. She was unable to produce free associations other than severe abuse of analysis, 'that filthy science', and 'that swine' the analyst. She resumed visiting her priest whom she had not seen since that venerable man had told her to trust her analyst. She made an enormous effort during a number of hours to say something she had on her mind. She would get only as far as to say: 'I am going to tell you a little bit about my horrible fantasies', and this was as far as she could go. Finally she sat up to put her cushion straight (she had a pillow ritual) whereupon she beat it furiously as if it were the cause of the trouble. At this point she was told: 'You were going to "show" me a little bit. You think you have a horrible filthy genital because it drives you into temptations of masturbation and fantasies about me.' Her reaction was immediate relaxation. There were no more

insults, and the following hours were filled with memories by which the rediscovery of her genital was inaugurated.

We have mentioned a certain transference symptom in which a great effort is made to keep under control a central organic sensation. This was brooding. We see various types. There is dull but agitated talking, very rapid without pause, or else scarcely any talk with long intervals of silence. There is no important difference between these types. In both, thoughts are drifting like a cork on a deep sea of narcissistic libido that presently is going to wash away the analyst. How this particular transference is established the following example may serve to illustrate.

A young man, head of a big enterprise by inheritance, was in analysis because of persistent feelings of inadequacy and insufficiency. His speech was low, often inaudible, frequently petering out into silence and long periods of brooding. His relation to me, as indeed to all persons, was solely on a basis of identification. He managed his work, not unsuccessfully, in the detached and impersonal manner of an analyst. Most anxiously he avoided involvement in any personal relationships. With me he went through most uncomfortable feelings of estrangement because he could not understand what sort of person I might be. One day it became evident that for him I really was no more than an organ which explained his difficulty sufficiently. After extensive brooding he once gave a description of me: 'I cannot grasp you; you are elusive like a greasy, slippery pole. I always lose you. This sounds to me as if I am speaking of *fæces*. I do not seem to think very highly of you then after all!'

There was no doubt that he had for some time made me a product of his bowels. This was the reason why he could not distinguish between us. In states of depression he accused himself of what he would have charged me with. Immediately after he had converted me into *fæces* he found that his own body, especially his hair and breath, seemed to smell intolerably. In his gradual progression in analysis he first became conscious of his anal sensations by way of transference, or projection

if you like. Later genital sensations were transferred in the same way by making me the symbol of his genital organ. Only then a real identification with me as a complete person developed, combined with œdipus fantasies. His memories then changed their character. Since they had been reproduced as projections on me they came to him with the quality of real experience.

There was something noteworthy about his way of producing free associations. Whenever he tried to describe his feelings he never could find an adequate word immediately. He had to start from a very deep level. After embarrassing moments of blankness, he would first produce a symbolic picture similar to the Silberer phenomenon. Once he had repeated visions of crossed swords at which his thoughts came to a standstill. Then he saw them change into wires that formed a church spire. After this, the whole thing turned into a revolving axis like a dynamo; and finally this axis disintegrated into wires again and crumbled to pieces. This was first interpreted on the basis of an experience with another patient. Accordingly it was suggested it might be a sphincter symbolism, at any rate some anal sensation. Presently he remembered a stabbing pain in his anus that had forced him to stand still in the street some years ago. Standstill of thoughts and anal standstill seemed parallel. He had shortly before tried to think about marriage; the crossed swords are seen on the occasion of military weddings. Unfortunately his wishes for genital satisfaction had been early and cruelly stopped when he was circumcized at seven years. I believe it is not too much to presume that his picture of a disintegrating dynamo graphically represented a genital sensation, an erection *in statu nascendi*, crumbling and dissolving. His attempt to displace it from the inner anal locality back to the genital one had failed, and so had his attempt to produce associations.

One day this patient took advantage of an opportunity to train his voice, which I encouraged as a technical measure. The results were most instructive. First he felt a sensual satisfaction in using his voice that sometimes made him forget

what he wanted to say: another standstill of thinking, this time on an oral basis; then his exhibitionistic impulses returned accompanied by fits of perspiration. Fantasies took the form of producing something such as an egg from his mouth like a conjurer. These were later replaced by temptations to show his penis, an exhibitionistic impulse arising somewhere on the borderline between anal and genital sensations. After this the genital was admitted in projection on full sized persons. Visiting one of his factories at this time he no longer felt himself small and insignificant. As a substitute for himself his brother now appeared in his dreams and associations as the old 'good-for-nothing' penis. His relations with women remained nonexistent although his attitude towards his analized penis had changed. His brother as the representative symbol of his own penis put him into associative connection with his sister-in-law whereupon the œdipus complex rapidly came to expression. Particularly interesting was the restoration of the penis from its disguising projection on the analyst to an organ of his own body. For days he had no other idea but how to make me dependent on him for life, that is, to make me a member of his family as well as of his body.

I regard this case as a perfect specimen of a narcissistic neurosis. The importance of the body and the narrow range of mental activity are very striking features. While details of the structure of this neurosis are not given I do not want to suggest that this case was in any way reminiscent of a psychosis.

The following cases appear further removed from the normal personality. Two of them had been abandoned by alarmed colleagues and in the second case it took some time before I began to recognize the true nature of the material.

A melancholy man told his life story in a monotonous way, as if by rote. At the end he burst into tears and had nothing more to say. He kept repeating that he felt he could not escape suicide and that treatment might have come too late. He was an educated man and a good linguist but knew nothing

about psychoanalysis. He had given up work, left his wife, and was living alone in a room.

His efforts to tell more about himself always evaporated into certain stereotyped sentences such as, 'That's about all', repeated three times; or, 'If you could only find the right solution', also repeated a few times. Instead of waiting for better material I briefly made up my mind to enter immediately into analysis of these expressions. I felt he was alluding to some real liquid solution originating from his body, and I told him so. For this first hour his depression ended. I saw him three times a week only, and at the first hours he always began with similar vague and abstract expressions.

His solution first represented spermatic fluid and this led to other associations. He was in retreat from his genitality. He had separated from his wife when he had projected his genital on her. He complained he could not bear to see her curved legs. They proved penis symbols for him. It was the ubiquity of the penis, so typical for the homosexual, from which he tried to escape. As a result he felt incessantly tempted to masturbate without being conscious of it. Instead, the wish to yield to the temptation presented itself to him as a compulsion to suicide.

In cases like this, localization of the primitive complex is the correct approach. This patient in a few weeks turned into an ordinary case. He became an interesting talker and the oedipus material started to flow freely.

Freud has emphasized that one should always analyze from the psychological surface. Abstract and empty talk can be regarded as a psychologically determined surface symptom which the body is prompting in its own language.

The following case, unlike the last, presented a condition not often encountered in analytic practice. The patient had had encephalitis lethargica. The best way to describe his psychological state is to compare it with a ruin. It took a very long time before any contact could be established with him.

The patient, a man twenty-four years old, was utterly con-



fused and unintelligible. He had a tendency to approach in highly philosophical terms something he could not reach. He would never mention a word about his daily life, not even when he had changed his residence or when his wife left him. The latter had to be guessed from his neglected, slovenly appearance. Whole hours of silence would pass without any sign of discomfort. One of the first signs of a human reaction occurred when one day he started to moan. He did not know what to say.

At first what he said was a caricature of philosophical abstraction. In his associations people did not occur. His world was not populated. He had no sense of time, in fact no sense or feeling whatsoever. His carriage was rigid, he was liable to stumble. He moved about like a blind man although there was no impairment of vision. My observation of him covers a period of about five years. During the last year he was quite capable of talking freely and was living an adequate emotional life.

In the first hour in which I at last understood what he was talking about, he said, 'Take analysis. What is analysis? Analysis is like a ladder. You climb up a wall, down the other side; or you put a ladder astride a stream. That is how bridges were invented.' At this point I suggested to him that he might want to express something about a person standing astride and urinating. Or perhaps something in connection with an erection. On previous occasions he had not responded to my interpretations. On the contrary, he used to remain silent for hours afterwards, as if shocked. This time he continued: 'You could as well mention the desert or the sealed wells in the desert. You are not supposed to open the sealed wells . . .'

That day I succeeded in making him talk ordinary language for a short time at least. He remembered an operation on his penis following which his urethra was sealed up. Obviously there had been urinary difficulties before and after the operation. A screen memory later on showed him sitting on top of a ladder helplessly upsetting pots of paint, making a mess and crying.

From that day I had access to the instinctual sensations he was struggling to put into words. Later I came to the conclusion that 'desert' might have been a symbol of thirst and feverish heat after his operation, as well as an expression of abandonment and loneliness in his unpopulated mental world. The only person who inhabited this world was he, and even with himself there was no close contact. His task was to rediscover himself. For some time he fed his mind only on an output of organic sensations (projections), and his interest in objects was limited to the distance these sensations carried him. After a transference was established he produced his first dreams and I learned from his wife that he had started giving her fragmentary reports about his analysis. First traces of an emotional relation to me were reflected only in symbolic expressions. One day when he had a good reason for being annoyed with me he talked about an angrily hissing swan. It was years before he was able to show genuine emotion. This occurred simultaneously with his claiming more room for his extending personality, and was directed against both his wife and myself. There was no need to refer to the œdipus situation in this analysis. Of course, one had to make allowances for the slowness of the physical regeneration, but the process I had been observing was distinctly pre-œdipal in character.

Considering the various steps in his restoration, there was first the stage of purely symbolic expression, rather like schizophrenia. Then a second stage of thinking in rigid categories like a person reading from a dictionary or an encyclopedia. Finally he arrived at a third stage of freely moving associations. Whenever symbolic material emerged in this last stage it was phallic in type. Regaining the power of thinking appeared to be equivalent to a gratification of the genital function. During the second or encyclopedic stage his wealth of learning was most impressive. He used to become excited over it, one might almost say intoxicated with it, and resented being interrupted. But interpretation was

really unnecessary; the returning tide of his knowledge carried him into the analysis anyway. He did his best to please and to interest me.

In contrast to this case of pseudopsychosis let me relate a brief episode from a real psychosis to find if possible by comparison some greater understanding of the sources of transference.

In a psychopathic hospital a young girl was 'studying medicine' by pulling her book into little shreds and spreading them carefully over her bed, as if she were playing solitaire. Naturally these actions had some meaning. Why should they be more difficult to understand than the well-known reaction of so called normal people who consume cigarettes in moments of distress? Our knowledge of symbols tells us that this tearing stands for masturbation. That would make 'learning' masturbation, or masturbation learning. Obviously this does not explain much. One day while I was trying to find something that might establish contact with her, she suddenly attacked me violently as if trying to pull me to shreds. When I had freed myself she said distinctly in a natural voice: 'Don't leave me, I have concentrated on you entirely'. Then she dropped back into her stupor, and I into my ignorance. I had not realized at the time that she was concentrating on a person and not on a book; that she had no other way but to concentrate symbolically on herself in order to mobilize an organic source of narcissism for help. If you want to build a bridge you need a scaffolding. She had been working on a projection.

Most likely this young 'medical student' had been speaking in terms of identification with me who had been concentrating on her. In any case there had been a transference on a primitive scale. Her attack as well as her learning had an oral quality as well as the genital one.

Many sources have to be combined to generate projections which initiate object relations. As long as this is not possible everything is left to a primitive inner adjustment.

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# PSYCHOANALYTIC INVESTIGATION OF A SEVENTY-ONE-YEAR-OLD MAN WITH SENILE DEMENTIA

BY MARTIN GROTJAHN (CHICAGO)

Since there has been no detailed report of a psychoanalytic investigation of a man with senile dementia up to the present time a few introductory remarks may be justified. The process of investigation, the nature of the material obtained, the analytic situation, the management of transference, the psychoanalytic interpretation and construction, and further, the scientific and therapeutic goals of a case study of a psychotic, especially a demented person, are fundamentally different from anything commonly experienced in an average analytic practice.

Not only is the senile person's relationship to reality changed by his psychotic withdrawal but the reality situation itself is fundamentally changed by the biological and social dependence and helplessness of an old man. This fact and the genital impotence of old age make the analytic situation similar to child analysis. In both, the analyst is not a more or less unreal image but a vivid active part of reality engaged in the management of the patient's hospital life.

The psychoanalytic investigation of this patient was undertaken mainly as a research problem. The aim was not to reveal the possible causes of senile dementia. These causes are probably organic in nature and in the case of this old man the dementia was partially due to a cerebral arteriosclerosis. It was rather a psychoanalytic investigation of a case of senile dementia in an attempt to establish and to understand psychological facts such as the development of the psychosis, and to show that such a development is governed by

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From the Institute for Psychoanalysis, Chicago, Illinois. I wish to thank Dr. Karl Menninger for the opportunity for studying this case at the Menninger Clinic, Topeka, Kansas, and for permission for its publication.

psychological laws. There was the additional purpose of gaining some insight into the reaction of the unconscious towards the process of growing old. During five months of daily interviews with this patient in the hospital it became apparent that the contact and transference could be used with benefit to the patient.

### *Case History*

The patient, 'Dad Thomas', according to a nickname by which he was well known, entered the hospital voluntarily with the wish to obtain a statement to the effect that he was 'physically and mentally perfect'. He was accompanied to the hospital by his eldest daughter.

Dad Thomas was born on a farm. His father had been an extremely poor farmer who lived with his wife and a number of children in a small one-room cabin and had died of 'measles' when the patient was ten years old. After his father's death the patient left the family and never again saw his mother or any of his siblings. He became a 'tramp' making his living as a cowboy and later as a professional hunter. In later years he rejected a very lucrative position as a professional trap shooter because he had just become interested in photography. In the year 1902 he originated trick photography. His pictures of rabbits larger than the hunters, and of a team of horses hauling an ear of corn so large that it apparently filled the entire wagon made a sensation. He belonged to no organizations, never went to church, and never made donations to charity. Everyone was his friend and all people liked to do business with him.

When he was twenty-one the patient married a girl of sixteen. Their married life was not unhappy mainly because his wife was rather quiet and modest and never interfered. He spent most of his time away from home, traveling all over the country, talking, visiting, and doing business with farmers. He was not in the least devoted to his family, and his children saw him seldom. This wife died of diabetes and following

her death he dissolved the family. He turned his children out of the home, arranged the marriage of his eldest daughter who was sixteen years old at the time, and placed the two younger children in foster homes. A few months later he remarried and none of his children were allowed to enter his home from that time on. The second marriage was unhappy because the wife tried to dominate, a situation which always ended in a near fist fight.

In 1929 at the age of sixty-four, Dad Thomas who had never been ill in his life began to drive his car very carelessly and soon drove it into a telephone pole. He was in a state of unconsciousness lasting many hours, one leg was broken, the loss of blood was severe and his condition was considered by his physicians to be very serious. Nevertheless he recovered. This was the beginning of the present illness.

He got in touch with his daughter whom he had not seen for nearly fifteen years and asked her, because she had studied architecture, to plan a house for him and to supervise its building. This became his greatest interest and he grew less and less interested in his advertising business. Accepting his daughter's suggestion, he made his son president of the company and devoted all his time to building the house.

In 1935 the patient divorced his second wife on grounds of cruelty. The week following the divorce he wanted to marry a housemaid. He then began to discuss all his affairs with everyone, and since that time 'his life has been an open book'.

Frustrated in his desire to marry the maid, he wanted to kiss every girl he met, fell in love with some of them and proposed marriage to several. He became increasingly worried about his sexual potency and consulted many physicians for advice. He thought he knew more than his physicians, stating that he could cure himself and that he could cure other people 'like Christ did'. He had never been a religious man and his religiosity started with a great interest in Christian Science. He felt that as a Christian Scientist he was very able, that he had cured himself, and that he was absolutely immune to every

form of sickness. He believed he could cure not only people but also the country and that he could prevent dust storms. His plan was to buy poor land and plant sweet clover on it whence he proceeded to buy all the land he could, paying large sums of money for selected arid tracts.

In the meantime his house had been completed. He moved into it with some servants and was visited daily by his daughter. He became fearful to be left alone, was afraid he would be kidnaped and threatened to shoot everyone who came near his isolated home. He discharged all the servants because he became suspicious that they were plotting against him. He felt his children were neglecting him declaring that they did not provide him with sufficient food, and that they tried to freeze him to death. He was especially dissatisfied with his son who had taken his guns away from him. He attempted to discharge him as president of the company. He believed that some of his friends were influenced by his children to doubt his sanity. He was therefore willing to consult a psychiatrist and to enter a hospital for observation and examination.

### *Observation of the Patient*

During the first three weeks the patient was studied by his physician every day for two hours and sometimes longer. During the following four months he was seen regularly every day for an hour. Throughout each day he was under constant observation by nurses who reported daily about him. The patient did not lie down during the interviews, first, because such a procedure did not seem reasonable to him; secondly, it would not have affected his mode of speaking and acting would he have obeyed; and thirdly, lying down would have occasioned a great deal of discomfort for this dyspneic old gaint; furthermore, having been a photographer all his life he liked to look at his physician, and the transference had to be fostered by every means because it was the dynamic force that kept him going.



Free association was not even suggested to him. He sat in a chair with the analyst at his side where he could see him or direct his gaze through a window that gave an extensive view of the countryside. Sometimes he took a walk with the physician, a device that was often productive of new material. Under this regime and utilizing the patient's need for protection and reassurance, no difficulty was encountered in getting his confidence. He did not like to be interrupted but as the treatment progressed he followed suggestions more willingly. It became possible to talk about things which were unpleasant or painful to him and which he would not have discussed spontaneously.

When the physician first met the patient the latter asked his age stating, 'I am surely twice as old as you'. He confessed a sudden and strong confidence in the physician: 'You are the right man to judge whether or not I am crazy'. During the first hours the patient gave a short outline of his life which was in accordance with the information given by his daughter. He repeated stories that he had told everyone in the ward. One was about his experience hunting skunks, the principal point of which was that after getting the skunk he dressed it and gave the meat to some of his friends to eat. The joke was complete for him only when his friends learned what it was they had eaten and he had offered them a dollar to guess what it was. This tendency to tease and trick his friends continued in the hospital where he put sugar in his urine to fool his physician. His stock of stories made him much sought after and well liked among the patients. His gigantic stature, his slightly demonstrative old-fashioned manner, his good humor, made him an outstanding, singular and original personality.

He kept his room and his clothing as dirty as possible and he objected to having them cleaned. He wanted again to be a tramp and 'tramps do not take baths'. The disorder of his room was increased by his propensity for collecting things and guarding them against the raids of more orderly people. He had great difficulty in finding his belongings, always forgot

where he put his letters, cigars, his stockings, etc.; therefore he tried to keep everything in sight either on his desk or dresser, increasing the disorder of his surroundings to the point of complete chaos. His constant fear that he might become hungry and be unable to secure food stimulated him to hide in his dresser small quantities of meat, salt, and sugar wrapped in stockings or handkerchiefs. A fairly well organized person would have become confused with this manner of living.

