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IN MEMORIAM

RUTH MACK BRUNSWICK (New York), 1897-1946

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J. S. KASANIN (San Francisco), 1897-1946

The Editors of this Yearbook desire to express their profound sense of loss and bereavement at the death of these distinguished contributors and colleagues. The loss is not confined to us but affects our whole science.



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# THE GENETIC APPROACH IN PSYCHOANALYSIS \*

BY HEINZ HARTMANN, M.D. AND ERNST KRIS, PH.D.

*New York*

## 1. *Two Sets of Hypotheses*

The word "psychoanalysis" is commonly used to designate three things: a therapeutic technique, which we here call "psychoanalytic therapy", an observational method to which we here refer as "the psychoanalytic interview", and a body of hypotheses for which we here reserve the term "psychoanalysis". Two groups of hypotheses will be discussed: some dealing with dynamic and some dealing with genetic propositions. The former are concerned with the interaction and the conflicts of forces within the individual and with their reaction to the external world, at any given time or during brief time spans. The genetic propositions describe how any condition under observation has grown out of an individual's past, and extended throughout his total life span. Representative examples of dynamic propositions are those concerned with defense against danger and reaction to frustration. Genetic propositions state how these reactions come into being and are used in the course of an individual's life.

Psychiatrists, social workers and even social scientists base their findings frequently on a study of the past of the individual; however, in doing so, they need not have and frequently do not have genetic propositions in mind. The case record, that invaluable tool of modern medical and social exploration, or the psychiatric interview, may reveal that a conflict, a symptom or a pattern of behavior have occurred before. In using dynamic propositions the psychiatrist may reduce what appeared as a series of incomparable instances into a sequence of similar situations; when such regularity becomes perceivable, decisive progress will have been made. Thus we find the man who tends to drop his effort whenever

\* Reprinted from: *The Psychoanalytic Study of the Child*, Vol. 1, 1945, pp. 11-30.

in love or work an immediate competitor appears. This insight, however, is not gained with any genetic proposition in mind. The finding establishes that an individual reacts similarly under similar conditions; in competition of a certain intensity he prefers retreat to continued pursuit of the goal in order to avoid what he experiences as fear and/or guilt.

If the investigator is guided by genetic propositions he will take such findings as a basis upon which to establish a causal relationship between the individual's retreat pattern in conflict situations and earlier experiences, in which the pattern was gradually formed. Experience in this context need not mean a single event but, more often, a constellation in an individual's early life that may have lasted for a stretch of time; no one isolated constellation need be meant, but rather the sequence of many that overlap in time and space. The expression "forming a pattern" does not only refer to a single trait, a symptom that is, as it were, attached to or superimposed upon the structure of the personality, but also to this structure itself. Investigators who follow the lead of genetic propositions will inquire when retreat from competition was "learned" or adopted as a solution; why, when the competitors were father or sibling, that conflict was solved by retreat, and what experiences had formed parts or earlier stages of the pattern long before the coincidence of situation and response was established. This pattern was learned through failure. The genetic propositions trace the way not only to earlier situations, in which similar behavior was displayed, but to situations in which different behavior was at least attempted: the attack against the rival and its failure in response to parental disapproval or to feelings of guilt.<sup>1</sup> And thus new areas open for the application of genetic propositions: when aggression was barred, why was it turned against the self and not against other objects or toward other activities?

The two types of propositions represent two aspects in the approach of psychoanalysis. The first is concerned with human

<sup>1</sup> See in this connection the misapprehension of Lewin (1937) who assumed that in psychoanalysis behavior is merely traced back to similar earlier situations. See bibliography for references.

behavior in a given situation; the second with the explanation of this behavior by an investigation of its origin. This investigation regularly leads back to events that partly cannot be remembered, and tends to embrace periods of life when experiences could not be formulated in verbal symbols.

The forecast of human behavior that psychoanalysis can make is best, when based on both dynamic and genetic propositions. Generally speaking, one might say that the propositions concerned with psychological dynamics are more fully elaborated and more widely accepted. During the last decade they have gained some considerable influence upon the total field of medical therapy, partly through the studies in psychosomatic medicine, in which the dynamics of the "body" were correlated to those of the "mind". At the same time the verification of these propositions has acquired so independent a standing in experimental psychology that one tends to speak of "experimental psychoanalysis" as of a field of its own. Partly under the impression of this expansive activity in neighboring disciplines, some of the dynamic propositions of psychoanalysis are finding respectful consideration in practices of social control, in welfare, and in the social sciences. Briefly, they have deeply penetrated psychiatry and enlarged its scope and influence.

In many practices of child care and education genetic propositions have been hardly less influential. However, their influence in the practical fields up to the present has outweighed by far their importance in organized research. The academic study of child psychology and child development has not sufficiently taken notice of the genetic approach in psychoanalysis.<sup>2</sup> Psychoanalysts, on the other hand, have failed in many respects to take into account the data that child psychology has assembled; an omission that has led to many incongruities.

With this state of affairs in mind we here shall discuss two problems: first the relation of dynamic and genetic propositions of psychoanalysis, and second, the present stage of the development of the genetic propositions themselves.

<sup>2</sup> For the different reaction of psychiatry and academic psychology to psychoanalysis see Herma, Kris and Shor.

## 2. *Dynamic versus Genetic Propositions*

The importance of the detailed and specific study of the actual situation in which human behavior occurs is not controversial; any attempt to apply any psychoanalytic hypothesis must start from here. Controversy begins when we wish to establish how much the understanding of the past, the genetically oriented investigation, can contribute to the understanding of the present. Clinical impressions and methodological considerations are both being brought forward in support of the view that the genetic propositions are unduly stressed in psychoanalysis.

### (a) Genetic propositions and psychoanalytic technique.

Objections to the value of genetic propositions have been expressed by some clinicians since the early days of psychoanalysis. Thus C. G. Jung believed that Freud's ontogenetic propositions did not essentially contribute to an understanding of the actual conflict in which pathological behavior occurred; this claim led Jung to adopt the dichotomy that he has maintained for thirty years: he focuses his attention on the present situation of the individual and on the past of the race. Others do not share his interest in the racial unconscious; however, they are inclined generally to stress that psychoanalysis is "too genetic" (Horney); less frequently do they object to one or the other of the genetic propositions.

A detailed discussion of such objections or a historical survey of the arguments used over a quarter of a century is not intended here. Only one aspect of this controversy must be mentioned, since it concerns the data upon which, in clinical work, genetic interpretations have to be based. Most of those who object to the importance of genetic propositions also object to the technique of psychoanalytic therapy. This is true of authors as divergent from each other as Schultz-Hencke, Sullivan, Horney, or Thompson. The controversy is best characterized if we relate it to the problem of "indication for psychoanalytic therapy" in general (Alexander). Discussions center around three topics: that of contraindication of psychoanalytic therapy in certain types of cases; that of its modification in

others; and that of its modifications in order to save time. Modifications may then lead to substitution of less time-consuming therapies with comparable results (where better results are expected by the use of other therapeutic techniques we would assume psychoanalytic therapy to be contraindicated). The value of such investigations is uncontested and their urgency is great indeed. In the course of these investigations, however, the tendency has developed to consider the technical procedures used in psychoanalytic therapy as random procedures. The questions: "why should the patient lie on a couch"—or "why should the analyst refrain from guidance" are cases in point. There would be indeed no reason for retaining either the paraphernalia of the interview situation or the elaborate technical prescriptions in handling interpretations, were we faced with accidental arrangements. What today is being described as psychoanalytic therapy and its technique has grown out of many experiments in therapy, initiated by Freud and elaborated by others over many years. Some of the modifications suggested today have already been given a trial period and were rejected; others have been incorporated in what might be called "the standards". This development, starting out with Freud's road away from suggestive therapy, was largely due to the progress in psychoanalytic knowledge. To quote only one instance: the detailed discussions of techniques of interpretations, initiated in the twenties by W. Reich and continued by A. Freud, O. Fenichel, E. Glover and others, reflect the progress in understanding of the function of what Freud defines as ego: interpretation should start as close as possible to the experience of the patient—"from higher layers"—and elucidate the structure of "defenses" before they proceed to what stems from the id.<sup>3</sup>

These and similar rules aim essentially at obtaining the very data upon which genetic interpretations given to the patient have to be based: whatever traces of suggestive therapy survive in this procedure, whatever part cathartic discharges play—and their part is considerable—the ultimate goal is the capturing of the repressed. By the insight thus provided, the ego is given

<sup>3</sup> For a recent summary of views on psychoanalytic technique see Fenichel.

the strength to re-integrate; even the process of "re-living the past" during psychoanalytic therapy is part of that great venture in the acquisition of insight.

We formulate the following thesis: of all observational techniques dealing with adult individuals known at present the psychoanalytic interview is likely to lead to the most complete set of those data to which the genetic propositions refer. Insofar as it is assumed that genetic insight is a therapeutic asset, this thesis bears upon the problem of "indication"; the decision as to in which cases psychoanalytic therapy is not indicated, in which it should be modified, and in which it is the most promising or only possible therapy should be discussed with this point of view in mind. At the present stage of the discussion one frequently is tempted to believe that those who advocate changes in technique, e.g., the predominance of guidance in psychoanalytic therapy, are not aware of the consequences such changes will have upon the set of data to which they will be able to obtain access; and conversely those who do not appreciate the importance of genetic interpretations tend to change their technique.

(b) Limitations of cross-sectional studies.

Discussions based on clinical impressions tend to leave many questions unsolved, and scientific decision in this area tends to be delayed, since the criteria upon which such decision has to be based lack decisiveness. A greater clarity might be expected from academic psychologists, who in the last decade have reacted to the challenge of psychoanalysis. As a first step, "objective verification" of psychoanalytic propositions has been attempted. Sears recently surveyed the methods used and the results obtained. The majority of these investigations test propositions established by psychoanalysts under controlled conditions, a procedure of considerable and manifold value. It establishes anew that the psychoanalytic interview is a source of valid scientific propositions, and reestablishes unity in psychology by introducing "man and his conflict" into the reach of academic psychology. By reformulating psychoanalytic findings into clear-cut propositions, work in this area is likely to force a greater logical sharpness upon psychoanalytic writing

itself, which in turn may facilitate future scientific discourse. At the present stage, the reformulation of psychoanalytic findings seems to have been most successful where concepts of learning theory were used.<sup>4</sup> It is hardly necessary to stress other advantages of these experimental investigations: the rigor of the procedure which allows for quantification and the simplicity of the experimental situation facilitate demonstration of hypotheses to those who are unfamiliar with details in the general area of normal and abnormal behavior.

The limits of current experiments in the verification of psychoanalytic hypotheses become apparent when we realize that, at the present stage of investigations, the lack of experimental verification rarely, if ever, implies invalidation of propositions. It proves rather that the ingenuity of the experimenters has not been able to master the translation from the area of life where the proposition was gained into that of the controlled situation where the experiment is performed. Sears has made this point very clear, and his review of work in the field indicates the existing difficulties. While it was comparatively easy to reproduce situations in which "displacement" and "substitution" operate, no comparable success has been achieved where other mechanisms of defenses are involved. Thus experimental investigations in the area of repression tend to remain disappointing; repression, in Freud's definition, is a reaction to an experience which seriously affects the psychological existence of the person; repression takes place in order to escape from danger or to avoid anxiety. All experimenters agree that danger cannot easily be induced in experimental setups.

The experiments select a limited number of factors and predictions are accurate only where these and no other factors operate.<sup>5</sup> Thus, the intensive studies of frustration and regression by Barker, Dembo and Lewin—a set of experiments in which the tools of research were sharpened with the greatest skill—do not permit us to generalize to what kind of frustra-

<sup>4</sup> A survey of these reformulations initiated by Dollard and Miller was recently made by Mowrer and Kluckhohn.

<sup>5</sup> See for similar views, Bernfeld, Hartmann (1943) and for slightly different arguments, Rapaport.

tions and under what circumstances a child will respond with regression. Lewin and his collaborators investigated the reaction of children when suddenly deprived but still in view of highly desirable toys. When children visit department stores with their mothers, many of them are in an equally tantalizing situation. What will their reaction then be? It will depend on what meaning the "you can't have it" and the "it is too expensive" gains for the child by the way in which the mother puts it to him. This depends on a variety of factors: on the child's relation to the mother; on the mother's own relation to similar present and past experiences; and how, in the child's own previous development, tolerance for deprivation in general, and for certain specific deprivations has developed. These are the complexities with which the genetic and dynamic propositions of psychoanalysis grope. Only a consideration of both establishes favorable conditions for a successful prediction. The limitations of the experimental situation do not allow for a reproduction of this complexity. It deals with a limited time dimension and, however valuable in other areas, experimental investigation has produced hardly any verification where the genetic propositions are concerned.

The genetic approach in psychoanalysis does not deal only with anamnestic data, nor does it intend to show only "how the past is contained in the present". Genetic propositions describe why, in past situations of conflict, a specific solution was adopted; why the one was retained and the other dropped, and what causal relation exists between these solutions and later developments. Genetic propositions refer to the fact that in an adult's behavior, anxiety may be induced by paradoxically out-dated conditions and they explain why these conditions may still exercise influence. However, in speaking of the similarity of conditions eliciting anxiety we do not speak of an identity of situations. The man who retreats from competition in order to avoid murderous impulses against the man at the next desk, and a child who may experience similar impulses toward a newly born sibling do not live through the same situations. The various parts of the personality of the adult have undergone fundamental changes. Thus for instance,

the appraisal of objective danger is clearly different with adult and child. In fact, the whole area to which a cross-sectional analysis of the adult's and the child's situation would refer is fundamentally different. But one part of the adult's personality behaves as if no change had occurred: it has, as psychoanalysts put it, not participated in the development. Briefly, the genetic propositions concerning fixation are in no way invalidated by Lewin's objections (1937).

The genetic propositions of psychoanalysis have grown out of empirical work. Not only did Freud draw attention to a large number of hitherto unknown facts concerning earliest childhood; but he soon was impressed by rules in the genetic relationship of psychological phenomena. The elements that constitute this relationship are "over-determined", interdependent, and their complexity has in many instances not yet been sufficiently structured in a logical sense. The genetic propositions, however, made it possible to establish typical sequences in development and to trace individual behavior historically to its origins. As a consequence, psychoanalysis has adopted a preference to characterize psychological phenomena according to their position in the process of development. In the psychoanalytic study of personality, character traits are not grouped according to their similarity in a descriptive sense, but rather according to their common genetic roots. Examples in kind are the "oral" and "anal" characters. Here the procedure of psychoanalysis resembles that of biology in those cases where biological classification is based upon genetics (Hartmann, 1929).

Why have such classifications been adopted? What is the reason for the emphasis upon genetic propositions in this context? In order to simplify an extremely complex problem we start with an example: experience has shown that details of behavior that in a cross-sectional analysis appear indistinguishable may clearly be differentiated by genetic investigation. Conversely, details of behavior that in cross-sectional analysis appear different and are actually opposite may have grown out of the same root, and may justify the same prognosis. Pacifism may in one case be a reaction formation to the wish to attack

and in the other an expression of fear of being attacked by a superior enemy. Extreme aggressiveness may be in one case the reaction to fear and its concealment, in the other, the direct expression of sadistic wishes. These are distinctions that the genetic methods permit us to establish. What appears to be similar behavior with the individuals when seen in the cross-section can be differentiated when we take account of its genesis. If we are able to indicate the position of such behavior in the longitudinal section what appeared as similar behavior gains in each individual case a very different meaning. It is here that we rely upon the genetic propositions especially when dealing with what has been called the central areas of personality; only the genetic propositions permit us to make perceivable the drives that a behavior detail represents, their direction, their intensity and their structural interconnection.

True, many elements of the past may actually be visible in behavior in a given field. But on the other hand, many elements of the past upon which the application of the genetic proposition has to be based are not contained as memories in "the field". We here refer to what psychoanalysis calls the repressed and to the unconscious parts of ego-defense. But they may appear in the field if a specific technique, that of the psychoanalytic interview, is being used. And every application of this method forcibly leads to a restructuring of the field.

The field theory as formulated by Lewin (who is inclined to speak of a method rather than a theory, 1943) has produced the sharpest and most logical formulation of the non-historical tendency in psychology (Brown, 1937). It nevertheless has much in common with psychoanalysis: the consideration of a large number of interdependent factors, the assumption that every event results out of a variety of factors (over-determination), are derived from psychoanalysis. One of the basic statements of the field theory, that "any behavior or any other change in a psychological field depends only upon the psychological field at that time", does not appear to be irreconcilable with psychoanalysis, and it seems possible that if the field theory or other cross-sectional approaches should develop new

methods of investigation their scope may be considerably enlarged.<sup>6</sup> However, it seems essential not to overlook the pragmatic side: the field theory has as yet not suggested any definite answer to the question with which we are concerned in this paper: under what conditions is "testing the properties of a situation at a given time" the most productive and reliable method for the understanding of the dynamic and structural properties of psychological phenomena; and how far must such understanding be based upon what to field theorists may appear a detour via genetic investigation.

According to Lewin the postulates for an ideal topological investigation of the field will consider what is psycho-biologically relevant both in a phenotypical and genotypical sense (1935). No other observational method seems fit to establish this relevance except the psychoanalytic interview itself. It can reasonably be described as a field situation in which two people react to each other within conditions established by rules of procedure. The field situation is changed from day to day not only by changes in the experience of the patient in his daily life but also by the interpretation given by the analyst.

The patient whose mechanism of retreat from danger has been mentioned comes for analysis with no other complaint than that of lack of interest in his work. The analyst's first impression is that the lack of interest may not be genuine; a detail, the patient's affect when discussing events in his office supplies the cue. A first interpretation draws the patient's attention to the contradiction between lack of interest and intensity of emotional reaction. The structure of the field is changed since the patient has been stimulated to observe similar contradictions; for a time he has become allied to the analyst in observing under what conditions emotions of considerable intensity arise. From this first step a way leads to the insight that the first set of conditions is related to the second and that lack of interest occurs when continued participation might lead to a clash with competitors. In the course of the gradual elaboration of this pattern the following incident may take place: the patient's lack of interest may shift from his work

<sup>6</sup> Thus Lewin in one of his latest papers seems to assume that those events of the past that are of immediate relevance for the present can be investigated as parts of the field and that such investigations may extend over "days and weeks" (1943). The analytic approach definitely postulates a reconstruction including the total life span.

to the treatment, which he may wish to discontinue. He has "suddenly" noticed other patients in the analyst's waiting room and reacts to this observation with a desire to retreat. At this point the field is restructured by a transference interpretation. He is told that the other patients have suddenly been noticed because he was predisposed to discover rivals and that this rivalry is related to the growing attachment to the analyst's person. The sequence attachment-rivalry-retreat is discussed as one that has shifted from professional life to the treatment room. When memory material supplies further cues a rivalry situation in childhood in relation to siblings and parents may emerge. This, as a rule, does not come about without the reexperiencing of repressed emotions. This in turn may lead to a reconstruction of the "original situation", in which, for example, the wish to attack was directed against sibling or parent, and in which attempts in this direction had been undertaken; the reconstruction may then include the dangers with which thought or action was fraught at the time, their suppression by the parents or by the patient's conscience and a large variety of other details. In many cases the reconstruction may then be supplemented by a recollection of a formerly repressed memory. Such reconstructions based upon traces in dream and fantasy life which supplement actual behavior may well be called predicting the past; predictions of this kind have by "objective verification" proved to be correct in astonishing details.<sup>7</sup>

Based on these and similar experiences the psychoanalytic interview itself has repeatedly been characterized as an experiment. But this experiment, however rich, is fraught with uncertainties. Observers who used the same observational method have not reached agreement on many points, especially on those referring to the genetic propositions. And thus the problem of objective verification of these propositions gains in importance; not only for those interested in integration of scientific approaches but for all those who do spade work in the field, for psychiatrists, social workers and educators.

### 3. *The Present Stage of the Genetic Propositions*

In the psychiatric and psychologic literature of the nineteenth century, concepts concerning dynamics played a limited part; Herbart's mechanistic dynamics reached Freud through the work of the neurologist Meynert, and his familiarity with the work of Lipps and with French psychiatrists redirected

<sup>7</sup> For the theory of Reconstruction in Psychoanalysis, see Freud (1938); for an example of verification, see Bonaparte.

this influence. But from nowhere could Freud borrow models for an understanding of the ontogenetic development of man's psychological structure. Genetic thought came to him mainly through evolutionism; this accounts for the importance Freud was inclined to attribute to phylogenetic explanations; they play their part not only in his reconstructions of human history but also in explanations of concrete features of human behavior under clinical observation. However, the recourse to the past of the race transmitted by the inheritance of acquired characteristics, inspiring as it is in Freud's presentation, does not find sufficient empirical support in our present knowledge of heredity. Moreover it seems that in most cases in which Freud introduces phylogenetic propositions, ontogenetic propositions could be carried one step farther. For instance, Freud argues that the intensity of the fear of castration experienced by the male child in our civilization is unaccountable if we consider it as a reaction to the actual threats to which the boy is being exposed in the phallic phase; only the memory of the race will explain it.<sup>8</sup> To this we are inclined to reply with Freud's own arguments. While in many cases the child in our civilization is no longer being threatened with castration, the intensity of the veiled aggression of the adult against the child may still produce the same effect. One might say that there always is "castration" in the air. Adults who restrict the little boy act according to patterns rooted in their own upbringing. However symbolic or distant from actual castration their threats might be, they are likely to be interpreted by the little boy in terms of his own experiences. The tumescent penis with which he responds in erotic excitement, that strange phenomenon of a change in a part of his body that proves to be largely independent of his control, leads him to react not to the manifest content but rather to the latent meaning of the restriction with which his strivings for mother, sister, or girl-playmate meet. And then, what he may have seen frequently before, the genitals of the little girl, acquire a new meaning as evidence and corroboration of that fear. However, the intensity of fear is not only linked to his present experience, but also to similar

<sup>8</sup> See Freud, 1939, p. 124.

experiences in his past. The dreaded retaliation of the environment revives memories of similar anxieties when desires for other gratifications were predominant and when the supreme fear was not that of being castrated but that of not being loved.<sup>9</sup> In other words: pregenital experience is one of the factors determining the reaction in the phallic phase. This simple formulation refers to a wealth of highly significant experiences which form the nucleus of early childhood; to the total attitude of the environment toward the child's anaclitic desires, when the need for protection is paramount, and toward the child's later erotic demands.

While phylogenetic speculation was suggested to Freud by theories current in the 1880's, his insight into the relevance of ontogenetic factors grew out of empirical material. When, in the quest for the etiology of hysteria, clinical impressions led to the patient's childhood, Freud attempted to solve what appeared to him then as an unexplained difficulty; he made the assumption that one traumatic sexual experience, the seduction of the child by an adult, had been of decisive etiological importance (1896). This assumption was soon dropped and replaced by descriptions of regular phases in the development of the child's instinctual needs.

In establishing the sequence of oral, anal, and phallic phases of libidinal development, Freud did not distinguish between a biological process—maturation determined by constitution—and processes of development influenced by the environment. He simply presented the sequence and its consequences for the future life of man. It will remain an astonishing document in the history of science that from material so far removed from direct observation of the child as that of the analysis of adult neurotics, phenomena of high regularity in biological development could have been so accurately reconstructed. The genetic investigation then proceeded from the study of libidinal development to that of the inhibiting forces. In the course of these investigations one set of hypotheses has been elaborated in greater detail than others. More is known in psychoanalysis about the development of the superego than

<sup>9</sup> For a partly similar formulation, see Jones.

about that of the ego, in Freud's definition; thus the genetic propositions tend to be incomplete and in many cases unsatisfactory, where psychoanalytic ego psychology is concerned. The following discussion is aimed largely at this gap in our knowledge.

We start from Freud's greatest contribution to the psychology of the ego: the reformulation of the problem of anxiety in 1926. Anxiety is no longer traced to the transformation of libidinal energy into fear. What might be called a toxicological hypothesis was discarded. It was replaced by dynamic propositions that describe the function of the ego under the impact of perceived threats. Danger may come from within the organism itself when instinctual demands increase; such increase may become a threat to the very organization of the ego, or it may involve the individual in moral conflicts; but the increase in instinctual demands may also create conflict with the environment. The environment, on the other hand, may be the source of independent danger, when its impositions reduce indulgence. In each such case the function of the ego is related to what one might call a condition of imbalance in the total situation; anxiety of low intensity appears, as an emergency signal in order to stimulate action, and anxiety of high intensity appears in the adult mostly when the signal function has failed and the individual feels unable to restore balance either by attack or retreat of any kind; if this is the case, a traumatic situation, one of "no way out" and of helplessness, is experienced. Such situations have a tendency to revive the past. Past experiences with danger have been summarized by Freud as three main sets of situations: those in which the fear of the loss of the love-object arises, which finally leads to the fear of loss of love; those in which the fear of castration arises; and later those which lead to the fear of conscience—terms that refer to situations of high complexity and long duration.

In summarizing what is explicitly and implicitly contained in Freud's concept as far as genetic propositions are concerned, we suggest the following formulation. In the life of each individual crucial situations occur. They may be due predomi-

nantly to external events or they may be due predominantly to predispositions in the individual which then may invest insignificant situations with high significance. In order to assess the predispositions of an individual that meet those crucial situations, the data in every case would have to refer to his total past. For a considerable time the reference to the instinctual demands dominated the discussions of these predispositions and the functions of the ego were either incompletely described or the description was limited to that of mechanisms of defense at its disposal. Though at the present it is generally realized that the realm of the ego is wider, clinical and theoretical discussions are not conducted on the same level. While there is no hesitation to refer in clinical description to the capacities with which an individual is equipped in coping with pressures of many kinds at any stage of his development, this point of view is comparatively new in theoretical discussions.

If we turn to the ego as the psychic system that controls perception and motility, achieves solutions, and directs actions, we have to insist on distinctions that seemed irrelevant when Freud first formulated his genetic propositions. A number of functions of the ego related to the apparatus at its disposal develop largely outside of the reach of psychic conflict; Hartmann (1939) actually speaks of a sphere of the ego free from conflict. These functions gain for our discussion a specific importance since they exercise a considerable influence as independent factors; they determine together with other factors what mechanism of defense an individual adopts and with what results, or what substitute goals he adopts for his instinctual desires. However, this distinction between psychological processes predominantly dependent on biological maturation, and others predominantly dependent on influences of the environment, to which we here refer as "development", is not limited to ego psychology. The growth of the teeth and of the muscular sphincter control are according to Freud influential in determining the progress from one phase of libidinal development to the other; but these maturational sequences determine also the sequence of experiences that owe their special character

to one or the other of the libidinal phases. Similarly, the maturation of the apparatus of motility or perception exercises influence on the progress of the general development of the ego—an area of problems which however has not yet been sufficiently clarified. Seen against this background, one of the most general findings of psychoanalysis which by now seems self-evident, gains a specific importance. This finding asserts that the importance of an actual experience through which a child lives, and the direction this experience may give to his life largely depend on the specific phase of the child's development. This is the reason why a superficial collection of anamnestic data concerning an individual's childhood is frequently misleading. The question is not that at some time in childhood a tonsillectomy was performed or that a child was left in hospital care, but under what conditions and when these events took place. The coincidence of hospitalization and the fear of loss of love, that of tonsillectomy and fear of castration, thus the coincidence of predisposition and experience, are the decisive points.<sup>10</sup>

Many of the child's experiences that are uncovered by psychoanalytic therapy are of such specific importance; i.e., many of them are traumatic. However, others of which the memory is recovered by the patient or which are reconstructed by the analyst do not concern experiences that in themselves necessarily had a decisive causal or formative effect, and yet such experiences are of considerable importance for genetic investigation: they are "signs", indicating important changes in the child's life and they impress us as symptoms of his general development. This again leads back to the two interacting chains of maturation and development.

Freud's insistence on this interaction has recently been misrepresented as "overemphasis on biology". In fact, however, Freud clearly stresses the existence of two aspects. He refers to the biological aspect when he states that in tracing an individual's life history we describe some processes that were bound

<sup>10</sup> A model of such coincidence in the regular normal development of the little girl and her discovery of the sex difference, is tentatively indicated by Rado. For similar theoretical views see Erikson.

to occur under alternative conditions and following alternative pathways. The other aspect, with far more momentous consequences, concerns the importance of the environment; the object of psychoanalytic observation is according to Freud not the individual in splendid isolation; it is part of a world. Psychoanalysis does not claim to explain human behavior only as a result of drives and fantasies; human behavior is directed toward a world of men and things. The approach of psychoanalysis in many cases includes the structure of this world in its scope; and in this sense psychoanalysis is applied Social Science (Hartmann, 1944). Thus what we loosely call a child's "experience", is in psychoanalysis viewed both in relation to the child's biological growth and in its relation to the world around it, a distinction that proves its value, if applied over a long period of observation to the wealth of data psychoanalytic therapy brings to light.

We now define more closely the crucial situations in an individual's development: There are typical phases of conflict either between drives with opposite goals or between drives and the ego structure, which regularly occur in both normal and abnormal development. They may be brought about mainly by maturation, when new demands or new tasks are brought into the individual's reach, or they may mainly be brought about by demands and influences of the environment, such as those regularly occurring in every human being's life. The crucial phases of maturation and of development actually coincide to a large extent; at which points they coincide, and at which lines cross each other, will to a considerable degree depend on cultural factors.

If we include these cultural factors it will become evident that however rich and manifold the data are on which psychoanalysis bases its views of the child's development, these data are on the whole not sufficient to allow for the full and detailed formulation of genetic propositions. In other words, it is essential to supplement the data supplied by the psychoanalytic interview with data established by other observational methods; there seems little doubt that in enlarging the set of data we shall approximate the postulate that the genetic propositions of psychoanalysis should be verified.

It might here briefly be recalled that up to 1909 the only data available were gained from the analyses of adults. In the second decade of this century unsystematic observations of children were interpreted as confirming what had been gathered from this source. In the third decade, with the systematic development of child analysis, new material was made available; it has deeply influenced psychoanalytic theory and technique and the more detailed propositions concerning defense mechanisms largely stem from this source. The next stage, the systematic observation of children by psychoanalytically trained observers, has not produced more than isolated sets of data. Though we have learned a great deal an independent verification of the genetic propositions has only partly been achieved. Such verifications would have a different value from those concerning dynamic propositions. There, verification has largely confirmative value and serves, as we said, the purpose of scientific intercommunication. In the area of the genetic propositions, we are faced with problems of integration on a higher level. In many areas disagreement prevails. In certain cases psychoanalytic observation was able to falsify a genetic assumption; this we believe is true of the propositions concerning the trauma of birth as suggested by O. Rank. In other instances, a similar refutation has not been achieved. This is particularly true of propositions suggested by Melanie Klein, and though the uncertainty is partly due to a confusion of language it is also partly due to the limits of the observational methods used.<sup>11</sup>

One might have hoped for support in the experience and in the data made available by academic students of child development. Though the psychoanalyst is bound to find essential information in their work, and could be warned of many miscarriages in theoretical thinking by familiarity with it, it seems that the gaps in data to which we here refer, cannot be filled by what has been observed independently of a psychoanalytic orientation. It rather seems that only where the psychoanalytic hunch is directly linked to observation, new areas of problems are opened up.

As an example we refer to propositions suggested recently

<sup>11</sup> For discussion of this controversy see Glover.

concerning the influence of earliest relationship with the mother upon survival and development of the child, by Ribble, Spitz and others. Similar investigations are lacking in other areas. We quote two examples: psychoanalytic hypotheses assert that isolated symptoms such as disturbances of concentration, eating difficulties, fears, and phobias or obsessional rituals are frequent with children between three and six. In other words, certain traits that are symptoms of neurosis in the adult are spread among young children who later become, or do not become "neurotics". A frequent formulation of this proposition states that the infantile neurosis is ubiquitous in our civilization. New data are required in order to determine under what conditions the infantile disturbance will develop to the adult neurosis (A. Freud, 1945).

We are hardly in a better position where the changes of puberty are concerned; we are in many cases unable to predict both the extent and direction of these changes, a problem of decisive importance for child psychiatry; one which particularly suggests the importance of observation of a large number of cases, in various cultural settings.

Briefly, only the systematic observation of life histories from birth on can fill the gap. Such longitudinal research has been approximated with highly promising results by various groups, in relation to comparative studies, especially by anthropologists. It has been said that through the publications of Mead, Kardiner, Kluckhohn, Erikson, Gorer, and others,<sup>12</sup> we know more about the growing up in certain primitive civilizations than about the interrelation between the modes of childbearing and the formation of personality in our own civilization (Bateson, 1943). While this seems to be an exaggeration it is a healthy one which draws attention to the lack of data to which we here refer. If the longitudinal observation in our own civilization were to be systematized and the study of life histories were to be combined with that of the crucial situations in Freud's sense, many hunches might be formulated as propositions, and others might be discarded. This goal could best be achieved by the constant interaction of two observational

<sup>12</sup> See Young and Linton for divergent summaries.

methods, psychoanalysis and observation of life histories, which we here call the retrospective and prospective method. The method of retrospective research has been established by the technique of psychoanalytic therapy; the methods of prospective research have been elaborated by psychiatrists, psychologists, and anthropologists. The relationship of both observational methods is manifold: the retrospective method was in the past in a position to direct attention to new areas in the child's life, which have gradually been investigated by observers with various kinds of observational skills; there is no reason to assume that this function of pointing to the essential is exhausted. The retrospective method, however, can do more: it can establish interconnections between experiences that are bound to escape observers who have less intimate insight; it is here that child analysis may well be expected to play a part. There are, on the other hand, areas of problems in child development that have found little attention in psychoanalysis—or where the access remains unsatisfactory: examples of the former are those achievements of the ego that are independent of conflict; examples of the latter are the experiences of the pre-verbal stage of child development. Psychoanalysis is witness to the importance of this stage for the future; child observation, however, will have to tell the tale of these eventful years.

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# NATURE AND CLASSIFICATION OF THE SO-CALLED PSYCHOSOMATIC PHENOMENA \*

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Not long ago, in a paper published in *Psychiatry*,<sup>1</sup> Judah Marmor asserted—as an argument against Freud's instinct theory—that it can be proved that the goals and characteristics of a child's impulsive strivings are formed through the influence of experience stemming from environmental factors. That this fact would contradict Freud's theories is absurd. The demonstration of the ways in which experience forms desires and fears in a child's mind is the very essence of Freud's psychoanalytic method. The misunderstanding is based partly on a terminological error. Freud's concept of *Trieb* does not include the idea of absolute unchangeability and rigidity—otherwise he could not have examined the *Triebschicksale*<sup>2</sup>—but the English word “instinct” does carry these implications. The error, of course, was not only one of mistranslation. So-called “culturalism” generally misjudged Freud when it considered him solely “biologically oriented”. Other authors of like bias, while correctly stressing the fact that social institutions shape the character structure of the people living under them, have given little or no consideration to the nature of the raw material out of which character structures are formed.<sup>3</sup> This shaping is done through gratifications and frustrations of relatively uniform biological needs, through the blocking of certain reactions to gratifications and frustrations and through

\* Read before the New York Psychoanalytic Society on May 29, 1945. This paper contains passages from the chapter, *Organneuroses*, of the author's book, *Psychoanalytic Theory of Neuroses*. New York: W. W. Norton & Co., 1945. Reprinted from: *The Psychoanalytic Quarterly*, Vol. XIV, No. 3, 1945, pp. 287-312.

<sup>1</sup> Marmor, Judah: The Rôle of Instinct in Human Behavior. *Psychiatry*, V, 1942, pp. 509-516.

<sup>2</sup> Freud: Instincts and Their Vicissitudes. *Coll. Papers*, IV.

<sup>3</sup> This was shown in Zilboorg, Gregory: Psychology and Culture. *Psa. Quarterly*, XI, 1942, pp. 1-16.

the favoring of others. In short, it has been forgotten that man is an animal, a biological unit, and that "the influence of experience" signifies the shaping of biological needs.