He guarded his false teeth and his golf clubs with especial care, living in fear that someone would try to take them from him. Occasionally he enjoyed losing all his belongings to demonstrate that he was a poor man possessing nothing, or he would exhibit two small golf tees saying that they were all he could save from the housecleaning.

He was proud of his strength, proud of his appetite, and bragged that he could consume every day an entire bottle of Worcestershire sauce and at every meal six cups of coffee which he complained was never strong enough. Apparently one purpose in the intake of so much fluid was to urinate oftener. Slightly disoriented, at times he had difficulty in finding the bathroom although it adjoined his living room and was difficult to miss. He took advantage of this disorientation to urinate through the window. The meaning of many of his psychotic symptoms was intimated when he was once found standing at an open window trying to urinate against a heavy dust storm. He made a joke of this and boasted of it to everyone.

His recent and remote memory were deficient. He could not give correct dates about outstanding events of his life, and he was not quite sure how old he was. (According to some documents he was seventy-one; according to others, seventy-five.) He was unable to give the date although he always tried to remember it from the newspapers because he expected to be asked for it. He avoided giving direct answers and during the memory test he volunteered to tell what he knew of past events to demonstrate his good memory. The

dates which he volunteered—Washington's death and some battles in the Civil War—were always correct. He could not remember his physician's name and called him simply 'The Dutchman'. Whenever he met someone whom he liked, he referred to him as 'another Dutchman'. He often remarked, 'I do not try to remember names', but still oftener he made a stereotyped slip of the tongue which must be a factor in the mechanism of his forgetfulness: 'I try to forget names'. It is significant of this type of forgetfulness that he could not remember who had put atropine in his eyes. He repressed the fact that it was given to him by his physician, the only person who possessed his full confidence.

He had a simple conception of his mental apparatus. He had, he said, very thick skull bones and as a consequence his brain was so small that there was room in it for only one idea at a time. This was a satisfactory state because, he explained, there was room only for one *good* idea, and no bad one.

Interviews with the patient were monotonous. He began always with the statement that he was physically perfect. Of course he was no young man and he did not have quite a young man's power of remembering, but his perfect golf technique, his long walks, proved he was 'the strongest man in this place'. It must therefore follow that he was also mentally perfect.

Following the automobile accident in 1929 he lost his sexual potency. On questioning him about this in contrast to his usual talkativeness he answered in monosyllables. He confessed reluctantly that he had had impaired erectile potency *before* the automobile accident.

This accident was a great psychic and physical trauma for him but he spoke of it with pride to prove that things of this kind 'do not get me down'. He was 'more dead than alive' but he survived it. When he left the hospital after a long period of unconsciousness and many blood transfusions, he and his friends believed that if he could 'live through that he would never have to die'. He did not know how the accident happened but he remembered that he had picked up a boy hitch-

hiker and while talking to him the automobile crashed into a telephone pole.

Since then he had not had a complete erection. He demonstrated with his finger to what degree he could now succeed. He wanted to be fully potent again and to marry a third time, but this time only 'for comradeship'. He stated he believed that no one of his age was potent, but he was by no means sure about this because once by association but without conscious connection he told a story about asking a ninety-three-year-old man when men usually lose their potency, and of being very disappointed by the old man's answer: 'About that you will have to ask an older man than I am'. The patient believed that women, his second wife for example, never lost their desire and potency. He envied his wife and begrudged her this superiority stating that the only treatment for her 'over-sexed' condition would be to 'shoot her in the trees' or 'knock her on the roof'.

He denied masturbation and related a story by way of an explanation of his denial. When he was a boy of twelve or fourteen he was deeply impressed by a lecture on syphilis and other venereal diseases. After hearing this lecture and seeing the 'quack's' wax exhibits he decided never to have sexual intercourse before marriage. He maintained his decision and had his first sexual experience at the age of twenty-one when he married.

He showed strong tendencies to hypochondriacal fears. He not only asked for reassurance and written statements about his condition, but he also had to prove by long walks and by an astonishing skill at golf how 'perfect' he was. He believed in Christian Science and was convinced that no illness could afflict him. He repeated with pride a story of visiting people sick with measles or whooping cough. At his request they spat in his mouth and even then he did not become infected. Frequently in association to this story he related that his father had died of measles contracted from a child, probably—so it may be assumed—from the patient himself.

At night he was especially fearful and anxious but was very

reluctant to discuss these states in his daily interviews except in response to direct questions. He was fearful that he would be kidnaped: 'I would be just the right object'. He closely connected with this fantasy the son who had taken away his shotguns, the famous guns of one of the best trap shooters in the country.

His emotional instability became apparent and he began to cry easily but usually it was equally easy to reassure him. The weeping was often connected with thoughts of his daughter who he believed had deserted him. Almost every day he wrote her a letter containing the same statement: 'If you wish to see your old father alive, come at once'. He was somewhat ashamed of his emotional instability, his helplessness, and his dependence upon his daughter.

He enjoyed talking about his invention of trick photography giving a stereotyped account of how the ingenious idea came to him. He had looked at himself through his fingers in a mirror and had thought that it would be amusing if he could find a lens that would give a clear picture of the big hand with the small head behind it. He then experimented a long time until he discovered the technique necessary for the realization of his idea, and the picture with the fingers of his hand larger than his face was the first trick photograph. He carried these thirty-year-old pictures like a talisman in his pocket and was always ready to exhibit them with the stock remark: 'It is true; it is a photo. You can see it with your own eyes.' He never took pictures of women but he liked to impress women by showing them his pictures.

He slept well as a rule. For the few nights he experienced difficulty in going to sleep he always gave the same explanation: he had been disturbed by 'couples of young people who made love to each other'. He stated that he had never dreamed, and only once he said had he been frightened by a lion's mouth which he had seen in some kind of nightmare.

He treated his physician like a beloved son, very much in contrast to his ambivalent attitude towards his own son. He projected on him part of his narcissism, promised him a posi-

tion as vice-president of his company and, what meant more to him, offered him some of his secretly hidden food and gave him cigars. He asked the physician to sleep in his bed with him in order to verify the nocturnal disturbances and to see for himself the thieves who tried to steal his teeth and his golf clubs.

When depressed he wished to die, wished that his heart, 'this old mule', should be cut out of his chest. Like all his emotions these periods of depression were neither deep nor of long duration, being exhibited mainly during the daily interviews with his physician following which the patient enjoyed golf and other activities. Occasionally the spells of depression culminated in violent outbursts of desperation and tears. They ended as abruptly as they began.

During the last month of hospital residence a short period of paranoia occurred. He believed he was witnessing an investigation of the Clinic which employed agents, 'man hunters', who went throughout the country seizing patients for cash prizes. This discovery was accompanied by a mild euphoria and a feeling of importance.

*Psychoanalytic Interpretation and Construction with some Remarks about the Relation between Narcissism and Photography*

An analytic interpretation and construction of a case such as this presents many difficulties and some doubts of its possibility of accomplishment. A psychoanalytic interpretation that is not a translation of the symbols of a psychotic picture into psychoanalytic terms but is an attempt to describe and understand the dynamics and structure of a patient's personality and its development into the psychosis—such a psychoanalytic investigation, even in a case with organic brain disease, should be possible and from the theoretical point of view is methodologically justified. The material obtained through five months of daily observation in the hospital was gained more by observation of the patient's reaction to reality and

less from free associations. The conclusions drawn from these observations must be more speculative in character than in an average analysis. The analytic interpretation here depends to a greater extent upon accepted analytic theories and conceptions which cannot be proved by this case material. The situation is similar to that of an analyst who tries to interpret a personality on the basis of material provided in an autobiography or other limited source.

The chief obstacle is lack of knowledge about the patient's early childhood. Few recollections of importance could be recovered during the period of observation and the case history starts rather late. A severe castration anxiety appears to have been aroused in him at the age of twelve or fourteen upon hearing the quack lecture about venereal diseases. The lecture and the exhibits not only inhibited masturbation but apparently prohibited sexual relations which according to his statement he did not experience prior to marriage.

The assumption is justified that this castration fear was the reactivation of an incompletely repressed infantile castration threat. The patient lost his father when he was about ten years old. That, as the patient believed, his father had died of measles, a disease of childhood, provided a possible connection with the patient himself. Fearing the dead father's revenge he left home never to return. In his later psychotic delusion he himself is immune against measles or any other infection. He reassures himself that the dead father is no threat to him. In the delusion that his first wife might have had syphilis, he gave expression to his direct fear of castration from sexual intercourse.

The patient's later life demonstrated its dominance by this tremendous castration fear. He needed visual restoration of confidence. He left mother and family to see the world, was proud of his excellent eyesight, and used it to become a famous trap shooter. In his castration fear he chose *visual* pleasure for his profession because with it he fought the typical œdipus punishment—the loss of eyesight. The great impression which the lecture on venereal diseases made on

him may be partially explained by the fact that this castration shock was brought to him visually. He saw that castration was something that existed in reality. The unconscious function of the patient's trick photography then was to deny castration by showing that all is not what it seems. He attempted repeatedly to prove to everyone in the most objective way 'with photographic faithfulness' that truth is not truth, that castration is not a fact and in so doing dispelled his apprehension.

The strongest evidence that the invention of trick photography was a way of overcoming his castration anxiety was the manner in which he got the idea that made his life a success. He saw his own face (ego) becoming small and unimportant behind the outstretched, threatening, large hand as he looked through his fingers into a mirror. The idea of putting the little face behind the tremendously enlarged fingers was his first conception of trick photography. His pictures became known all over the country, millions of copies were sold and were laughed at by innumerable people. The device was always the same—enlarging a minor detail so that it impressed by its disproportionate magnitude. His pictures not only *denied* castration by showing an ear of corn so large that four horses were required to haul it, by showing a rabbit so big it was necessary for the hunter to follow it in an automobile, but they also unmasked the castration fear and *ridiculed* it. For instance, there was the fisherman threatened by a fish as long as the boat, and as the fisherman tried to escape the fish seized one of his legs and swam away with it. The patient kept some of these early pictures through nearly forty years in his wallet as magic talismans. He brought them with him to the Clinic and showed them to everyone with the statement: 'This is true! This is a photograph! How could the picture show it if it were not true? It is no drawing, it is a photograph!' Being neither a trained photographer nor an educated business man, he conceived the idea of using his photographs for advertising purposes, inviting everyone to laugh at his castration fear with him. He never used women in his pictures because they have nothing to offer that can be enlarged to



the point of ridicule. The coincidence of meeting his own unconscious needs with the needs of the populace made the patient's invention a financial success and served further to dispel his castration fear by providing him with money which among other things is a symbol of masculine power.

Trick photography does not accomplish its effect solely by the enlargement of a minor detail until it becomes ridiculous. Mere enlargement does not make something funny; it may as well make something uncanny or threatening. It is the element of utter impossibility so successfully employed in many movies that succeeds in ridiculing the big and powerful. Nothing is so big and threatening that it can overcome little Charlie Chaplin's impotent innocence. Nothing in the patient's trick photography is really big and strong but only appears to be so. In this way the patient succeeds in depreciating his father's overwhelming potency and big penis with a simple but convincing trick.

There is still another and perhaps even stronger motive behind the patient's love for photography. The patient repeated in his profession in a modern way what Narcissus did when looking in a pool of water he saw his own image and loved it. Our patient too made his first trick photograph of himself. His narcissistic pleasure was disguised for he never pictured himself as youthful and handsome, but rather as a caricature. However the expression of his face betrayed the narcissistic exhibitionistic pleasure. The patient had an advantage over Narcissus in that his pictures were of lasting nature, and he added to the visual narcissistic pleasure of seeing his own face an anal pleasure in ownership and possession. The aggressiveness of photography may have helped the patient to meet his sadistic needs. He 'took' or 'shot' pictures revealing people in embarrassing situations or ridiculed them by tricks.

When the patient achieved financial success all the external conditions for a good social adjustment seemed to have been accomplished; yet immediately following the death of his first wife he had to remarry to reassure himself of his genital

potency and to overcome his anxieties. In less than a year he married an aggressive widow whose aggressiveness may have been too great a challenge for him for he began to be troubled with unreliable sexual potency.

The present illness however dates from 1929 when the patient had the serious automobile accident. It is not clear whether his ambivalence towards men was an unconscious motivation. Suffice it to say that the accident occurred after picking up a boy, a tramp, and while speaking with this young man, the personification of youthfulness and potency, the patient crashed his car into a telephone pole. The severe loss of blood, the broken bones and the loss of consciousness brought the patient close to death, the ultimate castration.

Becoming definitely impotent, he could not relinquish his fight against castration and old age, especially after talking with a much older man who still claimed to be potent and after learning that women apparently do not lose their sexual potency. Trying to prove his potency by pseudosexual activity, he only proved more painfully his impotency. Next he went through a stage of hypochondriasis and depression, consulting physicians from whom he learned that nothing could be done about his impotency. He then denied his impotency and stopped talking about it but therewith his talkativeness about less dangerous topics increased excessively. Unable to cure his impotence, he built up the psychotic delusion that he could cure everything. This he called Christian Science. He asserted that he was physically perfect, that he was immune, that nothing could affect him. His *personal* impotency was no longer his conscious concern and the cure of the *country* moved into the center of his interest. He bought poor land in order 'to put fertility again into the earth', to 'save the country' from dust storms. It became increasingly difficult for the patient to see the realities of his life, his physical and mental defects, impotency, his age, and his approaching death. He ignored the essentials of things and concentrated on non-essential details. What at first appeared to be a neurotic scotoma, a defense mechanism against realization of his cas-

tration fear, became later on the essential feature of his dementia. By making use of his gigantic body he easily made himself believe he was in perfect physical health, and by so doing proved to himself his sanity as well. It was the dementia that helped the patient to accept his reality situation at the hospital and made it possible for his physician to guide him into a happy state of resignation and regression. Planning is directed into the future in anticipation of later deeds, but the future for this patient was threatening death and castration so he preferred to enjoy the moment, life without tomorrow, the life of a child.

In his ambivalence towards young and potent people he projected his hostility towards those persons, especially his servants and his son, upon whom he was most dependent. He expressed a fear of kidnaping, a fear of losing his fortune and a fear of having his freedom taken away by being put in a state hospital. These fears are an apparent projection of his own hostile castrating tendencies. He lived in his cottage with his famous shotguns, beloved symbols of his youth and power, and he attempted to use them in self-defense against the 'kidnapers'. Taking away the shotguns by his son was a terrible blow to the old man who had now lost his last symbol of power; it was a direct father-son castration in reverse and he could not forgive his son, feeling that people would now think there might be something wrong with his mind. This wish to fight people who doubted his sanity offered the patient a most welcome opportunity to rationalize his unconscious need for psychiatric examination. His desire for a written statement of his 'perfect health' was a desire for protection against his fear and anxiety, and for reassurance and proof that he had not lost his mind, his mental potency.

The patient's emotional instability was limited to the love objects remaining to him—his children. It is strange that these children whom he had so callously abandoned and whom he ignored for the greater part of his life were now what may be called 'love objects'. Nevertheless, towards his elder daughter he had a strong feeling of attachment at the

time when he separated from his second wife. He asked for her help and in the years in which they lived together he became more and more dependent upon her. She seemed to be a narcissistic love object to him as was also his son. He made this son his successor as president of the company, a position which the patient had held most of his life. The patient's depressed spells were in close and obvious connection with his actual relations with his daughter. When he discovered that she had decided not to remove him from the hospital he became immediately depressed and he stated plainly that he had lost the only person whom he really loved, comparing himself with King Lear. When she refused to give him his freedom his hostility against her increased to the vehemence of an angry god punishing his children. He threatened to discharge his son from the company and to destroy his business and fortune. Then realizing his powerlessness and his inability to act out his rage, he broke down, asked to be killed, requested that his heart be taken out and that he might die while watching the sunset. These wild outbursts of rage and destruction were often very impressive and violent even if of short duration. They impressed the observer as being the breaking through of a tremendous aggressiveness and destructiveness. As sexual desire is diminished after an orgasm, this destructiveness too subsided suddenly after an explosive manifestation. These states of desperation and rage, called by the patient 'self-pity' or 'sentimentality', the very destructive elements of his hostility to his children, the ease with which he gave up his fortune and his few belongings were manifestations of a psychotic destructiveness. This narcissistic man had had reason enough to turn his aggressiveness against himself, to hate himself in his weakness, dependence, and impotency. His ego was unable to manage an adjustment to an intolerable reality. Adjustment to reality always includes some expectation for the future, for according to the reality principle the ego denies immediate instinct gratification in order to secure later fulfilment. But to be old means to be without future so the patient lived in the present

without expectation for the future which could only bring him nearer to castration and death. Giving up his ego meant the loss of an important and narcissistic love object.

Having seen some motives for the patient's psychotic withdrawal, manifestations of the patient's regression to a pregenital level of libido now remain to be examined. There was a childlike dependence upon his physician which offered the pleasure of enjoying a situation which the patient had never been able to enjoy before in his life. It was the dependence upon a powerful, helpful, fatherlike person who managed some of the problems in reality and who offered him reassurance and protection. Also childlike was the patient's enjoyment of sleep and other vegetative functions. His bowel movement was a pleasure which he did not have to give up, and a good bowel movement insured for him a fairly happy day. Very apparent is the anal component in his strong pleasure in filth and personal uncleanness. Urination also gave him so much gratification that he urinated as often as possible and drank as much as he could get. States of real happiness were seen when the patient was eating or indulging in other forms of oral gratification such as talking, joking, and telling dirty stories to his friends.

The patient himself described his sleep as deep and undisturbed 'like a child's sleep'. The observation of manifest sexual acts which the patient imagined he saw through his window disturbed his rest. So it was sexuality which caused the disturbance, which made resignation difficult and which kept the patient awake.

Even on the newly gained level of regression the patient's fear and anxiety broke through on several occasions. Like a child he expressed his dependence in the form of a fear of threatening starvation, and he expressed his desire to be potent again in his watchful care of his dental plates and golf clubs. Recognition of this state may be seen in his fear of being kidnapped like a child or like an utterly helpless old man.

The psychoanalytic investigation of a single case does not permit generalization and it would be premature to state that

it is the *narcissistic* person who reacts to senility with the development of a psychosis. However it is quite clear that growing old is a narcissistic trauma and that a person on the level of genital organization has much more opportunity for impersonal sublimation and may face the facts of senility and death with more calmness than the narcissistic person who in his imagination possesses eternal youthfulness.

An interesting fact in the psychology of old age is that as a rule the fear of castration with all its power and violence does not diminish. Death fear is enacted between ego and superego. The symptoms of senile dementia are based upon elaboration of the old castration anxiety which does not seem to grow old because the id does not participate in this process of growing older.

What transference may accomplish in a case with senile dementia may be described briefly. The strong transference to his physician in whom he felt father and son at the same time afforded this patient protection against his castration fear and against his fear of becoming old and insane. Under the guidance of his physician he was able to accept reality and he agreed to the appointment of a guardian to take care of his fortune. The acceptance of this guardian meant a partial readjustment to reality which the patient had been unable to make before his admission to the hospital. After this it was possible to reassure him so that he could enjoy his regained physical freedom.

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## PHANTOM FORMATION IN A CASE OF EPILEPSY

BY FRITZ WITTELS (NEW YORK)

About fifteen years ago a Russian 'Councillor of State', seventy-two years old, having left his country after the communistic revolution, came to live with his forty-year-old son Fedja and his daughter as emigrants in New York City. Fedja, although an active socialist, was a member of a moderate group and he could not remain in Russia. Here the family lived in very straightened circumstances. The daughter had married and had a baby. This younger family of three lived in one room, the old man with Fedja in an adjoining room. There was also a maid, Natasha, who slept in the kitchen—six people in an apartment of two rooms and a kitchen. They ate in the kitchen.

In spite of all that they would not have complained had it not been for Fedja's illness. For two years Fedja, seemingly healthy before, had been subject to spells of 'absentmindedness' (*petit mal*). In the midst of talking he would stop, remain standing or sitting, and stare, obviously not aware of his surroundings. Such spells lasted a few minutes. Afterwards he resumed his normal mien and he would not have known that anything had happened were it not for the bewildered looks of those around him.

These spells became increasingly frequent despite medication with luminal. The father came with his son to consult me although he did not believe in psychoanalysis. He came to it as a last resort. That the old man did not conceal his scepticism made his son's treatment difficult. Should Fedja, very dependent upon his father, timidly express the opinion that he felt better, the old man would exclaim, 'Not at all; you are worse!' When the intervals between the spells became longer, the councillor of state said he considered this to be a mere coincidence. Fedja's sister felt indignant that her brother should be exposed



to 'wild experiments'. Fedja, a man of over forty, was caught between these two.

Fedja had a thin, pale, unsymmetrical face, and held his head backward like a man who lifts his eyelids with difficulty. With his close-cropped hair and strong mouth he reminded one of Savonarola except that his eyes lacked the fire of a fanatic; still he was something of the kind. He could not talk to 'bourgeois' because they were to blame for bolshevism. He alone knew true socialism.

Fedja had no sex life whatsoever and had never experienced any to speak of. He believed there might be some connection between this and his disease, but he saw no way to change it. 'Loose women' were out of the question; his principles did not permit that. As he made no social contacts only a miracle could alter the situation.

His older brother, Alexei, had remained in Russia. Alexei too was a queer man. For two years he had been married; then he divorced his wife because she bore him no children. He declared sexual intercourse even in wedlock to be immoral when there were no children. He used to awaken his wife in the middle of the night to tell her that the thought that she was lying there and did not believe in God made him sleepless. After his divorce he severed all connection with his family and became an itinerant preacher. The new government did not molest him. He was considered a harmless fool.

Fedja's mother had died during the revolution. All her life she had been a slave in her home, pestering her family and herself with a 'housewife's psychosis'. All day she cleaned, dusted, and tidied the apartment. Dinner was served at ten in the evening because she could not finish tidying up before. At the dinner table father usually went berserk. There was nothing he liked; he pushed the dishes away and left for a restaurant because, he said, at home the food was inedible (a displacement of his anger from his unbearable housewife to the food). After dinner, around eleven p.m., she lay down on a couch for her 'afternoon nap'. In the middle of the night the children would hear her making a commotion; drawers were

pulled out and pushed back, linen was sorted, until finally she went to bed.

The father, always a pedantic grumbler, tyrannized over them all. Fedja's maternal uncle had been sent to Siberia for political reasons, just when the mother was pregnant with Fedja. The councillor abused his wife because her brother's political convictions jeopardized his own career; he should, he stormed, have known better than to marry into such a family. The pregnant woman pined away and gave birth to Fedja amid tears and worries. The father never changed his attitude and often said that his wife was not the right life companion for him. He had no use for her. The wife retaliated by making the home a hell.

Fedja's first dream during his treatment was: 'Either I was August Bebel and made a speech at a meeting, or I heard Bebel make a speech. I don't know what he said.' He added to the dream: 'The Woman and Socialism is Bebel's standard work'.

The dream—I understood later—opened the analysis with two phantoms: the woman is one, and Fedja as a famous socialist the other. His ambition was to be a great socialist and reformer, like Bebel with whom he was identified in his dream. He wished also to conquer the woman (The Woman and Socialism). He failed in both these wishes but it transpired there were other phantoms: he wished also to *be* a woman and as far as socialism was concerned he did not so much wish to be an important socialist as to conquer a certain man who was a socialist. Four phantoms were expressed in one short dream.

From his earliest high school days he had had a friend to whom he clung with unswerving loyalty. It was Constantine who by reading German literature with him had converted him to socialism. Constantine belonged to secret revolutionary groups. Fedja was much too afraid of his father to do likewise. In this way Constantine became a hero whereas Fedja, forced by his father, joined the civil service. It was almost dishonor-

able to be a servant of the hated government. Constantine separated from Fedja, the more as the latter rejected any collaboration with Constantine's party. Fedja could not see a life without his father and was mortally afraid he might be sent away from Petrograd where they lived.

Fedja might have acted differently had Constantine insisted. But the friendship had cooled off. Constantine, interested in girls, saw less of Fedja and became more and more a political figure. He was highly talented, a good writer, an even better orator and organizer. The war further separated the two former schoolfellows. Constantine was drafted into the army. Fedja, his father bringing all his influence to bear, remained in the capital. When the revolution came Constantine fled to Paris and was still there when Fedja came to me.

More ambitious than Constantine, Fedja could never achieve his ardent wish to be Constantine's equal, to be worthy to share life with his friend. Constantine was married in Paris shortly before Fedja was taken sick and he no longer had any news from him.

Behind Constantine emerged the shadow of another early friend and schoolmate, Dimitri. During Fedja's friendship with Constantine, Dimitri began to exert an evil influence on Fedja whose sex life was awakened by Dimitri. While he felt he should not see Dimitri he was irresistibly drawn to him. Even during treatment Fedja felt a shiver running down his back when he recalled his thralldom of those days. Dimitri could have done anything he wanted with Fedja but did not go beyond mutual masturbation. Fedja's thralldom lasted for a couple of years when Dimitri lost all interest in him. Dimitri passed through the dangerous age of puberty and turned to girls. Fedja was imprisoned for all time; his sex life ended where it began.

Fedja's adored friend Constantine was the sublimation of the crudely sexual Dimitri. There were also threads extending backwards to Fedja's older brother Alexei. Alexei made Fedja feel his superiority, teased him and liked to make him angry. He managed regularly to stir him up until Fedja flew into a

rage. Fedja then under the domination of Tolstoian ethics felt broken whenever he yielded to a temper tantrum. Once he threw his pocket knife at Alexei without injuring him. Alexei punished his brother for this outburst by not speaking to him for a year. They continued living in the same room and both felt bitterly to be in the wrong: Fedja because he had thrown the knife, and Alexei because he had deliberately provoked his brother to a white heat of anger. The Russian soul with its contradictions dwelt in both of them; both were shipwrecked in life. The one became a saint, the other took refuge in illness. Fedja sometimes dreamed of his brother and became restless whenever we spoke of him.

One day when I had been talking with Fedja about unconscious homosexual tendencies in man he responded by saying that 'such a thing' (he avoided the word homosexuality as too crude) was always inexplicable to him. I asked, 'Do you mean, it is disgusting?'. At this moment, as though taking a cue, Fedja had a spell. Automatically he rose from his chair and took off his coat; then he sat down again and took off his shoes. He continued to undress until after a few minutes he woke up. I asked, 'What are you doing?'. His shoes were standing by his side. He answered somewhat embarrassed, 'I must have had a fit'.

One day when his father remarked, 'I wonder why we hear nothing of Constantine', Fedja had an attack. The day a rumor came that Constantine might come to America Fedja had three spells at home and a fourth in my office. The false news of Constantine's impending arrival sensitized his brain. He talked that day about sex, asserting that many men rejected it all as mean and animalistic. 'These people', I said, 'are perhaps themselves unconsciously mean and animalistic'. At that he fell again into an attack. This time he undressed completely. I called him loudly by his name. He said, 'Yes, yes, I have to undress first'. He dressed again but did not quite fully regain awareness and left in confusion.

The following day he accepted my explanation that he had acted out a passive homosexual fantasy, harboring the wish to

share life with Constantine in the most intimate details. Constantine, Dimitri, his brother and the analyst became fused in one image in the attack. This phantom formation required for expression a loss of awareness because he could not even entertain a wish for anything of the kind in full conscious awareness.

Fedja's relation to his father was quite unusual. From an early age he had to substitute for his mother as a companion for his father. This was found to be the root of his feminine attitude. The father wished him to be with him all the time, complained about the mother and asked his son in so many words to take her place. While still a child he sat with his father in smoky taverns. Year after year father and son took walks every day, the high-handed old man subduing his son with peremptory, 'You don't know what you are talking about . . . enough nonsense . . . change the subject. . .'. The father still talked in this manner to his son, a man of forty with an ambition to reconquer Russia in order to give true socialism to the world. He would tie an umbrella to the son's arm with a kind of sword knot lest he lose it in one of his spells. Whenever the son paid a visit to anybody, the old man sneaked around the house in order to be close at hand, 'in case something happened'. He rationalized this surveillance by reference to his son's disease but it was the spirit of domination. Following his wife's death the two were wedded even closer and since Fedja's illness, were as if pasted together. They slept in the same room. The son lived in the shadow of the old man. His attacks were really the only refuge left him where his father could not follow.

Shortly after he came to New York and long before the outbreak of his illness, the patient met Jenny, a bank employee, and one year later he was deeply interested in her—at least he tried to be. He gave her books, and read to her what he and others had written on 'true socialism'. He felt hurt that she did not agree with him on every point. For a while he had it in mind to propose marriage to her. He spoke with his

father about it and the old egotist, evidently not willing to release his victim, was against it. The girl had suffered from lung trouble for a while and the father used this as an excuse. Fedja—one of those fools who feels he must always tell the truth—told Jenny that he would never marry her. Jenny had not questioned him about it before, and his blunt talk hurt her. Their acquaintance stopped. One year before treatment began, Jenny married another man. He declared his experience with Jenny to be the turning point of his life and perhaps related to his illness too. It was his only serious attempt to disengage himself from his family's tentacles.

His sister also played an important rôle in his life and illness. He disliked his brother-in-law who was incapable of understanding Fedja's true socialism. He was uneducated and not deserving of his sister. From early childhood brother and sister had been particularly close. Father loved the mountains and these two who loved the sea regularly spent their vacation of a month at a beach. There they lived together in one room and while nothing improper ever happened they behaved so affectionately that people thought them to be married. His sister got a job in a bank (like Jenny) and Fedja went to her office to have her type his manuscripts. She was perhaps the only living soul that fully believed in Fedja's political ideas.

Her engagement was a severe disappointment. It was inexplicable to him. As a brother cannot very well protest against his sister's wish to get married, he suppressed his bitter feelings and made closer his contact with Jenny. That is why he calls this time a turning point in his life. Had he succeeded in getting Jenny for a wife he would probably have transferred his sister-fixation upon her and have become a man. Unfortunately his phantoms were too strong and had outside support. His ominous father was against him. His sister married and living in the room adjoining his room, presented to Fedja her happy married life with a man whom he hated.

Fedja who had no overt sex life experienced it in his spells.

He wished to be Constantine's intimate, somewhat *feminine pal* (first phantom). He also wished to be superior to Constantine. Constantine may have been a statesman, but Fedja was a *prophet* (second phantom). Before Constantine there had been Dimitri who introduced him to homosexuality. Fedja himself said that Dimitri made a *woman* of him (third phantom). Prior to Dimitri, Fedja's older brother had dominated him. When Fedja protested by throwing a knife Alexei responded with terrific punishment by not speaking to him for a year (fourth phantom: the rejected brother). Shortly afterwards the father began to monopolize his easily yielding son. The old man, dissatisfied with his wife, forced Fedja to play the part of a life partner. In this way he was forced to play his *mother's rôle* (fifth phantom) even more after her death. Rivals were eliminated by the father. He forced Fedja into civil service, alienating Constantine's friendship. Later he thwarted Fedja's marriage.

Fedja loved his father and could not live without him. In all his protests against his frustrated life, however, he accused his father. Two different phantoms represented his ambivalent attitude toward his father (fifth and sixth phantoms).

His sister's marriage was the precipitating cause of his illness. He would not have taken sick had it not been for his fixation on his sister (seventh phantom).

There is another member of the family of whom we have not spoken—the maid Natasha. She was thirty-five years old, came with the family from Russia, was treated as one of the family, and was on good terms with all of them except Fedja's sister. She was the only cheerful person among these burdened people panting for breath. Fedja said that Natasha most likely thought that he would marry her but that he never would because she had no education, and did not believe in 'true socialism'. Asked whether he thought she would accept a proposal of marriage from him, he said he was positive that she was in love with him. From that time he had a number of

dreams which he readily understood as meaning love, a happy sexual life and marriage to Natasha. He felt increasingly happy and had almost no attacks during this period.

Not knowing whether Natasha would really marry Fedja, I invited his father, later his sister for conferences. Both of them pretended to be surprised. His sister, opposed to the treatment from the start, expressed the opinion that I had tried to put this idea in Fedja's head with many other illusions. I made this statement to the father: 'To my mind, your son cannot be cured in the environment in which he now lives. He himself believes and I share his opinion that he also suffers from complete lack of any sexual life. You do not believe in such connections, I know, but you have seen that Fedja's disease has a tendency to grow worse. We don't know about the future. You are an old man. He is not on the best of terms with your son-in-law. Would it not be a great comfort to you if we could find an honest wife for Fedja, not too young, who eventually could earn a living by her own work. It is certainly not easy because of his disease to find a woman willing to marry Fedja. However, we were lucky and have found her: Natasha, your maid.'

The councillor of state hedged, particularly doubting Natasha's willingness to marry a sick man. His last word was: 'It won't be!'

Fedja's sister was 'flabbergasted' by my suggestion. She said that Natasha was already impertinent; what would she then be like? The easiest way, simply to ask Natasha, was ignored. I did not feel like interfering and dropped the matter. Fedja's folks held him and his illness all too tightly.

'How can I be sure,' said the old man, 'that it will cure him?'

He rejected my opinion that this marriage would be to the greatest advantage of Fedja particularly in case he could not be cured. He was not sincere. What he really meant was: 'What is the use of Fedja being cured if married to a peasant?'

A few years later the councillor died. Fedja married Natasha and left his sister's household with his new wife. The



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elimination of family pressure plus normal life with a normal woman practically cured him. He got a job as a public librarian. His spells occurred rarely.

Psychotherapy cannot change the tension in the ganglion cell or whatever else may be the organic part of epilepsy. Our work is at an end when the neurotic superstructure has yielded to analysis.

# Sigmund Pfeifer

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## ON A FORM OF DEFENSE

BY SIGMUND PFEIFER (BUDAPEST)

In his book, *The Problem of Anxiety*, Freud expresses the opinion that in the stage preceding the separation of ego and id there are probably forms of defense at work other than those seen after this phase of organization has been reached. Later he confirms this assumption by giving an instance of the transformation of the death instinct into sadism and masochism through its fusion with the life instinct.<sup>1</sup> Perhaps it is no undue amplification to regard this process as a kind of defensive attitude towards an instinct—death instinct in this case—by way of fusion. The reverse of this process would be defusion, a process represented according to Freud by regression in the direction of the sadistic stage. The former form of defense is probably more primitive than the latter, and consequently it might exist before the development of the ego has set in.

The libidinization of the death instinct once acquired is not lost; it produces its effects in various forms, from the process of wound healing to the incorporation of neurotic symptoms into the structure of the ego; moreover it is always accompanied by the tendency to transform pain into pleasure. Masochism is the prototype of this process. A striking effect of the peculiar form of defense here to be described was observed in certain neuroses of long standing characterized by a continuous state of erotic excitement. In the course of these neuroses the patients indulged in masochistic erotic fantasies as well as in substitutive actions for onanism and representations of erection achieved often by means of strange muscular activities. That these symptoms served narcissistic gratification was obvious from a simultaneous state of quasi intoxication.

This type of symptom could be described as a reappearance

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Read before the XI International Psychoanalytical Congress, at Oxford, England, 1929.

<sup>1</sup> Freud: *Das ökonomische Problem des Masochismus*. Ges. Schr. Bd. V.

of repressed libido. But this does not enable us to account for its remarkable continuity or its peculiar composition. The impression was conveyed that the symptom had to be produced on account of some deeply rooted anxiety that was quite easily identified as castration anxiety. In one case this was actually the conscious content of the masochistic fantasy with affective denial of its importance. It must be added however, that on closer investigation this anxiety was revealed to be *not only* a fear of losing the penis but also the fear of never being able to experience erotic sensations again. In another case the patient feared that abstention from masturbation for any considerable period might result in altogether depriving him of the ability to masturbate. In these cases the point in question was not only the possibility of relieving diverse psychical tensions but the ability to produce erotic stimuli as well.

These libidinal activities are instances of the employment of *libido as a means of defense against anxiety*. The particular anxiety involved in the process is in these cases castration anxiety. This anxiety, by following the object libido to its narcissistic autoerotic regression, reduces the amount of narcissistic libido, thus perhaps endangering the necessary equilibrium between life instinct and death instinct. In this type of defense too much libido seems to enter into the symptoms.

Similar phenomena have been observed by all analysts. People suffering from some overwhelming anxiety can very often ward it off by inducing some erotic sensation. This is the reverse of the usual technique of defense where libido is warded off by developing anxiety. A neutralization of anxiety<sup>2</sup> by an influx of libido seems also to be a possibility. One might ask whether this is not quite simply a transformation of anxiety back into libido in the economical sense. But here the neurosis is not identical with the anxiety neurosis that is relieved by adequate discharge of sexual tension. In the above mentioned cases anxiety did not cease but was dormant throughout the process of narcissistic autoerotic sexual grati-

<sup>2</sup> *Bindung der Angst*.

fication and reappeared as soon as it was checked. It would seem to be a fusion of anxiety and libido, a fusion which in all likelihood is modeled on the manifold compositions of life and death instinct.