It can of course be admitted that such one-sidedness was a reaction to the opposite extreme, to a "biologizing" of psychoanalysis which denied that neuroses are social evils and maintained that they are due to the unfortunate fact that nature has given man an id and an ego which may come in conflict. We have even seen attempts to explain the institution of the family on the basis of man's œdipus complex, instead of accounting for the œdipus complex through the institution of the family. This, however, does not alter the fact that "culturalism" was one-sided.

Coming after the predominance of "culturalism", the "psychosomatic" tendency in psychoanalytic theory seems almost a relief. We are again reminded of the fact that the mind is never independent of physical-chemical processes and that emotions as well as instinctual gratifications and frustrations do not consist of mere "thoughts" but—as Freud has explained in his *Three Contributions*<sup>4</sup>—of physical alterations. It is true that under the heading "psychosomatics" new resistances to psychoanalysis are again developing—a circumstance to be discussed later. In general, however, the stressing of the connections between physiological processes on the one hand and the structure of personality and neuroses on the other, combined with research in this direction, must be welcome to every follower of Freud, just as they were welcome to Freud himself, who described analytic theory as a superstructure which will one day have to be set on a physiological basis.

Approaching the question of psychosomatics from the point of view of psychoanalytic theory, I must first admit that I cannot present any new research findings. A short time ago it was stated in the journal, *Psychosomatic Medicine*, that: "Psychosomatic medicine is in the limelight at present. Its importance is daily being better understood. However, the pictures presented are still indistinct and the part played by psychic fac-

<sup>4</sup> Freud: *Three Contributions to the Theory of Sex*. New York: Nerv. and Ment. Dis. Pub. Co., 1910.

tors lacks definition. Better focusing and clearer ideas as to sequence and serial arrangements of events are desirable.”<sup>5</sup>

This, I think, is correct. The nature and classification of psychosomatics need clarification. My task is the ordering of well-known phenomena, not the description of new ones, and even in my attempt at classification I am not, of course, entirely original. What I intend to give is rather a classified summary using all the research findings up to the present time. To anyone who knows this literature it will be clear that Alexander has frequently expressed very similar thoughts, but that there are also decisive differences between Alexander’s position and mine.<sup>6</sup>

First of all, the word “so-called” in the title of this paper needs an explanation—and even here I am not original. I do not like the expression “psychosomatic” because it suggests a dualism which does not exist. Every disease is “psychosomatic”, for no “somatic” disease is entirely free from “psychic” influence. Not only resistance to infection but all vital functions are continually influenced by the mental state of the organism and the most “psychic” conversion may be based on a “physical” compliance. Even an accident may occur for psychogenic reasons. Thus when we say that between the realm of organic disease arising from purely physical and chemical causes, and the field of conversion, there lies a large field of problematic functional and even anatomical alterations, all three fields are, for all that, “psychosomatic”. It is the in-between field, however, which we want to study.

Psychoanalysis is generally looked upon as one approach through which these in-between phenomena can be examined—one among many possible approaches. Analysts, however, think differently. When we consider psychoanalysis as a therapy,

<sup>5</sup> Roundtree, Leonard G.: Psychosomatic Disorders as Revealed by Thirteen Million Examinations of Selective Service Registrants. *Psychosomatic Med.*, VII, 1945, p. 30.

<sup>6</sup> Cf. Alexander, Franz: *The Medical Value of Psychoanalysis*. New York: W. W. Norton & Co., 1932. Functional Disturbances of Psychogenic Nature. *J.A.M.A.*, C, 1933. Addenda to “The Medical Value of Psychoanalysis”. *Psa. Quarterly*, V, 1936. Psychological Aspects of Medicine. *Psychosomatic Med.*, I, 1939. Fundamental Concepts of Psychosomatic Research: Psychogenesis, Conversion, Specificity. *Psychosomatic Med.*, V, 1943.

we gladly concede that it would not be indicated in all types of psychosomatic disorders; in some of them it is expressly contraindicated. Psychoanalysis as a theory, however, is for us the theory of the dynamics governing the human organism. If the theory is correct it is the *only* means of explaining what actually takes place. It is not one possibility of explanation among many; where psychoanalytic theory fails to provide an explanation, there is no explanation yet at hand.

The field to be studied is bounded on one side by purely organic diseases and on the other by conversions. We may assume that what is meant by organic disease is self-explanatory, but the concept of "conversion" needs perhaps a little comment because too frequently everything that is psychogenic is incorrectly designated "conversion". In hysteria, functional changes occur within the body which are distorted expressions of wishful thoughts and fantasies. They represent returning repressed instinctual impulses. These symptoms can be interpreted like dreams; the functional changes can be retranslated from their body language into the verbal language of the basic wishful thoughts and fancies. Vomiting may mean, "I am pregnant"; a convulsion, "I have an orgasm"; blindness, "I do not wish to see"; an abasia, "I want to go to forbidden places and in order to avoid doing so I do not go anywhere"; or the opposite, "I refuse to go because staying where I am has a hidden sexual significance for me", or even "because the function of walking as such ["stamping one's feet on Mother Earth", as Freud said <sup>7</sup>] has a hidden sexual significance".

Not all somatic changes of a psychogenic nature are of this kind. Unconscious instinctual attitudes may influence organic functions in a physiological way without the changes having any definite psychic *meaning*. This difference was defined long ago by Freud in his paper on psychogenic disturbances of vision in which he says:

"Psychoanalysis is fully prepared to grant, indeed to postulate, that not every functional visual disturbance is necessarily psychogenic. . . . When an organ which serves

<sup>7</sup> Freud: *The Problem of Anxiety*. New York: Psychoanalytic Quarterly Press and W. W. Norton & Co., 1936.

two purposes overplays its erotogenic part, it is generally to be expected that this will not occur without alterations in its response to stimulation and in innervation, which will be manifested as disturbances of the organ in its function as servant of the ego. And indeed, when we observe an organ which ordinarily serves the purpose of sensorial perception presenting as a result of the exaggeration of its erotogenic rôle precisely the behavior of a genital, we shall even expect that there are toxic modifications as well in that organ. For both kinds of functional disturbances . . . we are obliged to retain, for want of a better, the time-honored, inapposite name of neurotic disturbances. Neurotic disturbances of vision are related to psychogenic as, in general, are the actual neuroses to the psychoneuroses; psychogenic visual disturbances can hardly occur without neurotic disturbances, though the latter surely can without the former. Unfortunately, these neurotic symptoms are as yet little appreciated and understood, for they are not directly accessible to psychoanalysis." <sup>8</sup>

The sentences quoted are of basic importance, although the terminology is rather confusing. There are two categories of functional disturbances. One of them is physical in nature and consists of physiological changes caused by the inappropriate use of the function in question. The other has a specific unconscious meaning, is an expression of a fantasy in a "body language", and is directly accessible to psychoanalysis just as is a dream. Freud calls both categories "neurotic" and does not suggest any special term for the first category, whereas the second category he calls "psychogenic". This is rather confusing because any misuse of an organ is "psychogenic" too. The second category is, of course, "conversion". The first has frequently been called "organ neurotic", lately, "psychosomatic".

Alexander, who is to be credited with having constantly stressed and clarified this difference, attempted to simplify matters by stating that conversion symptoms occur regularly in the realm of skeletal muscles, whereas psychogenic vegetative dis-

<sup>8</sup> Freud: Psychogenic Visual Disturbances According to Psychoanalytical Conceptions. *Coll. Papers*, II.

turbances would be of the other category.<sup>9</sup> Unfortunately, things are not as simple as that. Both types of symptoms occur in both realms. No one who has ever analyzed a hysterical vomiting or a disturbance of menstruation, for instance, can doubt their function of expressing the idea "I am pregnant" and thus being of the nature of a conversion. Nonconversion "organ-neurotic" disturbances in the functions of skeletal muscles will be taken up later.

The above quotation from Freud contains the key to a classification of organ-neurotic or psychosomatic phenomena. These sentences actually allude to two different things. Functional changes due to what Freud calls "toxic" influences, that is, to changes in the chemistry of the unsatisfied and dammed-up individual, are not necessarily identical with changes caused by an unconscious use of these functions for a libidinal purpose. Moreover, a third and simpler possibility must first be considered, that of "affect equivalents", in which the physical expressions of an affect are experienced even though the individual succeeds in warding off the recognition of their significance. Thus we propose to distinguish four classes of organ-neurotic symptoms: (1) affect equivalents; (2) results of changes in the chemistry of the unsatisfied and dammed-up person (expressions of "unconscious affects"); (3) physical results of unconscious attitudes or of unconsciously determined behavior patterns; (4) all kinds of combinations of these three possibilities.

### *Affect Equivalents*

All affects (archaic discharge syndromes which replace voluntary actions) are carried out by motor or secretory means. The specific physical expressions of any given affect may occur without the corresponding specific mental experiences, that is, without the person being aware of their affective significance. This blocking of awareness is the simplest form of defense against affects. Freud collated "anxiety equivalents" in his earliest paper on anxiety neurosis;<sup>10</sup> Landauer collated

<sup>9</sup> Alexander, Franz: *Op. cit.*

<sup>10</sup> Freud: On the Right to Separate from Neurasthenia a Definite Symptom Complex as "Anxiety Neurosis". *Coll. Papers*, I.

“equivalents of mourning”.<sup>11</sup> Sexual excitement as well as anxiety may be supplanted by sensations in the intestinal, respiratory or circulatory apparatus. A certain percentage of what are called “organ neuroses” are actually affect equivalents. In particular, so-called “cardiac neuroses” (which may also be conversion hysterias) are frequently anxiety equivalents. The same holds true for those vegetative neuroses which occur when the relative rigidity of a compulsion neurotic or a reactive neurotic character is disturbed.

There are also “subjective affect equivalents”. Once an emotion has become associated in childhood with a certain physical attitude, this attitude may be used in later life as a distorted expression of the emotion in question.<sup>12</sup>

The fact that affect equivalents have a diminished discharge value as compared with fully experienced affects may result in the affective attitude becoming chronic (Freud and Breuer called it “strangulated affects”).<sup>13</sup> Symptoms created by chronic affective attitudes without adequate discharge may cease to be pure affect equivalents and actually belong rather in the following (second) category.

### *The Disturbed Chemistry of the Unsatisfied Person*

The very terms which we use to describe the events at the basis of the neuroses, like “source of an instinct”, “satisfaction”, “frustration”, “state of being dammed-up”, refer of course to chemical as well as to nervous alterations. It is the hormonal state of the organism which is the source of its instinctual demands. The way in which external stimuli are perceived and reacted to depends upon the hormonal state, and the instinctual action which brings about the cessation of the drive does so by altering the disturbing chemical condition. The omission of such action, whether determined by external circumstances or, as in the neuroses, by internal inhibitions,

<sup>11</sup> Landauer, Karl: Äquivalente der Trauer. *Int. Ztschr. f. Psa.*, XI, 1925.

<sup>12</sup> Deutsch, Felix: The Choice of Organ in Organ Neurosis. *Int. J. Psa.*, XX, 1939.

<sup>13</sup> Breuer, Josef and Freud: *Studies in Hysteria*. Trans. A. A. Brill. New York: Nerv. & Ment. Dis. Monograph Series No. 61, 1936.

necessarily interferes with the natural chemistry of the processes of excitation and gratification.

Here we must, first of all, remember Freud's concept of "actual neurotic" symptoms.<sup>14</sup> When a neurotic conflict is established, the relative insufficiency of the controlling ego in the state of being dammed-up manifests itself in certain symptoms. The decrease in discharge resulting from the neurotic conflict creates a condition which is identical with that brought about by the heightened influx of stimuli from a trauma. There are negative symptoms, consisting of general inhibitions of ego functions, traceable to a decrease in available energy due to the consumption of energy in the defensive struggle. There are positive symptoms, consisting of painful feelings of tension as well as of emergency discharges including outbursts of anxiety and rage which represent attempts to get rid of the tension.

The negative symptoms are less interesting from the standpoint of "psychosomatics". It will suffice to say that any defensive mechanism using countercathexis necessarily creates a certain impoverishment of the personality, the awareness of which constitutes a portion of the well-known inferiority feelings of neurotics.

The positive symptoms are more interesting. The neurotic, engaged in an acute inner defense struggle, becomes restless and agitated. He feels that he needs some change but does not know what it should be. He develops emergency discharges such as apparently unmotivated emotional attacks, chiefly anxiety spells. These positive actual neurotic symptoms, representing vegetative "nevertheless discharges" after other avenues of discharge have been blocked, are the simplest example of the organic alterations under discussion. Where the instinctual need is not adequately satisfied, the chemical alteration connected with the gratification of the drive is lacking and disturbances in the chemistry of the organism result. Undischarged excitement results in an abnormal quality and quantity of hormones and thus in alterations in physiological functions.

<sup>14</sup> Freud: *A General Introduction to Psychoanalysis*. New York: Boni & Liveright, 1920.

Whereas "actual neurotic" symptoms are generally unspecific expressions of the state of being dammed-up, symptoms due to the changed chemistry of a person with a disturbed instinctual economy may also be of a more specific nature. Furthermore, other intermediary factors may be interpolated between the original drive and the final symptoms.

Those states which have been called "unconscious affects" are of special importance in this connection. In affect equivalents the mental content of an affect has been warded off, whereas the physical concomitants of the affect do take place. But there are also states in which even the physical discharge is warded off. This may be achieved by various defense mechanisms which I once tried to tabulate.

As everybody knows a "latent rage" or a "latent anxiety" is a state in which neither rage nor anxiety is felt but where there is a readiness to react with exaggerated rage or exaggerated anxiety to stimuli which would normally provoke a slight response of rage or anxiety. Certainly the qualities of feelings come into being only by their being felt, but there are states of tension in the organism which, were they not hindered in their discharge and development, would result in specific emotions. These are unconscious "dispositions" toward these emotions, unconscious "readinesses for affects", strivings for their development, which are held in check by opposing forces even while the individual is unaware of such a readiness. "Unconscious anxiety" and "unconscious sexual excitement" in this sense are paramount in the psychology of the neuroses. The unconscious dispositions towards affects are not theoretical constructions but may be observed clinically by the same methods by which unconscious ideas may be observed: they, too, develop "derivatives", betray themselves in dreams, symptoms and other substitute formations, through the rigidity of the opposing behavior or merely by general weariness.<sup>15</sup>

In considering the relationship between actual neuroses and psychoneurosis, we may add that theoretically all psychoneuroses could be described as a subcategory of symptoms due

<sup>15</sup> Cf. Freud: *The Ego and the Id*. London: Institute of Psycho-Analysis and Hogarth Press, 1927.

to the disturbed chemistry of the dammed-up individual. Freud always stressed the fact that all neuroses would turn out in the last analysis to be organic diseases. However, this organic basis of the average psychoneurosis is entirely hypothetical, whereas certain physical symptoms of "unconscious" or "strangulated" affects are now accessible to research. "Unconscious affects" apparently cause quantitatively and qualitatively different hormonal secretions and in this way influence the vegetative nervous system and the physical functions. Alexander is of the opinion that the difference in the hormonal state in conscious and in unconscious affects is due only to the chronicity of the so-called unconscious affective attitudes. It is more probable, however, that the physical concomitants of unconscious affects are also qualitatively different from those of conscious ones. It is even possible that these secretions may be as specific as the physical syndromes of conscious affects, but this has as yet been insufficiently investigated.

#### *Physical Results of Unconscious Attitudes*

The behavior of a person is continually influenced by his conscious and unconscious instinctual needs. Whereas the oscillations of conscious drives are automatically regulated through instinctual actions, unconscious warded-off impulses which cannot find an adequate outlet but seek again and again to find discharge and to produce derivatives have less obvious and more lasting effects. Continued or repeated attempts at substitute outlets may eventually produce physical alterations.

Simple examples of this kind were given by French<sup>16</sup> and Saul.<sup>17</sup> Habitual forced clearing of the throat, kept up over weeks and months, has a drying effect upon the throat and may eventually result in a pharyngitis. The habit of sleeping with the mouth open also dries the throat and may cause a pharyngitis. Both habits may at times have organic causes;

<sup>16</sup> French, Thomas M.: *Physiology of Behavior and Choice of Neurosis. Psa. Quarterly*, X, 1941. *Some Psychoanalytic Applications of the Psychological Field Concept. Psa. Quarterly*, XI, 1942.

<sup>17</sup> Saul, Leon J.: *A Note on the Psychogenesis of Organic Symptoms. Psa. Quarterly*, IV, 1935. *Psychogenic Factors in the Etiology of the Common Cold. Int. J. Psa.*, XIX, 1938. *A Clinical Note on a Mechanism of Psychogenic Back Pain. Psychosomatic Med.*, III, 1941.

at other times they are certainly an expression of unconscious wishes. There are many kinds of behavior which may induce common colds.

To summarize: an unusual attitude which is rooted in unconscious instinctual conflicts causes a certain behavior. This behavior in turn causes somatic changes in the tissues. The changes are not directly psychogenic but the person's behavior which initiated the changes was psychogenic; the attitude was intended to relieve the internal pressure; the somatic symptom which was the consequence of the attitude was not sought by the person either consciously or unconsciously.

A good example of an organ neurosis psychoanalytically understood as the physical result of an unconscious attitude is peptic ulcer as seen through the research of the Chicago Institute for Psychoanalysis.<sup>18</sup> People with a chronically frustrated oral-receptive demanding attitude, who repress this attitude and often manifest very active behavior of the reaction-formation type, are, unconsciously, permanently "hungry for love". It would be more exact to state that they are "hungry for necessary narcissistic supplies"—the word "hungry" to be taken literally. Their permanent hunger makes them act like an actually hungry person. The mucous membrane of the stomach begins to secrete just as does that of a person who anticipates food, the secretion having no other specific psychic meaning. This chronic hypersecretion is the more immediate cause of the ulcer. The ulcer is the incidental physiological consequence of a psychogenic attitude; it is not a distorted satisfaction of a repressed instinct.

It may be asked whether this etiology is valid for all cases of ulcer. It is possible that the functional changes which in some cases are brought about by repressed oral eroticism may in others be determined by purely somatic causes.

Belonging to the same category are certain functional changes in the striated muscles which are not conversions (and therefore contradict Alexander's idea that all disturbances in the muscular functions are conversions, whereas disturbances in the

<sup>18</sup> Alexander, Franz, et al.: The Influence of Psychological Factors upon Gastro-intestinal Disturbances. *Psa. Quarterly*, III, 1934.

vegetative functions are organ neuroses). I described these changes in 1927,<sup>19</sup> and because not much attention has been paid to them since I shall say a few words about them here.

Pathogenic defenses generally aim at barring the warded-off impulses from motility (the barring from consciousness is only a means of achieving this). Thus pathogenic defense always means the blocking of certain movements. This inhibition of movement indicates a partial weakening of the conscious ego's mastery of motility. The struggle of the defense is reflected in functional disturbances of the voluntary muscle system. When people with localized or general muscular spasms that hinder their motility try to relax their spastic muscles, they are either totally unable to do so or they may develop emotional states as do patients in a psychocathartic treatment when their thoughts approach their "complexes". This shows that the spasm was a means of keeping the repressed in repression. Observation of a patient during an *acute* struggle over repression likewise demonstrates this. A patient in psychoanalysis who can no longer avoid seeing that an interpretation is correct but nevertheless tries to, frequently shows a cramping of his entire muscular system or of certain parts of it. It is as if he wanted to counterpoise an external muscular pressure to the internal pressure of the repressed impulses seeking an outlet in motility.

The muscular expression of an instinctual conflict is not always a hypertonic one. Hypotonic, lax, flabby muscular attitudes also block or hinder muscular readiness. Hyper- and hypotonic states may alternate and therefore the whole field is better designated as "psychogenic dystonia".

Dystonia and intensity of repression are not necessarily proportionate to each other. Not only the question whether and to what extent mental conflicts find expression in alterations of muscular function, but also the type and location of these alterations is very different in individual cases. The location of the symptoms depends on physiological as well as psychological factors. One of these factors is easily recognizable; it is

<sup>19</sup> Fenichel, Otto: Über organlibidinöse Erscheinungen der Triebabwehr. *Int. Ztschr. f. Psa.*, XIV, 1928.

the specificity of the defense mechanism used. In the case of compulsion neurotics the mechanism of displacement of spasms of the sphincters will play a more important part; in hysterics the blocking of inner perceptions will be more predominant.

Spasms paralyzing skeletal muscles are one of the physical signs of anxiety; they may appear as an anxiety equivalent. Not only fear but also spite and, in particular, suppressed rage may be physically expressed as muscular spasm.

Psychogenic dystonia seems to be decisive in certain "organ-neurotic" gynecological conditions in which a hypotonus of the pelvic muscles may have unfavorable consequences which were not unconsciously intended as such.<sup>20</sup> Psychogenic dystonia may also be the decisive etiological factor in conditions like torticollis.<sup>21</sup>

It is very interesting that these disturbances of muscular functions are mainly coördinated with disturbances of inner sensitivity and of body feeling.

A continuous misuse of the muscles for neurotic spasms has necessarily a tiring effect. Actually the fatigue characteristic of so many neurotic states is probably due to the dystonic innervation of muscles. This fatigue is most outspoken in cases of inhibited aggressiveness; often it can be directly called an equivalent of depression. In this connection, if we were to try to discuss the problems of the psychodynamics of rheumatic muscular disorders—which are not at all clear as yet—we would probably see that they are not due to specific unconscious attitudes but rather to a combination of alterations through attitudes and through "changed chemistry". And this is true of most of the organic disturbances of a psychogenic nature.

<sup>20</sup> Eisler, Michael Joseph: Uterine Phenomena in Hysteria. *Int. J. Psa.*, IV, 1923; Jones, Ernest: Psychology and Childbirth. *Lancet*, CCXLII, 1942; Menninger, Karl A.: Emotional Factors in Organic Gynecological Conditions. *Bulletin of the Menninger Clinic*, VII, 1943; Rickman, John: A Psychological Factor in the Etiology of Descensus Uteri, Laceration of the Perineum and Vaginism. *Int. J. Psa.*, VII, 1926.

<sup>21</sup> Westerman-Holstijn, A. J.: From the Analysis of a Patient with Cramp of the Spinal Accessory. *Int. J. Psa.*, III, 1922.

### *Combinations*

The three categories of organ-neurotic symptoms, viz., affect equivalents, physical expressions of a disturbed chemistry and physical expressions of unconscious attitudes, appear as a rule in a combined form. Often the symptoms remain limited to a given organ or a system of organs, the choice depending primarily on physical and constitutional factors, but also on all the other factors which may determine the somatic compliance also in the case of conversion symptoms. Briefly the choice of organ depends upon the following factors: (1) the nature of the instinctual demands which are warded off, (2) fixations due to the earlier experiences of the individual, (3) the ability of the organs in question to express certain needs symbolically, (4) which organs had just been used or were specifically cathected at the moment when the decisive repression occurred, (5) the previous *physical* history of the individual. A discussion of the various organ systems one after the other will best illustrate the combination type of psychosomatic symptoms.

The hormonal vegetative system cannot be simply classified as one of the various organ systems for it is through hormonal vegetative pathways that the greater part of functional disturbances in the other systems is created; the symptoms due to "distorted chemistry" are exclusively determined in this way. Of course, unconscious attitudes may also influence the hormonal functions. Such desires as an unconscious identification with the opposite sex may have the same kind of influence on the production of hormones as an unconscious oral desire has on the production of gastric juice in cases of peptic ulcer.

Pregenital fixations not only produce certain unconscious attitudes but necessarily also change the hormonal state of the individual. However, not all orally fixated patients become either obese or extremely thin. This probably happens when an oral fixation coincides with a certain hormonal constitution.

Wulff has described a psychoneurosis, not infrequent in women, which is related to hysteria, cyclothymia and addiction.<sup>22</sup> It is characterized by the individual's fight against her

<sup>22</sup> Wulff, M.: Über einen interessanten oralen Symptomenkomplex und seine Beziehung zur Sucht. *Int. Ztschr. f. Psa.*, XVIII, 1932.

sexuality which, through previous repression, has become especially greedy and insatiable. This sexuality is pregenitally oriented and sexual satisfaction is perceived as a "dirty meal". Periods of depression in which the patients stuff themselves (or drink) and feel "fat", "bloated", "dirty", "untidy" or "pregnant", while at the same time keeping their surroundings untidy too, alternate with "good" periods in which they behave ascetically, feel slim, and conduct themselves either normally or in a somewhat elated manner. The body feeling in the "fat" periods turns out to be a repetition of the way the girl felt at puberty before her first menstruation, and the spells often actually coincide with the premenstrual period. The menstrual flow then usually brings a feeling of relief: "The fat-making dirt is pouring out; now I am slim again and will be a good girl and not eat too much." The alternating feelings of ugliness and beauty connected with these periods show that exhibitionistic conflicts are also of basic importance in this syndrome. Psychoanalysis discloses that the unconscious content is a preœdipal mother conflict which may be covered by an oral-sadistic œdipus complex. The patients have an intense unconscious hatred against their mothers and against femininity. To be fat means getting breasts; being uncontrolled, incontinent or pregnant. The urge to eat has the unconscious aim of incorporating something which may relax the disagreeable inner "feminine" tension. Eating means a reincorporation of the object whose loss has caused the patient to feel hungry, constipated, castrated, feminine, fat. Thus, food means milk, penis, child and narcissistic supplies which soothe anxieties. The exhibitionistic behavior signifies a tendency to compel the giving of these supplies and also the fear of not getting them because of repulsive ugliness. The depression signifies the recurrent failure to regain the lost stability, a failure that occurs because of the forbidden oral-sadistic means by which this reestablishment is attempted. The ascetic periods, by pacifying the superego, achieve a greater degree of relaxation.

In some cases this neurosis is nothing but a kind of food addiction. In others, however, not only body feelings but

actual body changes dominate the picture. Certain cases of obesity, especially of cyclical obesity, correspond in structure with Wulff's description.<sup>23</sup>

Vegetative alterations in the gastro-intestinal, respiratory and circulatory systems are also mostly combinations of the three categories of organ-neurotic symptoms. It is easily understandable that a colitis may be brought about by unconscious anal impulses which are continuously effective. It may be the result of the organism being chronically under eliminative and retentive pressure, just as an ulcer may be the result of a chronic receptive pressure. The conflict between eliminative and retentive tendencies may itself be determined in different ways. It may represent a simple conflict between (anal) sexual excitement and fear; or the fæces may represent introjected objects which the person wishes to preserve as well as to eliminate.

Children who like to postpone defæcation (either for the sake of retention pleasure or because of fear) later often develop "obstipation". The retention, which was once voluntary, has become an "organ-neurotic" symptom. The prolonged continuance of an "obstipation" must influence the smooth muscles of the intestinal tract. A spastic colon, that is, a readiness to react to various stimuli with constipation or diarrhœa, is either an anxiety equivalent or a sign of the patient's fixation on the anal phase of his libidinal development. No matter what stimulus started the excitation, the execution is an intestinal one. It may also be a symptom of a continuous and repressed aggressiveness, sometimes as a revenge for oral frustrations. In a deeper layer, then, diarrhœa may express generosity or it may reflect fantasies concerning internalized objects.

In actual neurotic states, constipation is one of the characteristic symptoms. Retention generally characterizes the state of being dammed-up, and retention symptoms are frequent among organ-neurotic symptoms in general. However, organ-neurotic symptoms are also "emergency discharges". Some symptoms are compromises between retention and elimination. Certain types of pathological defæcation betray a castration anxiety displaced to the anal sphere.

<sup>23</sup> Bruch, Hilde: Obesity in Childhood and Personality Development. *Amer. J. of Orthopsychiatry*, XI, 1941.

Breathing, like other muscular functions, has its characteristic dystonia. Variations of respiratory rhythm, especially transitory cessations of breathing, and variable and irregular participation of the individual parts of the thorax in the act of breathing, are the ways in which continuous small psychological alterations exert their influence on the process of respiration. These phenomena become particularly evident when a new action or motion is initiated, and whenever there is any change in direction of attention. The intimate connection between anxiety and respiration makes it probable that these constant variations in the respiratory function express slight degrees of anxiety. The "normal" respiratory dystonia may be considered an anxiety signal of low intensity. It is as if the ego were cautiously testing the path whenever a new thing is perceived, a new action undertaken, or attention redirected—wondering, so to speak, whether or not it should be afraid.

The rôle played by respiratory sensations in anxiety explains the fact that to a certain extent every anxiety is felt as a kind of suffocation. Therefore, neurotic anxiety manifesting itself in respiratory symptoms is not necessarily a sign that the warded-off impulses concern respiratory eroticism. The reverse, rather, may be true: respiration may acquire an erotic quality only after and because anxiety has become connected with sexual excitement. However, the respiratory function may also become "sexualized" and fantasies of a "respiratory introjection"<sup>24</sup> may form the basis of complicating conversion mechanisms.

It is well known that in bronchial asthma it is particularly a passive-receptive longing for the mother which is expressed in pathological changes of the breathing function. The asthmatic seizure is, first of all, an anxiety equivalent. It is a cry for help directed toward the mother whom the patient tries to introject by respiration in order to be permanently protected. This intended incorporation as well as the instinctual dangers against which it is directed are characteristically of a pregenital, especially anal, nature; in fact, the whole character of the typical asthma patient shows pregenital features. It

<sup>24</sup> Fenichel, Otto: Über respiratorische Introjektion. *Int. Ztschr. f. Psa.*, XVII, 1931.

must be added that in asthma, conversion mechanisms as well as purely somatic factors of an allergic nature likewise play a rôle.<sup>25</sup>

Rage and sexual excitation as well as anxiety manifest themselves physiologically in functional circulatory alterations. The heart is considered the organ of love, the heart beats fast in rage and fear, the heart is heavy if one feels sad. Vagotonic and sympathicotonic reactions are the very essence of the physical components of affect syndromes. These components may always serve as affect equivalents if a person wards off awareness of his emotions. Any kind of "unconscious emotion" may express itself in acceleration of the pulse.

However, certain personalities are apparently especially predisposed to the development of just this type of expression. Whereas sexual excitement may certainly disguise itself as palpitation, a chronic irritability of heart and circulatory system is more typically due to aggressiveness and retaliatory fear of aggressiveness. Characteristically, such patients suffer from an inhibited hate toward the parent of the same sex and simultaneously from a fear of losing parental love should this hate be openly expressed. The fear of being abandoned, carried over from infantile experiences, takes the form of a fear of death. An identification with a cardiac sufferer in the patient's environment is frequently in the foreground, especially if the patient has wished for the death of this person and now fears retaliation. Attacks are frequently precipitated when circumstances necessitate competition with the parent of the same sex; the patient then tries unconsciously to escape into a passive-dependent attitude.<sup>26</sup>

There seems to be a correspondence between the fact that

<sup>25</sup> Cf. French, Thomas M. and Alexander, Franz: *Psychogenic Factors in Bronchial Asthma*. Psychosomatic Med. Monographs, II, 1939, and IV, 1941.

<sup>26</sup> Cf. for example Dunn, William H.: Emotional Factors in Neurocirculatory Asthenia. *Psychosomatic Med.*, IV, 1942; Menninger, Karl A. and Menninger, William C.: Psychoanalytic Observations in Cardiac Disorders. *Amer. Heart J.*, XI, 1936; Miller, Milton L. and McLean, Helen V.: The Status of the Emotions in Palpitations and Extrasystoles with a Note on "Effort Syndrome". *Psa. Quarterly*, X, 1941; Weiss, Edward: Neurocirculatory Asthenia. *Psychosomatic Med.*, V, 1943; Wittkower, Erich: The Psychological Factor in Cardiac Pain. *Lancet*, CCXXXIII, 1937.

people who entirely block external discharge of their emotions are more disposed toward reaction within the circulatory system, and the fact that the circulatory system is closed and not capable of intake or discharge.

General vasomotor reactions such as blushing, turning pale, fainting and dizzy spells are very common in neuroses. This is due to the fact that vasomotor expressions are in the foreground of the physical manifestations of all affects and that vasomotor reactions are ready channels for emergency discharge whenever muscular discharge is blocked.

Vasomotor alterations, probably in combination with certain dystonic muscular phenomena, are also the cause of the majority of nervous headaches. The physiology of nervous headaches still presents many unsolved problems. Psychologically it is important to distinguish actual neurotic headaches expressing a state of inner tension, organ-neurotic headaches due to a more specific behavior caused by an unconscious conflict (for example, specific muscular tensions during sleep), and conversion headaches (such as those expressing pregnancy fantasies).

Even in cases where it is not yet known by exactly which physiological pathways an organ-neurotic system has been brought about, it is possible to see what the underlying psychological attitude is. An example of this is essential hypertension which has recently been made the subject of psychoanalytic research, first at the Chicago Institute for Psychoanalysis,<sup>27</sup> later by other authors.<sup>28</sup> Cases of essential hypertension are characterized by an extreme, unconscious instinct tension, a general readiness to aggressiveness as well as a passive-receptive longing to get rid of the aggressiveness. Both tendencies are absolutely unconscious and are effective in people who seem superficially to be very calm and permit themselves no outlets for their

<sup>27</sup> Alexander, Franz: Emotional Factors in Essential Hypertension. *Psychosomatic Med.*, I, 1939. Saul, Leon J.: Hostility in Cases of Essential Hypertension. *Psychosomatic Med.*, I, 1939.

<sup>28</sup> Hill, Lewis B.: A Psychoanalytic Observation on Essential Hypertension. *Psa. Rev.*, XXII, 1935; Menninger, Karl A.: Emotional Factors in Hypertension. *Bulletin of the Menninger Clinic*, II, 1938; Schwartz, Louis Adrian: An Analyzed Case of Essential Hypertension. *Psychosomatic Med.*, II, 1940; Weiss, Edward: Cardiovascular Lesions of Probable Psychosomatic Origin in Arterial Hypertension. *Psychosomatic Med.*, II, 1940.

impulses. This unrealized inner tension probably becomes effective through hormonal influence via vasomotor responses and the kidneys; further physiological research is needed to show exactly in which ways.

For physiological reasons, skin manifestations often become expressions of irritations in the endocrine-vegetative system. The simple symptom of nervous sweating and the symptom of dermatography are examples of the general vegetative irritability of the skin in response to conscious and unconscious emotional stimuli. These symptoms may be chronic as a sign of the patient's state of inner tension, or they may appear as temporary symptoms during actual neuroses, or they may appear in the form of "spells" whenever an event touches upon unconscious conflicts, or they may have become elaborated into conversion symptoms.<sup>29</sup> There is no doubt that cutaneous irritability reflects vasomotor instability.

The tendency of the skin to be influenced by vasomotor reactions, which in their turn are evoked by unconscious impulses, has to be understood from the point of view of the general physiological functions of the skin.<sup>30</sup> Four characteristics of the skin as the external cover of the organism, representing the boundary between it and the external world, are of general importance:

The skin as the covering layer has, first of all, a general protecting function. It examines incoming stimuli and, if necessary, blunts them or even wards them off. For the purpose of applying the same protective measures against internal stimuli, the organism has a general tendency to treat disturbing internal stimuli as if they were external ones.

Second, the skin is an important erogenous zone. If the drive to use it as such is repressed, the recurrent tendencies

<sup>29</sup> Gillespie, R. D.: Psychological Aspects of Skin Diseases. *Brit. J. Dermatology*, L, 1938 O'Donovan, W. J.: *Dermatological Neuroses*. London: Kegan Paul, Trench, Trubner & Co., 1927; Schilder, Paul: Remarks on the Psychophysiology of the Skin. *Psa. Rev.*, XXIII, 1936; Stokes, John H.: Masochism and Other Sex Complexes in the Background of Neurogenous Dermatitis. *Arch. Derm. Syph.*, XXII, 1930.

<sup>30</sup> Barinbaum, Moses: Zum Problem des psychophysischen Zusammenhanges mit besonderer Berücksichtigung der Dermatologie. *Int. Ztschr. f. Psa.*, XX, 1934.

for and against cutaneous stimulation find somatic expression in cutaneous alterations.

Third, the skin as the surface of the organism is the part which is externally visible. This makes it a site for the expression of conflicts around exhibitionism. These conflicts in their turn concern not only a sexual component instinct and opposing fear or shame, but also various narcissistic needs for reassurance.