According to Freud anxiety is a derivative of death instinct and in itself constitutes a danger—the organically perceived memory of a danger; furthermore the death instinct turns upon the ego and is employed (in the same way as the secondary gain from illness) as a signal of danger threatening from within or without. That anxiety does not necessarily lack libidinal components goes without saying.

In the cases included in this study the psychical reaction to anxiety revealed a singular characteristic: anxiety was no longer a signal introducing defense, but was regarded as constituting a danger in itself and was treated in the archaic manner by fusing it with libido. Consequently anxiety no longer played its rôle as a defense against instinct. To use a term of Alexander, though in the opposite sense, anxiety behaved as if it had been bribed by libido: portions of libido were admitted to consciousness which in other forms of neurosis would have been repressed.

Thus these neuroses do not present the picture of hysteria or obsessional neurosis, but rather of perversion. However, perversion is now regarded more than ever as only a symptom. If we prefer we may call it a symptom whose predominating trait is the reappearance of repressed material. Both versions are in accord with the condition described: the preservation of a state of narcissistic excitation caused by anxiety, and a defense against anxiety through fusion with narcissistic libido. Why such people, and particularly the masochists among them, are so exceedingly sensitive as to be unable to bear anxiety even for the short time needed for the onset of a neurotic defense, we are unable to tell. It is probably an increased primary narcissism which is at the bottom of this phenomenon, although this too might be regarded as a reaction to the special preparedness for defense. Such persons insure themselves in advance against a trauma which they constantly apprehend.

They are so to speak in a continuous pretraumatic state. In the language of metapsychology they are unable to bear unattached traumatic excitation and must have a large amount of libidinal excitation at their disposal, according to the pleasure principle, to enable them to bind traumatic disturbances. Such persons increase their narcissistic cathexis prophylactically as if they were continuously making preparations to meet an overpowering trauma. This trauma is identical with the castration threat which itself presents in a more primitive form the threat to destroy all libidinal attachments, narcissistic ones included. The question whether this state is identical with aphanisis as described by Jones<sup>3</sup> may be left undecided here. Aphanisis seems rather to bear upon object cathexis. What I should like to emphasize is that there are conditions in the lower strata of the psyche in which the loss and not the accumulation of excitation is feared. The psyche aims at the preservation of a certain amount of mostly pretraumatically increased narcissistic excitation. The type of defense here described seems to be connected with this particular danger. Anxiety itself is held to be likewise a source of danger to be overcome by the accumulation of libidinal anti-cathexis comparable to the healing of wounds as described by Ferenczi. The binding of death instinct in primary masochism serves as its model; the combination of anxiety with libido can perhaps be regarded as a later phase.

Neurosis, whose issue depends on the œdipus conflict, presents a similar structure in the upper strata. In one case for instance in which masochistic fantasies were present, I found that the mother who threatened her son, revealed herself in the end as his deliveress. The masochistic neurosis herewith proved to be a magnificent but unsuccessful effort to transform the negative œdipus towards the wicked mother—who was really a most unpleasant and sadistically aggressive person—as well as a passive feminine attitude, into a positive one with a defeated father and (this is of the utmost importance) with a

<sup>3</sup> Jones, Ernest: *The Early Development of Female Sexuality*. Int. J. Psa., VIII, 1927.

tender and loving mother. Here too danger was warded off by means of libido, the danger being represented by the mother who threatened with castration.

Thus it is obvious that although the undulations of this masochistic defense mechanism may be observed in the object stage, its autochthonous sphere of action is narcissism, anxiety forming a compound with autoeroticism. The upshot is a somewhat indistinct symptom formation with a surplus of libido and a return of the repressed with the appearance of a formation akin to perversion. The symptoms are very often of a lasting character. In a former paper<sup>4</sup> I attributed this to a lower stage of development of those libidinal instincts that play a part in the symptom formation. Now I would add that the attitude of defense as described above contributes to this in a considerable degree. I believe that the amounts of emerging narcissism and autoeroticism are more considerable in constant symptoms—even if these are the result of regression—than in temporary symptoms which are more often enacted on the genital level under the pressure of repression. At the same time our observations induce us to present the hypothesis that the danger to be averted is twofold: (1) the abnormal degree of increase of libidinal excitation which is equivalent to a threat of castration; (2) the diminution of excitation which in itself must be regarded as only a *relative* danger. The latter is equivalent to a pretraumatic condition lacking a sufficient amount of mobilizable though not free-floating excitation with which to bind the traumatic influences or manifestations of death instinct. This is the *metapsychological* import of the defense mechanism dealt with here. Its *biological* significance is perhaps parallel to the libido mechanism at work in the healing of wounds as a sort of partial death at a site endowed with a large amount of unattached excitation with a subsequent inflow of libido starting the healing process. The *psychological* significance consists in the fact that such persons who are

<sup>4</sup> Pfeifer, Sigmund: *Die neurotische Dauerlust*. Int. Ztschr. f. Ps., XIV, 1928.

'menaced from within' need an increased inflow of libido. This means that in order to ensure a feeling of comparative safety they must either possess immoderate self love or they must exact immoderate devotion from others. That this does not lack a biological foundation is shown by the example of children who possess, as Ferenczi has pointed out,<sup>5</sup> a strong, mainly unattached and as yet unamalgamated (unorganized) death instinct. Children therefore need a large amount of love or, to put it bluntly, erotic stimulus if they are to live. Love stimuli to them are equivalent to life stimuli; if these are not accorded to them they must die. But even adults cannot endure the state aptly described by Peter Altenberg, the Viennese author, as a 'general strike against all feelings of pleasure'; such a state would mean death.

Experience tells us that such cases as these must in analysis develop an anxiety neurosis before they can be cured.

The observation of some actual cases in our analytic practice has stimulated a theoretical point of view and we have attempted in this discussion to apply the theory of fusion and defusion of death and of life instincts, in so far as it was applicable, to the problems of anxiety and defense.

<sup>5</sup> Ferenczi, Sándor: *Das unwillkommene Kind und sein Todestrieb*. Int. Ztschr. f. Ps., XV, 1929.



**New Ways in Psychoanalysis. By Karen Homey, M.D. New York: W. W. Norton & Co., 1939. 313 pp.**

## Otto Fenichel


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## BOOK REVIEWS

NEW WAYS IN PSYCHOANALYSIS. By Karen Horney, M.D. New York: W. W. Norton & Co., 1939. 313 pp.

It is well known that during the early years of psychoanalysis general resistance to this new science assumed the crudest forms. Of the manner in which it is still expressed, Freud recently wrote <sup>1</sup>:

'The battle is still going on, but in a more respectable way. There is another new factor, and that is that in the scientific world a kind of buffer state has been formed between analysis and its opponents, consisting of people who will allow that there is something in analysis (and even believe in it, subject to the most diverting reservations) but who, on the other hand, reject other parts of it, as they are eager to let everyone know. What determines their choice is not easy to guess. It seems to be a matter of personal sympathies. . . . The circumstance that the structure of psychoanalysis, although unfinished, nevertheless already possesses a unified organization from which one cannot select elements according to one's whim seems not to enter the minds of these eclectics. When I consider these half or quarter followers, I never get the impression from any of them that their rejections are based on an examination of the material.'

A book has been published which promises to reveal new ways in psychoanalysis. Several things are to be removed from the structure of psychoanalysis (one does not learn what determines Dr. Horney's choice) and then everything will be all right again. Her attitude is: the theoretical superstructure, which is false, is to be stripped off; the correct observations made by Freud are, however, to be retained, and simply interpreted differently. Truth to tell, much of that which she calls 'theory' and wants to 'strip off' is nothing other than observation. Psychoanalytic theory like every scientific theory is the best and briefest organization and classification of observations which can no more be stripped off arbitrarily than can physics be shorn of its theories and remain physics.

What, precisely, gives offense to Dr. Horney and must be changed so that psychoanalysis can attain its full flower? Simply these: the libido theory; the œdipus complex; the concept of narcissism; the conceptions of the psychology of woman; the theory

<sup>1</sup> Freud: *New Introductory Lectures on Psycho-Analysis*. New York: W. W. Norton & Co., 1933, p. 178.

of the instincts; the theory that childhood has a special significance; the concept of transference; the concepts 'ego' and 'id'; the theory of anxiety; the concept 'superego'; the conception of the formation and significance of guilt feelings; the conception of masochism; the conception of the mode of operation of psychoanalytic therapy.

Anyone who knows psychoanalysis realizes that what Dr. Horney wants to abolish is the essence of psychoanalysis. If all that is to be stripped off, what psychoanalysis remains will be similar to Lichtenberg's 'knife without a blade that had no handle'. A discussion of Dr. Horney's arguments in detail would be the equivalent of an introductory lecture on psychoanalysis. The only possible reply to Dr. Horney's attacks would be an exact quotation and interpretation of Freud's conceptions which Dr. Horney presents either incompletely or incorrectly.

Dr. Horney, however, will not admit that what is left after rejection of the above mentioned freudian conceptions is no longer psychoanalysis. She believes that 'the essence' of Freud will still remain and will at last be presented in its true light—by her. According to her 'the essence' consists of the following:

- 1 In the formulation that every psychic occurrence is determined.
- 2 In the formulation that there is an unconscious.
- 3 In the formulation that the dominant forces in human beings are emotional in nature and that such emotions are in conflict with one another.
- 4 In the theory that errors are the expression of hidden tendencies (although be it noted that Dr. Horney comments on this theory: '... though disputable in many details'), and that dreams are wish fulfilments.
- 5 In the method of work which studies the relation of the patient to the analyst as typical of his interpersonal relationships.

It seems that some fragments of psychoanalysis are to remain after all. But upon closer examination this too becomes dubious. Freud's opinion that every mental phenomenon is determined loses its significance if one adds that psychoanalysis is no longer to be a genetic psychology. The freudian theory of the unconscious loses its significance when we see from the examples cited that Dr. Horney's concept of 'unconscious' is something totally different from Freud's. She demonstrates it in the fact that the defense function and the interrelationship of many character traits are not clearly conscious to the possessor of a character whereas Freud, for example, means that incest and murder wishes, of which the indi-

vidual knows nothing whatsoever, are nevertheless operative within the personality. That there are conflicts within the person does not reveal much if one does not clarify *what* is in conflict with *what*; and Dr. Horney must think about this absolutely differently from Freud since she does not believe in the fundamental significance of the instincts.

Because the conceptions of Dr. Horney have little to do with psychoanalysis, that is not to say that they are all false. Dr. Horney's entire attitude may be explicable through the following considerations. Psychoanalysis first studied the unconscious, the basic instincts which are more or less uniform. Only after it had acquired an understanding of these deepest layers of the personality could it devote itself to the so-called 'surface' and study the differences between people, the 'character'. With this it more closely approached the subject matter of the other psychologies which it had until then somewhat neglected. However psychoanalysis could do this in a way different from other psychologies—namely *genetically*. Because psychoanalysis had made a study of the instincts, it was in a position to explain the origin of character traits as collisions between environmental influence and these instincts, partly as an expression of an 'organization' of various instinctual demands, partly as a reaction formation against them. Psychoanalytic characterology is still a young but promising field; it alone can explain the growth of human character from the history of instinctual conflict.

When Dr. Horney stresses the fact that psychoanalysis has long neglected character problems, she is right. Many neurotic attitudes are not to be understood as 'eruptions of instincts' isolated from the total personality, but only in their general relation to the character structure. Frequently they are merely different manifestations of a unified defense system which is directed against unpleasant sensations, and particularly against anxiety. The study of those unified defense systems is the subject of investigation by many analysts today. Anna Freud's book, *The Ego and the Mechanisms of Defence*, is an example. In Dr. Horney's book there are also very good and important contributions to the description of such unified defense systems. But Dr. Horney is wrong when she thinks that apart from defense against anxiety rooted in character there is no other motive, that the 'striving for security', the avoidance of situations charged with

anxiety, is all that can make neurotic manifestations comprehensible to us, as if these neurotic manifestations were 'arrangements' purposefully set up by the ego.

Correspondingly Dr. Horney has comparatively little interest in the source of the fear and hostility against which human beings seek to protect themselves in such manifold ways. She explains that fear arises from the conception of the child that the world is hostile, a conception which in turn has its origin in the fact that objectively the child is ill-treated. She writes for instance about 'basic anxiety', the basis of the development of the neurotic trends: 'In basic anxiety the helplessness is largely provoked by repressed hostility, and what is felt as the source of dangers is primarily the anticipated hostility of others' (p. 203). A summary of her theory of neuroses is as follows:

'In order to understand these factors let us briefly summarize what essentially constitutes a neurosis. The combination of many adverse environmental influences produces disturbances in the child's relation to self and others. The immediate effect is what I have called the basic anxiety, which is a collective term for a feeling of intrinsic weakness and helplessness toward a world perceived as potentially hostile and dangerous. The basic anxiety renders it necessary to search for ways in which to cope with life safely. The ways that are chosen are those which under the given conditions are accessible. These ways, which I call the neurotic trends, acquire a compulsory character because the individual feels that only by following them rigidly can he assert himself in life and avoid potential dangers. The hold which the neurotic trends have on him is further strengthened by the fact that they serve as his only means of attaining satisfaction as well as safety, other possibilities of attaining satisfaction being closed to him because they are too replete with anxiety. Furthermore, the neurotic trends provide an expression for the resentment which he harbors toward the world.

'While the neurotic trends have thus a definite value for the individual, they also invariably have far-reaching unfavorable consequences for his further development' (pp. 276-277).

It will be difficult for anyone who is familiar with Freud's researches on fear to argue about such superficial generalizations.

A fundamental discovery of Freud's is completely misunderstood: the discovery that within the human mind there are 'ego-alien' forces which are not involved intentionally—even though unconsciously—for the purpose of avoiding something, but which, incomprehensible and strange, burst in upon the personality like

elemental catastrophes. They are in fact natural forces which thus call attention to themselves; they are instincts which return from a state of repression.

It is worthy of note that in this connection, Dr. Horney puts the matter as if Freud had not even perceived the 'defensive forces', the forces of the individual which seek security. In some passages Freud's attitude on this point is absolutely falsely rendered. Dr. Horney for example repeatedly asserts that Freud maintains that the neurotic manifestations of the adult are 'nothing more' than a repetition of childhood experiences. She writes: 'To repeat briefly, this kind of thinking implies that present manifestations are not only conditioned by the past, but contain nothing except the past—that they are, in other words, a repetition of the past' (p. 133). Freud never formulated such an oversimplification. Anyone who knows psychoanalytic literature is amazed to read statements like the following: 'This [freudian] type of thinking is apparent in the belief that certain contradictory trends, once established, remain as they are, as opposed to a realization that there may be constant interaction between them, for instance in the form of "vicious circles"' (p. 41). If one reads psychoanalytic case histories, especially those by Freud, one meets again and again with descriptions of such interactions and vicious circles.

In the introduction to this book we read: 'I remember pestering more experienced colleagues with questions such as what Freud or they understood by "ego", why sadistic impulses were interrelated with "anal libido", and why so many different trends were regarded as an expression of latent homosexuality—without, however, obtaining answers that seemed satisfactory' (p. 7). As a teacher in psychoanalytic institutes I used to raise these questions for discussion in seminars; and I would not regard anyone as trained in psychoanalysis who is not able to give satisfactory answers.

One is still more amazed when one reads that Dr. Horney uses the old argument that the *œdipus* complex might apply to neurotic persons but not to healthy ones. She writes: 'Our knowledge is restricted to neurotic children and adults. But I should be inclined to think that there is no good reason why a child born with its sexual instincts should not have sexual inclinations toward the parents or siblings. It is questionable, however, whether without other factors these spontaneous sexual attractions ever reach an intensity sufficient to meet Freud's description of an *œdipus* com-

plex' (p. 85). As if dreams of normal persons had never been analyzed! The objection that Freud 'does not take into consideration whether there are factors in the patient's actual personality which make it necessary for her to react in exactly the way she does' (p. 143) is startling in as much as we have always thought that psychoanalysis is the very science that explains to us what factors in the patient's actual personality make it necessary for her to react just the way she does.

In other passages, Dr. Horney seems simply to have misunderstood Freud. Nobody who understands Freud's 'ego-psychology' would agree with Dr. Horney's description: 'The essential characteristic of the "ego" is weakness' (p. 184). Also Dr. Horney seems not to have understood correctly the conception of the superego because she formulates the following in objection to it: 'Although in general Freud considers the "super-ego" to be a special part of the "ego", in some papers he stresses the conflict between the two' (p. 184). It is the very essence of the superego that it is at the same time a special part of the ego and is under some circumstances in conflict with the ego. That Dr. Horney should not have understood this is the more amazing since she makes the reproach that Freud has no feeling for 'dialectic' thinking. She states: 'As long as the "ego" is considered to be by its very nature merely a servant and a supervisor of the "id", it cannot be itself an object of therapy' (p. 190). Why and how the ego can be an object of therapy one can ascertain by reading the psychoanalytic literature on therapy.

In still other passages Dr. Horney simplifies her controversy with psychoanalysis not by attacking Freud, but by utterances of students of psychoanalysis which she considers characteristic. A student of psychoanalysis once told her he did not want to alter his patients but merely to investigate the history of their childhood. Such a statement is absolutely uncharacteristic for psychoanalysis; whoever makes it abuses the confidence of his patients who come to him not for the sake of historical research but to be cured. Accordingly I do not understand a passage like the following: 'This question involves a seeming contradiction. Every analyst is proud to hear from others that a patient of his has changed immensely, yet he would hesitate to admit or to express to the patient a deliberate wish to effect a change in the patient's personality' (p. 292). I never hesitate to state to a person who comes to me in order to be cured that my aim is to effect a change in his personality. The

only question is in what way this change should be achieved, and what determines its goal.

There is one specific point which must be mentioned in a discussion of this book. Dr. Horney makes one criticism of psychoanalysis which is not wholly unjustified. The structure of the human being is determined constitutionally and environmentally. How much this 'environment' is culturally determined has until recently received too little attention. This can be excused to the extent that psychoanalysis investigated primarily members of the same cultural group and could therefore regard certain factors as constant. This can no longer be excused when the problems investigated go beyond the psychology of the individual. To be sure it did not escape the attention of Freud or of other psychoanalysts that both the instinctual conflicts and the neuroses assumed different forms under different social conditions. Freud once wrote an essay, *A Devil Neurosis of the 16th Century*, in which he explicitly demonstrated this point; but there is no doubt that in psychoanalytic literature there has not been adequate regard for social factors.