Fourth, anxiety equivalents, too, may be localized as reactions of the skin. Anxiety is physiologically a sympathicotonic state and sympathicotonic reactions of vessels in the skin may represent anxiety.

These examples are very insufficient and specialists in pathological physiology have much more to say, but it must be remembered that they are only quoted as examples for the "nature and classification" of these phenomena.

*Problems of Psychogenesis of Organic Diseases, and Pathoneuroses*

In order to mark the boundaries of the "psychosomatic" field, we started with a few remarks about conversion. We have now to add a few remarks about the opposite border, the field of organic diseases.

Not every organic symptom in which analysis can demonstrate a correlation with mental connotations is necessarily of an organ-neurotic nature. Nothing happens in the organism that is not drawn secondarily into the mental conflicts of the individual. The mere existence of such a connection does not prove anything about the genesis.

The coexistence in a patient of a tumor and of unconscious ideas of pregnancy, or even the analytic proof of the coincidence of the development of a tumor and an intensification of the wish for pregnancy, must not lead to unwarranted etiological conclusions. If the patient dreams of being pregnant at a time preceding the diagnosis of the tumor it would perhaps show that he was unconsciously aware of the tumor before he knew of it consciously, but it does not indicate that the wish to be pregnant caused the development of the tumor.

A further complication in the relation between organic symptom and mental conflicts is brought about by the fact that somatically determined conditions may secondarily change the psychic attitudes of the individual. Adaptation to pain or to changes of body functions is not always easy. The ways in which this adaptation is attempted, and whether or not it succeeds, depends of course on the total structure of the personality, on its history and its latent defense struggles. First of all, the somatic process in the organ consumes much of the libido and the mental attention of the person; his other interests and object relationships are relatively impoverished, which explains why in general being sick makes a person narcissistic.<sup>31</sup> Besides, the disease or physical change may unconsciously represent something to the patient which disturbs the existing equilibrium between repressed and repressing forces. A disease may, like a trauma, be taken as a castration or as an abandonment by fate, or at least as a threat of castration or abandonment. It may also be perceived as a masochistic temptation or mobilize some other latent infantile longing and in this way provoke a neurosis.

The narcissistic withdrawal of the sick person, as well as his unconscious misinterpretations of the disease in terms of instinctual conflicts, underlie the fact that neuroses sometimes develop as a consequence rather than as a cause of somatic diseases. Ferenczi called neuroses which are consequences of somatic diseases 'pathoneuroses'.<sup>32</sup>

A special category of pathoneuroses, appearing mostly in combination with disturbances due to changed chemistry, are the hormonal pathoneuroses.

A quantitative or qualitative change at the source of the instincts must necessarily influence the intensity and nature of the instinctual conflicts and their mental outcome. The authors who have worked in this field stress the *interrelation* of hormonal and mental data, that is, the fact that neurotic symptoms or attitudes in hormonally sick persons also influence the hormonal state.

<sup>31</sup> Freud: On Narcissism, an Introduction. *Coll. Papers*, IV.

<sup>32</sup> Ferenczi, Sandor: Disease—or Pathoneuroses in *Further Contributions to the Theory and Technique of Psychoanalysis*. London: Institute of Psychoanalysis and Hogarth Press, 1926.

The opposite of a pathoneurosis would be a "pathocure": the disappearance of a neurosis with the outbreak of an organic disease. This happens with "moral masochists" whose neuroses represent first of all a suffering by which they pacify their superego. Neuroses of this type become superfluous when replaced by another kind of suffering.

Whenever a connection between an organic symptom and a mental conflict is encountered, the first question must be, "Has the conflict produced the symptom, or the symptom the conflict?" No doubt there is sometimes a vicious circle, symptom and conflict perpetuating each other.

Space does not permit a discussion of hypochondriasis which we hypothetically believe to be a specific changed chemistry. As a matter of fact, the physiological basis of hypochondriasis is still entirely unknown and the whole subject must be treated at length elsewhere.

### *Psychoanalytic Therapy in Organ-Neuroses*

A few words, in conclusion, about the applicability of psychoanalysis as a therapy in the states discussed.

The great variety of the phenomena here examined makes any general statement impossible. There are states which have become "organic" to such an extent that immediate physical treatment is necessary. But whenever symptoms are the outcome of chronic or unconscious attitudes, psychoanalysis is indicated for the purpose of making this attitude conscious and thus overcoming it.

Freud stated that organ-neurotic symptoms are not "directly accessible" to psychoanalysis.<sup>33</sup> Indirectly, they are. If the anxiety or other obstacles which hinder the adequate discharge of a person's impulses are removed by analysis, the indirect symptoms disappear without having been made a specific object of psychoanalysis. The change in the function cannot be "analyzed" because it has no unconscious meaning; however, the attitude which produced it *can* be analyzed and if the attitude is given up, or the state of being dammed-up is overcome, involuntary consequences likewise disappear.

<sup>33</sup> Freud: Psychogenic Visual Disturbances According to Psychoanalytical Conceptions. *Coll. Papers*, II.

It is clear that the attitude or the blocking of discharge and not the symptom itself is the object of analysis. A trial analysis will, as usual, first have to estimate the relative etiological importance of the unconscious factors and establish a "dynamic diagnosis". Monosymptomatic conversions are, of course, no more difficult to analyze than any other hysteria; the closer an organ neurosis is to a psychosis, the more doubtful is the prognosis.

As to the treatment of pathoneuroses, a number of them, as would be expected from the nature of the disturbance, run an acute course and recover spontaneously when the basic somatic disease disappears. If the disease served as a precipitating factor of a genuine neurosis or psychosis, the treatment depends on the nature of the neurosis or psychosis provoked.

How much can be achieved through shorter nonanalytic methods of psychotherapy is a question not to be answered without a detailed discussion as to what the really effective mechanisms of these nonanalytic psychotherapies are, a question which can be answered only by means of psychoanalytic theory. Again there is not sufficient space for such a discussion. I only want to say that, from my experience and scientific conviction, the nonanalytic methods are more applicable in neurotic disturbances related to traumatic neuroses or in acute external difficulties. Superficial methods offer less probability of success, the more a disturbance is an expression of a distorted character structure. Unfortunately, many of the "psychosomatic" disturbances are so based. Certainly it is progress if the connection between symptoms and the person's emotional state becomes at all apparent, and it may be of some help if the patient is enabled to see and to verbalize some of his main conflicts.

I am also rather skeptical about attempts to relate definite psychosomatic pictures to definite personality structures.<sup>34</sup> This procedure may be valid for some cases. In other cases, as Alexander has pointed out,<sup>35</sup> a disorder may be characteristic

<sup>34</sup> Dunbar, Flanders: *Psychosomatic Diagnosis*. New York: Paul B. Hoeber, Inc., 1943.

<sup>35</sup> Alexander, Franz: In a review of *Psychosomatic Diagnosis* by Flanders Dunbar in *Psychosomatic Med.*, VII, 1945.

for a certain emotional state rather than for a personality type, and such a state may occur in various types. Relations between symptoms, emotional state and personality type are complicated and I am afraid that they cannot be cleared up without the use of the psychoanalytic method of research. Psychoanalytic characterology and typology are still in their infancy, but they are sufficient to make one sceptical about a "dynamic personality research" not based on psychoanalysis.

The greater our fund of information, the more obvious it becomes that the solution of every problem creates other new problems. In contrast to certain psychosomatic publications in which the word "psychosomatic" seems to have become a slogan, used to demonstrate that "the psychoanalytic viewpoint is but one among many viewpoints" and "that we have to study physiology too" and "that we can do what psychoanalysts do in a much shorter time", I have the feeling that the insights thus far gained show that the necessary physiological and chemical research in laboratories will bring real progress in our understanding of human nature only if combined with a genuinely psychoanalytic understanding of the psychodynamics.



# EGO ANALYSIS AS A GUIDE TO THERAPY \*

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## 1. *The Ego's Problem in Adaptation and Its Importance in Therapy*

We are all familiar with Freud's account of the historical development of his own attitudes toward psychoanalytic therapy. In his early therapeutic efforts he directly interpreted repressed psychic contents and was even somewhat annoyed, as the dream of Irma's injection shows, if the patient was not able to accept his interpretation. Later, however, he came to realize that repressed mental contents could only be brought to consciousness by analyzing the ego's defenses against them.

It has now become a standard principle of psychoanalytic technique, therefore, not to interpret the repressed content of id impulses directly without first carefully orienting oneself as to the nature and strength of the ego's defenses against them. The fascination of deep unconscious material is so great, however, that even the most experienced analysts are frequently tempted to violate this important technical principle, and beginners in psychoanalysis usually find it much easier to recognize and interpret immediately repressed unconscious wishes than to restrain their delight in discovery until they have gone to the trouble of orienting themselves carefully as to the relation of these repressed impulses to the patient's conscious attitudes and behavior.

In the following discussion I wish both to illustrate this well recognized and well established technical principle and to propose an extension of it. The principles that I wish to suggest are, I believe, practiced intuitively, at least at times, by most experienced psychoanalysts, but I wish to propose a systematic elaboration and application of them.

Analysis of the resistances focuses our attention on the ego's

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defenses and upon the defensive function of the ego. The ego's defenses, however, are only one aspect of its more important and central function, the function of synthesis or integration. The aim of therapy is to improve this synthetic or integrative function. It seems to follow therefore that as a guide to therapy our attention should be focused primarily neither upon the repressed impulses nor upon the ego's defenses alone, but rather upon the integrative function of the ego, upon the specific integrative task that confronts the ego at each point in the analysis, upon the problem that at each particular moment the ego is attempting to solve.

How can this be done? Obviously, in order to understand the ego's integrative task at a particular moment we must first discover both the nature of the repressed wishes that are struggling to emerge into consciousness and also the nature of the defenses of the ego against these repressed wishes. But we must also attempt to reconstruct something more. We need to know not only the motives that have been repressed but also the motives that have given rise to the defensive reaction. It is important to determine, for example, whether a disturbing sexual impulse has been repressed on account of fear of punishment, of fear of loss of the mother's love, of guilt, or of pride. Then when we have determined the motive of the defense we are ready to reconstruct the integrative problem with which the ego is faced at this particular moment.

In each of the four cases above mentioned, for example, the ego's problem will be different. In one case the patient's problem will be either to find some outlet for his sexual impulses without incurring punishment, or to find some way of reconciling himself to the punishment. In another the problem will be either to find some way of making the disturbing impulse acceptable to the mother or to find some substitute that will make the patient less dependent upon the mother. In still another case the problem may be either to find some way of compensating for the patient's injured pride or to modify the disturbing sexual impulse so as to make it consistent with the patient's pride.

In order to reconstruct the ego's problem, however, it is

necessary not only to determine the nature of the conflicting motives but also to take into account the patient's real situation in relationship to them. A patient whose central problem is to reconcile sexual impulses with his need for the mother's love, for example, will find his problem much simplified if some mother figure has just indicated to him what he might do to please her.

Formulated from a somewhat different point of view, the ego's integrative problem at any particular moment is the problem in adaptation presented to the ego by the actual situation at that time. For the sake of clarity, however, it is important to emphasize that it is not only the real external situation that constitutes the ego's problem but rather the conflicting needs with which the patient is reacting to this situation. It will be noticed that such an approach to therapy focuses our attention systematically upon the patient's actual conflict at the moment rather than upon infantile memories.

In our psychoanalytic thinking we are accustomed much of the time to think of a patient's irrational behavior as a compulsive repetition of traumatic events in childhood. It is this concept that underlies Freud's definition of the "transference". We think of the patient as having transferred to his present situation in the analysis, attitudes and reaction patterns that first arose in and were appropriate reactions to a childhood situation. Our psychoanalytic experience in fact furnishes us with numerous dramatic examples of almost complete reënactment in the analytic situation of traumatic events from the patient's past.

Such complete and dramatic reënactments of a past event are exceptional, however, even in an analysis. This fact can be explained only on the assumption that the tendency to react according to the pattern of the past is only one of the tendencies that contribute to ordinary behavior. Equally important for the understanding of our therapeutic situations is a tendency in exactly the opposite direction. Every patient has innumerable memories. Different memories emerge on different days. One of the principles that determines the selection of particular memories for reactivation at particular times is that each situa-

tion in the present tends to reactivate memories of similar situations with which the patient has been faced in the past.

It is easy to see that this principle has an adaptive significance. Every reaction to a present situation must be based in large part upon past experience. Past experience, however, is a vast storehouse of memories. If all of these memories could be reactivated at once the result would be hopeless confusion. If past experience is to serve a useful function in guiding behavior in the present it is necessary that the present exert a selective influence on the choice of the particular memories that are to be reactivated. The reaction patterns in the past that are likely to be most useful in solving present problems are obviously those that dealt with similar situations. One must search in the past for precedents that could be useful in solving a present problem. It is therefore to be expected that there is a tendency for a present situation to select for reactivation those memories and behavior patterns that dealt with similar problems in the past.

The application of these principles to our therapeutic problem can be formulated thus: in therapy it is not only important to recognize the influence of patterns from the past upon present behavior, but for our practical guidance from day to day it is even more important to recognize that the choice of particular memories for reactivation is determined in largest part by the particular problem in adaptation with which the ego is struggling at the moment. It is this problem in adaptation about which our therapy must be oriented.

A thesis such as this could probably best be illustrated by a somewhat extended account of the therapy of particular cases. Because of the limitation of time and other motives, however, it will be necessary in this paper to illustrate it only by a series of anecdotes.

## 2. *Significance of Dreams of Seduction*

Frequently a patient brings us dreams or other material in which the analyst is accused of seducing the patient. If we are interested only in the repressed wish we might interpret such material as evidence of the patient's wish to be seduced. The defense in this case would be projection, one of accusing the

analyst of seducing rather than acknowledging the wish to be seduced. Both of these interpretations would be correct as far as they go but they would miss the point of the material in so far as therapeutic indications are concerned. In a very considerable proportion of cases, dreams of seduction are a reaction to the therapeutic process itself. The patient comes to the analysis with certain forbidden sexual wishes which have been repressed on account of guilt. The analysis then surprises the patient by seeming to give encouragement to these disturbing wishes. The patient's conscience is startled and then reacts to the analysis as a dangerous seduction. It follows that this accusation against the analyst is not only a projection but has also some basis in reality. The therapeutic indication is therefore to recognize the truth contained in the patient's accusation and then to proceed further to point out the differences between psychoanalysis and seduction, to point out that the purpose of the analysis is only to encourage a patient to become conscious of her sexual impulses and to enable her to discuss them freely; but that the question of what she should do about them is obviously one that she herself must decide after taking into account both the disturbing impulses themselves and the reactions of her conscience against them.

In other cases the accusation implied in the patient's material goes further than this. The patient in a dream will perhaps picture the analyst as indulging quite openly in unabashed sexual activities with her, the implication being that the therapy has become some kind of perverse sexual activity for both therapist and patient. Again if we are interested only in the repressed mental content we would be compelled to interpret such material as evidence of an extremely open avowal of sexual wishes toward the analyst; and again the defense is projection. From the point of view of the therapeutic problem, however, such interpretations would once more miss the point entirely. Most frequently such material is a sign that the patient has forgotten the therapeutic purpose for which she originally consulted the analyst, and without admitting it to herself is utilizing the analysis primarily as a source of erotic gratification; but the accusation against the analyst also usually has its

justification in reality in the fact that the analyst has failed to recognize this transference resistance. Thus having failed to recall her to her therapeutic task by pointing out the resistance, the analyst has laid himself open to the charge that he also is responsible for the patient's resistance. In such cases the therapeutic indication is to do just what the patient's material is accusing the analyst of failing to do, to interpret the patient's self-indulgent utilization of the analysis as a source of erotic gratification and thus to call her back to her therapeutic task. Here it will be noticed that the dream when properly interpreted practically prescribes what the analyst's next therapeutic step should be.

### 3. *The Patient's Material as a Therapeutic Guide*

It will be noted that in both of these cases the patient's material not only gives us definite indications as to the nature of the patient's own conflict, but also permits the analyst to read directly from the material a valid critical judgment upon his own handling of the therapy as well as important indications as to what his own next therapeutic step should be. This I believe to be a principle of quite general validity. In supervising the analysis of students I have frequently noted rather sharp changes in the character of the transference relationship as soon as the student analyst corrected an important error in his handling of the case. A frequent change of this sort is the following: the patient, throughout his material, may be identifying the analyst with an indulgent mother. The supervising analyst then discovers that the student analyst has been failing to interpret important material or to follow up his interpretations properly with interpretation of confirmatory evidence. The student returning to the patient then makes the necessary interpretations and follows them up energetically by pointing out the supporting evidence in the succeeding material. As a result of the student's more energetic interpretations the patient's material now promptly identifies him no longer with an indulgent mother but rather with a punishing father. In a paper<sup>1</sup> published a number of years ago I have already given

<sup>1</sup> French, Thomas M.: A Clinical Study of Learning in the Course of a Psychoanalytic Treatment. *Psy. Quarterly*, V, 1936, pp. 148-194.

an illustration of such a sudden transition in the patient's material from a "depreciated younger brother" transference to a "dangerous father" transference immediately after I had taken effective measures not to cooperate further in the patient's attempt to make play of the analysis.

In other cases the patient's material may indicate that the analyst has plunged too quickly into disturbing emotional conflicts. Fortunately if we can learn to read them the patient's behavior and associations usually give us very precise day to day indications as to how much interpretation the patient can tolerate. If the therapist is alert to such indications, he can usually become quickly aware of the patient's inability to tolerate a disturbing insight. As an example I may cite a patient to whom a premature interpretation of a homosexual conflict was made. The next day the patient made no reference to this interpretation but in his associations revolving about a dream there repeatedly occurred the theme of people going insane. It was obvious that the patient feared unconsciously that facing this interpretation would drive him "crazy". The therapist therefore wisely refrained from pressing the interpretation further and simply remarked, "I think my interpretation yesterday must have frightened you". The patient thought a moment, then said, "To tell you the truth, Doctor, I can't remember what your interpretation was". Interpretation for a considerable period thereafter centered upon the patient's fear. After a period of about a month, however, this fear had diminished sufficiently so that the original interpretation could be repeated, and this time the patient was much better able to face and discuss it.

#### *4. Relieving Anxiety by Encouraging Resistance*

Not infrequently the natural reactions of the analyst tend to mislead him as to the significance of particular types of material in relation to the therapeutic process. It is especially easy for most of us to be misled in this way by defenses that have an aggressive character. As an example I may cite the case of a social worker, who began her analysis with an elaborate case history of her parents and a desire to discuss the parents' problems as she might have discussed the problems of some of her

clients. After this there was a very evident need to be extremely technical in the discussion of her own mechanisms. It was obvious that the patient was attempting to play the rôle of analyst instead of accepting the rôle of patient. An analyst who was susceptible to such competition from his patients might have interpreted this as an aggressive and competitive masculine identification. He might easily have justified such an interpretation, for competitive motives of masculine identification did actually play a considerable rôle in this patient's behavior.

Such an interpretation would have missed the real significance of this patient's need at this time to emphasize her profession by discussing herself technically as a case history. As was abundantly confirmed by later material, this patient's need to maintain her rôle as a case worker in relation to the analyst was an attempt at intellectual mastery of an unconscious but intense anxiety with which the patient was approaching the beginning of her treatment. The problem in adaptation with which the patient was struggling was therefore the problem of overcoming her anxiety sufficiently to make it possible for her really to discuss her own personal problems. To have interpreted this resistance as motivated by an aggressive impulse toward the analyst would only have increased the patient's anxiety. It would have driven the patient into a vicious circle, since an increase in her anxiety might easily have caused her to react more aggressively and thus stimulate further the analyst's own need to "overcome her resistance".

As soon as we realize, however, that the patient's therapeutic problem is not one of "overcoming a resistance", but one of mastering anxiety, we see that the indication is not to push the patient at all to overcome her resistance. Our task is first to interpret her anxiety, and then to compare the analytic process to a child's gradually overcoming his fear in learning to swim or ride horseback and to explain to her that there is no hurry.

In this particular case the analyst even went so far as to give encouragement to her resistance. The patient herself was consciously very determined to "overcome" her "resistance" and kept reproaching herself about her difficulty in bringing asso-

ciative material. To this the analyst replied that her attempt to drive herself was having the same effect upon her anxiety as an attempt on the part of the analyst to do the same thing might have had. It was only frightening her the more. Making use of the analogy of learning to swim or ride horseback, the analyst explained to her that the best way to overcome her fear was not to drive herself but to try to relax. She must wait patiently until a gradual relaxation of her anxiety permitted her material to emerge spontaneously. In these explanations the analyst even went so far as to point out to her the essentially protective function of the resistance as a much needed buffer, which kept her from plunging into disturbing material too rapidly. In other words the therapeutic indication at this time was to put the patient as much at ease as possible and to wait for the effect of a diminution of anxiety, which would make it possible for her in good time to bring out the content of the disturbing conflicts.

As the analysis progressed there appeared at first dreams which gave expression to the patient's acute anxiety, or which attempted to reassure her against it. In one such dream she was on a narrow, insecure bridge, walking over a stream far below. Later the anxiety gradually began to appear in consciousness. It then became possible to sense that the anxiety was in reaction to extremely masochistic impulses in the transference. These masochistic impulses toward the analyst were themselves, as is so frequently the case, a reaction to a conflict between aggressive competitive impulses toward her mother and the patient's need to remain secure in her mother's love, a need which proved to be very important in this patient's life.

Just as hints of this masochistic transference were beginning to appear in the material, the patient one day confessed that she was withholding something. She asked if it was really necessary for her to tell it. Then for several days she was tortured by acute anxiety which made sleep impossible, while she was struggling in vain to overcome her resistance against telling me the thoughts that she was suppressing. After this futile procedure had continued for several hours in succession it finally occurred to me to ask myself a very simple question.

Since this material seemed to be so painful, why was it that the patient had not succeeded in protecting herself more effectively against it by repressing it? This question gave me the clue to the real meaning of her behavior. It was evidently necessary for the patient to suffer. Telling me that she had some associations that she was withholding was motivated by the unconscious wish to provoke me to extract the disturbing material painfully from her. The patient must have had a need to convert the analysis into a painful process, in which she was to be compelled to make most disturbing confessions. When this was pointed out to her she brought immediate confirmation by recalling a time when another psychiatrist, years before, had actually succeeded after a long struggle in dragging disturbing material out of her. In the light of the hints that had preceded we can now sense that this need to make the analysis such a painful process was motivated by the urge to justify herself in utilizing the analysis for emotional gratification with the analyst as a father figure.

##### *5. The Problem of Terminating the Analysis*

The problem of termination of the analysis is one about which much has been written. Sometimes for long periods nothing new seems to be brought out by an analysis. It seems to be dragging out indefinitely. The analyst's conscience then may be disturbed by what seems a futile procedure. It is probably in reaction to such feelings of discomfort that proposals have frequently been made in the psychoanalytic literature for the analyst to set a definite date for the termination of the analysis. As we know, Freud experimented with this device of setting a date for termination; but he discussed it in terms which implied that he considered it an authoritative act, one which would probably injure the prestige of the analyst in the patient's eyes should the analyst be compelled later to change his mind.

The question as to termination or interruption of the analysis looks different, however, if we consider it in terms of the concept of the analysis as a learning process. The therapeutic problem then becomes one as to whether the patient will learn more inside or outside the analysis.

From this point of view an analysis may be divided into three phases. In the beginning the patient is usually dealing with a problem of adjusting to the analysis itself. In the example cited above, the problem was one of overcoming the patient's fear of the analysis. Some such resistance to the analytic process itself must be dealt with at the beginning of every analysis.

Later the problems with which the patient must deal are those in his or her real life situation for which he has in the past been unable to find a solution. Then as a result of the emotional support which the patient receives from his relationship to the analyst the intensity of these conflicts is somewhat reduced, so that he becomes able step by step to find a more satisfactory solution for these problems in real life.

If the analysis proceeds satisfactorily the patient's adjustment in real life situations ultimately becomes relatively satisfactory and his problem then begins to take on another character. It becomes more and more one of dispensing with the emotional support derived from his relationship to the analyst and attempting to test out his newly won adjustments to real life without the aid of the analyst. Quite obviously the therapeutic indication will now be to broach the problem of interrupting or terminating the analysis.

In my experience it is usually neither necessary nor desirable to do this in an authoritative manner. Often at first the mere suggestion that the analysis ought to be terminated at some time will mobilize quite sufficiently the patient's conflict about getting along without analysis. The motives that induce the patient to cling to the therapy can then be analyzed. After these motives have been analyzed either patient or therapist may then proceed to more definite plans for interruption or termination.

In the discussion of the patient's reactions to the prospect of termination, the analyst may profitably compare the problem to that of a child learning to accept weaning or learning to walk without support.

There need be nothing arbitrary about a decision to terminate analysis on a particular date. Such a suggestion can be made as a quite tentative or experimental one. It may be that

both patient and analyst have misjudged the intensity of the weaning conflict and in such a case, when approached in this way, there can be no harm in postponing the date agreed upon. When this happens, the patient's discovery that his resistance to leaving the analysis is so intense will in itself be an instructive experience. Usually for the same reason it is well not to think in terms of irrevocable termination of an analysis but rather in terms of an experimental interruption to determine whether the patient can permanently dispense with the analyst's aid.

Very fortunately if the analyst keeps alert and conceives the patient's reactions as a learning process, the material will usually give definite indications as to when the possibility of interruption or termination should be broached. One of the surest signs is material alluding to the length of the analysis, either projected material protesting that the analyst is dragging out the analysis unnecessarily, or associative trends finding excuses for continuing in analysis, or unconscious material centering about birth, weaning, or other problems of separation from parental support.

Such associative trends are very often interpreted as resistance against bringing out unconscious material. The analyst, stimulated perhaps by the desire to recover some suspected infantile memories, may allow the analysis to be dragged out for a long time. Instead of thus clinging vainly to the hope of satisfying his curiosity the analyst should rather concentrate attention on the patient's own unconscious realization that he is clinging to the analysis for emotional support and that he is neglecting the task that lies ahead, which is to learn to get along without the analyst. Very often in such cases the only way to induce the patient to bring out the suspected memories may be to confront him with the problem in adjustment to real life of which the particular memory may have been just one example.

To illustrate we may cite the case of a patient who during a long analysis had developed keen insight into very many of her problems. At the time we are now considering she was bringing many dreams which were relatively easy to interpret. These she discussed in the analytic hours with a great deal

of interest. She seemed like the ideal coöperative patient, but the numerous dream analyses brought out merely the same insights that had been discussed many times.

After a time, however, she herself began to be impatient and to protest that her analysis was lasting too long. Finally she proposed that the analysis ought soon to be terminated. The analyst did not discourage her in this decision and after a short discussion a date was set for termination after about one month more of analysis.

The next day, however, the patient reported that in the preceding twenty-four hours she had been obsessed with a sudden and complete scepticism about the validity of her whole analysis. All that she had previously learned about herself and that she had come so enthusiastically to accept, she now felt to be "all hoey".

The meaning of this sudden scepticism was of course not difficult to guess. The patient's acceptance of interpretations had been only one side of an unconscious bargain. If the analyst would give her the emotional satisfaction and support of listening to and appreciating her keen intuitive understanding of dream analysis, then the patient would be quite content to believe what he told her and to accept his interpretations, but if the emotional satisfaction that she derived from the analysis must be renounced, then she was no longer willing to pay him the compliment of accepting his interpretations.

This reaction now made doubly clear the approaching problem in adaptation. Her next task must be to struggle through to an independent insight that no longer needs to be supported by the reward of fascinating intellectual discussions with the analyst. In as much as the patient's reaction indicates so clearly that this is the problem, we may take this reaction as an excellent confirmation of the decision of the previous day, namely, that it is now time for her to experiment with the problem of trying to walk alone.



# THE PSYCHOLOGY OF PUNISHMENT \*

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## I. INTRODUCTORY

In recent years it has been pointed out that delinquent and criminal behavior is commonly motivated by unconscious forces and is, therefore, not a product of the ego or reason. In consequence, attempts to prevent and to rectify such behavior by measures such as punishment directed solely towards the ego are doomed to failure because they leave its unconscious sources unaffected. In fact, it was probably repeated failures (a large number of criminals are punished again and again without effect) that finally led the jurist to pay a little attention, however reluctantly, to the psychological point of view. That this attention should be so little, and that it should be so reluctantly given, are evidences which contribute to the conclusion—the main theme of this paper—that the behavior of the punisher, like that of his opposite number, the punished, is not free from contributions from an unconscious or non-ego level of the mind.

This paper proposes to show that, like delinquency, the compulsion to punish delinquency has its origins in similar unconscious or emotional levels—that, like delinquency, it is more a product of instinct and emotion than of reason. Thus the punisher would appear to be the victim of unconscious forces and mechanisms similar to those of the punished and, therefore, a most unsuitable person to treat the latter's symptoms. His complete failure to effect a cure, or indeed to throw any light upon the disease, tends to confirm this conclusion.

It will hardly be claimed that there is *no* difference between the punisher and the punished, between the criminal and the jurist. Their position sociologically is a very different one, and this must be brought about by differences in their psychol-

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ogy. One's position is very different according to which side one takes in a civil war. If the emotional values are not too strong in proportion to the ego values, the sane person—that is, the person with the relatively greater ability to conform to his ego values—will choose the winning side. Thus we may conclude that the punisher has more capacity for ego valuation, is more sane than the punished. If he is similarly driven by his unconscious emotional needs, he is getting his relief or gratification, at least in greater conformity with his ego requirements. Admittedly there is an ego difference between the punisher and the punished. There is also frequently, though not invariably, a deeper non-ego difference. The punished is frequently unconsciously in need of punishment while the punisher is unconsciously in need of inflicting it. There is a difference therefore in the balance of the emotional conflict. There is a difference between masochism and sadism, though a difference which is more apparent than real, as is evidenced by their reversibility. The ego has to do merely with the execution of the act which gives release to the tension.

Lest it should be thought that the importance of the ego in the institution of punishment is being underestimated, and as a preliminary to exposing the mental forces and mechanisms at work, it is necessary to review samples of the sociological data. These will include a few legal punishments past and present, a brief review of the principle or theory of punishment as advanced by jurists and others, evidence of the psychology of some criminals, and finally a clinical case history showing in operation the various forces which produce the need to punish. This last is the special evidence which justifies the writing of this paper. If this and the conclusions drawn from it seem unduly deferred, delay may be justified by the greater comprehensiveness in data and the greater conviction in results. In the meantime there is much relevant matter of interest to be considered.

## II. HISTORICAL SURVEY

Without a study of evolution, life as it exists to-day would be imperfectly understood, and without some chronological survey, legal punishment of to-day would lack its true perspective.

Nevertheless, it is necessary to emphasize that the subject of this paper is the psychology of punishment and not the history of punishment. Naturally, therefore, material which is irrelevant to a clear insight into this psychology is excluded no matter how relevant it may be to a comprehensive historical review.

For instance, I am fully aware that large numbers of reformers have fought for generations to modify the more obvious sadism of our legal practices. Beccaria, Penn, Howard, Fry, Romilly, Bentham, Gall, Franklin, Montaigne, Moore, Fielding, Dickens, Shaw, Galsworthy, Tolstoi, Dostoevsky, Voltaire, Victor Hugo, Zola, Melville, Dreiser and a host of unnamed and unnameable reformers and writers have all contributed the modifying influence of enlightenment and of reason to the unthinking emotional reaction, the naïve sadism of public, jurist and ecclesiastic.

Their arguments, theories and activities, though most relevant to a paper on the history of punishment or to a paper on the psychology of *opposition* to punishment, do not help to elucidate the deeper psychopathology of punishment, its advocacy, institution and maintenance. Perhaps, therefore, there is no need to apologize for their omission from the following abbreviated review.

From the earliest times of which there is any record, crimes were not judged by utilitarian standards but by the supposed offence given to some tribal deity.<sup>1</sup> If the tribe did not punish the culprit, the outraged god would punish the whole tribe with a terrible vengeance (e.g. the story of Jonah). Thus it was believed that incest would anger the gods and bring down their curse on the crops.<sup>2</sup> The types of punishment inflicted were almost invariably castration equivalents.<sup>3</sup> The Chinese Book

<sup>1</sup> The present-day legal attitude towards acts of sexual perversion that do not infringe the liberty of the person (e.g. homosexuality between adults with mutual consent) and towards bestiality may fairly be taken as the true successors of the above attitude. The standard is not utilitarian, and the impression is that a psychological equivalent of the tribal deity is implied if not avowed.

<sup>2</sup> Frazer, *Golden Bough*.

<sup>3</sup> Melanie Klein (*The Psychoanalysis of Children*, 1932) tells us that: "Children who, unconsciously, were expecting to be cut to pieces, beheaded, devoured and so on, would feel compelled to be naughty and to get punished." "Castration

of Rites, which goes back to Confucius, (500 B.C.) names four punishments: branding, cutting off the nose, cutting off the feet, and death.

Punishment, if not actually partaken in by the public, was at least a much-appreciated public spectacle. With the attainment of a higher degree of civilization the art of showmanship advanced and punishment as an enjoyable entertainment became an important part of civic life. This was notably the case in Rome, where the Roman holiday, in addition to the arena practice of throwing criminals to wild animals, included many variations, such as the public castration of minor offenders.

It cannot be denied that there was overt sadistic enjoyment in the infliction of punishment during the childhood of civilization. In the exercise of this violent superego activity, those very urges that were being punished, namely, the aggressive and the libidinal (in short, the sadistic), were evidently much exercised and enjoyed. The urge to punish is thus seen to derive its dynamic force from those very instincts that it proposed to destroy. It is therefore merely another mode of expressing and enjoying those instincts. The particular mechanism employed is almost identical with that of neurosis where the instinct is gratified and the superego opposition is expressed in one and the same symptomatic act. The only essential difference is that in the case of punishment it is the criminal and not one's own instinct or id that is identified with the fantasied bad object. By virtue of this projection the punisher may now identify himself with the superego and freely enjoy the release of his instinct-derived impulses at the expense of the scapegoat; the "neurosis" is now extra-psychic—in the outer world—instead of being intra-psychic.

The character of punishment as here portrayed has remained consistent throughout the ages. Its sadistic nature and the overt enjoyment of it by punishers and public, have shown no impor-

tion" might well be included here. Alternatively, they would doubtless develop a sadistic superego, equivalent in violence to the instinct urges it was meant to oppose (anti-cathexis). This is the sort of thing that happens in obsessional neurosis. Freud has said that without exception these are persons who, even in early life, betrayed their unconscious aggressiveness.

tant changes until quite recent times. In England, in the Saxon period, mutilation was still the favorite punishment.<sup>4</sup> Eyes, tongues and scalps were torn away. In the Norman period, hunting in the king's preserves was punished by castration.<sup>5</sup> (It is interesting here to remember the equivalent in the unconscious.) It was common to cut off the right hand at the same time. Flogging was often carried to unbelievable lengths. In 1530 an Act was passed to deal with vagabonds, as follows: "Such idle person shall be had to the next market town tied to the end of a cart, naked, and beaten with whips throughout the town until his body be bloody by reason of such whipping."

Titus Oates, twice flogged through London, is said to have received over two thousand lashes. The intention was to flog him to death (cf. the impulse in the clinical case recorded in § V), but he survived.

The following is an instance of a death sentence pronounced by a judge in the reign of Queen Elizabeth: "Thou shalt be drawn through the open City of London to the place of execution and there hanged and let down alive, and thy privy parts cut off and thy entrails taken out and burned in thy sight. Then thy head shall be cut off and thy body divided into four parts to be disposed of at Her Majesty's pleasure; and God have mercy on thy soul."

If one reads accounts of the excitement and the drunken revelry in and about Newgate and all along the route from there to Tyburn (as late as the nineteenth century) one can have no doubt that punishment was a great emotional outlet. As at the ancient Roman arena the space at Tyburn Tree (Marble Arch) was provided with seats for which a fee was charged. In the seventeenth century, animals, corpses, and children were solemnly tried and executed. As late as 1801 a boy of 12 was strung up by the public hangman for the theft of a spoon from a dwelling house.