Horney's book is misleading in that whoever has observed this weakness of psychoanalysis might assume that because she censures this shortcoming and calls herself 'culture-conscious' (p. 179), she is 'right' in other respects; one might be led to accept Horney as the representative of a new and heartening 'sociological psychoanalysis'. That would be fundamentally wrong.

I am convinced of the greater significance of psychoanalysis amplified by a more comprehensive sociological conception of the processes which influence the individual in human society; but I refer to *sound* psychoanalysis—the kind Dr. Horney rejects. I am in accord with her that one cannot explain adequately either the origin of the art of weaving in terms of a biologically rooted penis envy, or the cultural significance of fire in terms of the suppression of an instinct to extinguish every visible fire by urinating (two assumptions of Freud). Like Dr. Horney I believe that it is nonsense to explain the police in terms of the masochism of the masses, and war as an expression of a biologically based destructive instinct. I believe nevertheless that sociology needs a natural scientific psychology as a supplement. Mental manifestations occur only in organic life; psychological laws are a special case of biological laws.

It was always Freud's conception that man comes into the world equipped with biological needs; in this world he experiences grati-



fications and frustrations which influence and change these needs. In part their form is changed; in part these needs become suppressed and suppression is anchored through a variety of measures which in turn are provided by instinctual energies; in part there is a mutual displacement of energies. Freud made it especially clear that socially desirable instinctual suppressions are attained in a dialectic manner just through instinctual energies.

Dr. Horney writes: 'My conviction, expressed in a nutshell, is that psychoanalysis should outgrow the limitations set by its being an instinctivistic and a genetic psychology' (p. 8). My conviction, expressed in a nutshell, is that the value of psychoanalysis as a natural scientific psychology is rooted in its being an instinctivistic and a genetic psychology.

OTTO FENICHEL (LOS ANGELES)

**AMERICAN MEDICINE. EXPERT TESTIMONY OUT OF COURT.** By Esther Everett Lape, et al. New York: The American Foundation, 1937. 2 vols., 678 pp. and 757 pp.

Here in 1435 pages, in two bindings, is offered a chosen series of answers which 2100 physicians of the United States made to a general questionnaire concerning what is right or wrong in the practice of medicine, as limited or circumscribed by the questionnaires in question.

The questionnaires in general dealt with standards of education, adequacy of treatment, improved methods of therapy, problems of fees, costs, hospital and other agencies, etc., all with a certain bias towards some sort of state medicine, using the term in its widest application. At least for the present reviewer this general ideology is seen throughout the inquiry. It is merely raised as a problem however and not insisted on as a solution.

The work is so large and deals with so many generalizations derived from other generalizations that it defies any further generalization which a reviewer, apart from his own bias, might hope to set down in these pages for a special class of readers. Can any generalization be formulated, for instance, concerning what is adequate therapy? Of what, of whom, by whom, under what circumstances? No number of answers to such a general mode of approach, we submit, can amount to anything.

Do physicians charge too much? This is another of those intangibles which vanishes into thin air the moment one gets down

to cases; and 2100 answers of a general, unspecific nature are of little service in relation to several billion individual specific illnesses. Even if one had the statistics of millions of individual fees to be correlated with services rendered, economic status, etc., their relevance would be dubious.

Do hospitals cost more than they should? Same answer, but easier to get the facts. What is adequate pay for adequate medical service? One could write, as others have, an essay on the subject and not arrive at an accurate or a just answer. (See *J. A. M. A.*, Feb. 25, 1939, p. 763, for what Hippocrates wrote concerning his fee for treating Democritus.)

Ever since pain, injury, disease and disaster have been the lot of mankind doctors have been regarded ambivalently as curses and blessings. The opposing attitudes have been argued pro and con; and psychoanalysts know full well that neither the services rendered nor the services paid for will ever satisfy both sides of the equation. Even statistics can only be guessed at roughly. For one adequate adjustment there are probably a thousand or more inadequate ones. With so many variables no integral calculus can be adequate to give even a working formula, although it is apparent that every individual has an answer more or less expressive of his own personality.

Another matter impossible to deal with in a generalization is that of the personal relation between doctor and patient. Here the special situation of transference comes into prominence for the psychoanalyst. He more than others knows its significance and importance. It is an involved and subtle problem.

And then what about the position of the psychiatrist? Another sharp cut into the problem of trial and error where the deeper layers of the unconscious are so important even to surmise. In as much as the general situation of psychosomatic monism is coming more and more into reasonable perspective, the position of this specialty is becoming more and more significant. It is all very well to rely on 'common sense', and most people do the best they can with this variable narcissistic instrument, but for the most part it is a very infantile type of common sense that often prevails, especially in situations where the child that exists in every sick person is so manifestly exploited. If this infantile level of transference need were not so universal, quackery would not long survive, i.e., 'long' in terms of millenia rather than centuries.

All in all the volumes are welcome even if one cannot read them in their entirety. They start debate at all events, and debate can sometimes be profitable.

SMITH ELY JELLIFFE (NEW YORK)

THE PSYCHOLOGY OF EARLY GROWTH. Including Norms of Infant Behavior and a Method of Genetic Analysis. By Arnold Gesell, Ph.D., M.D., Sc.D., and Helen Thompson, Ph.D., assisted by Catherine Strunk Amatruda, M.D. New York: The Macmillan Co., 1938. 225 pp.

The studies of infancy at the Yale Clinic of Child Development by Dr. Gesell and his collaborators have been reported in book form ever since 1925 when *The Mental Growth of the Preschool Child* appeared with the self explanatory subtitle: *A Psychological Outline of Normal Development from Birth to the Sixth Year, Including a System of Developmental Diagnosis*. In 1928 *Infancy and Human Growth* was published. This book considered the behavior growth complexes of a wide diversity of infants who presented various forms of normal, retarded, atypical and pseudo-typical behavior. The following six years of collaborative research was jointly reported in 1934 in two publications, namely, *An Atlas of Infant Behavior: A Systematic Delineation of the Forms and Early Growth of Human Behavior Patterns*; and *Infant Behavior: Its Genesis and Growth*. In 1938, with the same collaborators, *Biographies of Child Development* was published delineating and interpreting the mental growth careers of eighty-four infants and children selected from a greater number studied. In the same year *The Psychology of Early Growth* was completed and its most up-to-date investigations and results are intended to replace the out of print *Mental Growth of the Preschool Child* of 1925. *The Psychology of Early Growth* is a volume quite complete in itself but more fully appreciated when supplemented by the two books of 1934, especially the *Atlas*. The detail and care with which the investigations of growth behavior have been recorded and supplemented by tables, appendices, scoring systems, coördinating book references, etc., make the book valuable for the student of clinical psychology as a textbook and for others as a handbook. The three parts of the book are: *Methods and Procedures*, *Norms of Infant Growth*, and *Analytic Appraisal of Growth Status*.

The resultant findings of the years of investigation, particularly those recorded in the book here reviewed, have been an integral part of the knowledge and clinical working equipment of clinical child psychologists. The child psychiatrist and psychoanalyst as a rule have not had in their training this testing knowledge and equipment, but they have utilized, when indicated, the psychologist's examinations and findings as formulated by the authors for the infant and preschool child. These findings include evaluations not only of general behavior growth but of intellectual potentialities which are gleaned from their genetic precursors and counterparts as they manifest themselves in the functional fields of perceptual and adaptive behavior. Beyond the utilization of these examination findings for diagnostic and prognostic purposes, the child psychiatrist would definitely benefit from a close study of the observations in this book on the infant's inherent maturational mechanisms which show themselves systematically through behavior pictures that characterize the different ages of infancy and early childhood. To the psychoanalyst the study of these observations would mean more than behavior growth mechanisms. They would mean an opportunity to observe some aspects of ego development as expressed in its earliest manifestations: the infant's responses to external stimuli such as objects and people. (The more complicated task of the investigation of responses to internal stimuli such as body tensions and impulses are not included in this book.) These values of the book make it a particularly useful one for the child psychiatrist, analyst, neurologist, endocrinologist and pediatrician; and it is one of the expressed purposes of the authors to bring the study of infant development into close alignment with medical science. It would seem as pertinent to medical training to learn as much about the infant's behavior growth as about its structure and physiology.

The underlying concepts of this book's normative study are summed up as follows: behavior grows and expresses itself in ordered patterns; like physical growth it is a morphosis, a process which produces a progressive organization of behavior forms; this morphogenesis can be investigated by morphographic methods, especially by analytic cinematography; through these methods are ascertained lawful sequences and norms of growth. In this study which can be supplemented by cinematographic data, the normal sequence of behavior patterns is determined in relation to age, thus

establishing a normative schedule for measuring development. As would be expected, the authors find that the maturity level of postural behavior can be more accurately determined than adaptive and social behavior.

Since the character of the generic norm is dependent on the nature of the population from which it is derived, the authors selected for the present normative investigation a delimited sector of the population, and the norms represent central tendencies for this homogeneous group. They selected a group of infants without detectable physical abnormalities and belonging to 'a highly homogeneous group of normal parents'. One might more accurately call these parents average rather than normal, judging by some of the problems of the parents reported. The families were carefully picked from the socio-economic status included in the middle fifty percent of the population. The real fulcrum of the study is the special behavior examination of the infants. This was supplemented by objectively descriptive, historical and observational data of the parents and the child, plus anthropometric examinations of the latter. The special behavior examination is described in great detail and illustrated with the help of tables, drawings and films (Yale Films of Child Development). In these examinations given situations are presented to the infant at four weeks of age, repeated at six weeks and then at four week intervals thereafter until fifteen examinations have been completed. The recorded results show the behavior patterns in their evolutionary development from the less mature to more mature responses. The whole developmental progress of behavior is envisaged then as a series of advancing levels of maturity, the resulting maturational trends enabling one to observe in the behavior a conformation to one particular age level more closely than to another.

The normative behavior is described under five self explanatory headings: 1 Postural (prelocomotor and locomotor). 2 Prehensory (hand response; items of manipulation which show neuroanatomical maturity of response rather than its exploitation or adaptation are used). 3 Perceptual (visual, regard). 4 Language. 5 Social behavior. The validity of the tests for physical (motor and sensory) development is well proven. One tends to consider as less final those judgments on maturational age which involve intellectual capacity and social behavior, knowing too well the effects, even in the infant, of emotional factors on social behavior responses and on

learning capacity and intelligence. To be sure the authors themselves admit that the maturity level of an infant's postural behavior can be more accurately determined than that of its social behavior; and more accurately, we might add, than that of its learning capacity and intelligence. The importance of this in the utilization of these tests prognostically is obvious.

Certain of the test situations, as for instance the observations on the development of responses to external stimuli in the prehensory and perceptual examinations, afford an interesting opportunity to study, in addition to neuromuscular maturation, the growth of some aspects of ego function. To a limited extent the tests permit us to watch the infant's growing awareness of another person and the development of responses such as the comparison of that person with itself. For instance, the infant looks at the examiner's hand and then at its own. It must be just such a series of observations and comparisons which eventually help it in identifying individual parts of itself and of other persons and lead it to an increasingly clear differentiation of the two. We can watch also the inclusion of objects in the infant's perceptual sphere as seen in the cube test. The cube at first placed before the infant is not noticed so long as the hand of the observer is the main object of regard. Later the infant's attention is drawn to the cube but shifts from cube to hand intermittently. The cube is then subjected to a similar process of comparison with and differentiation from the infant's body members. All these testings and observations are indeed the first ego functions of perception, comprehension of structure and learning of function. The infant looks back and forth from hand to cube and finally learns to do something with the cube that is pleasurable. It is from these and other such observations that one can detect approximately when and how the infant begins to comprehend parts of its own body as differentiated from parts of other people, from people as a whole and from objects; how it learns about interrelationships between people on the one hand and between people and objects on the other.

Another interesting observation is the time relationship between the diminution of oral activities (putting things in mouth) noted at forty-four weeks and the increase of poking activities noted at forty-eight weeks. The psychological implications and derivations of this development in hand activity may be many, but certainly

one is the beginning of a pleasurable toned manual exploration of bodies other than and in addition to its own. Exploration of the world external to self begins to be more definite at this age.

These are just some of the illuminating aspects of the recorded observations beyond the specific data on normative maturity schedules. The limitation of the tests to five categories enhances the accuracy of the included data but emphasizes the need for extension of the observations to areas that have special interest for the analyst such as social adaptability, which soon involves ego defenses, and the development of responses to internal stimuli such as impulses. For instance too little is known about average or normal development of infantile genital sexuality. The literature on infancy and early childhood shows too much variability to be useful in regard to such important topics as frequency and age of erections in infant boys, genital manipulation, orgasmic experience with manual or non-manual masturbation, and so on. The importance of such data for our judgment of normality is self-evident in the treatment of what is presented as pathology in the sexual behavior of the very young. There is a real need to know more about the neuromuscular maturation process of the bowel and bladder to help us gauge an optimum age at which infants are most ready for control training. Assuming individual variations and rhythms, general standards would be very useful. Other problems for investigation may occur to analytic readers but the emphasis on these needs does not detract at all from the importance of the actual contribution of Dr. Gesell and his collaborators to the study of the development of infant behavior.

LILLIAN MALCOVE (NEW YORK)

DIE GESETZE DES NORMALEN TRAUMES (The Laws of Normal Dreaming). By Dozent K. Leonhard. Leipzig: Georg Thieme Verlag, 1939. 124 pp.

The author sets out to establish the determined relationships between the details of a dream and the experiences of the preceding day. He is successful in his efforts but he is not able to show more than is already known about such relationships. For him, 'The sense of the dream consists in the fact that its structure follows a predetermined arrangement'. His dream theory is that of 'partial

wakefulness'. Sigmund Freud is mentioned only in one place in the whole book. The psychoanalytic theory of the dream is completely rejected—Freud's work repudiated. The book is not worth reading.

RICHARD STERBA (DETROIT)

**GUIDING HUMAN MISFITS.** By Alexandra Adler, M.D. New York: The Macmillan Co., 1938. 85 pp.

*Guiding Human Misfits* is a book written by the daughter of Alfred Adler, the founder of individual psychology. Dr. Adler has written this book in memory of her father. She gives a description of her own work which follows her father's teachings, giving examples from her own cases and from her own experience.

Dr. Adler in this book, stressing the importance of the individual, emphasizes that each person can react differently according to his individual make up. She describes how the individual's life can be inhibited by an inferiority complex, giving a very concise and clear description of an inferiority complex. 'We say that a person is suffering from an inferiority complex when he reacts fatalistically to a crippling situation, real or fantasied, without attempting to correct or improve it.' In describing the behavior patterns of neurotics the author shows her keen powers of observation. She groups neurotics into those who postpone their duties, those who narrow their paths of approach by ruling out certain ones, and those who act 'as if' they were doing something. She sums up neurotic behavior as a 'yes-but' manner of approach: 'I would say yes but the obstacles prevent me from going ahead'.

Dr. Adler strives to show how people suffering from such difficulties can be guided to recognize their manner of behavior and can be encouraged to put up a fight against these crippling situations in order to overcome them.

Dr. Adler traces neurosis back to childhood. She considers that children who are pampered, who are disliked and who have an organic inferiority are the most handicapped. In her examples she shows that the behavior of the child is the result of its rearing by the parents, that its whole life is thus affected and that it is on that account often unable to adjust to the demands of society.

Psychoanalysis is mentioned several times in this book, especially in the chapter on dream interpretation. It compares individual psychology with psychoanalysis, but this is done so briefly and dis-



connectedly that it is impossible to get any idea of the real differences between the two. Although there are some very interesting truths and observations in this book, one is continually aware that there is something lacking. The ego and its development is well brought out, but there is no discussion of the instinctual life. We look in vain for cause and effect, for a basis for the individual psychologist's therapy; and we are left to wonder where the dynamic power that forms a dream is to be found, just as we still miss the underlying causes of symptom formation and of neurosis.

DOROTHY BURLINGHAM (LONDON)

**THE EMOTIONAL FACTOR IN VISCERAL DISEASE.** By H. G. McGregor, M.D. London: Oxford University Press, 1938. 198 pp.

This book will add nothing to the knowledge or insight of the practising psychoanalyst, though it might serve to help him brush up on those elementary physiological processes which in his mind have long since fused into the delightfully simple concept of 'somatic compliance' (a companion piece to the general practitioner's concept of 'nerves'). The medical man, however, will find in this volume a concisely systematized, interesting and thoroughly plausible account of just how psychic disturbances bring about those changes in the functioning of the body which may and do result in the illnesses which some of his best friends have. For him the book brings together and coördinates what has at best been a fragmentary education in the psychosomatic aspects of medicine gained from occasional articles in isolated periodicals and a good deal of backstairs gossip. A bunch of ugly rumors are at last confirmed, and at the same time rendered a little less ugly.

After a preliminary chapter devoted to a general study of emotion in which the reader's fears are very skilfully calmed as he is told that emotions are here to stay, the author turns the spotlight in turn upon the gastro-intestinal system, respiration, the cardiovascular system and finally the endocrines. Throughout, the emphasis is strictly upon emotion in the gross rather than upon any subtleties, although the pickings were apparently very nice from the adequate range of case histories cited. There is thus no mention, for instance, of the findings of Alexander and his collaborators (*This QUARTERLY*, III, 1934) in the author's discussion of alimentary disorders. Unquestionably it is better so, however,

since any mention of passive receptive tendencies or longing for the mother's breast would only have produced again that type of 'intellectual' nausea which has too long characterized the attitude of the medical profession toward psychoanalytic psychopathology. (Indeed, one is not certain about the politics of the author himself, but this is not of major importance when a popular front is being formed.) By the same token, the author's hurried handling of the problem of treatment in a final chapter on that subject is scarcely the last word. His conceptions of 'transference' and 'resistance' as they are encountered and dealt with in casual practice will certainly help no one towards an understanding of these delicate matters. But again perhaps it is better so.

As he explains in his preface, Dr. McGregor has no thought of entering his book into competition with Dunbar's *Emotions and Bodily Changes*. Its effect on the medical public, however, is very likely to be more immediately widespread than that of its superlative but weighty predecessor since there is no possibility that it will alienate by its scholarship. Its biggest task is to get itself read, and that, I believe, it will accomplish. The physiologist may shriek, the psychoanalyst may shudder, but the medical reader will come away a wiser man.