Overt savagery in punishment was slow to die in spite of the efforts of many reformers. It is not unusual even to-day to hear magistrates and others expressing regret at the mitigation of

<sup>4</sup> Parry, *History of Torture in England* (London).

<sup>5</sup> Home, *History of London*.

the general resort to birchings and other forms of violence. And this in spite of all the teachings of reformers. As long ago as 1764 Beccaria detected an implicit relationship between the psychology of crime and punishment when he wrote: "The countries most noted for the severity of punishments were always those in which the most bloody and inhuman actions were committed, for the hand of the assassin and the legislator were directed by the same spirit of ferocity." <sup>6</sup>

He was followed by Bentham who said: "Be slow to believe in death. By disusing it as a punishment you will prevent it as a crime." <sup>7</sup> And by Romilly: "Cruel punishments have an inevitable tendency to produce cruelty in a people." <sup>8</sup>

Thackeray, at the conclusion of a description of an execution he saw in 1840, wrote: ". . . I came away that morning with a disgust for murder; but it was for *the murder I saw done*. . . ." <sup>9</sup>

Nevertheless, where customs, well or badly rationalized, have their source in instinctual gratification, the public is loath to forego them.

If punishments in general emphasize the aggressive component of the sadistic impulse (masquerading as superego), a study of the centuries of the witch epidemic (1484-1793) provide us with ample material emphasizing the libidinal component. For example, the Hopkins test consisted of thrusting long pins or bodkins (especially made for the purpose) into various parts of the accused woman's naked body. If at any moment the victim did not cry out with pain, the "witch's mark" was said to have been found and guilt established. Wickwar says: "When one considers that the torture was carried on until there was probably an insensibility to all feeling, it is easy to imagine that the witch-finder always scored." "In the *Malleus* these matters (ideas of fornication with the Devil, etc.) are argued to the finest point of sophistry, and the rules laid down are of such a

<sup>6</sup> Beccaria, *Dei delitti e delle pene*, quoted by Wilson in *The Crime of Punishment*, p. 147.

<sup>7</sup> Bentham quoted by Wilson in *The Crime of Punishment*, p. 151.

<sup>8</sup> Romilly, *ibid.*, p. 165.

<sup>9</sup> Thackeray, *ibid.*, p. 171.

nature as to prevent the escape from horrible torture or death of any woman that might be accused by a spiteful neighbor." <sup>10</sup>

The impression conveyed by these and other records of punishments is that the mechanism of transferring the sadistic impulses to the service of the superego facilitates social organization and enables them to achieve a new lease of life and freedom.

A few statistics may lend point to this contention. In Europe the total number of victims ran well into millions.<sup>11</sup> In Spain, in the brief period of eighteen years of his administration (1481-99), Torquemada alone burnt at the stake or otherwise had done to death 105,294 persons.<sup>12</sup> During the sixteenth and seventeenth centuries of the Spanish Inquisition the population of that country was appreciably lowered, falling from 20 million to 6 million. "Although the actual extent of the epidemic may have been exaggerated by some writers, nothing can exaggerate the horror of the detailed cruelty." <sup>13</sup>

It is difficult to believe that any amount of private infliction of torture and murder would ever reach commensurate figures. The only comparable depletion of a population by human action would be due to war, another superego organization of the aggressive and libidinal urges on a national scale.

Enough has been said to indicate that punishment included in the source and early practice those very instincts, aggressive and libidinal, which it professed to repudiate and destroy.

It might be assumed that the modifications of punishment which have since taken place, particularly the much later development of imprisonment as a punishment, must be an indication of the ego having taken the matter in hand. It might be thought that punishment was a sadistic enjoyment, but now is a product of reality considerations and of reason—that its psychology has changed. Apart from the fact that no new principle or theory has been advocated, such alteration is not necessarily the case. In the light of evolution it would appear almost

<sup>10</sup> Ernest Jones, *On the Nightmare*, p. 223.

<sup>11</sup> W. G. Soldan, *Geschichte der Hexenprozesse*, 1880 edition, I, 181.

<sup>12</sup> Llorente, *History of the Inquisition*, p. 578.

<sup>13</sup> Ernest Jones, *On the Nightmare*, p. 224.

miraculous if such a revolutionary change had in fact taken place. The same *principle*, that of punishment, has been, and is still being, maintained, and it seems likely that quite other elements than those of science or reality are responsible for the apparent changes in practice. For instance, it might be assumed that the cessation of such a fantastic procedure as the torture and burning of women for fornication with the devil must have been the product of a saner psychology. After a profound study of the subject, Ernest Jones came to a very different conclusion: "The end of the Witch epidemic needs almost as much explanation as its origin. . . . There was a notable increase in Puritanism . . . the general attitude towards sex and sexuality underwent a very extensive change. Instead of it being loudly declaimed and stamped on as a dangerous sin, it became more and more suppressed as a topic of public discussion. . . . Now this change of attitude was quite inconsistent with a continuance of the Witch epidemic, for the Witch trials consisted largely of ventilating in great detail the most repellant aspects of sexuality. . . . The very factor, therefore, namely excessive sexual repression, that had made the Witchcraft epidemic possible in the first place was, when developed to a more intense degree, an important one in destroying its own fruit. We are familiar with clinical parallels to this process: many neurotic manifestations of a given stage of repression become incompatible with a more intense one, the erotic source of them being intolerable, and so disappear."<sup>14</sup> Thus Ernest Jones concludes that witch trials disappeared, *not* on account of sanity prevailing over the disease, but, on the contrary, on account of the disease process progressing to a further and more severe stage.

We may ask if it may not be on account of further repression that we have hidden our injuries to accused persons behind prison walls. May this be the modern equivalent of that earlier repression of the sadism of punishment which found its expression in the Eastern habit of burying alive? Barnes says: "The cruelties of present-day imprisonment are for the most part screened from the specific knowledge of the public. . . . The key to the defects, abuses and cruelties of the present prison

<sup>14</sup> *Ibid.*, pp. 228 et seq.

system is to be found in the fact that, whatever the pretext, the actual purpose of imprisonment is not reformation but punishment. Of course, the older attitude of conventional penology was that punishment itself necessarily produces reformation, but we now know that in most cases exactly the opposite result is brought about.”<sup>15</sup> (Vide § III of this paper.)

We may reflect that it was not so very long ago that the manifestly insane were similarly manacled and chained and subjected to *punitive* detention. May it not be that this is still, though less manifestly, the case? On the basis of laboriously compiled statistics comparing the countries of Europe and elsewhere in the ratio of members of asylums to the number of prison inmates, Penrose concludes that: “as a general rule, if the prison services are extensive, the asylum population is relatively small and the reverse also tends to be true”.<sup>16</sup>

Further, with reference to prison population he says: “It may be that the first attempt at controlling these people is to provide prisons with a view to punishing them in the hope that they will ultimately be made into good citizens. Thus, the community first evolves a system of jurisdiction supported by prisons: later on, the medico-psychological attitude towards crime develops and the people who, in earlier epochs, would have been confined in prison become subjects for medical investigation and treatment. This view received some support from the history of the treatment of criminals in a given country, such as England: indeed, in the earliest asylums, patients were often confined, like prisoners, in chains.”<sup>17</sup>

It would seem, according to Barnes, that if prisoners are not at first “subjects for medical investigation and treatment” they bid fair to become so: “Particularly serious, though almost uniformly overlooked, is the total denial of any sex life to all the inmates of penal institutions, in spite of the fact that many prisoners are of a hyper-sexed type who have been leading an unusually free sex life before incarceration.”<sup>18</sup> It may be that this would not be so injurious in itself if there were adequate oppor-

<sup>15</sup> Barnes, *Repression of Crime*, p. 289.

<sup>16</sup> Penrose in *Brit. J. Med. Psychol.*, 18, 1.

<sup>17</sup> *Ibid.*, p. 8.

<sup>18</sup> Barnes, *Repression of Crime*, p. 289.

tunity for displacement and sublimation of the suppressed sex instincts through professional, cultural and recreational outlets." <sup>19</sup> What may be "serious" is that not only are the instincts suppressed but also their natural displacements and sublimations are denied. If this is not inconsistent with mental health, it is certainly putting a burden upon the mind's natural tendency to find healthy adjustment.

Evidence of this state of affairs is shown in prisons by the way the sex urge seeks, and often finds, expression in all sorts of pathological conduct. Barnes says: "If one were to plan an institution designed to promote sexual degeneracy one would arrive at the modern prison." <sup>20</sup> We may reflect that this sexual degeneracy is just an attempt on the part of the psyche to find an outlet for mental tension which would otherwise further damage it, perhaps to the extent of a permanent psychosis.

I have been told by an ex-prisoner that the above is true of some prisons, particularly of convict prisons, but not of others. In these others, according to him, his main preoccupation was hunger: "For two years, during every part of my waking life, I was never free from the consciousness of hunger." How much of this may have been a displacement of sexual hunger I do not know. If it had objective causes, the question arises whether it is any less injurious to the psyche than protracted sexual hunger.

To assess the degree of injury suffered by legal punishment of whatever degree or variety it would be necessary to conduct a clinical study of individual cases—perhaps a further extension of the sort of work done by Dr. Palthorpe in her book, *What We Put in Prison*. Such a study would bring us to the conclusion that punishment implies injury, physical or mental, to its victim. I hope to show later on that it provides, at the same time, a certain satisfaction or helpful outlet for those employing this mode of relief.

To lend emphasis to the very practical contention that the psychology of punishment has not altered in its fundamental character, I am tempted to draw a comparison between the

<sup>19</sup> *Ibid.*, p. 292.

<sup>20</sup> *Ibid.*, p. 292.

legal sadism of the sixteenth century and that of modern times by recording a specimen of the descriptions of punishment which abound in every book on its history, and then to follow this by an excerpt, chosen at random, from a newspaper description of a very recent Court scene.

The following account is chosen from Mr. Lytton Strachey's *Elizabeth and Essex*, in which he says at that time it was practically impossible for anyone accused of treason to be acquitted. The accused were Dr. Lopez, Physician in Chief to Queen Elizabeth, and with him a fellow-Portuguese and a young Spanish soldier.

"Then—it was June 1594—the three men, bound to hurdles, were dragged up Holborn, past the doctor's house, to Tyburn. A vast crowd was assembled to enjoy the spectacle. The doctor, standing on the scaffold, attempted in vain to make a dying speech; the mob . . . howled with laughter. . . . He was strung up and—such was the routine of the law—cut down while life was still in him. Then the rest of the time-honored punishment—castration, disembowelling and quartering—was carried out. Ferreira was the next to suffer. After that, it was the turn of Tinoco. He had seen what was to be his fate, twice repeated, and close enough. His ears were filled with the shrieks and moans of his companions, and his eyes with every detail of the contortions and the blood. . . . Tinoco, cut down too soon, recovered his feet after the hanging. He was lusty and desperate; and he fell upon his executioners. The crowd, wild with excitement, . . . broke through the guards . . . but before long, the instincts of law and order reasserted themselves. Two stalwart fellows, seeing that the executioner was giving ground, rushed forward to his rescue. Tinoco was felled by a blow on the head; he was held firmly down on the scaffold; and like the others, castrated, disembowelled, and quartered."

In this year of Grace (November 1942) at Newport Assizes thirteen men were sentenced for mutual homosexual offences. The police admitted that all but one of the men were of a "certain type", that is to say, were homosexual psychopaths and were probably already suffering mentally. They received sentences varying from ten years' penal servitude to twelve months'

imprisonment and totalling fifty-seven years between them. Two of the men had made determined attempts to commit suicide. One who had taken rat poison left a note saying, "I cannot stand the scandal. That has always been my trouble. I have no guts." A fourteenth, a youth of nineteen, who should have stood his trial with them, had already committed suicide. The first man to be sentenced (to ten years' penal servitude) fainted and had to be carried from the dock.

This excerpt from a current newspaper is incomplete, but may suffice to indicate that though the sadism of the modern criminal trial can hardly be said to equal Renaissance torture in its vividness, nevertheless, individual suffering is comparable.

Bernard Shaw says: "Imprisonment, as it exists to-day, is a worse crime than any of those committed by its victims; for no single criminal can be as powerful for evil, or as unrestrained in its exercise, as an organized nation. . . . To punish is to injure, to reform is to heal; you cannot mend a person by damaging him." <sup>21</sup>

In conclusion, the psychology of punishment may be tentatively divided into three stages. The first stage may be called the pre-punishment stage and regarded as the free expression of the instincts of aggressiveness and sexuality, either singly or combined as sadism, together with the retaliatory reaction of their victim.

The second stage arises as a result of repression of the first. In consequence of this repression the instincts are anti-cathected, and obtain their outlet as superego activities—naturally directed against their original form. This last is projected on to a scapegoat and the sadistic activity is then freely and openly enjoyed at his expense.

The third stage is a result of a further degree of repression (cf. Ernest Jones's explanation of the cessation of witch trials). The disease has progressed further so that now the open expression of sadism, even in the form of punishment, can no longer be tolerated. It becomes repressed into the unconscious, and its victim becomes similarly hidden behind the prison walls. Inside the prison—the objective equivalent of the uncon-

<sup>21</sup> Bernard Shaw: Preface to Webb, *English Prisons under Local Government*.

scious—the same process goes on unseen by consciousness and inaccessible to ego-interference.

### III. OLD THEORIES OF PUNISHMENT

The old theories advanced to explain the phenomenon of legal punishment are obviously rationalizations and do not merit detailed consideration. We have space to select only a few typical examples, and to subject them merely to a very brief review.

The Prison Commissioners, under the long Chairmanship of Sir E. Ruggles-Brise—it lasted from 1895 to 1920—evidently felt that their duty was to justify the existing order. They tried to combine all theories and principles in the supreme object—punishment. “Prisons exist for punishment,” they said. The chief principles involved in punishment were said to be:

- (1) Retribution.
- (2) Deterrence.
- (3) Reform.

To take these in order:

*Retribution.* The then Archbishop of York, in the role of penal reformer, made the following public statement: “The first duty of the State is to dissociate itself from the act of its own member; to do this it must act, not only upon but against that member. . . . His act implicates the community, unless the community repudiates it. The community must exhibit an antagonism in its will against the will of the offending member. This is necessary for the preservation of its own character on which the character of its citizens largely depends.”<sup>22</sup>

It would appear from this that it is necessary for us to emphasize by retributive punishment that we, for our part, repudiate the criminal act. If this aggressive repudiation is necessary, it amounts to a confession that otherwise we should be liable to do the act ourselves. What other need can there be for punitive repudiation, for this violent denial of condonement, unless it be that our position is insecure—that our own temptation to do likewise is a menace to our ego-control?

If this is indeed true, would it not be more appropriate to

<sup>22</sup> Clarke Hall Lecture of 1934. London.

punish our own criminal id, to punish ourselves, instead of seeking this way out at the expense of a scapegoat?

*Do we not thereby actually express upon him our own hate impulses—to teach him that hate impulses must on no account be expressed; and to insure that we ourselves will not express them!*

The attempt to justify retribution as reasonable is manifestly absurd. That the retributive element exists in the psychology of punishment there is no denying. It is an emotional force. I would criticize merely the attempt to rationalize it, to justify it, and to disguise it as a function of the reason.

In tracing the evolution of modern punishment, Prof. Hamon, of Brussels, starts with what he calls the reflex instinct of defence. To this succeeds vengeance, or the reaction at a longer interval. This, he says, is the basis of the most primitive of laws, the *lex talionis*.<sup>23</sup> Finally the law of retaliation (retribution) is developed and codified.

To pass on to the theory of:

*Deterrence.* We can confine ourselves to facts. Recent statistics (1926) show that 64% of male prisoners and 87% of female prisoners have been previously convicted.<sup>24</sup> It may be thought that their sentences were not long enough, or that one lesson was not enough to teach them, but we find that nearly 7% of male prisoners and 32% of female prisoners have previously been convicted more than *twenty times*.<sup>25</sup>

Regarding the alleged deterrent effect upon those not yet caught or sentenced, it is recorded that in the good old days when men and boys were hanged in public for trifling offences against property, it was well known that all the pickpockets in London would be upon the scene plying their trade upon the crowds that came to witness the execution of their less fortunate brethren. We have it on record that of 167 thieves prepared for hanging 164 had witnessed public executions for theft.

The commission of crimes, particularly of serious crimes, is due to inner, often unconscious, causes, and is not based upon

<sup>23</sup> A. Hamon, *La Responsabilité* (Nov. 1897).

<sup>24</sup> S. Hobhouse & A. F. Brockway, *English Prisons To-day*.

<sup>25</sup> *Ibid.*

anything so conscious or reasonable as a proper assessment of the probable consequences however horrible these may be. For a cause, whether a group cause or an individual criminal cause—be it only revenge—men will always be ready to risk death—witness the martyrs. If it were otherwise, if a nation really did succeed in training its individuals to behave in accordance with the dictates of reason and in obedience to the possible consequences to themselves of their action, such a nation would find none of its enlightened law-fearing members prepared to go to war on its behalf. No doubt this would be equally a consequence of successfully learning the lesson of deterrence.

With all their hopes of deterrence by legal punishment, the nations still have *incurables* ready to be disembowelled on the barbed wire of no-man's-land.

*Reformation.* This theory must be based upon the hope that the aggressive or sadistic act has, after all, not been damaging; that it has, on the contrary, really benefited and improved the victim. Reality evidence apparently has little effect upon a belief which promises so much emotional advantage necessary to the placation of the superego or ego. Therefore, there is the tendency to cling to this satisfaction in spite of all the evidence to the contrary.

Some facts relating to it have been stated under the previous section. The 64% of men and 87% of women prisoners above referred to had evidently not been reformed by their previous "treatment".

We should expect to find this system most successful in the punishment of youthful offenders, but when Henry Mayhew visited a school under the Reformatory School Act of 1854, he wrote of it as follows: "True the place is called a 'House of Correction', but rightly viewed it is simply a criminal preparatory school where students are qualified for matriculating at Millbank or Pentonville." This is due to the punishment compulsion entering into and vitiating the best reformatory intentions.

Punishment, the outward equivalent of total repression, precludes sublimation or reform. If not a physical injury or castration (vide § II), it appears to be a mental equivalent of this.

I have clinical evidence that such measures, rigorously enforced from earliest infancy with the best intentions, have been directly responsible for a stunting of psychological growth in their victim.

The case I refer to is that of a woman who in consequence of a strict prison-like up-bringing has been left with no originality or initiative. Her tendency is to find some mother or governess surrogate to issue orders for her to obey. The impression is that so far as her individuality and happiness are concerned she would have been better served by total destruction.

As previously quoted from Bernard Shaw: "To punish is to injure; to reform is to heal. You cannot mend a person by damaging him."

#### IV. THE PSYCHOLOGY OF THE PUNISHED

An interesting confirmation of the ego-less origin of the psychology of legal punishment is that it fails to take into consideration the nature of the human material with which it deals. The ignoring of such a relevant reality factor is characteristic of the unconscious. "Justice", like the unconscious, is depicted as being blind to reality.

The psychology of the punished has had much attention, and this paper is primarily on the psychology of the punisher. Therefore, the subject of this section will be dealt with only very briefly.

It is recognized by analysts that the position an individual gets himself into, his rôle in life, the things he does and often the things that happen to him, are on the whole mostly engineered by himself, consciously or unconsciously. It does not necessarily follow that the person who gets himself punished is invariably a masochist seeking this particular rôle and this particular mode of gratification. It is normal to seek advantages for oneself and to avoid disadvantages. Delinquents are, for the most part, seeking personal advantages.

They will, like these others, be motivated by their emotional needs and by their reality needs. There will be unconscious factors and ego factors responsible for their activity and for their getting themselves into the position of the punished.

The person whose unconscious urge for advantage is strong and whose ego is alive to reality will be unlikely to get himself into a position which is the exact opposite to that towards which his whole psyche is striving. The person who gets punished will, therefore, either be one whose emotional needs are abnormal (masochistic) or one whose ego is defective—or both—one who has not succeeded in coping with reality in accordance with his emotional requirements.

A sadist, for instance, who gets himself into a position appropriate for a masochist has failed in the ego-function of adjusting reality to his needs. Such failures imply ego-defect. It therefore does not surprise us to learn from Dr. Penrose's statistical paper that in those countries where the asylums are relatively empty, the prisons are relatively full and vice versa.<sup>26</sup>

Nevertheless, I feel that the tendency would be to overestimate the importance of the ego as a responsible factor in punishment. There is much evidence that it is, particularly in the case of those who get punished, merely a tool in the hands of powerful unconscious desires and compulsions. As the goal achieved is that of being punished we expect to find that these persons, ego-defect or not, are, for the most part, masochistic.

The late Dr. Morton, who had a life-long experience as prison doctor and warden, revealed very clearly that a large number of prisoners were self-mutilators. One of many cases that he instanced was that of S.F., who swallowed a wire and had to be operated on for obstruction. Subsequently this man swallowed a spoon. At another laparotomy four spoons and an open safety pin were removed. Again later when awaiting trial at the Quarter Sessions and while on hunger strike he swallowed four large nails. Eventually he developed a faecal fistula in the interior abdominal wall. This man had been convicted again and again, and every medical officer found that he was neither insane nor a mental defective; perhaps they recognized that his psychological make-up was common to many delinquents.

It is interesting to hear that many of the self-mutilators concentrated attention upon their genital organs. Cases were recorded of wire being pushed into the bladder and numerous

<sup>26</sup> *Brit. J. Med. Psychol.*, 18, 1.

cases of opening the scrotum with scissors and of removal of the testes. It only needs to be added that these persons were only doing to themselves, and also getting the surgeons to do to them, the very mutilations which in the old days they got the law as a willing accomplice to do to them. And may it not be that in engineering, consciously or unconsciously, a crime, a trial and a punishment, they are still to-day seducing the community into inflicting equivalent damage or mental mutilations upon them? <sup>27</sup>

Apart from the fact that some persons (on account of unconscious guilt, etc.) actively *want* punishment and *must* see that they get it, there exists a large class of persons who are normally desirous of death. Only occasionally does this desire find expression in the form of suicide. It is noteworthy that one in every ninety deaths in Great Britain is due to suicide—a larger proportion than is popularly supposed. There is also the far larger class who do not actually commit suicide, but who put themselves in the way of death, and eventually achieve it by “accident”. Then there is the still larger class whose behavior shows a compromise between this death-desire and tendencies to self-preservation. Such persons get themselves into ill-health, tuberculosis, alcoholism, drug addiction, bankruptcy, misery or imprisonment.

Now members of this large class of persons are not likely to be deterred by the prospect of misfortune, legally inflicted punishment or hanging. On the contrary, they are more likely to be unconsciously attracted by these possibilities or likelihoods. In these cases punishment, far from being a deterrent, is likely to be an incentive to their crime.

It is interesting to note here that where the punishment has exceeded the unconscious requirements of the delinquent, most notably in the cases where corporal punishment has been administered, the practical effect is often similar to the effect of crime upon the righteous—a fierce resolution for revenge.

I am told by prison visitors that the man who has received the “cat” can often be detected by the expression on his face, and is ever after regarded by the warders as a dangerous prisoner

<sup>27</sup> Cf. Freud, *Some Character Types met with in Psycho-Analytical Work*.

liable to attack them or anybody if opportunity permits. They agree that even the birch makes any sort of treatment thereafter quite impossible.

The punisher has failed to take this very evident psychology into consideration in his (compulsive) advocacy of punishment and in his rationalization of his need to inflict it under the plea that it is wholly justified by deterrent effects. Is his blindness to the psychology of those he punishes due to emotional pleasure-principle requirements within himself? To requote Melanie Klein: "Children who, unconsciously, were expecting to be cut to pieces, beheaded, devoured and so on, would feel compelled to be naughty and to get punished."

But in whatever way the prisoner unconsciously engineers his punishment or unconsciously asks society to punish him, this does not justify a would-be sane society in yielding to his request. In our therapeutic or reformatory treatment of patients we do not demonstrate love to those who ask for it, or hate to those who demand it. A psychotherapist who acted in this fashion would indeed himself have entered the emotional dog-fight and we should rightly judge him to be as much in need of psychotherapeutic treatment as the patient he was treating.

That such is actually the psychological position of a society that punishes is borne out by its failure to cure, reform, or even to understand its criminals.

#### V. CLINICAL EVIDENCE OF THE PSYCHOLOGY OF PUNISHMENT

Having briefly reviewed samples of the relevant objective data and having disposed of the rationalizations of the old penology, we will now turn to an example of the clinical material that throws so much light on the psychology of punishment.

The patient, a pale, intense young man, exhibits an extraordinary amount of anxiety at his first interview. It appears that his nervousness is due to the constant anticipation of punishment by me.

On his way to see me he recollected an incident when he secretly put on the trousers of a young man he admired and

caned himself through them with erotic results. This happened five years ago, but the thought of having to confess it to me nearly caused him to turn back.

"What did you think I would do?"

"I thought you would jump up and throw me out."

His stammer and tremor and obsession with sexual guilt indicate that unconsciously he expects castration.

He says that his acquaintances, etc. (he can hardly be said to have friends), think him too good to live—he never so much as looks at a woman; but he knows himself to be a "terrible homosexual". It appears that he would be better described as an asexual or anti-sexual, for he has never participated in any sort of sexual act with another person. He proved to be a repressed sadist.

It appears that he has successfully repressed or inhibited every tendency to heterosexuality and even to homosexuality, and is using the remainder of his mental energy to combat his component instincts.

His reason for seeking advice is a fear that in some form or another these impulses may attain some sort of expression. His method is to avoid any stimulating experience. In consequence taboos have been accumulating. For instance, he dare not attend cricket matches, which he used to enjoy, because of the sight of a young man in flannel trousers bending down. He dare not pass through streets with shop windows because of the possibility of there being a cane or stick on exhibition. But the worst phobia of all, and one it is not always possible to avoid, is the dreadful apparition of a man with a whip riding behind a horse. This has occasioned many a hurried excursion down a side street.

The fantasy in this connexion is as follows: the man might at any time strike the horse with his whip. In that event the patient felt he would be unable to resist the impulse to fly at that man and *lash him to death*. "To kill the man who beat the horse" became at one time a nuclear phrase in his analysis.

And then an interesting fact emerged. It appears that this patient had, in childhood, beaten a horse until he had exhausted himself and lamed the animal.

The psychology of this phobia is self-evident. His sadistic desire, in spite of the displacements which it had previously undergone, has been repressed and anti-catheted. His superego now takes up the beating—and has, incidentally, “beaten”, not only his ego, but even the source of his instinctive life into a condition of perhaps permanent injury. This superego is, nevertheless, for ever on the watch lest this crime, to which his id is so prone, should again occur. Also it may be that the beating-instinct itself, in spite of its superego disguise, is also for ever on the watch to achieve its relief. The opportunity comes when the *crime* is discovered being perpetrated by *another*. Through the mechanisms of projection the id, or the id-tolerant ego, can now be attacked in the form of a scapegoat. The instinct tension in its superego disguise can now achieve its outlet, and the much needed relief to the psyche can be gained at the expense of this “other” criminal.

The only practical difficulty in the way of this health-giving process is the ego or the reality principle. To lash to death men who strike a horse in the street is not sensible or practical. But what if some device can be invented whereby it might seem sensible and be made practical!

Where the desire is strong and the need for relief imperative, all the resources of the ego will be endlessly pressed into its service. “Where there’s a will there’s a way.” Organized communities have found such a way in the paraphernalia of legal punishment. Our patient, being individual and less powerful, had resource only to fantasy. However much his positive Oedipus wishes urged him to destroy the man with the whip (in the last analysis obviously a father-with-phallus symbol), the pleasure-seeking element in his Oedipus complex had undergone too much repression, too much whipping, to seek any person in the image of his mother.

Furthermore, aided by the formal canings received during childhood from his father (who, incidentally, was a jurist), this patient had acquired some of the psychology of him-who-must-be-punished. He had inverted his Oedipus complex and received much pleasure from fantasies which followed the lines of those early experiences at the hands of his father. Never-

theless, there was still the tendency to play the active rôle, the rôle of his father, and himself administer the beating. He can do this if he substitutes his own buttocks for the passive rôle of the mother. He has done all this in the incident which he first confessed.

At the same time, in the same act, he combined his sadistic impulse with retributive punishment for it. To beat oneself is *to beat* and, at the same time, *to be beaten* for it.

Of course, at a deeper level it is the complete sexual act of the infant with himself in the dual rôle of father and mother.

In spite of all its advantages, this is not entirely satisfactory or ego-syntonic. The process again tends to be projected outwards so far as fear and opportunity will permit. His pleasure-giving fantasy is neither that of beating a horse nor that of beating the horse-beater. The former, like heterosexuality, is forbidden, and there is little libidinal satisfaction in the latter. It is just a compulsion that has to be obeyed. The favorite pleasure-giving fantasy is that of beating the buttocks of an attractive young man, a man resembling his past self or what he would like to have been. The only way in which this is permitted to take place, even in fantasy, is rather complicated. It is worth studying, as it reveals more of the mental mechanisms at work in the individual patient and in the community.

First of all it is essential that the young man should have performed a criminal act, for, to beat or punish an innocent person would be to place oneself in the wrong, and that would be to reverse the whole process.<sup>28</sup>

Compare here the elaborate legal and popular emphasis placed on the distinction of guilt and innocence; nothing is too bad for the guilty, nothing too good for the innocent. Psychoanalysis teaches us to distrust these valuations.

The crime allotted to the young man is, of course, that of having beaten the horse as the patient did when he was young.

<sup>28</sup> This can be done and enjoyed, but it is contrary to the trend of the above fantasy. This reversibility of punishment is noteworthy outside the consulting room. One may recall the case of Horatio Bottomley who, as editor of *John Bull* and as public speaker, was loudest in his condemnation of "scandalous swindlers". Subsequently he was convicted of the very type of crime which he had most hotly condemned. Perhaps, similarly, we often find those who advocate the rod commonly boasting of having received it in childhood.

(In the last analysis: sadistic incest-guilt.) The most stringent safeguards must be taken against guilt in himself. The responsibility for the punishment is transferred to a magistrate or judge. It is essential that the cloak of legal justice should cover the libidinal nature of the act about to take place. (Deeper analysis is here not essential for the purpose of revealing the psychology of punishment.) Finally, in an atmosphere of high moral indignation, the judge orders our patient to perform the punishment.

Even then there are further safeguards. There is a tendency, in the patient as in the jurist, to justify the procedure in the eyes of the world and particularly in the eyes of the victim (though really in the eyes of his own superego). Compare here the theories produced to justify legal punishment (vide § III). Speeches are made to the effect that it is a necessary matter, that it is for the victim's good, etc.—much as his father made before the canings of his childhood. These earned merely the child's contempt. He intuitively recognized them as manifestations of his father's guilt-anxiety.

There is a long period of conflict in the patient's mind, dramatized in the form of these safeguards, and a long period of pleasure in the form of preparation. (Compare here the legal procedure of safeguards—lengthy trials and delayed executions.)

Finally, the superego, having been placated or reassured that the beating is in accordance with the highest superego principles—that there are no id desires responsible for it—then, and then only, may the act take place.

Needless to say, it is, even in fantasy, accompanied by erotic excitement and orgasm. (Compare here the public excitement which accompanied the ancient legal barbarities—vide § II. A further degree of repression produces the neurosis from which the modern prison staff is said to suffer at the time of a flogging or execution.)

To summarize briefly the psychopathology of this case, we may divide it into three stages.

In the first stage we perceive the infant with his aggressive instinct becoming prematurely libidinalized, or his sexual impulse carrying with it a great deal of infantile aggression.

Libidinal development is largely fixated at an anal-sadistic stage, while a portion of it approaches phallic expression; he arrives at a desire to do something sadistic to his mother's anus, symbolized by her buttocks. On account of repression this part-object becomes displaced and identified with an animal—the horse. When he comes for treatment it is still the horse's buttocks which are of special interest. In this guise he presently gave expression to the original impulse when he indulged in the orgy of horse-beating. Later the identification with his own buttocks reveals itself.

The second stage, interlacing with the first, is the stage of repression. Strong measures are required to cope with the sadistic impulses that would destroy his mother, overwhelm his ego and destroy himself. The aggressive elements of his sadistic impulses are transferred to his superego to keep in check these same sadistic impulses.

We have noticed the earliest influence of this process in occasioning a prohibition of the fantasies directed to his mother and, consequently, a displacement on to the horse. Repression did its work so well that all females, being in the shape of mother, were prohibited even in fantasy.

There is abundant evidence of this stage throughout the long period of his childhood and adolescence. For instance: he spends his school holidays in an agony of trying to avoid the sight of two moles on his mother's neck. The thought had come to him that here he was suckled (he already dare not know where her breasts are), and if he looks, dreadful things will happen to him.

We discover, moreover, that caning is still going on in his unconscious. Lying on the analytical settee he finds that he is not relaxing but is instead holding his buttocks in a state of tense rigidity. It transpires that he comes to his sessions as though he were coming to be caned and lies there with rigid muscles as though I were actually caning him. "Prison-life" is already being experienced and further punishment anticipated.

The third stage is one of attempted release for (a) repressed aggression and (b) repressed libido.

*Aggressive instincts.* If he can go back to the Oedipus situa-

tion and undo his own castration anxieties, if, instead of murdering his own sexuality, he can go back and vent his aggression in castrating the father (the man who beats the horse), that alone will be some relief.

In the third stage he discovers that somebody else, some id, is performing those very acts which he wants to do but must not do. His aggression, denied his id and transferred to his superego, has at last discovered a means of directing itself outwards instead of inwards. By utilizing the scapegoat his psyche can obtain a much-needed satisfaction and relief.

Bottled-up aggression, like bottled-up sexuality, tends to be orgasmic in its discharge; hence no punishment can be too bad for the culprit; hence the savage mutilations of the past embodied in the legal code of those times. Hence the intolerance of the punisher at any attempt to deprive him of his fullest expression. Though we may be constrained to temper "justice" by substituting for it an alternative emotional gratification—mercy—we are not prepared to forego these pleasures altogether by substituting reason.

*Sexual instincts.* In a psyche trodden down by a severe superego or in an individual trodden down by a severe law, the aggressive instinct is not the only one straining at the bars of its prison. The libidinal or pleasure-seeking instincts are also seeking some measure of gratification that may elude superego vigilance. This can best be done if they too can persuade the superego that they are acting on its own behalf. This is a more difficult task, but there are several mechanisms at work which render it not too difficult. The first to be pressed into service is the mechanism of projection.

Already the superego has learned to liberate id-aggression provided it is the hated id-aggression *in another* that is being attacked. Supposing the person displaying this id-aggression is not the hated father, but is the love-object, the mother, the person whom there would be so much sadistic enjoyment in attacking. Are we going to waive this rare opportunity of gratifying an impulse so highly charged, so intolerably repressed, now that the superego has given its permission to attack?

As one would expect, the opportunity is seized with alacrity,

but various precautions are instituted to put the superego off the scent of libidinous id-impulses. The object about to be attacked or punished, in so far as it is a love-object, is treated to a process to convince the punisher's superego that no ulterior motive is at work. The word "justice" is much stressed (by the mind of patient and jurist). The whole process is so encumbered or manacled by rules and precautions (the products of the opposition) that it can move only very slowly towards its goal. This is invariably the goal of the instinct that initiated the movement.

This is obvious in the case of our patient, for, however deferred, the goal is inevitably orgasm. But, unless we stress terminology too much, perversions need not necessarily be complete substitutes for the sexual act. Pleasure-seeking can attain a considerable degree of substitute satisfaction. This may be regarded as forepleasure or tumescence, leaving at least detumescence to the sexual act proper.<sup>29</sup>

There is, however, one conspicuous difference between the psychology of this patient and that of punishment and legal procedure. In spite of all his superego deceptions he does not *entirely* delude his ego. He knows that his fantasy is really pleasure-seeking.

In the legal rationalization of punishment we are attempting to endow an instinctive emotional reaction with all the majesty of a reasoned and logical process.

As in the case of my patient, the sword of the id has been taken over by the superego, and the primitive aggression, with its variable degree of libidinal accompaniment, will now be used in the name of Justice or God.

## VI. DISCUSSION AND RECAPITULATION

As the id is the psychological<sup>30</sup> source of all impulse—of all

<sup>29</sup> It was jestingly said of one of our deceased judges that whenever he pronounced the death sentence he simultaneously experienced ejaculation.

<sup>30</sup> It would be an added interest to trace these forces from their pre-psychological, their somatic, sources. Certainly it is evident that various somatic differences, such as differences in glandular balance, can make differences in the quality and quantity of these forces. Thus one might conclude that it would be as illogical to punish an organ for disease as an organism (an individual) for delinquency.

behavior—a review of the psychology of punishment should begin with its source in the id. (Later its progress and modifications through other levels of the mental apparatus may be traced.)

### *The Id*

*Aggressive instincts.* Reviewing the material provided—historical and clinical—it appears that the aggressive or destructive instinct is principally responsible for the phenomenon of punishment as it is at the root, also, of much criminal behavior.

We know this about the aggressive or destructive instinct, that whether it has a primary nucleus or not (whether or not there is such a thing as the death-instinct) there can be no doubt that aggression is at least enormously stimulated, exacerbated, or perhaps even called into being by any and every instinct-frustration.

What frustration was, or is, society suffering from that its aggressive instinct *demand*s an excuse for expression—be it law or war?

We may note at once that the avowed object of law is frustration, deterrence. Hence we see that society living under its own laws is enduring from this source a frustration, which in its young days at least it could bear only with difficulty, and then only provided some outlet was periodically permitted for those very instincts which the law frustrated.

The id, laboring under the frustration of its aggressive instincts by the law, was pressing for a release or outlet for those instincts whose quality and tension had been so heightened by law-frustration. In so far as it did not itself infringe the law it found an outlet for this aggression in two sociological directions; one was war, and the other was, ingeniously, an aggressive infliction of the law in the form of punishment. Judges and jurists are still jealous of this privileged mode of tension-relief for themselves and will defend it with every possible rationalization. If we cannot bear to suffer the endo-psychic tension consequent upon the frustration of our aggressive or destructive instinct, then indeed somebody or something must suffer and be injured, be it the accused or be it some other nation. It is certainly safer to destroy accused *individuals*. The subtlety of this mental manœuvre of venting our law-

repressed aggression upon him who has infringed the law is certainly not all the function of the id alone. The id is concerned merely with pressing the ego towards the relief of instinct tension. The mechanisms which lead to that mode of relief assuming the form of legal punishment is a matter to be discussed under superego and ego. But I would say here that the id does achieve such relief whenever injury or destructive behavior, such as punishment, is expressed, and it makes no difference to the satisfaction of the id whether the expression be anti-legal or legal, whether it be criminal act, punishment or war.

The subtlety of legal punishment lies in the fact that while it is law which, by enforcing suppression of instinct relief, thereby stimulates and increases the aggressive instinct, it is also law which, by enjoining punishment, permits an outlet for this aggression in its augmented violence.

We are beginning to see an analogy between the phenomenon of legal punishment and a symptom, for even at this stage it has the characteristic of expressing the instinct to which it has forbidden expression, of achieving the forbidden gratification.

*Sexual instincts.* The other powerful instinct that has its source within the id is the libidinal, sexual, or pleasure-seeking instinct. Does punishment derive any of its drive from this source? Does the infliction of punishment bring any relief or gratification to this instinct?

There can be no doubt about the answer in the case of my patient with the horse-beating complex. His chief mode of sexual gratification is beating or punishing fantasies. He has only so much as to think of striking a bottom with a cane, and he immediately experiences erection. By means of the fantasy complete orgasm is obtained.

It seems probable that his father, a jurist, was not entirely free from, at least unconscious, libidinal relief, when he periodically subjected his sons to a caning ritual. It seems probable that the public, who only a few centuries ago tied naked people to carts and beat them, found some libidinal pleasure in the process. Spectators who paid 2s. for seats round Tyburn Tree were evidently prompted by their pleasure-

seeking instincts. Our modern jurists in ordering punishment, conspicuously such punishment as the "cat", and those who inflict it or witness it, are probably not immune to, at least, a *conflict* in which the libidinal instinct, as well as the aggressive, plays a considerable part. My clinical experience has opened my eyes to the fact that conflict even to the degree of conscious agony does not preclude the possibility of considerable unconscious libidinal relief actually accompanying it. For instance, I have a female patient suffering from total psychosexual frigidity who spends her analytical session literally writhing in an agony of frustration and yet becomes angry and violent if it is so much as suggested to her that she should forego a session. Analysis reveals that under the conscious agony of resistance there exists simultaneously a gratifying though repressed fantasy containing all the joys of sexual indulgence. At a very deep level she is experiencing her early incestuous intercourse, while at the same time at a slightly less deep level is the resistance due to the fantasy of the terrifying eyes of her mother. The agony of this situation fills consciousness, whilst the id-gratification of the act remains repressed, but none the less gratifying. Moreover, this is the only way in which she can reduce her instinct-tension; and so we can better understand the violence of her insistence upon it. Hence the pain which the punisher feels or claims to feel ("It hurts me as much as it hurts you") does not preclude the presence of deep libidinal satisfaction.

Newspapers that specialize in catering for the emotional needs of the public do not hesitate to give priority to the most lurid crime. Crime and *punishment* are usually the richest emotional diet unless the international news promises something of a similarly stimulating nature.

### *The Superego*

The function of this level of the mind in the psychology of punishment has been sufficiently stressed throughout this paper. Punishment is, of course, the special proclivity of the superego. The superego comes into being at the instigation of the parents or parent surrogates, by the energy of the

id going over to the other side (anti-cathexis) and being directed against the id.

Instead of fighting for our (original) selves against the parents (or state) we are now fighting for the parents (or state) against our (original) selves. It is still "fighting" that is going on, and it is still the same weapons that are being used. It is still the same satisfactions that are being achieved—especially if we can find an external representative of our original selves to attack. Thus, at the expense of the scapegoat, or criminal, we are still satisfying our primitive instincts, now cloaked as superego activities, and calling the process "punishment" instead of "crime".

### *The Ego*

Punishment is so fully explained on the basis of id and super-ego activity that it seemed to me difficult to see what the ego or reason had to do with it. Yet the ego must come into the picture if only on account of the fact that it has given sanction to the unconscious urges. Then it occurred to me that if we ask anybody who is not primarily a psychologist for an explanation of the phenomenon of punishment, he will reply, or endeavor to reply, in terms of its ego-psychology.

It would be easy to find many such replies that were as symptomatic or even psychotic as the most sadistic punishment of bygone ages, but these would be merely of subjective interest. Looking for a reply that might contain something at least of objective or real value, I thought of the first Clarke Hall Lecture on the Ethics of Penal Action delivered by the then Archbishop of York in 1934.

You will remember that the late Clarke Hall was the magistrate above all others who tried to introduce modern psychological enlightenment into his treatment of delinquents, and the Clarke Hall Fellowship was founded to further his life's endeavors.

Now the attitude of the intelligent non-psychologist to which the then Archbishop of York in this lecture showed himself to be no exception, is briefly this: What I (think and) do is reasonable and right, and what the State does is, in the main, reasonable and right. The State exacts certain punishments, therefore

it must be reasonable and right to punish in the way the State does punish. We shall proceed to justify the State.

As one might expect the result is a collection of clever *rationalizations*. It occurs to me that had the learned Archbishop lived and lectured a hundred odd years ago he would have found no difficulty in rationalizing, in explaining and justifying, in terms of ego-psychology and reason, the obviously sadistic barbarities of that age. In 1826 an Archbishop and six Bishops lent their support to Lord Ellenborough when he insisted that to repeal capital punishment for petty theft would deliver every shopkeeper into the hands of the unscrupulous. Hanging for petty theft was justified as an act of the ego or reason.

To take one most plausible illustration from the Archbishop of York's lecture: "If we are to think clearly at all on this subject, we must begin with a sharp distinction between revenge and punishment. Suppose that two boys at school are quarrelling. One insults the other; the other retaliates with a blow. He may say that he was punishing a fellow for insulting him; but, in fact, he is exacting vengeance. Now suppose that they start fighting in earnest, and that the Headmaster comes upon them, stops the fight and punishes them for fighting when the rules or discipline of the school forbid this. His action is a true infliction of punishment. *He has no injury of his own to avenge . . . .* There is here no revenge either wild or civilized. The difference is fundamental."

I am not concerned with the schoolmaster but only with the logic of the argument. "He punishes them for fighting when the rules or discipline of the school forbid this. He has no injury of his own to avenge."

But has he no injury of his own to avenge? Did not he establish the rules or discipline of the school which the culprits are destroying? Is it not essential to the maintenance of *his* power and of *his* peace of mind that these rules and discipline should be preserved? In fighting each other they are, therefore, assailing his rule, assailing his power, the principle for which he stands. Each boy was trying to convince the other that it was injurious to assail his power. The Headmaster

is trying to convince them both that it is injurious to assail *his* power. There is no difference in principle. May we suspect the Archbishop of a very natural bias in favor of the Headmaster?

But apart from all this there can be something much deeper in the infliction of even apparently disinterested punishment, whether by subordinates or by the State. When my patient has an impulse to kill the man who beat the horse, is he also a disinterested dispenser of justice? He is apparently neither the beater nor the horse, just as the schoolmaster is neither the victim nor the delinquent. But this is only an appearance based on conscious psychology. From our analysis of the patient we *know* that, psychologically speaking, he is *both the beater and the horse*. We are not then surprised to find that he is incapable of feeling or acting rationally and is certainly not qualified for the god-like rôle of a disinterested dispenser of justice. Like the State or the schoolmaster he is driven by the forces of an unconscious conflict between his id and his superego.

The fact is that, consciously or unconsciously, these identifications are bound to take place, and the practical truth is that, whether we know it or not, they vitiate our ability to react dispassionately to another's aggression or delinquency. Pure reason does not in practice command the situation. Like the delinquent, our reason is driven by unconscious forces—mostly conflicting forces.

It is clear that the majority of human beings, however intelligent, are victims of a mass suggestion, with the result that they unconsciously identify themselves with the State, and establish the institutions and customs of the State as the criterion of what is right and good. As psychologists we fail if we fall into this trap, and I think few of us escape scot-free. The force of it is too great.

Perhaps we, too, a few hundred years ago would have extolled, or at least condoned, justified or rationalized, such things as the sadistic examination and burning of witches.

We are still faced with the question: What activity *can* we assess to the ego (or reason) in this phenomenon of punish-

ment? Let us see what the id or superego *would* do to the delinquent if left to itself, if no ego existed, and then let us see what we actually do to him. The difference will represent ego activity in some form.

It is id-aggression handed over to the superego which finds its outlet, the relief of endopsychic tension, in the infliction of punishment upon the *manifest* id, which latter is identified with the criminal through his criminal act. What an opportunity to indulge with full superego sanction in this destructive hate impulse which we have unconsciously bottled up only too long! And in the good old days we eagerly seized upon this opportunity and freely and openly indulged in this destruction, as has been described in the history of the punishments of those days. The position at the present time is that, unfortunately for us, we cannot give such free rein to this lust, and still maintain the self-deception that we are not criminal, but anti-criminal dispensers of a god-like justice.

To obtain an outlet for our criminality and sadism we now require a better disguise, before they can pass the more alert censorship of the ego, before they can overcome ego-resistance. Therefore we have installed a more refined *mental* torture in their place.

The function of the ego in the phenomenon of punishment is therefore seen to be in the nature of a resistance to a too conspicuous revelation of id-aggression, sometimes even in its superego displacement. Superego devices no longer seem completely to disguise it, if it savors too strongly of sadistic id-equivalents. The id-aggression, whether in its original form or whether on the side of the angels (superego), would undoubtedly seize the opportunity to rend its victim (the criminal) to pieces, to disembowel him, to castrate him, to devour him, as the Roman wild animals—acting as proxies for the spectators—devoured the victims thrown to them.

Bernard Shaw says that if you punish a man retributively, you must injure him. If you are to reform him, you must improve him. And men are not improved by injuries.

It is chiefly the ego which says "No. This would be too apparent, too suspect. If we must destroy him, let it be his

mind rather than his body, then no blood will be spilt, and our aggressive instinct will escape detection.”

How unpopular will be the spoil-sport person who declares: “Why, you have given the game away by the very use of that word ‘Punishment’. Punishment *means* destruction. The sufferer knows it intuitively, why delude yourselves?”

Let us recognize the two essential truths that emerge from an analytical examination of the problem of crime and punishment. One is that the delinquent in his action against us is driven by unconscious forces. And the second is that we in our action against him are no less driven by similar unconscious forces.

A recognition of these two complementary truths is essential for a consideration of ego-function in dealing with delinquency and crime, and for a possibility of its practical application.

# PROBLEMS OF CONCEPTION: PSYCHOLOGIC PREREQUISITES OF PREGNANCY \*

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The problems of woman's reproductive function are complex and we shall achieve greater clarity if we study them in chronological order. Thus, we first turn our attention to its prerequisite, fecundation.

Successful fecundation presupposes fertility, which exists only during a definite period in woman's life. In our civilization this period is bounded by the ages of sixteen and fifty. It is associated with definite bodily processes that are determined physiologically and anatomically. The entire internal-secretory physiologic process that prepares for fecundation is probably a psychosomatic unit in all its phases and is constantly influenced by both the psychic and the organic life. The function of the hormones as "chemical messengers"—this term is often used—is in all probability constantly influenced by psychic factors. This complicated messenger service is highly organized, with a central station, branches, interactions, and separate functions; it extends to the organs situated far from the original source of the message as well as to the immediately adjacent organs. Determination of the spot in the route of the messenger service in which a psychogenic disturbance may be taking place is usually a physiologic problem.

When we refer to psychologic difficulties of conception, we mean that the given woman's inability to become a mother has psychic causes that have disturbed some part of the physiologic process. Modern medicine recognizes that various disturbances of the bodily functions, especially where no organic reason for them can be discovered, are in causal connection with psychic disturbances. Such an involvement of psychologic factors is generally assumed in the development of gynecologic func-

\* Reprinted from: Helene Deutsch, *Psychology of Women*, Vol. II, New York, Grune & Stratton, 1945, pp. 106-125.

tional disorders. The psychic influence here affects especially the hormonal factors.

Seen as a functional disorder, psychogenic sterility in woman is a very complicated and stubborn phenomenon; its initial cause is usually difficult to discover, even though modern methods of investigation can find the disturbances in the hormonal messenger service. Yet, strikingly enough, the symptom (sterility) frequently persists despite favorable treatment of the hormonal defect, because—in our opinion—it continues to be fed by psychic energies. Vice versa, psychologic treatment proves ineffective if it is opposed by incorrigible organic factors (even if originally these latter were psychically determined).

Although the various psychologic tendencies that under certain circumstances may lead to sterility appear with greater clarity and plasticity in the processes of pregnancy, delivery, and motherhood, it seems appropriate to survey the psychic factors that can prevent pregnancy before dealing with the later processes.

We have seen<sup>1</sup> that for the normal, healthy woman coitus psychologically represents the first act of motherhood. Difficulties of conception resulting from disturbing psychic factors can appear directly in the mechanical aspects of coitus without the complicated detour of hormonal disorders. The innervation process can be influenced psychically in such a way that the woman by means of precise muscular motions succeeds in mechanically preventing the sperm from entering her body. In such cases, the woman attributes her excessive secretion of fluid to her masculine partner's clumsiness or to a peculiarity of her vaginal glands. She remains completely unconscious of the psychic influences involved. Usually, however, sterility stems from more complicated sources. Correct insight into the processes of the sexual act helps us to understand many a case of sterility caused by a psychogenic difficulty of conception. This does not mean that we hold the course of the act responsible for the failure to conceive; but the act often supplies us with a clue to the given woman's whole psychic preparation and to the structure of her psychic personality, especially to

<sup>1</sup> Deutsch, loc. cit. chapter 4.

that psychic component which is directly connected with reproduction.<sup>2</sup>

We have analyzed woman's sexual act<sup>3</sup> and studied its component parts—sexual gratification and the first act of motherhood, feminine giving and taking, energetic sucking-like intake and gentle expulsion, the will to be a child herself, motherly tenderness toward the man-child, feminine-erotic readiness for adjustment, and competing aggressive independence. We know that deep in the unconscious, associative bridges between coitus and the act of birth are hidden. All this forms a psychologically closed circle, partly real and partly symbolic—the beginning and the end of the reproductive service. Each of these components, when taken out of the synthetic unity of the circle, can become a peace breaker with regard to the sexual act or the reproductive function or both. Predominance of giving, that is to say, of passivity, may restrict woman's active participation in the sexual process, and we do not know what amount of activity on the part of the woman is required for conception; excessively strong taking may be associated with simultaneous aggressive expulsion, or the motherly component may be entirely spent on the man and may divert the wish for the child and its conception. On the other hand, a woman who is emotionally unprepared to grant her sexual partner the maternal tenderness that involves such great—perhaps the greatest—gratification for herself, begins her pregnancy in an unmaternal way, even though she may later compensate for this deficiency in her relation to her child. We have mentioned that such a maternal attitude is probably necessary for the harmonious course of the sexual act, but that it does not always lead to orgasmic gratification and sometimes even inhibits it. The conflict between the woman's individual pleasure experience and service to the species can thus begin in the sexual act. Her idea of the reproductive function may come too strongly into consciousness and influence sexual pleasure;

<sup>2</sup> I do not discuss here the psychology of conscious birth control. For a treatment of this problem, cf. Menninger, K.: *Psychiatric Aspects of Contraception*, *Bull. Menninger Clin.*, vol. 7, 1943; idem: *Love against Hate*, New York: Harcourt, 1942.

<sup>3</sup> Deutsch, loc. cit. chapter 4.

or unconscious fears connected with reproduction may have an indirect inhibiting effect.

It may also happen that although the sexual act is fully gratifying, such ideas of reproduction, successfully suppressed in favor of the pleasure experience, may act all the more powerfully internally and become a psychic influence for sterility; in other cases they appear only later, during pregnancy, and lead to complications.

I recall a twenty-eight-year-old woman who suffered from depression and states of inhibition. She had been married for several years, and from the beginning her relations with her husband had taken an unfavorable form, although she had married him out of love, after a long period of friendship. Later she even felt an insurmountable aversion to him that seemed wholly unjustified by any real facts. She stayed married only because of the great gratification she obtained in her sexual relations with her husband. Her orgasms were extraordinarily gratifying; according to her description, she experienced them in full consciousness, but had the impression that she was not herself: she felt as though she were living in a different world, "as though in heaven". Her husband lost his real significance in the act, and she seemed to merge with him in a marvelous unity alien to the rest of her being. After these orgasms, she explained, there followed immediately a feeling of emptiness, solitude, and estrangement from her husband and a depression that was interrupted only by the next intercourse.

This patient's state of mind was all the more surprising because usually a woman achieves full readiness for sexual gratification only when she loves and respects her partner and feels an erotic interest in him during intervals free of sexual tension. Analytic observation revealed the mechanisms that led to her peculiar behavior. Her sexual gratification could be achieved for the very reason that she depreciated her husband in the intervals between intercourse by depriving him of his fatherly-tender rôle and punished herself, in her depressions, for the various forbidden and suppressed wishes that she fulfilled unconsciously during the ecstasy of intercourse. Her painful

renunciation of tender love and her self-punishment through suffering were prerequisites for her achievement of pleasure. As a result of this spacing in time, she could experience the sexual act with almost supernormal pleasure. Her reaction of disappointment began immediately after the state of tension was over. But her renunciation and self-punishment were most profoundly expressed in the fact that her ardent but unconscious wish for a child remained unfulfilled. This fact was also the core of her depression. She felt that she had no right to receive a child from a tenderly loved man, and she did not want a child from a devaluated and unloved man. Thus she had nothing left in life but sexual pleasure, which she experienced in a state of depersonalization (as though she were not herself), because her real ego was absorbed in the repressed and forbidden motherhood. In her case, an unconscious but deep sense of guilt became the cause of psychogenic sterility.

Another illustration is offered by an obsessive-neurotic patient of mine who remained childless after being married for five years. After a fairly long psychoanalytic treatment, her severe neurotic symptoms markedly regressed. Although all the psychic material clearly showed that her sterility was a partial manifestation of her illness, and was connected with the severe sense of guilt so characteristic of obsessional neurotics, no noticeable change occurred with respect to fecundation. Shortly before the end of her analysis she fell gravely ill of pneumonia, which almost caused her death. A few months after her recovery she became pregnant. Those who ascribe great importance to somatic factors might be inclined to explain this occurrence as due to physical circumstances connected with her pneumonia. But to the patient and myself it was clear that the threat of death acting as a punishment, and the expiation of her guilt feeling through her suffering, supplied a therapeutic reinforcement that made possible the final success that could not be achieved by analysis alone.

In cases psychologically less complicated, unconscious feelings of guilt also frequently cause psychogenic sterility. In every woman's psychic life the idea of the child plays an enormous part, and this is true in all the phases of her development

and maturity. We have seen that woman's valuation of her own body and the fear of punishment related to it are transferred from the genitals to the inside of the body and thence to the child. Instead of man's fear of castration, we have in woman the death fears connected with childbirth and the fears for her child. But long before the wish for a child is realized, the obscure anxiety-laden idea "I will never have a child" is present, and this idea, stemming from various fears, serves chiefly to gratify punitive psychic tendencies.

In this process we see the dynamism underlying the identification of the penis and the child, which at first sight appears so absurd. In his idea of his organ, man connects already enjoyed and always expected pleasure with the obscure unconscious urge to reproduction; and the fear of loss of the organ—the fear of castration—relates to both these goals. The deepest root of this fear is, as we know, the sense of guilt. In woman, the anticipation of sexual pleasure is connected with the dynamically much stronger wish for a child, and the threat of loss and fear of punishment are transferred to the idea of the child.

The symbolic agency of this punishment, the "witch", exerts much greater influence on woman's sterility than is generally suspected by gynecologists. I know of numerous cases in which the Black Madonna of Czestochowa (Poland) asserted her supernatural power against the witch and helped barren women to conceive children. Psychotheraputists, especially women, are often able to influence their patients before the rational effects of scientific treatment have manifested themselves. At the risk of injuring our own professional pride, we must admit that such seemingly irrational interventions are often more reliable in cases of psychogenic sterility than the long drawn out reconstruction of the patient's psychic personality by an analyst.

Many gynecologists who treat sterility by physical methods admit the part played by psychic influences, but insist that these are only secondary. In many cases, however, the opposite is true. Physical treatment actually plays the part of liberating punishment, permission, or some other psychologic factor, and it is this factor that is often of primary importance in achieving a successful result.

From my own psychoanalytic experience I can define specific types of psychogenic sterility. But I wish to emphasize that every form of psychogenic sterility is only relative, that is to say, it can be eliminated if the psychic conditions are changed (provided the organic situation permits), and that the same psychic factors may manifest themselves only in later phases of the reproductive function without disturbing its first phase, fecundation. In such cases the energy of the germ plasm proves stronger than the counteracting psychic tendencies.

In general, it can be said that the most frequent cause of sterility is unconscious fear. This fear may relate not only to the reproductive function, but to everything sexual, thus eliminating any possibility of physical motherhood by exclusion of the sexual experience.

The sources of this fear are manifold, and puberal experiences seem to play a great part in its later effects. Its principal element is the sense of guilt, which usually derives from the deeper unconscious sources of psychic life. But we must not forget <sup>4</sup> that the same kind of fear, instead of functioning as a warning signal, can be a condition for pleasurable experience of intercourse, and thus lead to a result opposite to sterility, that is to say, to compulsive conceptions.

With these reservations, I shall now define several types of psychogenic sterility on the basis of my own observations.

1). One type is found in the physically and psychologically infantile woman, who, despite her normally functioning reproductive organs, seems to exclude the idea of motherhood even in its natural habitat.<sup>5</sup> She is small and dainty and always needs someone to lean upon. At first she leans upon her mother or father (usually the former), then upon her husband. Usually she is vaginally frigid; nevertheless she enjoys sexual intercourse a great deal. Her sexual organ was and remains the clitoris, but she knows how to handle the situation in such a way that her vaginal "unawakenedness" disturbs neither herself nor her husband. She insatiably demands proofs of tenderness, and her own tenderness is that of a child, not of a mother. In many

<sup>4</sup> Cf. Deutsch, loc. cit. chapter 4.

<sup>5</sup> Cf. Wittkower, E., and Wilson, A. T. M.: Dysmenorrhoea and Sterility: Personality Studies, *Brit. M. J.*, vol. 2, 1940; Wittkower, E.: New Developments in the Investigation and Treatment of Sterility, *Proc. Roy. Soc. Med.*, vol. 36, 1943.

cases, such women long before marriage—usually in puberty—develop physical symptoms that we regard as typical manifestations of pregnancy fantasies. These include vomiting, tendency to swellings, painful sensations in various organs, with typical transferences from upper to lower ones (or vice versa) and from inside to outside (and vice versa), desire for operations, and, above all, eating disturbances of all kinds, including anorexia nervosa.

When confronted later with the possibility of realizing these fantasies, this type of woman proves completely incapable of it. She remains immature, tormented by fears, and often her main interest in life is the treatment of her sterility. Sometimes she conceives after many years, more under the influence of events in her life that make her more mature than of the various treatments to which she has subjected herself. Often she conceives, only to transfer her psychic difficulties to the later phases of the reproductive function.

In psychosomatic medicine there is a tendency to ascribe certain organic disturbances to definite personality types. The type of sterile woman discussed here would fit into such a scheme, were it not for the fact that this same type, with similar bodily and psychic characteristics, is found among women who conceive with particular facility and bring forth many children in quick succession; I have often had opportunity to observe this type of mother. Obscurely realizing her immaturity and lack of motherliness, such a woman tries with the help of reality to grow into the rôle that she consciously wishes very much to play. Often she belongs to a circle of young women who are all more or less of the same type and goad one another into competing for motherhood.

2). A diametrically opposite type is that of the woman who, although endowed with all the qualities of motherliness, remains sterile for psychic reasons. If we observe her sexual personality as manifested in coitus, we find that she is of the type that achieves the greatest gratification in tender giving and motherly embraces. The physical and psychic structure of this woman is almost the exact opposite of that of our first type; what both have in common is the inability to conceive.

The type of woman we are now discussing spends her rich motherliness on her love for her husband; guided by profound feminine intuition, she feels that he does not and cannot want a child. His love for her is based on her motherliness: he needs her for himself, for his aims, his prosperity, his achievements. If she is ripe for motherhood, he is not ripe for fatherhood; he is often an introverted artist or scholar, still (or always) restless, who needs a mother and freedom from responsibility in order to develop further or even to be what he is. His motherly wife senses the dangers threatening him through fatherhood and renounces the child out of love for him. Her instinct of self-preservation also warns her against the burdens she would have to assume if she made an unfatherly man the father of her children. Moreover, she sees the erotic harmony of her marriage threatened in the event of her pregnancy, not because she opposes eroticism to motherhood in herself, nor because she fears loss of her attractiveness, but because her husband's erotic capacity would not stand up in face of real motherhood in her.

The man, although he loves a motherly woman, sets a definite limit to her motherliness; exceeding this limit involves dangers for him. Thus there are men who choose motherly women for their love partners, but become impotent when their wives are pregnant, or later after the children are born. In some cases that I have observed, such men fled from their homes in a panic when their wives became pregnant. In one case, the husband vanished for several years; in two others, the beginning signs of acute alcoholism appeared in the husbands at this time.

The motherly woman is more or less consciously aware of such dangers and wards them off by unconsciously influencing her ability to conceive. The current belief that a man matures by achieving fatherhood is usually invalid in such cases, and more often than not an intuitive grasp of the situation on the part of the wife can be relied upon. On the other hand, the woman's unconscious distrust of her husband's capacity for fatherhood sometimes proves unjustified. In two instances I observed couples who decided to adopt children; the women took this step because they did not want to remain childless any longer, the men because they lovingly respected their

wives' wishes. In both cases, the husbands—to their own and their wives' surprise—reacted to the adopted children with great tenderness and pride, and grew more ambitious in their work and more attached to their wives. In both cases the women became pregnant less than a year after the adoptions. One of these two women told me: "I would never have believed that my husband could be such a good father. If I had, I might have become a mother earlier". Such changes in the psychologic situation are often decisive in removing the cause of relative sterility.

The type of women discussed here must not be confused with the motherly woman who avoids physical motherhood and directs her motherliness into other channels. In the latter the protective mechanism has developed a long time before and is present in early youth, so that physical motherhood is completely avoided. This type tries to sidestep the conflict by renouncing sexuality and gratifying maternal feelings with secondhand motherhood. The sterile woman whom we classify as our second type is completely willing to be a real mother and her sterility is a kind of secondary adjustment to her husband. Modern medical practice requires that gynecologists in treating sterile women take the husbands' generative processes into account. Usually physicians content themselves with establishing the fact of the husband's potency and of normal behavior of his sperm. But in many cases it seems as important to examine the husband's psychologic make-up as it is to investigate the wife's. And usually, if we are to gain a clear psychologic picture, it is not enough to know that the couple want a child and have a satisfactory relationship with each other.

3). The third type is represented by the woman who often is diverted from motherhood by other interests, although, like the second type, she may possess great capacity for motherliness. I propose to divide this type into two subtypes:

- a) The feminine-erotic woman who fears the competition of motherhood with her warm, rich erotic life. All her motherliness is consumed in the fire of erotic love. Her type is particularly close to the second type, without being identical with it.

b) The woman who devotes her life to an ideology or another emotionally determined interest. Here belong those women who play a part in great revolutionary movements, the artists, scientists, etc. They are not averse to motherhood, they often long for children, but they unconsciously avoid the conflict that might result from a split in their affective interests, and thus remain sterile.

4). A very frequent type is the masculine-aggressive woman who refuses to accept femininity. She may remain sterile, but usually her active-aggressive striving asserts itself here too, and she often has many children. She succeeds in finding an outlet for her aggressiveness in pregnancy and motherhood.

5). Finally there is the emotionally disturbed woman who fears additional emotional burdens and remains sterile not because she has found an outlet for her feelings elsewhere, but because she perceives the poverty of her own emotional life. Like our first type, she tries in many cases to overcome her deficiency by means of frequent pregnancies and numerous children.

As occurs in all attempts at classification, these types are not pure, their characteristics often merge. Moreover, as I have said, the difficulties of conception can lead to a shift in behavior in an opposite direction. For this reason, all these women are encountered again in discussions of the later phases of reproduction.

Many other types of sterile women could be established. Furthermore, there are cases of psychogenic sterility that have purely individual explanations, as for instance the following. A young woman was childless after four years of marriage. She was the elder of two children; her brother was one year younger than she. Brought up in an exceptionally cultured milieu, both brother and sister had had a definite ideology and definite life tasks from their childhood on. The boy was supposed to enter the ministry, as his father had; the girl was to become an intelligent, educated, feminine mother. Common family plans were often made, in which the girl figured as the mother of numerous children and her parents as happy grandparents. This plan seemed to promise realization, but was frustrated by the fact that the brother married before the sister and soon

brought a child into his parents' home. The girl, who until then had brilliantly compensated her competitive feelings toward her brother by her femininity, had a neurotic collapse because her brother had outstripped her in achieving the special goal of parenthood. She married hastily to compete with her brother, but he had a head start; gradually she formed an attitude that can be defined thus: "Since you have usurped my rôle, I will assume yours."

She conceived intellectual ambitions, felt inferior, and, already very neurotic, tried to transfer the arena of her struggle to her own body. In order to minimize its feminine character, she stopped eating; her menstruation was interrupted, and she developed anorexia nervosa, with fits of ravenous hunger during which she unconsciously tried to realize the typical infantile idea of pregnancy by absorbing the fecundation material through the mouth. Because she realized her pregnancy fantasies through compulsive eating, and because she harmed herself physically by combating her femininity, she did not become pregnant, although she was obsessed by the desire for a child. A large number of similar examples could be cited.

We justly ascribe psychic difficulties to the destructive forces in the human soul. For instance, when we are dealing with a sterile woman's relation to her husband, it is easy to assume that her hatred, indifference, jealousy, her fear of the effect of pregnancy on the harmony of her marital relationship, and so forth, are the cause of her sterility. But sometimes, although not often, one encounters a married couple, ardently in love, who experience great happiness in their love relation and feel a constant urge to make it even more perfect: they wish for a child, yet are unconsciously compelled to renounce the fulfillment of this wish. Realization seems to be prevented by their unconscious fear that their harmony will be disturbed, that fate might be tempted to turn against them if they had an excess of good fortune; this is the old mythical fear of the revenge of the gods.

An endless number of variations, types, individual histories, and so forth, could be adduced to illustrate the reasons for psychogenic sterility. In former years the task of psychiatrists and psychoanalysts was in a sense easier. A reliable gynecologist

cologist would declare that physically everything was in order and that the therapeutic task was now entirely the psychiatrist's. But the latter's efforts were not always crowned with success and he alone bore all of the responsibility for failure. It is certainly better to have a companion in misfortune in this respect. However, with the immense advance of the science of hormones, the two methods of treatment and investigation often clash and occasionally interfere with each other. Gynecologists now are not so ready to declare that everything is in order; they attempt more and more frequently to explain sterility on the basis of defective functioning of one or more hormonal factors, and their attitude toward the psychiatrist is one of deprecation and rejection or, at best, tolerant forbearance. They turn to the rejected psychiatrist only if their own failures leave them unsatisfied.

Even if sterility is often—and perhaps in most cases—determined psychically, there still remains to be answered the vexatious question: How does the physical result come about, where does the psychic factor intervene in order to assert itself in this form? The science of hormones still owes us an answer to this question, and it promises to give us a certain one in the future. Neither has the priority of the organic as against the psychic cause been clearly established as yet. Does a definite hormonal disturbance create a predisposition to certain psychic reactions, paving a way for them, or do psychic elements provoke a hormonal disturbance through the detour of the autonomic nervous system? The important practical question is: To what extent can somatic disturbances, whether psychogenically determined or not, be cured by psychotherapeutic intervention? Possibly, the therapy of the future is in the hands of somatic medicine, but we feel that the chances of success in this field will be increased if psychology can help medicine to find its way in the psychic elements. For the time being, the two sciences march separately and strike together—somewhat after the fashion of the allies in the last war.

I have discussed the problem of sterility from the aspect of inability to conceive or difficulty of conception. However, another problem that seems diametrically opposed to that of

sterility, calls for discussion here. I refer to the numerous cases of quasicompulsive readiness for fecundation, to what might be termed "overfertility" in women. It may seem incredible or even absurd that psychologically this condition is as close to abnormality as sterility. Theoretically, the normal and ideal condition of fertility in woman is this: conception follows her first intercourse, a child is born after the regular period of gestation, and the same process is repeated just about every year until the end of the woman's sexual life. But among humans this scheme undergoes far reaching changes, even without conscious, voluntary influence. Fecundation in the first coitus is rare, and woman's reproductive powers are only exceptionally used to the fullest during her years of sexual activity. In addition to voluntary control of fertility, unconscious inhibitive psychic influence certainly plays an important part in these "phenomena of degeneration", as they would be termed from the point of view of sociology or biology.

It seems that voluntary control and "degeneration", that is to say, the processes by which fertility has moved away from the above described ideal condition, have gradually led to a readjustment and reduction of woman's service to the species. For the time being it looks as though woman's social situation will further this movement—until new changes begin to operate in a different direction. Biology and the psychology of the unconscious will play their part here.

Within the framework of the existing state of affairs, what may biologically be an ideal condition may paradoxically become a manifestation of abnormality. Thus there are women whose fertility defies every attempt to reduce it, and who are constantly taxed to the limits of their physiologic potentialities by the business of reproduction. Their entire emotional interest is devoted to their struggle against their fertility, just as that of the sterile woman is centered upon her inability to conceive. Since the fertile woman often uses every means to prevent conception, her failure seems just as inexplicable as psychogenic sterility that has no discoverable physiologic causes. But it is naturally easier to assume unconscious neglect of preventive measures in fertility than to concede un-

conscious influence on physiologic processes in sterility, all the more so because we regard fertility as normal and sterility as abnormal.