JULE EISENBUD (NEW YORK)

**PATTERNS OF SURVIVAL.** By John Hodgdon Bradley. New York: The Macmillan Company, 1938. 223 pp.

Dr. Bradley, after years of geologic and paleontologic study and teaching, abandons his university duties and embarks on a sabbatical to review the 'billion years of living', and to attempt a search for its 'meaning'.

In these eleven chapters, some already having appeared elsewhere, the author undertakes a critical review of the findings and theories of biochemistry, biology, paleontology, sociology, and anthropology. He continually reminds us that *homo sapiens*, the youngest species in age, has a narcissistic quality not shared by other species, and that 'part of the business of being human is to costume sombre facts in pleasing fancies', or that 'what inferences are drawn depend pretty generally on the motives of those who do the drawing'.

Thus guarded, after a futile search for the origins of life, the

author attempts to view nature's ways over the eons and to establish her laws. These often contradict 'the ethical idealism of humanity'. Darwinism has its fallacies; 'progress', 'stagnation', 'degeneracy' are anthromorphic conceptions. Successful life, biologically speaking, is measured by the fitness of creatures for the lives they lead, and 'their ability to eat and avoid being eaten until reproduction is attained'. The law of murder is inherent in nature's plan. 'She is careless of single life, but extremely careful of type.' From plant life upward, species eats species, with weapons of offense and defense. 'Food-chains are the economic framework of society at large.' 'All animals must adjust to supply of food and supply of enemies', and the formula serves to control ruinous abundance of the smaller and more prolific breeders. 'Only man is addicted to individual and group murder.'

In his chapter *The Way to Love*, he finds tenderness bearing no relationship to copulation and sees its source in maternal care of the young. 'Nature is not sentimental'; in seasonal animals, after the sex act the male disappears. In birds, the male maintains parental responsibilities while the female sets. Only in perennially erotic mammals—in monkeys, apes, and men, with greater propinquity between the mates do more constant associations appear. Anthropologically, no one form of family is 'natural'. What is natural is emotional union between mother and child. Love between mates is not a sexual phenomenon. With the long period of helplessness in man's young, maternal love spreads to the male, and maternal love is the nucleus of family emotion. Altruistic love is not instinctive with the male; he has learned it through education.

Viewing man in nature's scheme, Dr. Bradley asks 'Is man an absurdity?'. His brain alone classes him as a more distinguished animal. With it he is in the peculiar position of directing his own fate. Although successful in combating the tyrannies of nature, he has not yet achieved general well-being in the species. Physically he is degenerating, but the 'grave danger for man as a species is not so much in the crumbling beast as in the bungling god'. He can not attain the stability of the ant or the bee. He can obtain necessities without killing and robbing, yet he is the most murderous. He can know much about himself, yet he is the only one habitually deluded. 'He protects the weak in asylums, and kills the strong in futile wars.' 'Wisdom' as the quality of the human

species is wrong and an expression of his self-love. Dr. Bradley would point to discontent as the characteristic attribute of man. Discontent has resulted in his changing his world of safety, and should urge him to a greater knowledge of man as an individual and as a species before he can prescribe for himself or for the good of the whole. However, man is a new, young experiment; 'his very confusion suggests less that he has definitely failed than that he has not yet taken form'.

Could Dr. Bradley but join us in our task of investigation of human behavior, he would see the 'bungling' and 'delusional' processes as expressions of the prolonged period of infantile helplessness active in adulthood and strikingly evident in group (state and race) psychology.

The author presents his large collection of data and his critique in a most readable style and with refreshing humor.

SIDNEY KLEIN (NEW YORK)

MEDICINE AT THE CROSSROADS. By Bertram M. Bernheim, M.D.  
New York: Morrow and Co., 1939. 256 pp.

This highly readable book by one of the original 'Four-hundred-and-thirty who revolted' is addressed to the layman on the assumption, presumably, that every consumer ought to acquaint himself with the problems and practices of the producer—and that there is no better time for such a *rapprochement* than just before the collapse of the system in which both are involved. Although the purpose of the author, who is an associate professor of surgery at Johns Hopkins, is unquestionably earnest in his primary emphasis on the patient and his needs, there is nevertheless no concealment of his uneasy recognition of the fact that the shadows are getting longer and the atmosphere perceptibly chillier and that the sun whose rays had bathed the medical man in profits and prestige throughout the long halcyon days is now about to sink into the west. There is about the book, in fact, the touching quality of a deathbed confession, and the lay reader may well experience a mixture of shocking disillusionment and relief at the resolution of certain mysteries as if he were at long last being told: 'My son, your mother and I were never married'.

The content of the book hardly calls for detailed consideration in this review simply because it is a fair exposition of 'what every

doctor knows'. The practice and administration of medicine and surgery today are in effect far below the standard which from the purely technical standpoint it is possible to achieve. The causes of this go back to the medical school and beyond. (At the delineation of the 'beyond', the author catfoots off into cautious vagueness.) The raw deals to which the public is exposed (and Bernheim is here very outspoken) are shown to have their roots in the haphazard economic and administrative organization of the medical profession as a group. Ethical integrity is shown to be neither something inherent in the make-up of every young student who chooses medicine as a profession nor something that can be spot-welded onto the graduate as he mumbles the abracadabra of the Hippocratic oath. As in any other walk of life it is a luxury which one can or cannot afford according to the lights of his personality and the stresses of his environment. Unfortunately there has been little real protection for the patient. Bernheim shows that the doctor, actually not a bad fellow, is caught up in a ruthless system of catch as catch can. Widespread inadequacy of training, fee splitting, unnecessary medicine and surgery and other unethical practices are all admitted but a plea for clemency goes with each indictment.

The remedies proposed by the author are largely developed along the lines of group practice which he believes would solve the worries of the patient, the doctor and the perennially bankrupt hospital. He makes short work of the jeremiads of those physicians of the priestly caste who see the end of the world in the threatened dissolution of the much sanctified doctor-patient relationship—that fine old pretense which has served so nobly as a bulwark against advance. The point raised by Bernheim in rebuttal is that excellent medicine *has* been practised without the gilded trappings of this relationship as it exists in private medicine: witness the high quality of the work done in the A.E.F. during the last war. The point which will doubtlessly occur to any analytic reader is that the value to the patient of this relationship depends for its existence more on the intuitive sensitiveness or the psychological training and understanding of the physician than on any system under which he is called upon to practise.

It should be mentioned at this point that group medicine to Bernheim, whatever its positive aspects, is essentially the lesser of two evils; what he does not want is that the government step in.

One becomes aware that distaste for this eventuality is not the least of the reasons why the patient is suddenly called in to examine the books and talk things over. 'For if the medical structure cracks and topples,' writes the author in his preface, 'if doctors are unduly hampered and restricted and harassed in their activities, if medical research and advance should be seriously interfered with, the chief sufferers will be the sick, more especially the indigent sick'. An appeal is made to the patient's self-interest, but the plea is definitely 'Come, let us reason together before the joint is pinched'.

If the reader of this review is beginning to get the impression that the book, for all the praiseworthiness of the cause it espouses, is nevertheless somewhat rudderless and lacking in a unified point of view, his impression will be correct. The author throughout seems highly ambivalent towards the issues; he has antagonisms but seems unable clearly to define his foe. His approach is consequently neither that of the militant muckraker nor that of the austere social planner. In the last analysis his *genre* is neither that of bird nor beast nor good red herring.

The basis of this ambivalence becomes apparent when we read near the end of the book a confession from the pen of its surgeon-author which is as revealing as it is utterly sincere: 'Maybe I am entirely too sensitive,' writes Bernheim, 'but the idea of cutting into human flesh, for whatever cause, revolts me in a way that nothing else does or could. . . . It goes against the grain to charge so many dollars, to make a charge at all for doing such work.'

Interesting that medicine and Bernheim should arrive at the crossroads at exactly the same time.

JULE EISENBUD (NEW YORK)

PERSONALITY STRUCTURE IN SCHIZOPHRENIA. A Rorschach Investigation in Eighty-one Patients and Sixty-four Controls. By Samuel J. Beck, Ph.D. New York: Nervous and Mental Disease Monograph No. 63, 1938. 88 pp.

Dr. Beck has added another to his interesting series of publications on the Rorschach test. In the present investigation the tests of eighty-one definitely schizophrenic patients in the Boston Psychopathic Hospital are compared with those of a control group of thirty-three normals and thirty-one non-psychotic hospital patients, including nine neurotics and eleven 'conduct disorders without

psychosis'. Those factors in the test results of both groups which permit numerical expression, such as the total number of answers, the number of whole, detail, rare detail, color and movement answers, etc., are then subjected to statistical comparison with the purpose of eliciting what test factors show or fail to show statistically significant differences between the groups. The generally accepted psychological meanings of these factors, alone and in combination with one another, are then discussed. In addition, Beck presents a short but unusually lucid introductory exposition of the fundamentals of the Rorschach technique itself, detailed records and interpretations of one schizophrenic and one normal Rorschach, a discussion of his own theory of personality, based on Rorschach and applied here to the problem of schizophrenia, and a final brief chapter on some typical findings in the tests of schizophrenics which could not be treated statistically because of their qualitative nature or relative infrequency. Thus the study has two main aims: one, a problem in Rorschach technique and diagnosis, to find out what is characteristic of the tests of schizophrenics; the other, to translate these findings into terms of personality traits and structure and so contribute to, confirm, or correct prevalent ideas as to the personality of the schizophrenic.

As a study in technique this work contains much of value. The scoring and diagnostic interpretation of the one detailed schizophrenic record, for instance, can be warmly recommended as an example of sound Rorschach procedure, and there are many other pages and paragraphs in which the author's long experience with the test finds worthwhile expression. It has repeatedly been pointed out, however, that the Rorschach test is particularly unsuitable for statistical treatment because of the qualitative nature of many of the factors and because no single quantitative factor is of great importance except in relation to other aspects of the test. The best pages in this monograph, indeed, are devoted to a discussion of this very point: the significance of balance between various test factors. It is possible to treat some of these relationships statistically, but most of them must be evaluated in the individual tests. The sources of error involved in all Rorschach statistics are in this case augmented by those inherent in the study of such a complex and heterogeneous group as the schizophrenias. By combining the two—by presenting, so to speak, the average Rorschach of the average schizophrenic as it deviates from the average Rorschach of

the average control—Beck has inevitably passed over many important aspects of the individual Rorschachs of individual schizophrenics. Nevertheless this part of the monograph was worth doing and has been done well. Even if the negative findings are often meaningless the positive ones are significant and their evaluation by Beck of interest.

To 'translate' these findings, however, as representative of the 'personality structure' of schizophrenics without reference to their total setting and without a deeper clinical and psychological understanding of schizophrenia appears to the reviewer to be unwarranted and above all unproductive. The same criticism applies to the author's general theory of personality, which will seem extraordinarily naïve to most students of the problem. It is for this reason primarily that the psychiatrist unfamiliar with the test will find little in the work to increase his knowledge of schizophrenia although much to sharpen his interest in the test itself and in its research potentialities.

JOHN D. BENJAMIN (DENVER)

**A COMPARATIVE STUDY OF THE SYSTEMS OF LEWIN AND KOFFKA WITH SPECIAL REFERENCE TO MEMORY PHENOMENA.** By Sylvia Hazelton McColl. Number 5 of the Contributions to Psychological Theory. Durham, N. C.: Duke University Press, 1939. 160 pp.

This careful and critical methodological study (a Duke University doctoral thesis) of the systems of Lewin and Koffka with regard to memory will interest few psychoanalysts who have not also dabbled in academic psychology. Dr. McColl attempts first to present the systems of Lewin and Koffka, second to examine their systematic possibilities methodologically, and third to test the explanatory value of each with respect to certain memory phenomena. As to the first, she succeeds in showing a Graduate School examining board that she understands the system in question but she can scarcely be said to have given an adequate introductory presentation. As to the second, she succeeds in a partial synthesis of two positions which have unquestionably different theoretical backgrounds. Of these she gives a careful and sometimes very suggestive methodological critique. In her third aim of critical evaluation she concludes that both systems are equipped to produce fruitful acquisitions to knowledge but that until we have a more



adequate estimate of the dimensions of the psychological field 'we cannot hope to obtain any very precise understanding of specific instances of memory or to formulate any very precise principles as a basis for the production of memory phenomena'.

In reporting that this study will interest few psychoanalysts I have in mind that there is little here which could further analytic theory or therapy. This should not be taken to mean that I consider such monographs futile or sterile. The psychoanalyst could profitably strive for the type of linguistic precision and the logical and methodological adequacy of concept formation which is attempted here. But on the other hand academic psychologists are not going to make very great strides in the understanding of memory or anything else as long as they continue to boycott the premises and findings of psychoanalytic theory with regard to the problem of human motivation. The rôle of the unconscious in memory problems, for instance, receives no consideration in this study. It will be a great day for the science of psychology when the precision of the academic approach becomes tempered with the reality and vitality of the clinical, and vice-versa. It is the reviewer's opinion that despite its definite methodological shortcomings, psychoanalysis has today more right to an independent existence than does academic psychology where precision is achieved by sacrificing reality and vitality.

J. F. BROWN (LAWRENCE, KANSAS)

**THE TROUBLED MIND.** A Study of Nervous and Mental Diseases. By C. S. Bluemel. Baltimore: Williams and Wilkins Co., 1938. 510 pp.

This volume might better be styled a description of nervous and mental diseases than a study of them. Even as a descriptive monograph it falls far below any standard that could satisfy a discriminating and well trained psychiatrist. It is indeed hard to see what need such a volume can fill unless it is to give a negligent medical student an opportunity to fill his crop with a heterogeneous mass of symptoms characteristic of various psychopathological categories just prior to taking his third year examinations.

The division of material is in itself peculiar. The first part of the book is devoted to fixed ideas and reactions, the next two to the psychoneuroses, the fourth to Traumatic Hysteria, the fifth to Clinical Types of Inhibition (corresponding to the old concept of

major hysteria), the sixth to Sundry Disorders (enuresis, migraine, epilepsy, stammering, alcoholism, and drug addiction), the seventh to Mental Illness, and the eighth and last to Closing Comment—the patient's rôle in therapy.

The first part is striking for an entirely artificial and misleading classification of symptoms, with obvious overlapping of categories. There is no attempt to define or even discuss demonstrable or theoretical dynamisms. Brief vignettes of symptom formations or abbreviated case summaries run riot through the pages.

The treatment of the psychoneurotic problem is amazing in the variety of descriptive pictures presented, but completely lacking in interest from the conceptual standpoint. The occasional references to therapeutic efforts suggest a degree of cynical nihilism which would do credit to any fundamentalist in organic medicine. The author throughout his text seems to have had the aim of setting down a vast clinical experience in descriptive terms. There are no glaring misconceptions as to the general nature of the various disorders studied, but nothing is revealed of the author's claim to particular understanding or to novel therapeutic procedures.

He makes much of an attempt to classify all reactions of the psychobiological organism as either 'to reactions' or 'from reactions'—the latter forming the basis for the development of neurotic patterns. When these patterns express themselves in disorders of bodily function he refers to these symptoms as evidence of an organic 'stress reaction'. Nothing new seems to be offered by these concepts.

In discussing alcoholism the author divides alcoholics into four types: the depressed, the self-conscious, the agitated, and the psychopathic. His clinical descriptions in accordance with which he separates these four groups are interesting and well chosen, but here again there is no attempt made to discuss dynamic etiology except in the most general terms.

There can be no doubt that Dr. Bluemel has had an extensive clinical experience nor that he has been a faithful student of the experience of others, even though not well versed or perhaps not fundamentally interested in depth psychology. He devotes his closing comments to a philosophical disquisition on the dangers to civilization of 'the public lunatic', by which term he means the nomadic psychopath whose condition is not generally appreciated. In this field of philosophical speculation he shows evidence of a

thoughtfulness which is not found in the body of the text except in sporadic instances, as for instance in the expression of his viewpoints on the nature of women.

In closing it might be added that if anyone were ever in a hurry to look up some good example of a given clinical entity with which to illustrate a lecture to students, nurses or a lay audience he might well feel indebted to Dr. Bluemel for having contributed a ready if superficial collection of available data. This volume then may in the last analysis deserve favorable mention as a ready index of common symptoms and familiar clinical syndromes to which reference could be made in times of stress by an anxious medical student or an equally anxious lecturer just prior to the moment of emergency.

JOHN A. P. MILLET (NEW YORK)

**CROOKED PERSONALITIES IN CHILDHOOD AND AFTER.** By Raymond B. Cattell, Ph.D. New York: D. Appleton-Century Company, Inc., 1938. 207 pp.

This book is a review of the psychological methods which are used to diagnose and treat mental maladjustments. The case material is taken from children and adolescents. The author deals at great length with the theoretical and practical findings of psychoanalysis, trying to evaluate the contributions of Jung and Adler from the freudian point of view. Besides the psychoanalytic point of view he emphasizes the 'scientific' approach: that is, experimental testing and statistical results are taken into consideration as necessary complements to psychological research and treatment. The child guidance clinic in its present set-up does not completely satisfy the author, but is fundamentally accepted. The division of work between medical man, psychologist and psychiatric social worker, for instance, fits into the scheme of a child guidance clinic as the author would like to have it, but we do not learn why this tripartition of workers seems to be so satisfying to him. As we do not consider this to be a good arrangement in all cases we would have appreciated some discussion of the point.

From the psychoanalytic point of view we may be well pleased to find that psychoanalysis is given as much consideration as it is in Cattell's survey of methods; yet we cannot be too happy to see twelve volumes of freudian concepts condensed into twelve pages. Those who are not acquainted with psychoanalysis will not under-

stand what Cattell means when he enumerates the libidinal phases and the parts of the ego structure, while those who are acquainted with psychoanalytic theories will sometimes wonder at the interpretation of material. We cannot, for example, understand the phrase 'He has retreated to the œdipus-stage' (p. 36) in reference to a boy whose participation in any activities or sublimations seems to be disturbed. In another place we read about 'a complex case of œdipus regression' (p. 37) meaning: a child regresses to the œdipus stage. We wonder from what stage he might be retreating or regressing, as we do not know any phase of development which follows the genital phase.

The ninth chapter, *Limits of Psychotherapy*, deals with the psychology and the psychological disturbances or maladjustments of genius. We do not wish to discuss the so called 'experiments' on genius, in which the I.Q. of famous people of the past like Voltaire, Pitt, etc., is reconstructed. We consider this merely playful humor on the part of the author. But having dealt with dead genius or with 'not yet genius' the following conclusion (p. 198) would seem a little premature: 'We may conclude that though the psychologist may cure and the teacher prevent maladjustments in the child of average ability, there are certain forms of crooked personality in the gifted individual which they may straighten out only at the peril of the society'. We would like to know how many men of genius have been thus ruined by psychological treatment. It may be that being 'straightened out' would improve the working capacities of the genius just as well as those of the average intelligent person.