Women who conceive so very much against their will usually complain that a man needs only to look at them or touch them to make them pregnant. Psychoanalysis of overfertile women shows that their problem is not one of exuberant motherliness yearning unconditionally for fulfillment. On the contrary, these women are usually unmotherly, they bear their children a grudge for having been born, and are too much preoccupied with trying to prevent increase of their offspring to turn to the children already born with joy and solicitude. Their compulsive conceptions have motives far removed from anything like an instinctual urge to motherhood.

Many of the women who passively "do nothing about it" rationalize their behavior with a curiously naïve ignorance. "I cannot help it", they say. Others adduce ideologic or religious motives that may mislead the ill-informed. Where such motives are absent, they wage a pseudostruggle against fertility with all the means at their disposal. But this struggle remains unsuccessful, because (like the struggle against sterility) it runs into unconscious opposition. They have frequent abortions and the condition of their generative organs is such that it is often incomprehensible that they are still able to conceive and bear children. They often insist upon being sterilized, and if they succeed in having this wish fulfilled, they usually react to the operation with severe depression and organic misery. If we consider psychogenic sterility as a psychosomatic syndrome, we should perhaps not reject completely the possibility that the converse phenomenon of overfertility is also connected with a hormonal condition. Possibly a particular potency of the germ plasm and an intensified activity of the hormonal energies are here put at the disposal of the psychic tendencies, and an interaction between psychic and somatic elements produces the condition described by a patient: "The germs fly in the air to fecundate me". We must not be misled by the pseudo-normal.

After this short digression into pathology, let us return to the normal reproductive functions. Although the sexual act is in-

tertained with these functions, the goal of the conscious experience is "pleasure, undisturbed pleasure". In the later processes, this question always emerges for the woman: To what extent does the child disturb me in the pursuit of my individual interests? The polarity of the experience, "I or the child", is thus defined from the outset. Every mother experiences this polarity to some extent, deeply or superficially. The child always represents a disturbance of her individual life, but at the same time a *promise*, an optimistic experience with regard to the future. Every pregnancy, especially the first, is for the woman the dawn of a new development, a new turn in her fate, if the imminent motherhood expresses her true personal wish. If this inner expectation of the future is absent, the experience of motherhood is less complete, and the child has only the significance of a desired, tolerated, or undesired reality, without the gratifying emotional, optimistic investiture. As a result there are mothers who from the outset bloom and mothers who fade, mothers who serve the future embodied in the child and mothers who, in a metaphorical sense, feel that their own ego is consumed by the child.

Still other conditions must be fulfilled to endow the feminine woman's pregnancy with the character of completeness. To the principal one of these I apply the term "interiorized social security". It consists in woman's need to feel in her man fatherly tenderness and secure protection. All the dangers of motherhood, the real and the fantasied ones, the inner fears related to the reproductive functions, fears that are present from the beginning to the end of the process, are assuaged if the woman senses fatherliness in the father of her children.

Each woman experiences pregnancy in an individual manner; yet there are definite forms within which the individual variations take place. Is this general framework "an attribute of the species, a manifestation of instinct", so to speak, a re-awakening or renewal of phylogenetic memory? To the psychologist the notions of biologic determination or disposition seem narrow and restrictive, but they give him the comfortable feeling of having a scientific basis and of being able to place the results of his subjective observations into an objective frame. It is advisable to cling to a recognized pattern, in order to in-

crease the objective value of the facts observed, if in so doing one is able to avoid the danger of being inhibited in seeing, understanding, and above all in communicating to others things that cannot be explained by biologic or sociologic realities.

The organic phenomenon of pregnancy is filled with psychic material; more quantitative and qualitative psychic elements enter into the normal biologic condition than is generally assumed even by experts. What is typical, valid for all women, will be found above all in the psychologic accompanying phenomena of certain constant organic manifestations of pregnancy. For example, the very anatomic characteristics of pregnancy favor the mobilization of various tendencies that we encounter in childish psychic life and neurotic symptoms. The inside of the body, we know, is a source of the most peculiar ideas and above all of anxiety in early childhood fantasies. What panic fear seizes the little girl when she hears of an inflammation or a foreign body in someone's insides! As we have seen, many operations are performed upon young girls, especially during their puberty, because they persistently demand them. This demand stems from anxiety expressed in organic symptoms.

Another instance of interest in the anatomy of the inside of the body is the childish fear of worms coming from the stomach; this fear, as we know, is often repeated later in symbolic dreams in which the "worms" acquire the significance of small, usually newborn children.

Also in accord with the realism of childish thinking is the idea that one can find in the inside of the body only what has been put there, that is to say, food.

Still another group of ideas is connected with fear of the mother's menstrual blood, which can be associated with the processes inside the body and later endow them with a dangerous character.

Even more than the anatomy, the physiologic processes of pregnancy are apt to provoke accompanying psychic phenomena. In fact, every physiologic phase in the course of pregnancy has its specific psychologic accompaniment. The surplus of innervations, the gradual reorganization of the somatic excitation processes, the changes in the circulation of

the blood, the glandular functions, and the process of nourishment of the tissues connected with pregnancy constitute an added physical strain that naturally must extend to the psychic sphere. It may be said that we have here automatic, reflex-like psychic reactions for which the normal course of the somatic process is a prerequisite. These processes are tied up with definite groups of reactions that must be termed normal and typical.

When speaking of the more individual psychic reactions to pregnancy, we must above all consider the influence of the environment in a narrow and in a large sense. Naturally every civilization has its own forms of expression. How does the concept of a "psychology of pregnancy" relate to the mental life of a highly civilized woman in North America or western Europe, to that of a Slavic peasant woman, of an orthodox Jewess, or of a primitive North African?

The psychologic processes studied here are certainly not timeless and I do not claim universal validity for them; I do not wish to extend our horizon beyond the environment of women whom we really know, who are accessible to our direct observation. Yet many elements seem to be so deeply rooted in woman's nature that they survive for centuries and can be found at various levels of civilization. Let me cite the following example without at this time entering into detailed explanations. Periodically in every pregnant woman there arises an obscure feeling, reminiscent of old fears and superstitions, that her new happiness-giving possession will arouse the envy of supernatural forces, of the spirits and the gods. In fairy tales and myths the wicked witch wants to steal the child by means of charms; in the idea of the simple-minded peasant woman of various countries, it is the "evil eye" of the hostile neighbor that would accomplish the same purpose; in the educated woman of our own civilization, the feeling is an "irrational sensation" that perhaps corresponds to a feeling of guilt stirring in the unconscious. The threatening power is represented by the woman's own mother, who assumes the rôle of the witch. Fantasies of monsters and unnatural births disturb the joy of

expectation and fill the pregnant woman with anxieties. These are typical and are found all over the world; women who have never been superstitious develop superstitions, fears of magic forces, and the like. These examples suggest an identity of psychic reactions under completely different environmental conditions.

Naturally the woman's relation to her own pregnancy is strongly influenced by her immediate surroundings. The treatment of the pregnant woman by society depends chiefly upon the value that society ascribes to the blessing of children; this value varies at different periods and in different countries. National political and economic interests as well as ethics and constitutional law play their part here. Social developments do not always take biologic laws and factors into account.

The psychologic experience of pregnancy to a large extent depends upon the conditions under which the woman has conceived and in which the expected child is born. That great power in human psychic life, *fear*, whatever its nature, certainly has a considerable influence on the emotional course of pregnancy. The social fear of the unmarried woman accompanies the psychologically determined normal or neurotic fears. Economic difficulties and illnesses and deaths in the family may play their part. In brief, environmental factors, direct and indirect, certainly have an effect on the course of the reproductive process.

The degree of the pregnant woman's psychic health is perhaps the most potent factor. We are rarely able to observe a process that is "normal" from the psychologic point of view. In the first place, such a normal process is unusual; in the second place, a normal woman, in life situations that hold for her the greatest positive value, is not inclined to grant another person, especially a psychoanalyst, insight into her psychic life, and rightly so. Incidentally, it is striking that the most intuitive and introspective women shy away from observing their own psychic processes during pregnancy; one might almost say they are deliberately trying not to observe them. This profoundly motivated behavior is one of the reasons why we have so little information about the psychic life of the pregnant woman.



## PATHOLOGICAL WEEPING \*

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It is my intention in this paper not to deal with all the aspects of pathological weeping, but to limit myself to clinical observations on certain forms of pathological weeping in which the weeping was apparently related to underlying childhood disturbances of urination.

In an earlier paper <sup>1</sup> I undertook to scrutinize the relations between weeping, vision and urination as they appear in the normal development of infants. The significant facts were as follows: tears appear at about four to six weeks of age, at about the time of the first focusing of the eye and probably the first awareness of muscle tension preceding urination. As early as six to seven months, a sex difference in urination is noted in that girls tend to develop longer intervals between urinations and are more readily trained to the pot than are boys. This corresponds in time to the development of directed eye-hand movements and to the beginning of the sitting-up period. It seems probable that the greater frequency of male urination at this time is due to the greater exposure—and consequent chance stimulation—of the male genital, especially in its being touched or handled more frequently by the male infant himself as it is brought into visual range by the sitting posture. From then on it seems that urination is a more complex, sensitive function in the male than in the female child, eliciting in the male more visual attention and accessory muscle coördination,

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<sup>1</sup> Read at the meeting of the American Orthopsychiatric Association at Chicago, February 19, 1944. To be published during 1945 in the *Amer. J. of Orthopsychiatry*. The interpretations were based on observations reported elsewhere, especially by Gesell and his co-workers in *Infant and Child in the Culture of Today*. New York and London: Harper & Brothers, 1943. Specific references are given in the earlier paper.

and ultimately leading to a greater sense of mastery and power in its management and control.

This is especially evident when the male child, generally between the ages of one and two years, is further confronted with the obligation of learning to urinate in a standing position. Interestingly enough, it is reported that at ten to twelve months little girl babies often laugh as they urinate while boys seldom do. Urination is a more serious business for them. They are also more subject to urinary accidents than are girls, a susceptibility (reported by Gesell and Ilg as being apparent up to four or five years of age) which may be further increased when there is a special prohibition against weeping before a confident mastery of urination has been gained. Later, the very fact that male urination expresses greater power, and is an aggressive weapon as well, renders it a better outlet for tension, and may be one reason why weeping is less necessary to the male than to the female. It is a general observation that in many situations of "nervousness" in which women weep, men show an urgency or frequency of micturition. That the little girl between two and six usually envies the boy his urinary prowess, attempts to copy him and shows an increase in her excited curiosity about her own urination, is an everyday observation of nursery school teachers and others who have young children of both sexes together.

It appears then that there is at first some degree of correlation between the physiological stages of development of control of visual focusing, general muscle coordination and bladder-sphincter control, and that there is a natural reciprocity between urination and crying as tension discharging mechanisms. In the boy these three functions converge earlier and to a greater extent. Urinary control is at first less certain and then becomes a more effective expression of aggression than in the girl in whom urination is a simpler tension relieving mechanism. Later the girl is naturally more susceptible to any reinforcement of visual erotization because of the fascination of male urination which may then take over much of the castration problem. This is a brief indication of the highlights of differences in the development of urinary control in the two sexes.

From an accumulation of clinical impressions, I had long noted that psychotic patients who wept freely rarely had coincidental urinary symptoms or disturbances of bladder control. Subsequent analytic experience permitted a clearer and more detailed examination of this relationship.

This paper presents two types of neurotic weeping met in the analysis of several women patients. The form and character of both types of weeping were found to be determined by a displacement on to weeping of the urge to urinate. The weeping then appeared as a secondary coincidental symptom. In no instance was the weeping a presenting symptom or even spontaneously complained of by the patient.

The observed neurotic weeping was *shower* weeping or *stream* weeping. In the shower type there are copious tears with very little provocation and without much sobbing or crying. Sometimes these floods of tears appear indiscriminately with any emotion. In the stream type, little obvious emotion is evident but a stream or trickle of tears rolls down the cheek when certain sensitive, deeply repressed subjects are touched in the analytic work. In both types the weeping, i.e., lachrymation, is the main evidence of the disturbance and is singularly free from associated muscular reactions. In both, a strong element of exhibitionism is present together with marked penis envy and some visual fascination focused on urination. Shower weeping indicates some acceptance of the feminine rôle but a rather discouraged attitude about it. This type weeps in anger and in partial resignation because she cannot approximate male urination. Stream weeping is a substitute for male urination, the penis envy appearing in periodic aggressive demands for the male organ accompanied by fantasies of its possession. In one case, described later, the patient seemed to be continually reassuring herself about the possession of a penis and weeping partly to demonstrate her possession and partly from relief. An extreme body-phallus identification was present and may always be prominent in stream weepers.

Two cases illustrate the two types of weeping. The shower type is illustrated by the first patient who had been analyzed twelve years before I first saw her. Her analyst had subse-

quently died. During my work with her she wept a great deal although she did not seem greatly depressed. Although it did not seem that she wept when she was alone, during almost every analytic hour floods of tears would come up as she talked. She had a curious, slightly imperious way of asking me for Kleenex with which to wipe her eyes—rather than using her own handkerchief—as though to call her need to clean and dry her eyes sharply to my attention. The exhibitionistic demand for a tender ministering was obvious.

This patient brought me several dreams which were variations on the same theme. One of them, the middle section of a triptych of dreams appearing the same night was as follows:

“I was standing outside a bathroom—of which the door was wide open—waiting for a large colored woman to finish cleaning. I was conscious of wearing a sweater which was front side back, buttoned up so that it was awkward to wear. Next I was waiting in a hallway like the top floor of one of the old brownstone houses. A stairway from the floor below had a slight curve before it reached the top floor and there was a railing along one side of the hall guarding the well of the stairway. If you went up the stair, the bathroom which was bright and sunny (i.e., in a way open rather than dark) would have been at your immediate sight. On the top step of this stairway was a little girl child, almost a baby. Before the woman had left the bathroom the child had gone into it (although I had not seen her go) and had fallen, so that she was stretched out on the bathroom floor on her back. I went in and looked at her. I realized that she had fallen with great force but she was not crying, she was lying motionless. Then I noticed that the upper part of the head was abnormally large. ‘She is not crying because she is becoming an imbecile’, I thought. Later after I awoke, my thought was that she had water on the brain. I seemed to know somehow in the dream that the child was a girl.”

It is impossible to go into all the associations to this dream; only the more important items referring to the urination-weeping problems will be mentioned. The patient’s family name was derived from a word which means “brown” and they often jokingly referred to themselves as “the brownies” or “the colored people”. The patient was the oldest child of a large family. Two brothers came after her. In her earliest childhood two boy cousins, one of whom was a little older than the patient and the other about her age, repeatedly visited the family. In her infancy she had been a fretful first baby, nursed solicitously but not very successfully by the mother.

The dream house shows the obvious common reference to the body structure. This appeared very clearly in the patient's associations. The colored woman, like the brown stone character of the house, referred to the brown mother, as well as specifically to a brownstone house in which the family had lived when the patient was a child. In addition it had the meaning of brown stool or fæces. Urination and defæcation were evidently confused and an effort was made to clarify what comes from in front and what from behind. (This was the main motif of the first dream of the trio, of which this was the second.) The *sweater which was front side back* referred not only to this question of front function (urination) or rear function (defæcation) but also to the infantile observation that she had to unbutton her drawers behind whereas her older boy cousin and later her brothers more handily unbuttoned in front to urinate. She had indeed to act the same in order to urinate and to defæcate, while the boy could unbutton in front to urinate. The *openness* of the bathroom which is emphasized both by the open door and also by the open sunny character of the room, referred to the openness of the mother's genital space which was unencumbered by a stool-penis, and further to the openness of her own genital area which was innocent of dark pubic hair. This was, indeed, an attempt at reconciliation to the lack of a penis like the cousin's.

It became quite clear in other work with the patient that the setting of the birth of the younger brother had been an extremely disturbing event. Its effect had been not only to wrench the child prematurely from the mother's care but since it came at a period when the differentiation between urinating and defæcating was not very secure and when there was a beginning sense of possession—of what was hers and what was his—it had reënforced the no-penis problem. At this stage the penis of the cousins and of the brother was still confused with the stool which was dirty. But the penis had also assumed positive value as a possession and its absence was beginning to be felt as a lack, the result of discrimination against her.

The *little girl child, almost a baby*, who falls limp to the bathroom floor is the patient herself who received so bewildering and shocking a blow when she wanted to be cared for by

the mother (cleaned by the negro woman) and was devastated by finding herself displaced by the birth of the brother. The displacement from below upward is thrice emphasized in the dream: first by the location of the bathroom on the top floor of the house whereas the patient's recollection was that the bathroom was on the second floor, half way up the house, secondly by the idea that the fallen child has *water on the brain*, and thirdly by the representation of her drawers as a sweater that buttons behind. The limpness, the imbecility of the child—so great that she does not cry but develops water on the brain—refers to the sense of helplessness of the little girl, the beginning of a clear penis envy, the prodrome of floods of tears throughout her life.

This patient's neurosis was primarily a hysterical one. She was pushed by the rapid birth of two younger brothers into a premature turning from her mother to her father but maintained a deep underlying yearning for the mother. Her œdipus period was characterized first by a special intensity and then by a trauma which further focused her castration fears. There was an overt hysterical breakdown at adolescence which she tried to resolve by turning from sexuality and partially identifying herself with her father, whose profession she subsequently followed. It is obvious that she had strong homosexual tendencies, yet she made a predominantly feminine identification, though a discouraged one in which she never did justice to her own feminine attractiveness. While she had never married, she had no overt homosexual relationships. There was one prolonged heterosexual affair which embodied some genuine love. She was past thirty-five when she underwent her first analysis and approaching fifty when she consulted me. Perhaps more could have been done for her if she had come to analysis earlier. As it is, she is an able, warm-hearted, attractive woman who feels that she has missed much in life and still weeps somewhat too readily.

The current situation in which the trio of dreams appeared is interesting. Her mother had died two years before the dream. She had accepted this and the recent breaking up of the old home in which she had not lived for many years,

with apparent relief and great calmness. She then began to show an undue worry about her old father and his retirement to a farm he had in the country. The third section of the tryptich showed this conflict quite clearly: a fusion of an œdipal conflict with the deeper præœdipal one when she was wrenched prematurely from her mother and forced to seek her father's solace and care.

The stream type of neurotic weeping is illustrated by excerpts from the second case. This patient was a married woman of thirty-five. The presenting symptoms were those of an anxiety hysteria of two years' duration marked by an exacerbation of a severe claustrophobia which had been present to a lesser degree throughout her life. There was also a fear of fainting and a fear of becoming addicted to drugs. The overt form of the neurosis began when the patient fell ill from an acute infection. Her feverish state seemed to revive disturbances of early childhood based essentially on an insecure sense of reality.

On superficial examination she presented the appearance of a marked hysterical blandness; deeper examination indicated that the disorder was very severe and might be considered of a "borderline" nature. Very striking was a peculiar scheming attitude toward life: an outspoken, appallingly frank graspingness coupled with a neurotic generosity. Her love relationships were poor, a fact which she herself recognized and stated with startling candor. At twenty-one she had married a partially impotent older man intending to divorce him as soon as she had found someone more suitable. Once married, she never found the suitable partner, but became fretful, sleepless, increasingly good and generous, but obviously unhappy. She attributed this to her husband's inadequate sexual performance. A physician suggested that she would be better if she had a child. Although she had till then thought little of this deprivation, she seized the suggestion with a peculiar intensity and embarked on a long struggle to get a child willy-nilly. This was complicated by the husband's poor status and by the fact that she herself had had pelvic inflammation which made conception improbable. Before she discovered the latter, she had gone to

extraordinary lengths to procure a child first from her husband, and failing that, from other men—both by the natural method and by artificial insemination. At the time she began treatment, she was living with a man for whom she had but slight affection. She demanded intercourse with nymphomaniacal frequency. Her plan was to get the child and then abandon the lover. She stated this with a forthright, unabashed simplicity, and seemingly with no regard either for the lover or the hypothetical child. It is clear enough that the patient suffered from an overwhelming penis envy.

The patient's appearance and behavior presented peculiarities. She was a slender, very trim young woman, more than ordinarily neat. She wore the same hat day after day, a close fitting turban with a stiff round platelike part above the snood. The whole effect, both in hat and posture, was of stiff upright-ness. She would not take off the hat even when she lay on the couch, except in the heat of summer. She rationalized this by saying that she did not wish to muss her hair and that the hat was so small that it did not get in the way. Her blandness was apparent in her face which was unusually smooth. Her nose was smooth, firm and not remarkably large or small. She stated that in childhood her brothers and sisters had been wont to call her "Long Nose" because her nose was longer than theirs. She also referred to herself as "nosey" because she seemed to pick up so much information about people around her that she suspected she must be unconsciously prying. Her mouth was small and feminine. Her eyes, however, were her most striking feature: they were large, usually wide open, moist and luminous.

Connected with this feature were three outstanding symptoms: her peculiar bland emotionlessness, her urinary frequency and her really extraordinary weeping. At first, while she would say, "I am so angry", it was said with a placid mildness and no flicker of a muscle. As the analysis progressed and I began to break down this glossy shell, the frequency of urination and the weeping appeared, generally alternately. She complained of feelings of dryness around the urethra and the mouth of the vagina during intercourse. In the analytic hour she would

get up and glide from the room to the bathroom to urinate. Once during a period of anxiety she developed a bladder tension, never feeling satisfied with urinating but returning again and again to attempt it, until she set up a real urethral irritation. At other times when subjects arousing jealousy or envy were touched, leading back to the fundamental problem of penis envy, a trickle of tears flowed quietly down her cheek. It first appeared in the patient's dreams and later became a verifiable fact, that she wept only from the eye that I could see, although at other times she might have tears from both eyes.

From the dream material it appeared that the vagina, which was confused with the urethra, was her more important mouth, and that she was continually in search of the missing breast (penis). From her life story (before her marriage she was trained as a dancer), from her unique headdress and posture, as well as from the content of many dreams, it was evident that there was a very strong body-phallus identification, a fact which was to be expected from the dramatically clear baby-phallus concept.

It is impossible to give much of the developmental background. The following facts are noted for comparison and contrast with the first case. This patient was also one of a large family, the third child with two older brothers and a sister only fifteen months younger, as well as other children several years younger. Thus she was preceded, rather than followed, by two boys. Her father was much depreciated by the mother who boasted of her ability to get along without a man and the fact that she only permitted him access to her when she was willing to have a child, while at the same time she looked to her sons for everything—they were more hers than was her husband. Thus the family stage was set for the turning of the little girl's envy toward her brothers. This is in contrast to the first case in which the girl's awareness of a contemporary penis was not as acute because her brothers were younger. She envied them more their babyhood and their possession of the mother and was prematurely pushed into pride in being older. The penis envy generated toward the cousin and later reënforced toward her brothers was relatively weaker.

In the second case there were many other determinants

including repeated primal scene experiences which occurred so early that there was no adequate differentiation between the sexes in the eyes of the little onlooker. However, an experience when the patient was about six appeared important in the determination of the pseudostoical calmness and the repression of any emotional display followed by its reappearance in the exhibitionistic stream weeping. She remembered at this time playing with a group of children—mostly boys in which the two little girls were merely tolerated—engaged in competitive jumping games during which she had been pushed by her younger sister from a ledge several feet high, injuring her shoulder in the fall. Fused with this memory, and partially hidden by it, were ones of similarly competitive urination games in which she could only be an onlooker. At the time of the accident the frightened brother and sister begged her not to cry and not to tell, as both feared they would be blamed by the frantic mother. The matter could naturally not be long concealed and the patient was taken to a hospital for treatment. Here the forceful superstitious mother battled the doctors and refused an operation, with the result that the little girl went two or three times a week for a while to have the shoulder treated. She recalled the pain of these proceedings and the determination to show no feeling in order to avoid the mother's frenzy, to win praise for her stoicism from the doctors and to gain a superiority over the other children. That in this way she was retaining her penis equivalent and avoiding the imminent castration is amply suggested by the patient's dreams. One recurrent dream, presented in many versions, boiled down to the fantasy that the younger sister was trying to take the patient's man away from her. The patient awoke with anxiety lest this happen.

During this period at six, when she was stoically undergoing treatment of the shoulder and not permitting herself to weep, she seems to have been able to retain bladder control. A little later, however, she developed fainting spells whenever injury to anyone else was threatened. Even before the shoulder injury, the patient's castration anxiety had been gravely aroused by the birth of her second sister to whom she later became greatly attached. This child was born at home. The patient heard

about, fantasied, and possibly witnessed some of this birth. As soon as she had returned to school after her own injury, she made unusual progress in her work and caught up with her brother with whom she spent much spare time reading. She officially forgave the younger sister but thereafter refused to play with her and even during her analysis condemned her for her roughness and vulgarity. Her compensation by means of an intellectual superiority worked reasonably well until puberty.

In this second case, there was a special visual erotization arising from the repeated early primal scene experiences, the witnessing of urinary games and the probable witnessing of the birth of the sister. The castration fear which was aroused by seeing the urination soon afterward became intensified by the fear of operation and was mainly met by an attempted denial and displacement. A superiority and an equivocal illusion of the possession of the penis was maintained through the repression of crying. It seems probable that the peculiar type of tearfulness dates from this time—a kind of defiant compromise. It may be significant that the patient not only did not complain of the tearfulness, but never spoke of it as “weeping” but as “tear-ing”, which also is one of the slang terms for male urination.

The infantile situations of the first case are in some respects less clear. The penis envy was in itself less focused on the function of urination, but there was a greater struggle with toilet habits *per se*, due to a rather severe toilet training. The envy was more directed toward being cared for as a baby like the younger brother and the penis envy itself seemed associated with the permission to be dirty.

The presentation of the material of these two cases in general outline serves to bring out the salient differences in the pathological weeping of these two types. These observations are probably relatively common in analytic practice, and it is a little surprising that they have not been dealt with more specifically in the literature. Abraham, in his article, *The Development of the Libido*,<sup>2</sup> refers to a patient who, “. . . during men-

<sup>2</sup> Abraham, Karl: *Selected Papers on Psychoanalysis*. London: Hogarth Press, 1927, p. 483.

stration which used to excite her castration complex in a typical way, . . . scarcely ever stopped crying", and adds in a footnote, "It may be mentioned in passing that the copious flow of tears represented her unconscious wish to urinate like a man". Lewin's article,<sup>3</sup> *The Body as Phallus*, which presents much that is pertinent to the second case with her obvious body-phallus identification and the onset of her overt neurotic illness during a fever (which promoted the body-phallus fantasy as well as disturbing the sense of reality), contains a reference in its summary to tears and saliva being equated to semen and urine. Zilboorg,<sup>4</sup> in an article on the transformation of instincts, cites a rather comparable case. About a woman who always cried after intercourse, he says, ". . . let me state simply that her spells of crying frequently, if not always, seemed to take the place of neurotic, symbolic, substitutive, masculine orgasm. . . . Feelings of hate, frequently coupled with a sense of tearfulness, mounted as soon as the penis began its withdrawal and were experienced regardless of whether an orgasm was attained by the woman or not." Ferenczi<sup>5</sup> mentioned the sudden relief (relative pleasure) from urination in a frightened child and that it stops the child's crying, but did not develop the theme further.

Winnicott<sup>6</sup> also cites a case of a girl who became enuretic after the death of her brother, in whom the enuresis disappeared promptly when weeping was induced. In van der Heide's case of *pollakiuria nervosa*,<sup>7</sup> a twenty-three-year-old girl had a phobia of urinating in public and showed many of the same components as in my cases: urinary envy of the brothers, peeping and exhibitionism, hostility towards men and the desire for the oral incorporation of the father's penis. In his report there is no special mention of weeping except that the

<sup>3</sup> Lewin, Bertram D.: *The Body as Phallus*. *Psa. Quarterly*, II, 1933, pp. 24-48.

<sup>4</sup> Zilboorg, Gregory: *Some Observations on the Transformation of Instincts*. *Psa. Quarterly*, VII, 1938, pp. 1-21.

<sup>5</sup> Ferenczi, S.: *Further Contributions to the Theory and Technique of Psychoanalysis*. London: Hogarth Press, 1926, p. 317.

<sup>6</sup> Addis, Miller, Winnicott: *Discussion of Enuresis*. *Proceed. Royal Society of Med.*, XXIX, 2, pp. 1515-1524.

<sup>7</sup> van der Heide, Carel: *A Case of Pollakiuria Nervosa*. *Psa. Quarterly*, X, 1941, p. 267.

patient cried much during the first interview. It would seem that this patient frequently vomited rather than wept.

While in this paper I have attempted little more than a presentation of clinical material in a kind of vignette form, some aspects of the problem of pathological weeping may have broad psychosomatic implications. In their studies of asthma, French and Alexander<sup>8</sup> have presented their interpretation of the asthmatic attack as a repressed cry of a very early and predominantly vocal sort. More specifically Saul<sup>9</sup> raised the issue of the relation of urticaria to weeping and demonstrated that in some situations the urticaria would disappear when weeping was induced. He did not make quite clear why there had been a suppression or repression of weeping or why the skin was selected as the site of the displaced weeping.<sup>10</sup>

In general one wonders whether the extravasation of water from the body is not basically an expression of aggressive defense, whether it appears as the result of a channeled excretory process (as in lachrymation, sweating, urination, and so forth) or as local or general transudative edemas resulting from severe or prolonged nonspecific traumas (as in the wheal formation of the skin<sup>11</sup> or the pleural and peritoneal edemas of the acute "alarm reaction" of animals<sup>12</sup>).

<sup>8</sup> French, Thomas M., Alexander, Franz, et al.: *Psychogenic Factors in Bronchial Asthma*. Psychosomatic Med. Monographs IV. Washington, D. C.: National Research Council, 1941, pp. 13-90.

<sup>9</sup> Saul, Leon and Bernstein, Claience: The Emotional Setting of Some Attacks of Urticaria. *Psychosomatic Med.*, III, 1941, pp. 349-369.

<sup>10</sup> A clinical observation of alternating attacks of asthma and weeping similar to Saul's report of the relation between urticaria and weeping has been made in the Menninger Clinic. Lane, Selma: Psychological Factors in Asthma. *Bull. of Menninger Clinic*, VIII, No. 3, 1944, p. 76.

<sup>11</sup> Best and Taylor: *Physiological Basis of Medical Practice*. 2nd Edition. Baltimore: Williams and Wilkins, 1940, p. 439.

<sup>12</sup> Selye, Hans: Studies in Adaptation. *Endocrinology*, XXI, 1937, pp. 169-188. Also, Howlett and Browne, J. S. L.: Studies on Water Balance in the Alarm Reaction. *Amer. J. Physiol.*, CXXVIII, 1940, pp. 225-332.



## NEUROTIC ACTING OUT \*

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In most cases it is not very purposeful to start an analytic investigation with an exact definition of the phenomenon to be investigated. The exact definition should rather be the result of the research, not its starting point. But an inexact definition, as an approximative description, is necessary to make clear what one is going to talk about. Obviously, all "neurotic acting out" has the following in common: It is an acting which unconsciously relieves inner tension and brings a partial discharge to warded off impulses (no matter whether these impulses express directly instinctual demands, or are reactions to original instinctual demands, f.e. guilt feelings); the present situation, somehow associatively connected with the repressed content, is used as an occasion for the discharge of repressed energies; the cathexis is displaced from the repressed memories to the present "derivative". and this displacement makes the discharge possible.

This definition is certainly correct; but it is insufficient. If a person, who was unable to express an anger against his boss, is in a general angry mood against everybody—or if a person after having repressed an infantile sexual temptation, produces a neurotic symptom as a distorted expression of his repressed wish—or if a person develops feelings towards his analyst which he once had towards his father—all these phenomena are also in accordance with the above definition—but they are no "acting out". What is the relation of "acting out" to "displacement", "symptom formation", and "transference"?

All these phenomena have in common that the pressure of repressed forces towards discharge disturbs the function of reality testing and the ability of the ego to react adequately. But "acting out", as distinguished from the other phenomena,

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is an acting, not a mere feeling, not a mere thinking, not a mere mimic expression, not a mere single movement. This fact distinguishes it from symptom formation. It is true that there are also symptoms which involve a certain acting; but these symptoms actually could also be called "acting out". In general, compulsive acts, f.e. are not included in the conception of "acting out", because they are limited in their extent, and because they are experienced as strange and not as ego-syntonic. If certain rituals are rationalized to such an extent that the subject identifies himself with them, they certainly can be included in the conception of "acting out". Concerning the relationship to "displacement" we may state: "Displacement" is the mechanism by which "acting out" is achieved; but not every displacement results in "acting out".

Upon what does it depend whether the displacement substitute for what has been warded off is expressed in mere thoughts or single movements—or whether it results in acting? It is not easy to give an answer to this question immediately. The first idea is that this might be due to the circumstance whether or not the ego found a possibility of rationalization. When the ego succeeds in pretending that it is purposeful or that some ideal is fulfilled in that way, acts may be performed that otherwise would have been blocked. But this cannot be the decisive factor. Not always is neurotic acting out well rationalized. There are people who act absolutely irrationally, who have no tolerance towards tensions whatsoever and give in to every neurotic impulse, without asking themselves why they are acting that way.

With "transference" mere acting out has in common an insufficient differentiation between the present and the past, an unwillingness to learn, a readiness to substitute certain rigid reactive patterns for adequate responses to actual stimuli. But these reactive patterns again are not necessarily real actions—sometimes they consist in mere emotional attitudes; and we rather call it "transference" if the attitude concerns certain definite persons, and "acting out" if something has to be done regardless towards whom.

Actually, there is no human action that is not influenced

by the individual's past, and that would not, to a certain extent, give discharge to other impulses of the associative neighborhood. But the normal individual recognizes the differences between the present situation and the patterns he has acquired in his past, and is able to modify these patterns according to the present situation. The higher the pressure of repressed impulses towards motility, the more actuality is taken as a mere precipitating factor which brings occasion to let out something quite different. The analyst then has to show to the observing part of the patient's ego the irrationality of his actions, splitting the observing part of the ego from the actual acting part. This task is made difficult by the ego-syntonic character of the action in question. "Acting out" is more dangerous than mere transference feelings, because it may have more real consequences.

The analytic situation furthers transference as well as acting out in a twofold way: 1) The unemotional and steady attitude of the analyst diminishes the component of "actual adequate response" in the patient's utterances and increases relatively the "irrational" component; 2) the analytic process, by educating the patient to produce less and less distorted derivatives of his repressed impulses, mobilizes and provokes all repressed impulses. That is the reason why "acting out" is relatively more frequent in persons who undergo analytic treatment (therefore, we ask our patients not to make decisions of vital importance during analysis); and therefore, we will now have to distinguish between acting out outside and inside of psychoanalysis.

### *I. Acting out Outside of Psychoanalysis*

We usually distinguish between "symptom neuroses" and "character neuroses". You know that the relation between neurotic symptoms and neurotic character trends is a reciprocal one: Infantile symptom neuroses, mostly phobias, are reacted to by the development of certain attitudes or reaction patterns which represent changes in the realm of the ego of a relatively rigid nature; they impoverish the whole personality, but being done once and for all, they bring the advantage of sparing the individual subsequent acute conflicts. Subsequently, however,

such neurotic character trends may or may not form the basis for the development of other secondary symptom neuroses. Today, character neuroses are much more frequent than symptom neuroses, certainly due to general changes in the usual educational attitudes; and these changes in their turn are socially determined. A subdivision of "character neurosis" is formed by people who not only develop rigid defense attitudes, but who arrange it to meet certain experiences, corresponding to certain unconscious needs, again and again; they have been called "neuroses of fate". The patients may either actively provoke certain experiences, or the experiences seem to happen to them passively. Alexander, in first describing "neurotic character" as a nosological unit,<sup>1</sup> had those persons in mind (whereas we classify them today as a subtype of "neurotic character"). He was of the opinion that their analytic treatment is easier than that of symptom neurotics, because they are ready to act, whereas the "autoplastic" neurotics, during their analysis, have to learn to develop the courage to take the decisive step to alloplastic action. Is it not rather the other way round? Such persons are not really "alloplastic"; they have no object relationships, but only pseudo-relationships; they misuse objects for attempts to solve their intra-psychic conflicts; for curing them, it is necessary to make them understand this, to bring them back to their conflicts, to make them autoplastic first, and then to treat them like average neurotics. The higher the pressure from the repressed, the more compulsive and the more irresistible their impulses to neurotic action become. Nevertheless, not all persons under high mental tension "act out".

Certain forms of pathological reaction, often described as "impulse neuroses", are characterized by intense irresistible impulses, which are experienced more as drives than as compulsions. The insight into the structure of these neuroses probably will be of great help for an understanding also of less stereotyped "acting out". In summarizing the psychoanalytical insights into the structure of these impulse neuroses, we can say: The "irresistible impulses" serve the purpose either to

<sup>1</sup> Alexander, Franz: The Neurotic Character. *Int. Journal of Psa.*, XI, 1930.

escape from a (real or imaginative) danger, or to deny a danger, or to reassure against a danger. We have to add that this formula is valid only if we include the possibility of depression into the conception of "danger". This defensive purpose of the pathological impulses does not exclude that they may bring simultaneously a distorted instinct satisfaction of a sexual or aggressive nature. But only the fact that this satisfaction is condensed with a defensive purpose (or: made possible again by a successful defense against a supposed danger) explains the irresistible nature of the impulse. The defensive aims may or may not be achieved. Compulsive running away, f.e., means either a running away from punishment or temptation, or a running towards reassurance (and satisfaction, becoming accessible again by reassurance). Cleptomania means in principle to take possession of things that give the strength or the power to fight supposed dangers. It is here not the place to discuss the relation of these impulses to the psychogenesis of the perversions. But the impulse neuroses are certainly rooted in an early phase of development in which striving for security and striving for sexual satisfaction were not yet differentiated from each other.<sup>2</sup> The infant is dependent on the mother's care in physical, sexual and self-esteem respect simultaneously. Just as there are persons with oral fixations, there are also persons with fixations on oral types of the regulation of their self-esteem, dependent on external supplies, on being loved, on getting. Being fixated to the oral phase of development, they tend to react to frustrations with violence, and their main conflict is a conflict between a tendency to take by violence what was not given to them, and a tendency to repress all aggressiveness, out of fear of loss of love, that is of fear to get still less in the future. It does not make much difference which person gives the necessary supply; the objects are not yet persons—only the deliverers of supply, and therefore interchangeable. And actually such a relative unimportance of the partner's personality is characteristic of all "acting out" too. The same oral type of regulation of self-esteem forms the dis-

<sup>2</sup> Fenichel, Otto: Neuroses Related to Perversions. In: *Outline of Clinical Psychoanalysis*. New York: W. W. Norton, 1934.

positional basis for depression; it may even be permissible to state that depression is the state into which such persons fall, if the necessary supplies are missing.<sup>3</sup> The identity of the basic disposition for pathological impulses and for depression corresponds to the fact that most impulsive acts serve the purpose to avoid depressions. Naturally it makes a great difference whether the supply is demanded from a real object, or whether the subject is regressed to narcissism and directs his demands to the own superego only. All this is best studied in addicts, in whom structure and clinical pictures are similar, but more complicated by the chemical effects of the drugs; this complication is absent in the "acting out-neurotic characters", who otherwise are comparable to addicts.

The spontaneous "acting out" is not only comparable to addiction. It is also similar to the characteristic "repetitions" of the traumatic neurotic. Often the actions which are repeated have a very impressive and dramatic character; we may speak of "traumatophilic" persons. The repetition symptoms of traumatic neurotics serve the purpose to achieve a belated mastery of experiences which brought too great an amount of excitement to be mastered in a normal way. Also children usually repeat impressive experiences in their play, often without being aware of the repetitious character; the event which once was experienced passively in too intense a manner, is now repeated actively while the ego may determine the dosage of the excitement on a bearable level.<sup>4</sup> Certain types of "acting out" serve the same purpose. The attitude "I have to bring about a certain experience to ward off a certain danger, or to enforce the necessary protective supplies" does not exclude the attitude "I have to bring about a certain experience to get rid of a disturbing, overwhelming impression". We have to remember that there are combinations of traumatic neuroses and psychoneuroses, people who are impressed by some overwhelming infantile trauma, f.i. a primal scene, whose life is overshadowed by both the compulsion to repeat the traumatic ex-

<sup>3</sup> Rado, Sandor: The Problem of Melancholia. *Int. Journal of Psa.*, 1X, 1928. Rado, Sandor and Gerö, G.: The Structure of Depression. *Int. Journal of Psa.*, XVII, 1936.

<sup>4</sup> Freud, S.: *Beyond the Pleasure Principle*. Int. Psa. Press, London, 1922.

perience again and again (for the sake of a belated mastery), and the fear of repetition of the trauma. Whereas a simple traumatic neurosis, f.i. after an automobile accident, is cured spontaneously in the course of time—the high amounts of excitement gradually finding their discharge—these people are in a worse situation: Experiencing their own sexual excitement as a danger signal, they try to stop it, which results in certain displeasurable sensations; thus they are in the same situation as if the man with the automobile accident would have a new accident every time he is trying to ride a car again.<sup>5</sup>

Now we can try to formulate the preconditions for “acting out” (as contrasted to mere “transference” of feelings): 1) A (perhaps constitutional) “alloplastic readiness”; 2) fixations on orality, high narcissistic need and intolerance towards tensions; 3) early traumata.

## *II. Acting out Inside of Psychoanalysis*

If persons of the “acting out” type undergo a psychoanalytic treatment, they certainly will produce the “acting out” also in their analysis. People who have the same psychic structure, but who have not produced a spontaneous acting out because these tendencies were not strong enough or were counter-weighted by opposite tendencies, may be induced by the psychoanalytic mobilization of unconscious tendencies to begin to “act out” during their cure. But even people with other psychic structures may begin to “act out” while in analysis—as a form of “transference”. The acting out can be done during the analytic session (“transference actions”) or outside of the session. As a simple example of the latter we may think of persons who discuss their analysis in detail with a friend—carrying away a part of the material from the analysis, but also getting satisfaction or frustration from the reacting friend, which the unresponsive analyst refuses. It is clear that persons who need certain reactions from their environment, without much taking into consideration the special personality of their objects, are more inclined to actions of this kind—and these are again the “oral characters”.

<sup>5</sup> Fenichel, Otto: Der Begriff “Trauma” in der heutigen psychoanalytischen Neurosenlehre. *Int. Ztschrft. f. Psa.*, XXIII, 1937.

From the standpoint of the cure, all these actions have to be looked upon as resistances. It is true that the unconscious content which the analyst is looking for unveils itself, but it does so in the wrong place and in a distorted connection; and it does so in a way which makes more difficult the main task of psychoanalysis: to force the patient's ego to face his impulses and their true nature. "The patient acts out his memories instead of recalling them", means that he avoids facing them and keeping them at the necessary distance—by means of the "short circuit" of acting.

It is true that acting out may also have advantages. It is a) a source for gaining of material; the analyst may be enabled directly to observe the patient's past (supposing the patient does not keep silent about what he is "acting out" outside of his sessions). b) Acting out increases the demonstrability of the actuality of the material. After having felt the impulse to act out, the patient certainly will not have the possibility anymore to believe that certain childhood influences are far away from his present state.

But both advantages can only be used as such if the actions are, as soon as possible, followed by interpretation and understanding. If the ego-syntonic character of the acting makes such an interpretation impossible, the acting out is, for the analysis, a loss, because material which has been mobilized by the analytic process finds an outlet without any insight into its true nature. Acting out which is not immediately followed by interpretation is "simply a mishap", Freud stated once. It is perhaps necessary to stress this resistance aspect of "acting out" especially, because there are certain analysts who overestimate the therapeutic effectiveness of "abreaction" and underestimate a slow "working through", and who therefore like dramatic scenes in their analyses. Just as a "counter-transference" of the analyst may correspond to the "transference" of the patient, so also a tendency for "acting out" on the part of the analyst may endanger his work as much as such a tendency on the part of the patient. I would like to add that long experience in training and control analyses showed that individualized "counter-transference" of analysts towards cer-

tain patients are very rarely any hindrance of analytic work; but a tendency on the part of the analyst to "act out" some unconscious inner conflicts of his by means of "the patients" in general, is a much greater danger.

In general we can say: When a patient, who was very rigid and introverted and who never dared to feel his emotions as real and actual, in the course of his psychoanalysis begins for the first time to "act out"—this is a progress to be welcomed. When a person has a general tendency to "act out", using the speed of his acting for befogging the true nature of his impulses, this is a resistance which has to be checked.

In technical respect, acting out gives us but one, though a very decisive, specific problem: How can we induce the patient to substitute studying of his impulses for following them, or at least to observe and to judge first critically what he is intending to do. If the patient's ego is reasonable enough to admit that his actions have not been rational and adequate, and to become curious about their real nature, the interpretation of acting out does not give any specific problem. But what can be done if such a reasonable ego is missing, and the action is accepted as ego-syntonic and unproblematic? Certainly in different cases, various things might be done. But looked upon theoretically, I think that all these various things eventually are based on the same principle: Where there is no reasonable ego, ready to see and to acknowledge its true motives, it has to be created. That is best done by utilizing the healthy remnants of the ego, in order to enlarge it gradually to proportions suitable for analytic work—if necessary by variations in technique suited to the ego remnants.

There is one thing that is of special help in this respect, and that simultaneously is the best prophylactic against "acting out as a resistance": well-timed interpretation of the transference. If persons who spontaneously did not act out, begin to act out as a resistance during an analytic cure, this is mostly due to a mistake in timing of transference interpretations. It is true that a transference attitude might be interpreted too early; it should not be interpreted before it has developed enough to show clearly its specific nature and meaning. But

a transference attitude might also be interpreted too late. The connection between the repressed contents and the actuality becomes closer and the demonstrability of its transference character decreases, if the attitude is not attacked analytically at the right time. Some types of acting out are reminiscent of inoperable malignant tumors, whose operation had been omitted.

A special question is the carrying away of the transference from the analysis. This may become dangerous for the whole analysis and has to be stopped. But how can this be done? In principle, there are only three possibilities: It may be stopped by analytic interpretation, by an especially inviting behavior on the part of the analyst, or by active prohibitions given by the analyst.

The analytic interpretation is certainly the method of choice. But unfortunately, the simple demonstration of the resistance purpose of the behavior will not work if the patient is seduced by his strong impulses. The analyst first has to establish the conditions in which analytic interpretation of the resistance may become possible. As we said before, this sometimes may be done simply by proper timing of transference interpretations. In other cases, especially in those "traumatophilic" character cases, whose whole life history is a history of "acting out", no interpretation seems to be "properly timed".

An especially inviting behavior on the part of the analyst is out of the question, because the transference would become still less transparent, if the analyst reacted to the patient's actions with specific and artificial counter actions.

So it seems as if in certain cases a direct prohibition of the patient's acting would become necessary. As you know, one-half of Ferenczi's suggestions about an "active technique" <sup>6</sup> consisted in such prohibitions. Their danger lies in the following fact: The impulses of the patient have once before met with prohibitions, which were the cause of his pathogenic repressions. An analyst who prohibits actively his patient's impulses might be perceived as a replica of the parents, who once

<sup>6</sup> Ferenczi, Sandor: *Further Contributions to the Theory and Technique of Psychoanalysis*. Inst. of Psa. and Hogarth Press, London, 1926.

forbade the utterances of infantile sexuality. In general, the analyst has every reason to encourage and not to discourage instinctive expressions, and certainly he has to avoid to be looked upon as a threatening castrator. That is the reason why prohibitions should be avoided as long as possible; if they cannot be avoided, they have to be given in a way which tries to avoid any possibility of their being perceived as castration threats. If possible, it is best if the prohibition can be combined with the first method, the analytic interpretation; that means, if it is possible, it should be shown to the patient why the prohibition has become necessary; it is still better if the situation can be explained in such a way that the patient himself decides to impose the prohibition upon himself. You can "prohibit" in a way that it looks more like a mere advice or suggestion. And if all that does not succeed, it is necessary to analyze the castration threat which has been involved in the prohibition, as soon as possible.

I am sure that if the ways of successful handling of "acting out" as a resistance are studied theoretically, they will turn out as attempts of the analyst to re-establish the patient's reasonable ego, if possible by means of interpretation, if not, by means of prohibitions or promised premiums. There is no other way.



## A SPECIAL FORM OF SELF-PUNISHMENT \*

BY RUDOLPH M. LOEWENSTEIN, M.D.

*New York*

"Et votre châtimeut naîtra de vos plaisirs".

—Baudelaire, *Femmes damnées*.

Freud describes the relationship between the id and superego functions as a very intimate one. The severity and harshness of the superego originate in the id drives, and one of the functions of the superego, self-punishment, regresses frequently to its instinctual origin, thus often bringing about the sexualization of the punitive function.

A particular type of relationship between these two psychic structures has been defined by Alexander as the *venality* of the superego; that is, in reference to its characteristic of sometimes relaxing its severity. This relaxation occurs when the superego has, immediately before, exercised its rigorousness to the fullest extent. As Alexander puts it, the superego has been bribed by this punitive act and can now permit the gratification of another instinctual drive.

It is my intention to describe a third type of interplay between id drives and superego forces.

During the course of analytic treatment, a young man recounted to me the following dream which he had had at the age of twenty, the night after the death of his father in a railroad accident: "I see my own face, as in a mirror, but I am aware that it is my father's face. I have his mustache, and like him I am slightly bald."

At the time of the dream, the patient was living far away from his family, in a foreign country. He learned of his father's death by cablegram. He had left his family in consequence of a serious disagreement with his father, in which the latter had reproached him for leading a dissipated life and, in particular, for carrying on an affair with an older woman. Prior to this quarrel the patient had always been strongly attached to his

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father, although always disagreeing with his interests and ideals. The occasion to which we have referred was the first and only quarrel that he had ever had with his father. The patient was one of those men whose rivalry with the father does not display itself through open struggle and constant hostility, but in striving for success in areas which are opposed to those in which his father has made good. His separation from his family and his expatriation were, by the way, among the manifestations of this kind of solution of the œdipus complex. It is not surprising that this young man had strong unconscious guilt feelings whenever his behavior resembled that of his father, and especially when he had reason to be proud of this resemblance. One might define these reactions by saying that the patient could not allow himself to identify himself with his father.

The situation at the time of the dream was, briefly, as follows. Contrary to the dream, he had no mustache and his hair was abundant, a circumstance which was a source of pride to himself and of admiration to his numerous mistresses, who considered it a proof of his virility. At the time of his father's death, his psychological condition was influenced by the presence of an older woman who happened to be living in the same town, and who had formerly been a friend of his parents. This woman was the only person closely connected with his family whom he had seen since he left home. The patient knew that she had been his father's mistress years ago. He saw her every day and, in spite of the fact that she was extremely unattractive, he could not rid himself of fantasies in which he longed for her to appreciate him in his male qualities. Aside from this, he was moved to feelings of regret and nostalgia by the things which she was able to tell him about his parents and the circumstances of their lives. It was at this moment that he received the news of his father's death. Thus the dream becomes intelligible. It represents the fulfilment of the wish to take his father's place and, at the same time, the punishment for that wish. The dream could be translated in this way, "You wish to be like your father. You will take his place—that is all right—you will succeed since he is no longer alive. But, like him, you will become bald and impotent and, like

him, you will die." The latter part of the interpretation is confirmed by the fact that immediately after the father's death, the patient developed a mild form of railroad phobia, which lasted for some time.

While the method used in this dreamwork is not uncommon, the dream seems to be an example of a particularly successful condensation. Dreams of this kind achieve the aims of two mutually opposed tendencies in the same image, so that one of the tendencies seems to be the logical consequence of the other. Indeed, the wish to take his father's place leads inevitably and logically to his becoming bald, old, and we might say impotent. It is obvious that this consequence is only apparent, since the unconscious wish of the dreamer, which we translate as the wish to be "like his father", originates at an early age and is, in the beginning, aimed at replacing his father in relation to his mother and being potent like him. This desire had been revived by the presence of his father's former mistress. Thus one of the aims of the dream is the fulfilment of the wish to take his father's place; the other, and opposed, aim expresses both censorship and self-punishing tendencies. In both a technique of dreamwork is employed which could be defined as taking the unconscious wish at its word. "You wish to be like your father. Very well, you shall have your wish—you shall be exactly like him—you shall be bald, which means impotent, castrated, and you shall die."

This method of taking the unconscious wish at its word, used by the superego against instinctual drives, is not uncommon in fairy tales and mythology. For example, Midas begged the god Bacchus to give him all the gold he wanted, and was permitted to turn everything he touched into gold; his cupidity was punished by the transformation into gold of his very food and wine. In the realm of pathology, however, the compulsion neuroses furnish the most frequent instances of this self-punishing mechanism.

Allow me to cite now an example drawn from the analysis of a very severe compulsion neurosis, a *folie de toucher*. The main obsession of the patient was the fear of coming in contact, either directly or indirectly, through a kind of contagion,

with all women resembling a maid she had had several years before. In order to avoid these contacts, she would take innumerable precautions and would, moreover, use complicated and prolonged washing rituals. For this purpose she had a portable shower, a spray nozzle on a long rubber tube. One day she recounted to me a new obsession which had been haunting her since the preceding evening. Her spray reminded her of this old woman, so that even her washing had become contaminated. She was in a state of the most intense anxiety. (I must first explain that one of the motivations of her neurosis was due to the ambivalence conflict with her mother.) The new symptom had been provoked by an encounter on the street with an old woman who, as the patient observed with mingled horror and a kind of half-suppressed mockery, had a small head and a long neck. During her washing rituals the patient never allowed herself to have a "bad thought". She exercised rigid control over herself and would make innumerable fresh starts if she had a bad thought during the ritual. It was obvious that the washing ritual expressed, among other things, a compromise and a caricaturing obedience toward her mother. I say "caricaturing", because the patient had that attitude toward cleanliness so frequent in compulsion neurotics—she would wash her body and especially her hands innumerable times a day, but she would never shampoo her hair and would change her undergarments and bedclothes only once or twice a year. We must assume from her washing compulsion and her fear of having any "bad thought" during the ritual that it was precisely at that moment that she was especially tempted to revolt against her mother by having aggressive reactions toward her. The obsession which she had of the resemblance of her spray to an ugly old woman leads us to assume that she had unconsciously and irreverently compared the old woman with the long neck and small head to the spray and its rubber tube. Since she had dared to make such a nasty and ironical comparison she had to punish herself—to be punished by her sins (*punie par où elle a péché*). Thus the meaning of this part of the self-punishing symptom can be translated in this way: "You dare to mock an old woman, like that old servant and

your mother, by comparing them to your spray. You will be punished for it. If you touch this spray, it will mean that you are touching that old servant." The phallic value of the spray and the sexual significance of the washing ritual are clear and the structure of this symptom is a very complicated one; but, in addition, it expresses her ambivalence toward her mother. What is interesting for our purposes is this special method which the superego has used, analogous to that of the dream mentioned above—that of punishing the subject for his unconscious wishes by taking him at his word.

In many other cases the self-punishing method, although slightly different, is related to the one we have just discussed. In the above case the superego punishes by threatening the subject with the fulfilment, or rather the *repeated* fulfilment, of the unconscious but repressed wishes.

A patient whom I analyzed several years ago suffered, among other symptoms, from the obsession that he might have sensations in the rectum when he found himself in the presence of other men. He was obviously terrified by the fear that he might have some homosexual desires. He suffered from this obsession during a period when he was entering upon an affair with a very young girl. After years of a very unhappy marriage, he had fallen in love.

It is important to emphasize the fact that the dominant and domineering figures in the patient's family had been his father and older brother. The patient was the second of five brothers. All the children had been brought up in a very rigid moral atmosphere. From the age of twelve, the patient had struggled vainly against an overwhelming temptation to masturbate. At seventeen, with enormous apprehension and guilt, he had gone to a prostitute. In his complete ignorance of venereal diseases, he went immediately to a doctor, in terror of having contracted gonorrhœa. Unfortunately, he fell into the hands of an unscrupulous physician who further frightened the boy and started him immediately on a costly and complicated course of treatments. On the second day of the treatment, he examined the patient's prostate gland, saying, as he did so, that the patient would have a special sensation in the rectum. The terrified

youngster, to his horror, did experience a sensation in the rectum—a mixture of pain and sexual pleasure. He was so panic-stricken that he fled to his family's home town, where he was examined by another physician; no gonorrhœa was found.

As long as this symptom was interpreted only as the expression of an old passive homosexual desire toward his father and older brother (and it was so interpreted by another analyst), the symptom would not disappear. It could only be correctly interpreted and cured when it was understood also as an expression of self-punishment for actual heterosexual wishes. That is to say, when he fell in love with a young girl, he revived the typical fear, on the œdipus level, of being punished, castrated by his father. This castration fear explains the fear of being contaminated when he first had intercourse and the unscrupulous doctor went so far in his punitive action as to force him to have passive, homosexual reactions. Thus his later obsession which led him into analysis—the fear of having anal sensations—does not so much express the regressively reactivated, homosexual desires. It has, mainly, the meaning of self-punishment, self-castration for prohibited, incestuous heterosexual desires, by threatening to arouse repressed and dreaded homosexual impulses.

Another case is that of a young lawyer. At the beginning of his rather difficult career, whenever he was called upon to display complete self-mastery in difficult situations in which his moral authority was at stake, he was tortured by the obsession that he would “have an attack” of certain convulsive movements beyond his control, which would cause him to lose face in the eyes of his clients. This obsession can be related to an incident which took place when, at the age of twenty, the patient was going through his military service. At that time a comrade of his played him an unfair trick which might have had very serious consequences for the patient. The patient had an attack, half-simulated, which was diagnosed by the army doctor as hysterio-epilepsy; thus the patient escaped punishment. A deeper analysis traced the apprehension back to childhood tantrums, directed mainly against the mother, in which he

would become very violent. On these occasions, the mother would place him in front of a mirror and say, "See how you look". The patient remembered that he could not stop these tantrums even when his mother gave in to him. He would explain to her that he could not stop, that the devil pushed him and would not let him stop. The motor outlet of the tantrums can be found again, although transformed, in his half-simulated hysterical attack and his obsessional apprehension of a new, similar crisis. In its different aspects, this motor outlet expresses the same thing—the affect of rage. The hysterical attack took place when the young soldier had been perfidiously tricked; on the verge of severe punishment, he must have felt impotent rage. The compulsive movements of the attack are the camouflaged but adequate expression of it, although on a level of psychic development which was characteristic of the patient at that time. I refer to a narcissistic and passive feminine behavior which was predominantly his at that period.

In this patient, as in all other compulsive neurotics, the aggressive drives were very strongly repressed. Scrupulous and conscientious in the practice of his profession, he was none the less accustomed to consider himself inferior to his colleagues, for whom he always felt an exaggerated admiration. In the beginning of his practice as a lawyer, whenever he would have the obsession, he would be on the brink of completely abandoning his career, considering himself utterly inadequate. The exercise of his profession meant for him, as for so many men, the accomplishment of the œdipus crime—the becoming a man and the competition and identification with his own father. This is what his superego tended to prohibit through the obsession. This obsession appeared whenever the patient was expected to display self-mastery and whenever he had an opportunity of triumphing over someone else. At this level the obsession expressed the guilt feeling for having attained the rôle of a man, the fear of his older colleagues, the fear of punishment (as during his military service), and the temptation to escape the punishment in the same way that he had actually succeeded in evading it—through a hysterical attack—through behaving in a way the patient characterized as "ridiculous,

feminine, passive-homosexual." On the one hand, the symptom corresponds to fear—the need for a public confession of his unmanly feminine traits, as expressed in the attack; and this need for public confession appeared frequently in compulsive fears that people could guess his homosexual thoughts. On the other hand, the symptom must be considered as the expression of the awakening of repressed aggressive drives; its main function, nevertheless, is that of self-punishment. This is particularly evident in the inhibition that it provokes in his professional activity, and the fact that the inhibition is always accompanied by the strong impulse to abandon his law practice altogether.

Thus the symptoms must be understood as a struggle between the patient's triumphant, aggressive feelings of being in a position of superiority—of having become a man and of being able to dominate others—and the defense against these drives and even self-punishment for them—the fear that when he is triumphant he may become violent and uncontrolled as in childhood, that he may be in danger of being punished as on that occasion during his military service, and that his only means of escaping the punishment will be to have a hysterical attack. This attack would mean giving up his profession, that is to say, the struggle with other men, and would display publicly his "narcissistic, feminine, and homosexual" trends as well as his aggressive impulses.

Another example is that of a patient who, among other compulsive symptoms, had that of picking his nose. His conscious reaction to every such act was two-fold. In the initial stage he would feel pleasure, then in the next stage he would be conscious of a painful tension, although a certain amount of pleasure would remain for a time, gradually diminishing until it disappeared altogether. This would be followed by a compulsive tendency to rid himself of the tension by certain purification procedures—scrubbing his nails with a nail-brush and washing his nose thoroughly. The repetition of the act produced pleasure up to a point; beyond that point the subsequent repetitions would produce only painful tension. He had no conscious stipulation as to the number of repetitions which

might take place before the pleasure completely disappeared. The dynamics of the symptom showed a progressive transformation from the originally pleasurable symptom to a predominantly punitive one. As time passed the pleasurable stage continued to grow shorter and the punitive stage to begin sooner. Finally, the gratification which he derived even from the first movements of handling his nose became mixed with the unpleasant sensation (although the dysphoria was consciously less pronounced than the pleasure). Also, his expectation of the increase of discomfort tended increasingly to spoil his initial satisfaction. In spite of the decreasing admixture of pleasure in the second phase of the act, the patient began to show an increasing compulsion to postpone, for ever-lengthening periods, the performance of the purification procedures which would relieve his tension. This was particularly true when the compulsion manifested itself during intellectual work, which had also a compulsive character in the patient. He would feel compelled to delay the "purification" until a certain bit of work was finished, feeling that it would be intolerable to lose the two or three minutes from his work, even though he had a partial understanding of the fact that the continued picking of his nose, instead of the relieving of his tension by his purification rites, had a very disturbing effect on his work. Frequently the finishing of this bit of work did not lead to release but to the immediate setting up of another similar goal. Usually he would not go and wash until his tension had become intolerable and all pleasure had completely vanished. He would do this, not according to any plan, but impulsively and suddenly, in a "rebellious movement of liberation".

As we have already noted, the nose-picking compulsion was in this patient an example of the transformation of the crime into its own punishment. The self-punishment then consisted of two aspects; first, his being compelled to continue picking his nose although the pleasure had gone out of it, and second, the compulsive working and compulsive postponement of the purification, thus prolonging the unpleasant tension.

Here again we find the same mechanisms being utilized by

the superego for the purpose of self-punishment—the first is the threat of old, repressed, and discarded impulses which are thenceforward unpleasant and even painful; that is, the continuation of the nose-picking. The second is the forcing himself to remain in the unclean state which was a forbidden pleasure only a moment ago. Thus he is punished by having to stay in the state of sin.<sup>1</sup>

An analogous mechanism of self-punishment can be fairly frequently observed, especially in cases of compulsion neuroses. I have studied this mechanism (the transformation of the crime into self-punishment) several times in situations where the patient suffered from an obsessional fear either of doing involuntary harm to someone or of the death of a near friend or relative, as well as in cases of compulsive masturbation. In all of these the repressed aggressive or sexual drives reappear in the symptom, and because of the repression the symptom is felt no longer as something to be desired but as something to be dreaded. It is well known that the symptoms of the compulsive neuroses have very frequently a diphasic character. The reader will recall the symptom described by Freud in his *Notes Upon a Case of Obsessional Neurosis*. In the first stage, the patient pushed a branch out of his way to the edge of the road. In the second phase, he was compelled to push it far away from the road lest anyone be hurt. Freud points out that this second phase displays the repressing and self-punishing forces. Dr. Ernst Kris brought to my attention the fact that the mechanism I am describing, the transformation of the crime into self-punishment, comes under the heading of the diphasic character of the compulsive symptoms.

The special feature of the self-punishing symptoms under

<sup>1</sup> In a personal conversation, Dr. N. C. Leites expressed the idea that this mechanism might be related to the following one: the superego permits certain impulse gratifications with the aim of enhancing the guilt level and thereby augmenting future compliance with the superego demands. This is comparable to the theological doctrines which assert the importance of sinning for the ultimate achievement of salvation. (For example, Luther with his "pecca fortiter", or Dostoevski, and so forth.) Or it may be compared with the practice in which a "super-elite" encourages irregularities in the "sub-elite" (in the Nazi hierarchy) for the purpose of ensuring their future loyalty either through their guilt feelings or by blackmail.

discussion is that there are two phases which at first sight are clinically identical. Let us take the example of a woman who is obsessed by the fear of harming a child. In the first stage of her neurosis this obsession is an expression of the well-known mechanism of a struggle against repressed but actually driving aggressive wishes. In a later stage of the neurosis, however, the same symptom acquires the significance of self-punishment through the threat of the reactivation or forced repetition or even realization of an impulse which was formerly actual but has since been discarded and is henceforth no longer desired—is, in fact, dreaded. The meaning of it could be translated in this way, "You have formerly wanted to harm or kill a child. Now, when you would be ready to love a child or even to have one yourself, you will not be able to do so. You will be punished by your former sins. You will always be haunted by the obsession of harming a child." Both phases of the symptom are indeed apparently identical and can be distinguished from one another and correctly understood only by close analysis.<sup>2</sup>

The motif of this method of self-punishment is fairly widespread and recurs frequently in mythology and folklore. Madame Marie Bonaparte, in her book on Edgar Allan Poe, cites an interesting interpretation of the legend of The Flying Dutchman. In this version, the punishment is attributed to the wicked obstinacy of the mariner who insisted on attempt-

<sup>2</sup> Sometimes this self-punishing character of the symptom appears in the fear of being unable to stop an aggressive act or in the fear that the dreaded impulse may be realized—for instance, that someone might really die. It is indeed a terrible punishment to realize that one's aggressive tendencies have caused the involuntary death of someone. Certain neurotics utilize this fact and threaten or even commit suicide in order to punish someone by whom they feel rejected, thus creating in him a terrible guilt feeling by making him feel responsible for this death—making him a murderer. In ancient India this behavior was formerly not uncommon. Mr. J. Renou and Mr. Fr. de Bragança once told me that it was called Dharma, and that it was considered as separate from both murder and suicide. It consists, in a word, of the following procedure: a man who has been insulted follows the offender home and stays in front of his house without eating or drinking until he dies. This Dharma mechanism frequently plays an important rôle in neuroses, especially those of the type of so-called moral masochism. These cases are related to those described by A. Borel and I. G. Robin as *bouderies morbides* (pathological sulking).

ing to double the Cape in spite of contrary winds. The impious Dutchman is said to have exclaimed, "I will try, even if I go on trying until the Day of Judgment". Providence took him at his word and he had to go on sailing without respite.

"The cursed hunter of the German and Scandinavian legend, originally Wotan, accompanied by his wolves and followed by his pack, rushes across the stormy sky in pursuit of some fantastic animals. Innumerable versions of this myth can be found in the folklore of all peoples. This eternal hunting is always the punishment inflicted on some too powerful and furious hunter."<sup>3</sup>

Even in the more literary concepts, such as that of the Inferno in Dante's *Divine Comedy*, the same technique is employed. I quote from a *Recall to Dante*, by Alice Curtayne, (pp. 162-163), one of numerous examples, "Capaneus, the blasphemer, is the classical example of the fixed rigidity of the will in evil, which constitutes the essence of Hell . . . Capaneus says of himself, 'What I was in life, that am I dead' . . . Capaneus, then, is but continuing in the same Hell he had made in his own mind during life. The blasphemer's Hell is to blaspheme forever".

The same concept of hell is to be found, for instance, in a recent drama by Guido Stacchini, *Une nuit d'enfer*, played at the Théâtre de l'Oeuvre in Paris in 1931. In this product of the imagination, punishment in hell is represented as being the infinite reviving of the lives of human beings, the endless repetition of their impulses and the consequences of them.

In the issue of the *Reader's Digest* for March 1944, the following story appeared which seems to be pertinent to the present train of thought:

"After a busy life, an old-time Yankee died. The first thing he knew, a butler in another world was showing him into a palatial guest room, saying, 'This, sir, is your suite. The only rule here is: you ring and I bring. Just press the button and I will provide whatever your heart desires.'

"About a month later, the Yankee sat in his easy chair surrounded by cigars, decanters, shot-guns, fishing rods, radio, and all else that a man could wish. But there was fire in his eye. He jabbed the bell. The butler appeared.

<sup>3</sup> See *Reader's Handbook* by L. Cobham Brener. London, 1925.

“Here You! I want something to do. I want WORK.’  
“Sorry, sir, but work is the only thing we do not provide here.’  
“What! If I can’t have work, I would just as soon be in Hell.’  
“But, sir,’ replied the butler, ‘Where did you think you were?’ ”

We find the same theme, treated in a serious strain, in Edna St. Vincent Millay’s poem, *The Suicide*,<sup>4</sup> which deals with a woman who was unwilling to face life with its works and tasks and hardships, and asked only to be allowed to “play in the sun”. Leaving life through a “low door” (suicide), she comes into her father’s house, where she is left to play all day in the sun surrounded by beautiful things, flowers, and music. Finally her interest is awakened by the grave and serious servants of her father, going about at their appointed tasks, and she goes to her father pleading that she, too, may have a serious and useful task. The answer, kindly and inexorable, reveals to her the hell she has fixed herself in—she may have luxury of living, and music and flowers and beauty—she may have amusement and entertainment, but work? No, she has forfeited her right to that.

We know that our religious concepts are “projections into the cosmic”<sup>5</sup> of psychological phenomena. As for hell, that is, on the one hand, the domain of Satan, who represents the instincts of the id, and on the other, the place where the superego is triumphant. It presents a curious and vivid image of the intimate relationship—which we have such difficulty in visualizing—between the id and the superego, and of their deep interlocking. The concept of hell is an illustration of Freud’s idea that the superego draws the energy for self-punishment from the reprehensible and repressed id drives.

From the dynamic point of view, the two mechanisms of self-punishment which I have just described, that is, the taking of the unconscious wish at its word, and the threat of the repetition or even realization of the repressed impulse, have one aspect in common. The self-punishment coincides with the awakening of the repressed impulse, the return of the repressed.

<sup>4</sup> Millay, Edna St. Vincent: *Collected Lyrics*. New York and London: Harper and Bros., 1943.

<sup>5</sup> This was said by Robert B. Casey.

Freud's definition of the structure of the neurotic symptom as a compromise between repressed and repressive forces applies perfectly to what we have just described. It is well known that the pain resulting from the neurotic symptom is frequently utilized by the unconscious tendency to self-punishment, and it is also a well-known fact that the self-punishing forces, thanks to their intimate connection with the id drives, often become sexualized—a point already mentioned. In this regression of morality to its sexual origins, self-punishment serves the forces of the superego as well as those operating for the id.

However, the special mechanism of self-punishment which I have tried to describe is quite different from this. The aim of the superego—that is, self-punishment, suffering—is achieved through arousing a repressed instinctual drive. We usually assume that the symptoms are produced when an id drive first arises and the defense of the ego creates a pain signal. In our cases, on the contrary, we must assume, as Hartmann has clearly stated it, that the repressed instinctual drive is aroused in the id but the stimulus comes from the ego. This may sound very paradoxical; it is, however, not by any means as infrequent as it would seem at first sight.