EDITH BUXBAUM (NEW YORK)

BEITRÄGE ZUR PSYCHIATRISCHEN ERBLEHRE, AUF GRUND VON UNTERSUCHUNGEN AN EINER INSELBEVÖLKERUNG. (Contributions to the Study of Heredity in Psychiatry, Based on Investigations of an Island Population.) By Erik Strömgren. Copenhagen: Ejnar Munksgaard, 1938. 259 pp.

The island Bornholm has been known since the ninth century and has been under Danish government since the tenth century. The population consists of forty-six thousand inhabitants who in every respect give a fair representation of the Danish population in Denmark proper. In their psychology the people are very similar to their Danish brothers; an important character trait is their pride

at being a member of the island population. Further, they strive always not to show their emotions; they are 'true democrats' of conservative coloring, suspicious of every change. The advantage of a thorough psychiatric examination of such a limited population is the possibility of getting a nearly complete picture of the psychiatric morbidity. The methods used to obtain this complete picture are described in the main part of the book and include an investigation of all inmates of the hospitals, the study of twenty thousand case records, and the geneological investigation of family trees with tens of thousands of members. The results of the author's investigation confirm some findings that were known before the investigation: for instance, that the ratio of the frequency of manic depressive psychoses to the frequency of schizophrenia is not one to two but one to four; that epilepsy may be expected in an average population twice as often as cases of manic depressive psychoses. If the findings of the island Bornholm are applied to the total population of Denmark the expectation for schizophrenia is  $0.66 \pm 0.10$ , for manic depressive psychoses,  $0.20 \pm 0.07$ ; for epilepsy,  $0.35 \pm 0.07$ ; for general paresis,  $0.33 \pm 0.10$ . Among the total population twelve percent are 'psychiatrically suspicious'.

So far as the specific hereditary factors of the main psychoses are concerned it seems that nothing contradicts the opinion that both the schizophrenics and the manic depressives show a monomeric hereditary basis, recessive in the case of the former, dominant in the latter.

MARTIN GROTHJAHN (CHICAGO)

THE NINETEEN THIRTY-EIGHT MENTAL MEASUREMENTS YEARBOOK.

Edited by Oscar Krisen Buros. New Brunswick: Rutgers University Press, 1938. 415 pp.

The Yearbook is an efficiently organized guide book for those interested in and concerned with mental measurements, especially those who seek shortcuts in evaluating and discriminating among the great number of mental tests which are produced yearly. These include aptitude, educational, intelligence, personality and psychological tests, questionnaires and rating scales. The current Yearbook also presents in a well organized manner a new section devoted to excerpts from significant reviews of books relating to scientific, statistical and professional aspects of mental measurements.

This yearbook and its predecessors, *The Educational, Psychological and Personality Tests* of 1934 and 1935, as well as the 1936 Yearbook, are attempts to guide the test user; as such, they are valuable additions to any tester's library. The editor efficiently uses the reviews of many 'test experts' to evaluate the great number of tools for psychological testing. There is an attempt to get at least one and at times two objective evaluations of every test. The editor's attitude is expressed by his quotation from Peter Sandiford in the latter's review of *The Educational, Psychological and Personality Tests* of 1936 where he says, 'ninety out of every one hundred tests published in the United States should be withdrawn because they have never been satisfactorily evaluated and standardized'. The inadequacy of standardization of most tests makes it almost imperative for a tester to utilize an evaluating guide of this type before applying a test, or preferably, if he is properly equipped, carefully to evaluate the test himself. It is the editor's impression, however, that not only are many of the published tests inadequately standardized but they even lack the sources of reference which would make a check on the standardization possible.

It is this reviewer's opinion that the whole concept of psychological testing as it is used today misplaces the emphasis in the handling of personality problems. Mental testing received a powerful impetus when the United States called upon its human resources for the World War. The Army Alpha and Beta which were then born have in turn helped to give birth to tests of every aspect of human behavior with the result that man is at present conceived of as a conglomerate of I.Q.'s, E.Q.'s, P.Q.'s, percentiles, aptitudes, interests—everything but the whole man that he really is. Psychological, educational and technical journals are cluttered with these many new tests flooding an already deluged market, and there is of course an ever ready test user waiting for just such new gadgets. Testing which is based on an atomistic view of the personality inevitably leads to the segmentation that ultimately produces an almost complete dissolution of the personality.

It is not this reviewer's intent to imply that all tests are useless; rather that tests should receive only the emphasis which is their due. Testers tend to substitute for an organismic concept of personality a shopworn, outmoded point of view which is not far

removed in its fundamental implications from that of the old multiple faculty psychologies. It is apparent from some of the tests that an occasional test developer tries to integrate a number of the segments. But here more than ever the ease with which a test lays claim to omnipotence is glaringly revealed. An 'expert' reviewing one of these tests says of it: 'The information which the test yields enables the teacher to become something of a sociologist, psychologist, mental hygienist, councilor, parent, friend and philosopher'; and it is further suggested that the test results can be a means of educating the community. This is certainly endowing a test with more significance than an entire educational institution dare assume. What is more, this reviewer has observed school guidance directors assuming this all powerful, all knowing rôle when using tests of this nature. The naïveté of this error is too obvious to discuss.

The section of the book devoted to character and personality tests seems to have received less attention than some of the other sections. It is precisely in the field of personality tests where the greatest abuse of a test can take place. Consequently, it is in this particular field that the editor and reviewers should really be more thorough and exacting. That this is not the case however, is especially evident when we come across definitions such as: 'Personality is measured by the ability to control oneself and to serve others' (p. 57); and, 'Emotional instability is a function of inadequate skills and habits' (p. 58).

It is interesting to note that one of the few tests on the market today which attempts a qualitative, integrated understanding of personality is not once mentioned throughout the book. This is the Rorschach Personality Test. It would be well to use a test of this type to exemplify the differences between the two views of personality referred to here.

Tests can give clues or they can be used as indicators, but their use should be merely a supplement to the psychologist's understanding of personality as a dynamic entity.

In all fairness to the editor it must be stated that he appears unsympathetic to the attitude that produces superficial, inadequately standardized tests. It may have been this awareness that led him to the realization of the need for such a Yearbook.

MICHAEL B. DUNN (NEW YORK)

**PSYCHOLOGY IN EVERYDAY LIFE.** By Walter C. Varnum, Ph.D. New York: McGraw-Hill Book Co., Inc., 1938. 444 pp.

This is an adequate elementary textbook on psychology. It does not succeed in showing the student how he may apply the 'newer psychology' to his own personal problems as is stated on the dust cover to be one of the purposes of the book.

The author's approach to the dynamics and treatment of psychological maladjustment is a hash of Janet and Jacobson. Depth psychology is described briefly in terms of Adler's formulations although no reference is made to Adler's own books.

The author does a serious injustice to both the patient and the psychological consultant in failing to distinguish between the latter and the psychiatrist. It is true that by defining psychotherapy incorrectly as the treatment of minor nervous disorders he presumably limits the field of the psychological consultant. If the fact that a medical background is essential to the safe handling of psychiatric problems had been made clear to the student, the valuable services that can be performed by the clinical psychologist could have been less ambiguously presented.

RICHARD L. FRANK (NEW YORK)

**YOUR MIND AND HOW TO USE IT.** By W. J. Ennever. New York: Doubleday, Doran & Co., Inc., 1938. 274 pp.

The 'Founder of Pelmanism' presents this book as an entirely new course of mind and memory training designed to show the reader how to develop his mental abilities for success.

A mixture of psychological methods are employed. Common sense, advice, reassurance, exhortation, moralization, generalizations about human functioning, philosophizing, are followed by a system of special exercises. These are designed to improve physical conditions, mental and emotional control, observation and description, memory, etc. One may challenge the validity of the doctrine of transfer of training that underlies part of the system.

The well organized individual might find some help if he conscientiously followed out the reëducation embodied in the book. The interesting question arises however, whether it is to such individuals that the book appeals. The author could do a great service if he would make a study of the type of individual that seeks such training.



The psychologically disturbed person would find but temporary aid in the advice as to the use of autosuggestion or in the recommendations to fit activity to the cycle of mood swings. Perhaps mildly compulsive individuals would derive some security from the scheduling which might follow a systematic use of the book. The general tenor of advice as to moderation and self-control would fit into this.

The book is simply and interestingly written. The author has good insight into general human psychology. He implicitly accepts many of the findings of psychoanalysis and attempts to use them constructively. On the whole the book can do little harm and under certain circumstances might do some good.

RICHARD L. FRANK (NEW YORK)

**SOCIAL ECOLOGY. A CRITICAL ANALYSIS.** By Milla Aïssa Alihan.  
New York: Columbia University Press, 1938. 267 pp.

In the field of social studies, the ecological school is at present one of the most active. Miss Alihan's book is devoted to a critical presentation of the relations and meanings of the theories which this school has formulated. She considers in particular the books of three of the outstanding investigators in the field, Park, Burgess, and McKenzie, from which she quotes at length.

One finds oneself in the familiar situation of writing a review of a review; or more accurately, of giving an abstract of a critical condensation.

This is found in the last three chapters of the book which are quite satisfactory, while in the first hundred pages one has the impression frequently that the ecological school is too dependent in its terminology and concepts upon other fields of research as, for example, botany, zoölogy, physiology and psychology. There are even passages reminiscent of Freud's *Civilization and its Discontents*, although in a purely descriptive manner. These borrowings from other fields that do not really belong to ecological concepts are criticized later in the book.

How is human ecology defined? 'It is the study of the spatial and temporal relations of human beings as affected by the selective, distributive and accommodative forces of the environment.' The distinction between community and society is an important one; community is defined as 'a distribution of individuals over an

area', and society as 'an organization of persons for corporate action'. Only the community is an object of ecological research, while society belongs to the field of social psychology. We find further distinctions such as that between individuals (belonging to the community) and persons (belonging to society) and between the natural and the institutional family.

To elucidate the conception of 'community', competition is discussed as its chief motivating force; and at this point the confusion becomes particularly apparent since Park considers competition to be about the same as Darwin's struggle for existence, while Burgess thinks of it more from the economic point of view. Again in the neighborhood of the Darwinian theory is the idea of natural order. The latter deals with the question of how far external physical conditions, such as rivers, plains and mountains, or human inventions such as railroads or architecture, influence life and activity in a community. There is an interesting discussion of the ecological development of a city, how the individual zones of a city shift (business areas, residential and industrial districts, etc.), deteriorate or grow.

I think it is probably unnecessary to give more examples. The predominant impression is that the ecological school is endeavoring to give to many diverse sociological problems a common geographical denominator. Statistics seem to be the chief tool of ecology. Figures, density of population, allocation are not only indices of social phenomena but also their determinants—a bird's eye view of sociology which may create a feeling of dizziness in a serious student.

FRITZ MOELLENHOFF (PEORIA, ILL.)

**PROBLEMS OF ANIMAL ECOLOGY.** By F. S. Bodenheimer. New York: Oxford University Press; London: Humphrey Milford, 1938. 179 pp.

This book, abundantly supplied with graphs and tables of an illustrative nature, deals with some problems of animal ecology that have been heretofore neglected. The presentation is based on recent publications in the field and on original research by the author done mostly on insects in Palestine.

The problems concern the duration of life, the contrast between its physiological and ecological aspects, and the correlation between longevity and life intensity. An interpretation of population

growth is carried out by analyzing 'what really occurs in the *Drosophila* bottle'. Recent discussions on biological equilibrium are carefully presented and classified according to the climatic, the biological and the mathematical approach; a reconciliation of the three by a combination of the essentials of each is recommended.

The author strongly advocates a closer coöperation between ecologists and geneticists, pointing out a large number of phenomena wherein heredity and environment are both known to play an important part and to coact in the production of the characters of organisms. In this respect sex determination is especially interesting. A knowledge of the biological findings and theories concerning hermaphroditism, intersexes and secondary sex characteristics is certainly valuable to psychoanalysts, but unless the reader is an entomologist the book is too specialized to be recommended. Contrary to the author's view, I dare say that a thriftier use of tables and graphs would have facilitated the readability of the book without having impaired its scientific accuracy and objectivity.

FRITZ MOELLENHOFF (PEORIA, ILL.)

**LIFE WITHOUT FEAR.** By Peter Fletcher. New York: E. P. Dutton & Co., Inc., 1939. 111 pp.

**PASTORAL PSYCHIATRY.** By John Sutherland Bonnell. New York: Harper and Brothers, 1938. 229 pp.

Healing of the sick by spiritual means has been a function of religion since its beginnings. The development of medical science brought an end to the responsibility of the church for the cure of physical disease, but treatment for mental problems has continued to be one of its activities. In connection with this fact it should be remembered that it was late in the nineteenth century before official medicine recognized the existence of purely psychogenic illness, and hence psychotherapy was previously denied a legitimate place in medical practice.

In recent times there have been attempts by the clergy to bring psychological science to the aid of strictly spiritual methods in dealing with those people in mental distress who turn to them for relief. In this country an outstanding example was the so called Emmanuel Movement, originating in Boston, which was at its height in popular interest some thirty years ago. More recently Freud's dynamic psychology and its derivatives have been welcomed by

many clergymen. Knowledge in this field enables them to understand more clearly in those who consult them the intrapsychic problems which complicate the surface pictures of sin, sorrow and perplexity. This has given a new impetus to pastoral therapy, and it is evident from the number of publications on the subject that there is under way a growing movement in this direction, more in the form of independent work by individuals than as an organized undertaking. This recent movement receives less popular acclaim than those of the past, partly because more general familiarity with the subject of psychotherapy diminishes the news value of this aspect of church activity. The Emmanuel Movement developed proportions that for various reasons aroused strong opposition from the medical profession. It is to be hoped that in this recrudescence of interest in pastoral aid for mental problems there can be found grounds for coöperation between religion and medicine to the advantage of both.

The two books here reviewed are representative of a number of current volumes on the subject of pastoral psychotherapy. The general topic which they present is worthy of some attention by psychoanalytic readers. It may be assumed that practising psychoanalysts have two major and connected interests: one is technical and directed to the psychology of the unconscious mind; the other is humanistic and is concerned with the cure of sick people. With reference to religion, two questions arise which roughly correspond to these two interests: first, how far can psychoanalysis explain the phenomena behind the therapy of religious faith; and second, based on the resources of their respective callings, what has the clergyman to offer that the psychiatrist has not in the way of practical aid for neurotic patients. Except for the claims of religious cults, there is no denial that psychiatry has a broad field to itself well outside the limits of the spiritual world. The overlapping functions of the two professions occur in personal situations located toward the periphery of psychiatric matters in the strictly medical sense.

Both these books emphasize religious faith as a cure for sick souls, and in many of the personal problems and minor neuroses which the writers discuss psychopathology in the ordinary sense is given a secondary rôle. At the same time there is manifested a sincere regard for the work of psychiatry and both writers lean heavily upon it in their own therapeutic procedure. Each

volume has a foreword by a physician. In *Life Without Fear* the author sets forth his belief that in mental therapy of the neuroses the power of love transcends that of knowledge, and maintains that the latter alone can bring little aid to the sufferer in this field. The axiom of psychoanalysis that there is no direct road to the unconscious by way of the intellect, together with some of the phenomena of transference, makes it possible to subscribe in part to the thesis which is here reached by another road. The author shows a modest grasp of medical psychology and applies it ingeniously on conscious levels. He recognizes limitations to the clergyman's rôle as healer, refers to much of his own work as 'first aid', and stresses the need of psychiatric help for more deeply organized neurotic problems. Yet he makes the broad statement (p. 13) that among the thousands who patronize psychological clinics most are spiritual maladies for which 'the ministry of the Christian church has the resources of healing'.

The earnestness of purpose and probable effectiveness of Fletcher's work must be recognized, but it seems to the reviewer that in this book behind a façade of superficial psychiatric understanding there appears a confusing mixture of spirituality, morality and psychology. The essence of this matter focuses directly on one question: namely to what extent do psychological maladjustments contain some quality of soul problem which sets them outside that determinism and those laws which are accepted by science as dominant in the psychobiology with which it is concerned. It is beyond the limits of this review to consider the subject at length. It may be assumed for the purpose of discussion that either religious strivings reflect some quality of external reality sensed by the healthy personality and objectified in various forms, or such strivings are a projection of infantile frustrations and yearnings still entrenched in adult human beings. Whichever the case, the universality of religion and its age-long vitality commands interest and respect.

From the point of view of science religion transcends the limits of the intellect and therefore illusion must take the place of reality for its expression. It is no disparagement to believe that certain matters of great human concern must be represented by a mythology rather than by truth in the scientific sense. Perhaps all that can be asked is that these representations be given a form that will bring minimum conflict with the scientific knowledge and

thought modes of the period. Psychoanalysis can explain some of the results of spiritual aid in neurotic problems by the well-understood phenomena of guilt and anxiety. It would be an unwarranted extension of this understanding to conclude that there are no additional soul problems as such which might furnish a specific indication for spiritual therapy. While the psychiatrist in his rôle has been cautious not to trespass in this region of the spirit, he should not object when some of the clergy wish to wander in his domain of psychological science. If, however, there is an attempt to move psychology back into the realm of the soul whence it came, there can be predicted a renewal of the struggle which first set it free from superstition and made it a part of science.

The second book, *Pastoral Psychiatry*, is a larger volume and more comprehensive and specific than the first. Dr. Thaddeus Ames gives a dignified and appreciative foreword. The use of the word 'psychiatry' in the title is unfortunate but the author's selection is on the basis of its etymology, rather than an attempt to encroach on a branch of medicine. John Bonnell is pastor of the Fifth Avenue Presbyterian Church, New York City, with long experience in the practical side of pastoral therapy. A weekly radio broadcast along these lines is part of his service. This man combines in an unusual degree the minister of the gospel and the man of the world. His religion is in no way dressed up for modern requirements and would not be acceptable to some of his more liberal colleagues. His tenets, though free from the more somber theme of punishment, are otherwise of the orthodox mid-nineteenth century variety with belief in a benign and omnipotent personal deity with whom one in a very direct sense may communicate by prayer. His worldly point of view has for background a long apprenticeship in a Canadian mental hospital, first as companion to a father who was supervisor for half a century and later as a paid attendant. His college preparation was received from a paranoid scholar inmate to whom this service furnished a glorified form of occupational therapy. The description of life in a custodial mental hospital with emphasis on the side of human interest furnishes excellent reading for psychiatrists and laymen alike. The author knew these patients with the intimacy derived from close companionship, and his attitude is a mixture of the objective and the personal. He points out that there could usually be recognized in

these cases an exaggeration of certain difficulties which in less degree apply to ordinary people.

To a ground work of formal psychiatry gained by this hospital experience he has added a wide reading in dynamic psychology with implied preference for the Adlerian school. Pastor Bonnell reveals a native understanding of human beings, a technical psychiatric insight, and powers of personality which would make him a successful psychotherapist in any field, religious or secular. On the worldly side he is much the realist and faces objectively the facts of human existence and the frailties of his fellow men. Even when he assumes the rôle of strict moralist who would cure souls by confession and renunciation of sin, there is a refreshing lack of intolerance and condemnation. Like the previous author he expresses sincere respect for psychiatry and defers repeatedly to its authority. He illustrates his pastoral therapy with abundant case references. A typical procedure requires several interviews and starts with a brief history from the patient in order to establish life-long patterns of reaction which can be used for therapeutic approach. There follow interpretive explanations on conscious and preconscious levels, together with counsel for a program of living with emphasis on the side of self-restraint and social obligation. From this initial technique there is a transfer without appreciable break to a presentation of the healing power of religious faith. This is driven home by the application of terse scriptural readings applicable to the point at issue and a period of formal prayer.

The technical part of such a brief therapeutic procedure compares favorably with that of the trained psychiatrist. The counsel along moralistic lines allies the therapist with a strict superego, though in the inspirational sense rather than the punitive one. The positive transference setting which is apparent in this therapy is not the result of training in either psychiatry or religion but a product of native endowment. When to these worldly influences is added an appeal for a robust and simple religious faith, it is doubly effective on account of the groundwork already prepared. It is understandable that this man is successful as a therapist when against a problem of human distress he can launch the fourfold attack of psychiatric reëducation, personality influence, moral directorship and religious faith. It should be added that he gives

timely advice to his colleagues not to be carried away by interest in medical psychology, otherwise they may end up as fourth rate psychiatrists instead of spiritual therapists.

Among many aspects of the general subject of pastoral therapy, a few points that bear on the clinical side may be selected for further comment. There is no doubt that a somewhat special group of people seek this service from the clergy. Matters of conscious conflict with open guilt situations and character problems of the acting-out type predominate over frank neurotic syndromes. However there are case references in these books where the presenting symptoms are fears, inferiorities, inhibitions, or overt sexual difficulties, all of which are familiar pictures in the psychiatric consulting room. It may be assumed that most of those who voluntarily seek pastoral aid are already prepared to accept the healing support of religion. Most of them develop readily a strong personal rapport with the therapist. This rapport can be used for two distinct purposes: on the one hand to present useful psychological teachings and on the other to bring the individual to accept the protectorship of God. In neither direction do the clergy appear to recognize fully the transference relationship with neurotic patients where ordinary rapport is complicated by the addition of unconscious fantasy values. If the practitioner is aware of the part transference plays in the first instance he seems to be unaware of it in the second and feels that he acts as the mouthpiece of God rather than as an individual of special importance to the patient.

For example, it is interesting to note that in Pastoral Psychiatry while the author points out the disadvantage of infantile emotional dependence on parents or others he does not hesitate to urge a still more complete dependence upon God and, to the psychoanalytic way of thinking, an incidental dependence upon himself. To be sure, for many patients it is a constructive transfer to accept the therapist as director and protector in a relationship which gives some orientation to a conflict-ridden personality. Still more in the support of religion, the dependence on an omnipotent and supernatural power may do away with much of the insecurity and disadvantage of dependent attitudes to other mortals. In personality situations of infantile emotional dependency, psychoanalysis shows that passive instinctual needs have strong urge for satisfaction.



In acceptance of religious faith, these needs may find a free outlet in sublimated form which is compatible with the individual's self-respect. Thus there is a reduction of the conflict resulting from the clash between the submissive and the self-assertive sides of the personality.

It is in guilt problems that pastoral psychotherapy appears to function most effectively. In the double rôles of psychiatrists and ministers of the gospel, these men reduce guilt feelings by the former approach and aid in expiation by the latter. However, this help is not to be gained without payment, and the individual must accept obligation for a life of discipline and self-restraint. There results for both conscious and unconscious guilt problems a forgiveness, renunciation and penance, which together bring relief by strengthening repressions and assuaging the superego.

The special service of religious therapy may be summed up tentatively as follows. For consolation needs in problems of bereavement, insurmountable frustration, incurable physical illness, etc., the clergyman has something to offer in a situation where the psychiatrist is helpless so far as his technical equipment is concerned. For the dependent personality who can never stand alone, there is found in religion a needed prop and security. Here also there is often relief for the heavy conscience of the guilt-ridden sinner, whether his sins be actual or neurotic. Finally, if man is a bisexual being with a duality of instinctual drives, wholesome mental hygiene means some satisfaction in both directions. In a competitive civilization it seems that the aggressive needs find more normal ego-syntonic outlets than do the opposite passive strivings. It is therefore probable that the majority of people would maintain a better intrapsychic balance with the aid of some kind of religious faith distinctly personal in nature to which they could subscribe. If old theologies cannot be used by modern men, and if philosophical abstractions will not take their place, then there is the need for a new form of religious mythology in line with modern thought and agreeable to the modern temper. If such a religion should be forthcoming, the clergy will have a more universal therapy than at present. Until then their special service must be for those who can accept without too much criticism the religious faith of their fathers.

MARTIN W. PECK (BOSTON)

THE TREATMENT OF MORAL AND EMOTIONAL DIFFICULTIES. By Cyril H. Valentine. New York: The Macmillan Co., 1938. 148 pp.

THE ACHIEVEMENT OF PERSONALITY. By Grace Stuart. New York: The Macmillan Co., 1938. 192 pp.

The clinical psychologist must be a Christian with a religion which is love, not power; which mediates reality, and does not fabricate fantasy. This is the essence of Valentine's book for social workers, ministers, and doctors. There are two introductions, one by the Reverend H. Anson and the other by Dr. J. R. Rees, which emphasize the need for the coöperation of physician and spiritual adviser, and especially for 'simpler and more synthetic methods of treatment, at any rate for the milder neurotic conditions'. Many patients do not need the radical procedures of psychoanalysis or hospitalization: they fall in the category of 'minor surgical cases', and for these this book proposes to be an effective guide.

Valentine has carried out these two points of the introduction only fairly well. He is a discriminating and eclectic writer with common sense and many practical hints which could only come from hard experience in psychotherapy. The style is clear and readable, but the material presented presupposes an elementary knowledge of dynamic psychology.

In these days of many attempts to combine psychology and religion it is gratifying to find that Valentine does not do violence to the one or the other. The dynamics of religion are not always improved by psychological jargon; the author avoids this error. The other danger is the assumption that the psychologist is a moralist who evaluates conduct. This is questionable for most of the profession unless one assume with Valentine that the individual psychologist is well versed in the formal study of morality. On the other side, not enough clergymen are trained in psychological thinking to know the dynamics of the mind. Yet in actual practice the clinical psychologist should be aware of moral values in the patient's life. He must also be conscious of the strong emotional forces that are focused in religion; not so of philosophy, because this is not personal enough to meet the emotional need, although it may satisfy the intellect. If we assume that the therapist is bound by his conscience to render the best treatment to the patient, then Valentine has very well shown that this treatment includes an active religion.

Some of the chapter headings are: The Horrors of Psychological Standardization; Nervous Disorders are Emotional Conflicts; The Emotions Broken in for Team Work; The Great Alternative: Fellowship or Domination. There is no index or bibliography. The author is lecturer in psychology in Chichester Diocese, and the author of *Modern Psychology and the Validity of Christian Experience*.

The meaning of religion and psychology in one person's life may be said to be the central theme of Grace Stuart's book. She has achieved personality in its widest sense with the help of religion, so that she is compelled to show how it can be done for others. This may not be entirely clear to everyone since her writing is involved and burdened with quotations and academic points. In contrast to Valentine one must study Stuart, and to do this one must have a good foundation in psychology and in the philosophy of religion.

The author, who is convinced of the reality of religion, takes up successively the topics of the life force, the organization of personality, the needs for love, significance and security, moral conflict, life and love energy, need for God, and reconciliation with reality. Throughout her book she is at pains to point out that the anti-religious psychologists must take the Christian point of view for human relationships. This means the right use, in the proper channels, of the emotional forces. The discussion of the meanings of the word sexual is well given. The various points of Freud, Adler, and Jung are taken up, but always with the criteria of religious values. There is some confusion between character and personality; they are not as clearly distinguished as Allport, for example, would have liked. In spite of some loose and meaningless statements in a book full of quotations, Stuart has written convincingly of the reality of religion for those who will take it. The author tries to take the best ideas from several psychological systems (Freud, Adler, Jung, etc.) and then to integrate them, but this is not done in a very satisfactory way.

For those not yet arrived at the developmental stage where religion is self-evident, this book may well start provocative thinking. A wide range of religious authorities are used including the unique and individual Baron Von Hügel, who himself might some day be a good subject for psychological investigation. But the

whole approach is intellectualistic; an emotional and spiritual state is required for one to really derive definite help in the achievement of personality through religion.

There is an index and many references from philosophy and religion as well as psychology, and there is an introduction by Professor Grensted.

These two books on psychology and religion will not meet much favor with the majority of psychologists and psychoanalysts. They are not impressive as science or as literature.

MERRILL MOORE (BOSTON)

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[Dedicated to Ernest Jones on the occasion of his sixtieth birthday.]

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 SETSUWO TAKESAKI: Bemerkungen zur Bildnerei der Geisteskranken (Ernst Kris) [*Observations on the Creations of the Mentally Ill (Ernst Kris)*].  
 TETSU TAKAHASI: Dichterische Werke, die die Psychosen schildern (*Poetic Works which Mask Psychoses*).  
 KENJI OHTSKI: Politik und Kultur (*Politics and Culture*).  
 FUROSEN-IN: Der Sinn der Wahnideen (*The Rhyme of Unreason*).  
 SIMADA OKMOTO: Die Maske der Realität (*The Mask of Reality*).

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- KENJI OHTSKI: Verschiedene psychische Seiten des Ehelebens (*Various Psychic Aspects of Marriage*).  
 RIKITARO TAKAMIZU: Tolstois Bemerkungen zum Eheleben (*Tolstoy's Observations on Marriage*).  
 KENJI OHTSKI: Alleinseinstendenz des Mannes im Familienleben (*Man's Tendency to be Alone in Family Life*).  
 SETSUWO TAKESAKI: Bemerkungen zur Bildnerei des Geisteskranken (Ernst Kris) [*Observations on the Creations of the Mentally Ill (Ernst Kris)*].

## Notes

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## NOTES

READERS OF PSYCHOANALYTIC PAPERS at joint meetings of the American Psychiatric Association and the American Psychoanalytic Association are usually uninformed about the procedure for submitting for publication in psychoanalytic journals manuscripts of their communications to the Associations. While all papers on the programs are the property of the American Psychiatric Association, it is the general feeling of the Board of Editors of the American Journal of Psychiatry in which the papers are published that psychoanalytic papers be published by preference in psychoanalytic journals. Readers desiring to publish their papers in psychoanalytic journals should notify Clarence B. Farrar, M.D., Editor of the American Journal of Psychiatry, 111 St. George Street, Toronto, Ont., Canada, and their papers will be promptly released.

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THE AMERICAN PSYCHOANALYTIC ASSOCIATION will hold its forty-second annual meeting in Cincinnati, Ohio, at the Netherlands-Plaza Hotel, from Sunday, May 19th through Thursday, May 23d, 1940. The officers of the Association are: A. A. Brill, M.D., New York, Honorary President; Lewis B. Hill, M.D., Baltimore, President; George E. Daniels, M.D., New York, Vice-President; Lawrence S. Kubie, M.D., New York, Secretary; Helen Vincent McLean, M.D., Chicago, Treasurer.

On Sunday, May 19th, at 9 A.M. there will be a meeting of the Executive Council and of the Council on Professional Training. From 2 to 5:30 P.M. and from 8 to 10 P.M. scientific meetings will be held. On Monday, May 20th, 9 A.M. to 12 noon a scientific session; 12 to 1 P.M. a business meeting; 2 to 6 P.M. a scientific session will be held. At 8 P.M. there will be a round table discussion for members only. Tuesday, May 21st: no scientific meetings during the day; there will be a business meeting at noon if necessary; 8 P.M. a scientific meeting in memory of Professor Sigmund Freud. Wednesday, May 22d, in the morning and afternoon the American Psychoanalytic Association will hold joint meetings with the Section on Psychoanalysis of the American Psychiatric Association. Thursday, May 23d, there will be a round table discussion under the auspices of the American Psychoanalytic Association. The Program Committee felt that it would be advisable to devote this year's program to a symposium of some definite topic. Each paper will be given forty-five minutes; should the reader take less time, the remainder of the period allotted will be devoted to a discussion of the paper. The Committee agreed to offer as the topic of the symposium: 'Compulsive Phenomena', i.e. compulsive manifestations in neuroses in general, in psychoses, in neurotic characters, character formations and cultural life. It was believed this all-inclusive review of the subject offered sufficient scope for the presentation of the varied individual interests of the membership.

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THE EDUCATIONAL COMMITTEE of the *New York Psychoanalytic Institute* has announced further courses for the academic year 1939-40. I. Two courses of

continuous case seminars to be held on Tuesday and Friday nights, and to be given by Drs. Samuel Atkin, Sara A. Bonnett, Ruth Mack Brunswick, Lawrence S. Kubie, Lillian Malcove and Fritz Wittels. Each such seminar will be conducted before a group of not more than ten students. A course of eighteen sessions on Advanced Course in Interpretation and Technique, to be given by Dr. Bertram D. Lewin. A course of thirty-five clinical conferences, to be given by Drs. Sandor Lorand, J. H. W. Van Ophuijsen and Fritz Wittels. Two elective courses to be given by Dr. Sandor Rado: I. Egology: Psychoanalysis of Normal Personality Functioning. This course is the first in a series of four courses on Medical Psychoanalysis. The second course will deal with Ego Pathology: Psychoanalysis of Morbid (Neurotic, Psychopathic, Psychotic) Personality Functioning; the third course will deal with Ego Diagnostics: Clinical Examination of Personality Functioning, and the fourth course will deal with Ego Therapy: Indications, Counter-Indications and Technique of Psychoanalytic Treatment. A course of six lectures on Psychoanalytic Interpretation of Culture, to be given by Dr. Géza Róheim. II. Clinical Conferences. An elective course of eight sessions entitled The Theory of Sexuality—Sexual Disturbances in Men and Women, to be given by Dr. Sandor Lorand. An elective course of twelve clinical conferences to be given by Dr. Abraham Kardiner.

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THE SEVENTEENTH ANNUAL MEETING of the American Orthopsychiatric Association, an organization for the study and treatment of behavior and its disorders, will be held at the Hotel Statler, Boston, Mass., on February 22, 23, and 24, 1940. Dr. Norvelle C. LaMar, Secretary, 149 E. 73rd St., New York, N. Y.

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THE COMMITTEE FOR THE STUDY OF SUICIDE has submitted its latest annual report of the Secretary to Members and the Board of Directors. All the studies which were being made in various institutions at the time of the last annual meeting of the Committee continued until October 1, 1938. At this date the gathering of clinical data at Bellevue Hospital was completed. The case records which have been accumulated there are now being summarized and classified. 1,148 patients were interviewed at Bellevue Hospital in 1936-1937. 27 of these were examined in great detail. During 1937-1938 79 patients were examined but all in detail and 54 were studied more intensively. This makes a total of 1,227 cases covered, of which 81 have been studied in great detail. At the Psychopathic Hospital of the University of Colorado 52 patients were studied by means of the Rohrschach test and 82 patients were studied clinically, a total of 134. Of these 51 had suicidal trends only. Two patients were psychoanalyzed. At McLean Hospital in Boston, 44 suicidal cases were studied and 75 patients with suicidal trends. Two are being psychoanalyzed. At the Institute for Psychoanalysis in Chicago three analyses were completed and four patients are still under analysis. It might be interesting to compare certain figures here. If a minimum of three-quarters of an hour is counted as the time spent in interviewing each of the 1,148 patients at Bellevue Hospital, the total would amount to 861 hours. On the other hand the number of analytic

hours spent on research work at the Institute in Chicago amounts to 2,290, and the transcription of the material covers 2,933 pages. The anthropological expedition to Melanesia or Micronesia which was originally envisaged has unfortunately had to be abandoned, due largely to the difficulty of obtaining adequately trained personnel. A psychiatrist with a sufficient anthropological background might have been found: but no anthropologist with a sound psychoanalytic orientation was available. Governor Lehman was good enough to make accessible to the Committee several case records of sexual murders. Contrary to appearances the study of such cases bears directly on the Committee's work. Sexual murderers have strong suicidal trends which tend to emerge, once the murderer is in prison, in the form of self-mutilating reactions, a reversal of the murderous aggression. The general plan as envisaged for the Committee's work from now on is approximately as follows: If, when and as all the records of the various projects have been collected, a report will be begun which is to represent a summary of the Committee's contribution. This should amount to three or four volumes. It is planned that Volume I will comprise an even 100 reports of standardized cases of actual suicides, indexed and cross-indexed. The reports will include personal histories, trends, methods of suicide and other psychological aspects. Such a volume should be of a kind to serve as a standard illustrative handbook for psychiatrists, without added explanatory material. It will contain a majority of the analyzed cases and should embody no more than 300 or 400 pages. Volume II will contain an analysis of the clinical material and outlines of the trends and the development of the suicidal drives without reference to the clinical picture. It may consist of 250 to 300 pages. Volume III should contain a survey of the pathogenesis and psychogenesis of the cases and analyses of the trends and the psychological inferences to be drawn. It will be possible here to check the Bellevue findings against those of the analyzed cases at the Institute at Chicago, McLean hospital and the Colorado Psychopathic Hospital. It may prove desirable to incorporate Volume III as a portion of Volume II. Volume IV will comprehend the history of suicide as a phenomenon and as a disease from the sociological and anthropological literature and the history of medicine. It will also consider the medico-legal aspects of suicide and their historical meaning as well as suicide and double suicide, perhaps with some references to the traditional English common law on which our penal code regarding such matters is founded.

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THE PSYCHOANALYTIC QUARTERLY is inaugurating experimentally a department of abstracts of important articles appearing in current psychoanalytic publications under the editorship of Otto Fenichel, M.D. This department will absorb the previously announced department of Psychoanalysis and Somatic Dysfunction which was to have been composed largely of abstracts of the pertinent literature.