Let us take a trivial example from our own psychoanalytic activity. It is certainly true that when we study the neurotic symptoms and trace them back to the patient's sexual instincts, we set in motion our own infantile curiosity, although sublimated. But we make a clear distinction between this state of affairs and the occasion in our nonprofessional life of our falling in love, for example, when our aroused sexual curiosity originates in our id drives. In our professional activity the curiosity is set in motion by the ego for the purpose of gaining a correct perception of the psychic reality displayed by the patient. The difference between these two situations may lie in the distinction between sublimated and nonsublimated instinctual drives. This explanation, however, seems to me to be insufficient. We must also emphasize the fact that in the case of being in love, the curiosity has its origin in the id. In the professional activity, on the other hand, the id impulse is set in motion by the ego, or the stimulus to it comes from the

ego. The same thing is true of the sublimated sadism in the professional activity of the surgeon.

In the cases of the special form of self-punishment which I have described, we must also assume that at least one part of the dreaded id drive is set in motion by the ego, at the instance of the superego, with a view to suffering and self-punishment. There is, however, one last question which we must attempt to answer. Why does this arousing of the id drive produce suffering? We know that the ego defends itself against unacceptable id drives by means of pain and anxiety, and that the painful character of the symptoms is due precisely to the defense against the instincts—to their repression. Indeed, we have seen that for purposes of self-punishment the superego gives impetus to the repressed id drives so as to create the expected pain. In certain rather rare cases, I have received the impression that the pain was provoked by the arousing of drives which might be described less as repressed than as abandoned. I would therefore venture this hypothesis, that in these cases there must be a phenomenon analogous to that which is well known in physiology as a refractory period, that is, a rest period or state of nonactuality of certain drives, as for example in such drives as hunger or sexual desire when they have just been gratified. When they are stimulated by the ego, in this period, pain would result. If this hypothesis were to be proved sound, it should furnish a possible clue to new studies of instinctual drives.<sup>6</sup>

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<sup>6</sup> From a discussion of this point with Dr. Ernst Kris and Dr. N. C. Leites, it seems that the stimulation of really abandoned drives would not cause pain. It must, therefore, be assumed that the superego would arouse, for purposes of self-punishment, those drives that are only partially invested. It is obvious that the degree of investment may vary widely from one case to another.



# THE THERAPEUTIC ROLE OF DRUGS IN THE PROCESS OF REPRESSION, DISSOCIATION AND SYNTHESIS \*

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*New York*

It has long been known that a man off-guard may reveal things that he wants to hide, and that truth may slip out under cover of jest. Nor is it a new discovery that drugs which affect cerebral function can abet this process. The Romans said, "In vino veritas". William James (6) described the "anæsthetic revelation"; and the spinsters' obscenities and the preachers' blasphemies have made of the ether-jag a standing joke. What modern psychiatry has added is the effort to develop systematic techniques for utilizing these well-known facts in the process of therapy, by altering states of feeling and of conscious thought.

In 1919 Freud (1) predicted that if psychotherapy were ever to become as widely available as other forms of medical care, analysts would be compelled to modify analytic technique by returning to experiments with hypnotism. In 1922 (2), and again in 1933 (3), he wrote of the need to use chemical agents to assist psychological levers in coping with the powerful psychological forces at work in certain psychiatric conditions. At the same time, out of the last World War and this one, have come insistent efforts to apply these principles in the treatment of civilian neuroses (e.g., Horsley (5)), and of the neuroses born of combat (e.g., Grinker and Spiegel (4)).

Thus what we are reporting here today stems from several sources: old human wisdom, Charcot, surgical anæsthesia, Freud, and the pharmacology of cerebral function. In the brief time at our disposal we can give no more than an outline

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of the principles underlying this work, and a few representative illustrations.

We have previously reported on the experimental use of induced hypnagogic reveries as a technique whereby the state of reverie can be maintained without interruption even when painful missing links emerge as conscious recollections (Kubie (7), Kubie and Margolin (8)). Today we want to add the fact that drugs, such as the barbiturates, the cannabis derivatives, scopolamine, alcohol, and the volatile anæsthetics can assist this process through the complex influence which they exercise on several aspects of the psychic apparatus.

Perhaps it is safe to assume that all psychiatrists today, without regard to variations in points of view on therapeutic techniques, recognize that a neurosis arises through the repression of unacceptable ideas, feelings, and impulses, plus the dissociation of their attached energies. This is the essential rôle of repression and dissociation in the neuroses. An equally obvious fact, however, is usually overlooked: namely, that in every human being there is a continuous effort to lift the repressions and to reunite (or synthesize) the dissociated components. (One manifestation of this is what Freud called "the return of the repressed.") Thus in all human life there is an incessant and continuous interplay between the processes of repression and dissociation on the one hand, and those of recall, and reintegration or synthesis on the other. The therapeutic utilization of drugs must be understood in terms of their influence on the dynamics of this unstable equilibrium.

In daily living there are many manifestations of this spontaneous but usually unsuccessful effort to restore unity to psychic life. Neurotic symptoms themselves, when dissected into their component parts, are seen to be composite structures, in a sense a false synthesis of or compromise between conscious, acceptable purposes and those which are intolerable and repressed. The same compromises can be observed in daydreams, in the spontaneous reveries which occur when one is dozing, in induced hypnagogic states, and in nocturnal dreams. In each of these the mental processes start to flow spontaneously and without conscious guidance. So long as they wander in

pleasant places, they move without obstruction; but, as we have demonstrated in the work referred to, within a short time the associations converge on storm centers of emotional trouble. When this happens, the day-dream is disrupted, the hypnagogic reverie is broken, or the sleeper awakens, unless sufficient distortion of the dream content occurs to mask the disturbing emotions. This interruption is as inevitable a consequence of the need to protect one's self from psychic pain, as is the tendency to withdraw the hand from a flame. And just as an analgesic drug makes it possible for a patient to allow his hand to be operated on, so a psychically "analgesic" drug, which lowers the intensity of the reaction to such unpleasant emotions as rage, anxiety and guilt, allows a patient to explore painful areas of experience without immediate psychic withdrawal at the first warnings of discomfort.

This is one obvious value of the use of drugs as an adjuvant in the exploration of repressed and dissociated psychological experiences. Moreover the fact must not be overlooked that symptom structures and neurotic character traits themselves serve protective functions. Even symptoms which are painful protect from some less tolerable pain; and for that reason patients unwittingly defend their symptoms, just as a patient in the dentist's chair may involuntarily clutch at the dentist's arm. Here again drugs make it possible for the patient to be less assiduous in the defense of his protective symptoms. Thus the psychologically "analgesic" action of drugs assists the process of exploration both by lessening the patient's need to defend his protective symptomatic structures, and by lessening his resistance to exploration itself.

There is still another virtue in certain of the effects of drugs. That which is termed "dissociation" is a complex affair. The word itself is a figure of speech, characterizing a process; but as in the transformation of various forms of energy, we identify this process chiefly through its effects. Sometimes the term is used to indicate that whenever an experience has been repressed, (together with its attendant impulses, frustrations, terrors, and reverberations of psychic pain), the energy attached to it has been channelled via by-paths into some symptomatic

disturbance. Sometimes we use it to characterize a more widespread cleavage in the personality as a whole, the most dramatic expression of which is the fully developed multiple personality. On careful scrutiny, however, less conspicuous and less dramatic manifestations of such splittings are observable in many if not all neurotic formations. This indicates that at the moment in which the original repression and dissociation occurs, there may be an alteration in the psychological integrity of the individual, a momentary fragmentation, a loss of complete clarity as to the boundaries of the personality, a moment of doubt: who am I, what am I, where am I, what is happening to me? Inevitably this is a moment of acute psychic pain and perhaps of terror, of psychic chaos to which no human being wants to or even can return at will. Therefore it is a moment which is exceedingly hard for a well-organized personality to recapture. Yet its recovery, in part or in whole, may be essential to the process of therapeutic synthesis. In such cases, the process of hypnosis can be used as one controlled approach to this state of psychic dissolution. Drugs also assist in its recovery; because through their effects on sensori-motor organization, they loosen the tight grip with which patients cling to reality.

Thus drugs can assist both in the lifting of repressions and in the controlled reproduction of the state of ego disorganization which occurs at the time of the original dissociation, insofar as this may prove to be necessary in psychotherapy. We do not yet know under what conditions this is necessary, nor when therapeutic objectives can be gained without it. This is one of the critical problems for future investigation.

What can now be said with confidence is that the patient's tolerance for interpretations, his ability to find the interpretations emotionally significant and to tolerate these emotions, his ability to incorporate them into his intellectual and emotional process so as to use them in the resynthesis of his psychic functions, can all be enhanced by the proper use of these drugs.

Finally, the use of drugs may further aid the process of reintegration or synthesis, by making it possible to follow sessions of intensive exploration and of affective discharge with an immediate period of sleep. This is not the place for a full discussion of this topic, beyond stating that some observations sug-

gest that highly charged affective and factual information, which has just been secured by penetrating through barriers of repression and dissociation, can be reunited with the rest of the psychic apparatus more easily during sleep than in the fully waking state. If further work should demonstrate the truth of this, certain alterations would be indicated in the organization of psychotherapeutic procedures and practice.

The following generalizations concerning the use of drugs in psychotherapy can be made:

1) If the drug is not given in such large dosages as to produce profound narcosis, a dynamic relationship with the therapist is continuously maintained.

2) This relationship influences profoundly both the data produced by the patient and his therapeutic integration of that data.

3) The drug often makes it possible for the patient to experience on a conscious level and without disguise, those affective attitudes of love and hate towards persons who were significant in his early life, which in his waking state he either disguises, or reverses, or represses completely.

4) Furthermore, under the influence of the drug, the patient often acts towards the therapist in a manner which makes it transparently clear that for the moment the therapist is identified in the patient's mind with one or more of these objects of his early loves and hates and fears. Thus under drugs the relationship of patient and therapist may contain in overt forms everything which in a veiled form occurs in what is known in psychoanalysis as the transference relationship. A full understanding of the dynamics of transference processes makes possible the therapeutic utilization of this phenomenon.

5) Under the influence of the drug, as in the hypnagogic reverie, thoughts automatically pendulate back to storm centers of emotional trouble. Perhaps this is because such storm centers have a higher threshold for narcosis than do less highly charged areas, just as anoxia can bring to light clinical manifestations of subclinical focal brain damage. This effect of the drug, whereby it subjects non-conflictual areas to mild narcosis, and brings the conflictual foci into high relief, often leads to a more direct recovery of early traumatic experiences than is

possible by the circuitous pathways of free association in the fully waking state.

6) The action of drugs is never a simple function of either the chemistry of the drug or its dosage. The effects of identical doses of any drug administered to the same individual will vary, depending upon the conscious and unconscious emotional processes at work in the patient, and the state of his relationship to the therapist.

7) The conditions produced by these various agents consist essentially of a controlled deliriod state. Various consequences follow from this, which are of practical and theoretical significance.

a) Just as organic delirious reactions may unleash latent depressions, elations, and paranoid schizophrenic states which may then endure long after the delirium itself has ceased, the forces which are released under drugs may be of considerable violence, and may have lasting results.

b) Consequently it is important that such procedures as these should be under close supervision by men who are trained to deal with powerful unconscious forces.

c) The induction of a prolonged state of saturation with a powerfully active drug introduces into the delirious reaction a toxic organic element which is not easily controlled. This might lead one to question the advisability of using prolonged and profound narcosis, with the idea of working with the released material as the patient emerges. Under these conditions one is no longer able to limit the depth of the narcosis; but must wait for the slow passage of time and the gradual destruction of the drug in the body, or its elimination. It is conceivable that with careful preliminary tests of each patient's reactions to the drug, precise dosages could be established in terms of body mass, basal metabolic rate, and the rate of destruction and excretion. Nevertheless it would seem to be safer to work with temporary drug-effects, where the depth of narcosis can be readily controlled, and where the process can be interrupted quickly at any time, and the after-effects observed repeatedly.

The action of drugs could be discussed further in terms of their relationship to many other psychic phenomena: such as ego organization, ego boundaries, reality functions, libidinal pressures, superego manifestations, the phenomena of hypnosis, and so forth. Significant though these are, however, a discussion of these aspects of the problem must be reserved for another occasion.

We will now attempt to illustrate a few of the observations on which these general conclusions are based.

#### I. EXAMPLES OF OVERT MANIFESTATIONS OF TRANSFERENCE RELATIONSHIPS

1) A man in his early forties, in the course of a fairly lengthy period of analytic treatment, had never been able to feel for his mother anything except mingled intolerance, scorn and impatience, tempered occasionally by indulgence. Under sodium pentothal he began to say in a little boy's voice, "I want my mama, I want my mama, I want my mama." Subsequently in the recovery period, he called the therapist "mama" and treated him as though he were in fact his mother.

2) A woman in a hypnagogic reverie, induced without drugs, identified one of us with an American Indian who had played an important rôle in the fantasies of her childhood; and the other of us with her grandfather, who was the storm center of the most violent early experiences of her life.

3) A young Italian, the youngest of a large family of seven brothers, who for many years had made of him a slave in the family, resisted all forms of treatment. In analysis he could not talk. The attempts of several hypnotists to hypnotize him failed in spite of his urgent and persistent plea for hypnotic treatment. Under nitrous oxide the identification between the therapist and the oppressive parental and fraternal figures was completely exposed, with facilitation of his production of material. After a subsequent period of sleep, a cathartic discharge occurred of the pent-up bitterness and rage with which he had been struggling throughout his life.

4) A meticulously courteous man in his late thirties was so rigidly formalistic in his relationships as to make it difficult to ascertain any of his real feelings. Internally he dealt with fear,

jealousy and rivalry towards all men. Under nitrous oxide he let down his barrier of formality, treated us as though we were his childhood playmates, whose seduction of him was crucial in the evolution of his neurosis. When he was under gas, we became "youse guys" to him.

## II. EXAMPLES OF THE AUTOMATIC RETURN TO STORM CENTERS OF EARLY CONFLICT

1) A man in his middle thirties suffered from severe height phobias and potency difficulties. In a hypnagogic reverie, induced by the apparatus described elsewhere, plus a small amount of one of the cannabis derivatives, he drifted into a reverie state in which he suddenly visualized himself as a small boy standing before his mother's dressing table. To the same degree he could smell the various odors and perfumes of her bedroom, feel the texture of the material, the coldness of the glass, the sensation of her hairbrush, and so forth. These intense kinæsthetic, tactile, and olfactory memories opened up a vista of forgotten material.

2) A blocked and inarticulate patient could not put into words anything even remotely related to his difficulties. Under nitrous oxide he found himself repeatedly confronting the image of a locked gate leading to the home where his earliest traumatic experiences had occurred. This locked gate immediately made available a large amount of material concerning members of his family who had locked the gate against him.

## III. EXAMPLES OF THE DIRECT RECOVERY OF EARLY MEMORIES

1) Under sodium pentothal, a young combat engineer recovered a memory of an older man who in his early life used playfully to threaten his genitals with a paperknife. This lost memory became a focus of the fears of genital mutilation which he had carried with him half-consciously into battle and subsequently had "forgotten", and which dominated his combat neurosis.

2) Through a long and difficult period of analytic treatment a woman in her early fifties had found herself repeatedly visualizing herself standing before a certain small house. She remembered the outside in great detail; but she could not recall

anything of the interior. In a hypnagogic reverie, aided by a small amount of one of the cannabis derivatives, the doors and windows of this house opened to her and she recalled vividly the events which had happened to her just after her third birthday. These events were crucial in the evolution of her neurosis.

#### IV. EXAMPLES OF THE VARIATIONS IN EFFECTIVE DOSAGE

Repeatedly with several patients it has been found that the effective percentage of nitrous oxide in a nitrous oxide-oxygen mixture would vary with the emotional material with which the patient was dealing. This is so well-known that it would be unnecessary to mention it, but for the fact that a patient will sometimes claim that high concentrations of nitrous oxide are ineffective, when in fact he is struggling unwittingly with emotionally charged material. After the discharge of this material, the subject may drift off at once with the same concentration of nitrous oxide, or he may fall asleep with a concentration which had previously been ineffectual.

A striking episode of this kind occurred with sodium pentothal. A young soldier had been discussing his terror and unhappiness in battle experiences. He had reviewed this material several times until he felt much relieved. However, his symptoms were not wholly gone. On a subsequent occasion even larger doses of sodium pentothal failed to put him to sleep. As the injection was proceeding, he became restless, tense, worried and anxious. His hand was cold, blue, and cyanotic. He kept saying, "It isn't going right, Doc. Have you made it up right, Doc. Is there anything wrong with the medicine, Doc. It's making me sick, Doc. I think I am going to vomit. You'd better quit it, Doc. Cut it out, I say. Leave me alone. What the hell's the matter with you?", and so forth. This was interspersed with descriptions of his difficulties with a commanding officer, and he finally broke out into expressions of anger and resentment against this officer. In order to encourage him in the further discharge of his rage, and without anticipating in any way what was to come, the physician asked him, "What did you want to do to him?" Instead of answering, "Shoot him" which men not infrequently say under these circumstances, he suddenly said with cold, quiet, intense bitter-

ness, "You know, castrate the son of a bitch". The physician was surprised and asked him to repeat it; but there was no reply. On looking up, the physician found that the young man's head had dropped on his shoulder. He was in a sound sleep, and his hand was warm and of normal color.

#### SUMMARY

In summary, we have pointed out that the processes of repression, dissociation and synthesis, which are the operating concepts in the genesis and therapy of the neuroses, apply equally to the patient under drugs.

Drugs facilitate the recovery of that which has been repressed and dissociated, by rendering the personality less vulnerable to the exposure of material which in the waking state may be intolerable. For the same reasons, interpretations (or syntheses) may be accepted and integrated without catastrophic disturbances.

These facts permit the use of drugs in dynamic psychotherapy to circumvent resistances.

The therapist who is dynamically oriented can control the therapeutic progress by balancing the adaptive capacity of the patient to the exposed material and to the therapeutic interpretations.

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## PSYCHOLOGY AND WAR CONDITIONS \*

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*London*

I am exceedingly sensible of the high honor you have done me by inviting me to address you on this auspicious occasion, the centenary of the oldest medical association in the United States. At the outset allow me to make a confession. Although I held a chair in psychiatry on this continent before the last World War, I was never a member of the American Psychiatric Association. This entirely unimportant personal reference is chosen to illustrate a theme of considerable significance, namely, the passage of medical psychology from neurology over to psychiatry. Medical psychology, which happens to have been my special field of work—and by medical psychology I chiefly mean psychoanalysis, because there does not seem to be much medical psychology nowadays outside of psychoanalysis and its imitations—was, to begin with, more nearly related to neurology than to psychiatry; the pioneering names in it, from Charcot to Freud, and in this country from Weir Mitchell to Morton Prince and J. J. Putnam, are most often those of neurologists. The illusion that medical psychology is essentially an adjunct of neurology was no doubt further fostered by the unfortunate play on words in the phrase “nervous disorders” which encouraged patients to consult physicians whose business it was to know about “nerves” in preference to those who might well suspect them of being of unsound mind, thus confirming their own dread. In days when I had to arrange the annual meetings of the American Psychoanalytic and the American Psychopathological Associations, bodies in the founding of which I had the honor of playing a prominent part, I used to see to it that they took place in immediate conjunction with those of the American Neurological Association, of which, by the

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way, I was proud to be a member. Such an arrangement would, I imagine, seem strange or even unnatural nowadays, and in my opinion rightly so.

Soon after the last war medical psychology in this country, led particularly by Dr. Brill, began to move more and more definitely towards the general body of psychiatry, helping thus to restore to the latter term its original signification of "mental healing". For certain reasons this movement approaching coalescence between the two disciplines has proceeded far more rapidly and extensively here than in Europe, where it is only now beginning. In America, for instance, it is obligatory for all psychoanalysts to have had a serious psychiatric training, while in England certainly fewer than ten per cent have had such training. In Europe, and notably in England, medical psychology in so far as it has extended beyond its own circle has done so in the direction of normal psychology, education, literature, and among the general intelligentsia. Both these movements, the American and the European, are surely laudable and indeed inevitable, since medical psychology in its study of psychoneurotics occupies a position of great strategic importance between the so-called normal and the insane. We know now that these three classes of people have had to cope with the same primordial conflicts though they have reacted to them in different ways. But it does not seem to be so generally recognized that the psychoneurotic reaction is the simplest and most perspicuous of the three, so that the investigation of the more complex and involved reactions of both the "normal" and the insane is much more difficult. All the same it is more desirable for medical psychology to extend in both directions equally rather than preponderantly in one of them, as has on the whole happened in both America and Europe. It should be added that in the past five or ten years there are pronounced signs that we in England are at last following our American colleagues in effecting a wider collaboration between medical psychologists and other psychiatrists, and I am persuaded that this is likely to develop more extensively in the near future.

In an address delivered a few years ago at the opening of

the Columbia Institute of Psychiatry<sup>1</sup>—on one of my periodical week-end visits to this continent—I commented at some length on the remarkable status that psychiatry in the United States has attained among the general community, one which is surely unique in the world. Although, no doubt, you yourselves would be very far from satisfied with its status and can see all sorts of ways in which it might and will be improved, nevertheless it has already got much further than in any other country. I am referring here not simply to its own high scientific standards, which are generally recognized abroad, but to the terms it is on with society, the freedom and ease with which psychiatrists are consulted, and the natural way in which they are accepted as a necessary and regular department of general medicine instead of being an isolated caste to be shunned except in the direst contingencies.

Now all this brings with it that American psychiatry, from its inner level, its outer standing, and—last but not least—the extent to which it has been permeated by the doctrines of medical psychology, should be in a specially favorable position for coping with the innumerable problems with which war conditions present it, both the strictly professional ones entrusted to its charge and also the wider, more serious ones where its advice and influence could be of incalculable benefit. To compass this task with honor, it is true, technical and intellectual knowledge will have to be accompanied by a corresponding degree of psychological insight. It is only too easy to be complacent about the fulfilment of this essential condition and not anxious enough lest success in superficial extensivity be purchased at the expense of depth.

I wish to consider first the important matter of military psychiatry, and have here to acknowledge my indebtedness to the British Directorate of Army Psychiatry who have generously assisted me with all the information available to them. You will remember that the status of American military psychiatry at the end of the last war was higher than that of any other country, though I daresay its activity flagged somewhat in

<sup>1</sup> Jones, Ernest: *Psychoanalysis and Psychiatry*. *Mental Hygiene*, XIV, 1939, p. 384.

the interval between the two wars. Already in the twenties it seems to have been overtaken by that of Germany, which established in 1929 a special department in the Army entitled Military Psychology. A comprehensive study of this was published in America in 1941, with a bibliography of some 561 German writings on the subject.<sup>2</sup> Very little was done in Britain until the present war was some two years under way. We have a scurrilous saying among us that our War Office begins every war on the basis of the war before last, a saying which like the rumor of Mark Twain's death, is much exaggerated; but one did, it is true, hear stories of how various authorities were determined to purge the Army of the psychological nonsense that had crept in during the last World War and to put all psychiatric illnesses on a proper basis of organic neurology as they had been in the good old days of the Boer War. However this may be, there is little doubt—and it was to be expected—that progress in psychiatry had considerable opposition and prejudice to overcome, a trouble which I understand American military psychiatry has also not been entirely spared. One may lay down as an axiom that the better quality a given psychiatric activity displays, and the nearer to the truth are the premises on which it works, the surer it is of encountering irrational opposition. We know that this proceeds from the general dread of mental depths, from aversion to psychological insight, and that it is strongest among those whose mental integrity, often of a very successful order, has been built on defenses against those depths. It is therefore to be expected especially in the apparently stable personalities of those who have achieved prominence, political or otherwise, in life.

Military psychiatry in the British Army, when it got going, proved to be particularly enlightened and modern in its outlook. That is to say, it has been extensively influenced by psychoanalytic researches, though for obvious reasons of prudence this taboo word is replaced by the more innocuous term of "depth psychology". Every effort is made to express its

<sup>2</sup> *German Psychological Warfare*. Published by the Committee for National Morale.

conclusions in simple everyday language, as being "obvious commonsense". Those who accept its conclusions possess psychological insight, often without being conscious of this as such, and perhaps they do not always realize that an accepted truth is generally obvious, however painful the approach to it may still be to others. How irrational the prejudice against modern psychiatry may be is illustrated by the common happening of two opposite arguments being used against it at the same time. On the one hand, when it presented any novel set of considerations to the medical profession, thus broadening the field open to the latter, it would be accused of deserting the sphere of medicine and losing contact with its exponents. When, on the other hand, it came particularly close to any branch of medicine and demonstrated the significance of psychological factors in that branch, it was accused of trying to capture it and displace its lawful owners. Actually the liaison work between the psychiatrists in the Army and both the staff and regimental medical officers is on the whole very satisfactory. Forty years of dynamic psychology have undoubtedly left their mark on the medical profession, and the out and out scoffers are in a diminishing minority. In the Army the medical officers cannot escape seeing the visible results of psychiatric "commonsense" on the all-important matters of man power and morale, and are therefore coöperating with psychiatrists to a very gratifying extent. The personal impression I have, from very many sources, of British military psychiatry, both as to its high standards of technical efficiency and the active spirit of helpful good-will pervading it, is a very pleasing one.

The weakest point in our psychiatric organization would seem to be its numbers. There is in Britain nothing like the number of trained psychiatrists there is in the United States. It is true your Army is much larger than ours, but even so you are probably in a better position to equip it with competent psychiatrists than we are. Apart from India, where we have sent a considerable number to help with the great new armies that are being raised there, I doubt if the British Army, at home and abroad, possesses much more than a couple of hun-

dred psychiatrists, and we could well do with ten times that number. Two simple considerations support this conclusion. When battle psychiatric patients can be treated in the first few days of the breakdown some fifty per cent can be swiftly returned to duty, while the prognosis among cases that have lasted for a couple of weeks is, especially from a military point of view, a serious one. Yet if one psychiatrist is allotted to forty or fifty thousand men in the field it is evident that very few cases can obtain the necessary treatment in the vital early period on which the prognosis greatly depends. Naturally everything is done to instruct regimental medical officers in elementary therapeutic measures, but during fighting they generally have more than enough of other medical and surgical duties to occupy them fully. Then the fact that fifteen per cent of all battle casualties and one-third of all discharges from the Army are due to psychiatric illnesses shows the immense size of the problem, which can only increase with time.

I will now review the various activities of our psychiatrists, though this can only be a condensed account and some of the most interesting data must be suppressed for reasons of military discretion; a fuller account of some aspects has been published in the medical press by Brigadier Rees.<sup>3</sup>

1. *Officers' Selection Board.* The most highly developed, though perhaps not necessarily the most important in the long run, of these activities is in connection with the Selection Boards that examine candidates for a commission. Every candidate comes before a Board consisting of a military President, three combatant Testing Officers, two Psychiatrists, two Sergeant Testers, and, where possible, a Psychologist. The Psychologist is here subordinate to the Psychiatrist and refers his findings to him. As you must have found here also in America, there are two kinds of professional psychologists: those we call academic ones, trained in laboratory technique, and those we call clinical, who have taken an interest in the dynamic aspects of the total personality. It is, of course, the latter who are more suitable for psychiatric work, even for those laboratory

<sup>3</sup> Rees, J. R.: Three Years of Military Psychiatry in the United Kingdom. *Brit. Med. Journal*, Jan. 2, 1943.

aspects concerned with set tests. Unfortunately the number of first class ones is only too small, and that is why not all our Boards are provided with one.

At the beginning of the war there was no dearth of excellent material for officers, but after a couple of years it became plain that considerable care would have to be exercised in selecting new ones if unfortunate results were to be avoided. Some brilliant preliminary investigations by Rodger, Wittkower, and Bowlby showed beyond doubt that psychiatric examinations could be of great value in assisting the military authorities in their choice, and it was as a result of this that psychiatrists were added to the Selection Boards. It was not that the psychiatric examinations were, as was popularly feared by their critics, more severe in the sense of failing more candidates. What was found was that they were more exact in both directions: they not only detected serious defects of personality which might have been overlooked by the military, but they showed that the latter at times overestimated the importance of various deficiencies and so failed a number of candidates who could have become quite satisfactory officers. An example of this difference is that the military attached much higher value than the psychiatrists to what is called "poor presence", whereas the latter ascribed more importance to "poor social qualities". Another reason for adding the psychiatrists was that at that time we had not had as much battle experience to aid in the selection as the Germans had, and so had to have recourse to other methods.

The Germans had published the psychological tests they used in peace time, some of which were being employed as early as 1926, and we began by applying their methods. These were discarded after a time, partly because the limited number of our psychiatrists impelled them to search for less cumbersome methods wherewith to examine the enormous number of candidates, but partly for a more interesting reason. The dynamic psychological outlook with which our psychiatrists are imbued rendered them unsympathetic to the old "faculty psychology" which still informs the German methods. A little effort enabled them to discard these and to devise their own, based

on their different outlook, but they met with more trouble when they had to deal with the faculty psychology so beloved by the military authorities.

I wish to lay stress on this matter, since it is one of the two respects in which our Army psychiatrists have made revolutionary progress in the last couple of years. Like the German psychologists, most military men tend, when selecting officers, to look for specific qualities—the favorites being “dash”, “courage”, “endurance”, “capacity for leadership”, and the like—and to assess these on some marking system. It sounds very plausible, for it is beyond doubt that these and other qualities are highly desirable in potential officers, but closer inspection raises certain fundamental doubts whether the abstractions are not taking one too far away from reality. Not one of the qualities listed seems essential, and if one tries to ascertain what it is successful officers have in common, one sees it is not so much the possession of certain specific *qualities* as the capacity for *effective behavior* by whatever way this is achieved. This capacity is a product of the total personality, and therefore it is this that has to be assessed. Every individual is unique in the particular way in which he meets the demands made on him, and it is the characteristic of this personal idiom to which attention needs to be directed. One has to scrutinize the way in which the individual spontaneously fills certain rôles in definite test situations, and this commonsense, and apparently less sophisticated, method proves to be the most scientific because it is nearer to reality than any study of abstract qualities. One may find a certain analogy between this point of view and the reform in the investigation of heart disease introduced by Mackenzie some thirty or forty years ago. Discarding the previous static estimates of cardiac lesions, he concentrated quite empirically on the actual functioning capacity of the heart. Similarly with the budding officer: it is not what qualities he possesses, but how he actually behaves in practice in various typical situations that most matters. One might almost say that it does not matter what neurosis he has so much as how he manages it in actual life. The total personality is the central criterion.

Let us now consider the technique at present used in this selection work. The candidates come in batches of fifty or sixty and mess with the members of the Board for two or three days. On the first evening they undergo a preliminary psychological examination by specially trained Sergeant Testers, who have usually been professional men in civilian life. These preliminary tests are grouped together under the name of "Personality Pointers", and they save a good deal of time. The results are passed on to the Psychologist, if present, and then to the Psychiatrist. When they are specially good the latter does not need to interview the candidate. The examination in question consists of four parts. (A) The candidate fills in two comprehensive questionnaires. One is an official one for the President of the Board; the other a confidential one for the Psychiatrist. In the latter there is the bright idea of asking the candidate to describe his personality as honestly as he can in terms of (a) his best friend, and (b) an adverse critic. (B) Intelligence Tests. Three are used: the Penrose-Raven progressive matrices test, a verbal intelligence test, and a reasoning test. The standard of measurement is the average intelligence of the rank and file; an officer should not fall much below this. It has been found that twelve per cent of the candidates fail in this test, and that about a fifth of all rejections are due to failures in it. (C) Word Association Test. Jung's method of using this has been improved on by getting candidates to indicate some expressed attitude towards each word, by responding with a sentence instead of a single word. Fifty words are displayed on cards for fifteen seconds each, during which time the candidate has to write down what occurs to him in response to the stimulus. (D) The Thematic Apperception Test. Hesse introduced this test in the German Army some fifteen years ago, but the method we use is that elaborated by Murray of Harvard. Slides of somewhat ambiguous scenes are presented and the candidate has to exercise his imagination in inventing a story appropriate to each picture.

On the next day the military officers, especially selected for the purpose, carry out various out-of-doors tests. There are group discussions of tactical schemes, a rather gruelling series

of tests designed to estimate the candidate's athletic prowess, and there is another, called the "leaderless group test", which claims our special attention because it concerns the second of the two important advances to which I referred earlier. Devised by one of our Army psychiatrists, Major Bion, it reveals striking psychological insight, and incidentally illustrates the contrast between the British outlook and the German or, more broadly, between the democratic outlook and the totalitarian one. The test that corresponds to it in the German Army is of a double nature, designed to assay the candidate's responses when under command or when in command respectively. Apparently no other situation is envisaged as thinkable than a definitely superior or definitely subordinate one, and indeed this is perhaps a characteristic military point of view which is as averse to the very idea of a group without a leader as it is to guerilla warfare or to mob rule. It has in fact taken some time to inculcate a different idea into the military officers who conduct these leaderless tests. In them a group of ten men are given a military task to perform together, crossing a river or what not, and they are left quite free to make their own plans about it. This task is the quasi real or set problem, but it masks the real problem on which the observing officer concentrates. That is the purely social problem of how each individual reconciles his natural desire to distinguish himself favorably in the eyes of the examiner with the desirability of coöperating in a team spirit with the other members of the group so as to accomplish the set task. Instead of following the customary rule of allaying anxiety for the purpose of examination this leaderless test may be said to capitalize the candidate's anxiety so as to ascertain his capacity to deal with it in a critical situation. Various countertransferences and anxieties are also apt to develop in the military examiners, and the study of them has proved both interesting and of practical value. The candidates of course show all manner of reactions according to their temperament: facetiousness as a guise for self-confidence, embarrassment, the impulse to make himself prominent and show off, and so on. The examiner soon learns to distinguish between the man who does this for reasons of personal ambition and

the one who comes to the fore from motives of helpfulness, as also between the man who voluntarily retires to give others a chance and one who falls into the background because of a deficiency in social contact. The reactions of the rest of the group to a given candidate are as important as his own to it: whether they accept his suggestions, ignore him, and so on. Whether a man leads the others by persuasion, by being recognized as a helpful sociable person, or on the other hand by aggression, appealing to complexes of fear or guilt in the other members, is a matter of evident importance, as is also the question whether a docile man is willing or merely inferior.

From all this emerges the decision whether a given candidate asserts a positive or negative influence in his relation to the rest of the group, whether this is of a group-cohesive nature or a group-disruptive one. Candidates are therefore tested in relation to particular environments and in their attitudes towards superiors, subordinates or colleagues. Our Army psychiatrists attach very special significance to the last of these. If one does wish to use the old nomenclature of qualities one would say that the two things they particularly look for are social adaptability and general resourcefulness. It will be noticed that what is common to both is the mental freedom that permits easy adjustment, whether to persons, to material objects, or to situations.

After these and other military tests, the candidate appears before the whole Board which considers the various reports. These reports discuss actual findings, not general conclusions or impressions. The number of candidates passed has varied in different years; at present it is perhaps less than half of the total presented. The Board also assesses the suitability of a candidate for particular branches of the Service: plainly a man who would make a good combatant officer would not necessarily be successful in more technical or administrative work, and vice versa.

A word about other branches of the Services. Selection methods practically identical with those just mentioned are used with the Royal Marines and with the Women's Auxiliary Services, whom we now call the ATS and you, I believe, WACS.

The Navy does not seem to feel the same need, since those applying for commissions are on the whole of better quality and also they are tested by actual experience in sea warfare beforehand. The Air Force have their own special psychological tests, of which I have no first-hand experience.

2. *Other Selection Work.* There are several branches of this work. (a) Fourteen per cent of the general intake to the Army are referred by the medical officers to the psychiatrists for a report on their suitability for either general or special service. Some form of mental deficiency is probably the commonest condition needing expert investigation.

(b) Army Selection Centers examine and report on the cases of men who have already spent about two years in the Army and who have not proved satisfactory.

(c) Psychiatrists also play their part in what is called the Selection Testing of Units, work which is rather similar to the Vocational Selection that has been brought to such a high standard in the United States in peace time. Unsuitable allocation is an obvious loss to man-power in the Army, which in modern times has to be estimated in terms of quality rather than quantity.

(d) There is a special examination for men who are to be trained as parachutists, but you will not expect me to give any details of this.

3. *Special Testings.* The Consulting Psychiatrists in the Army have to report on cases referred to them from the military psychiatric hospitals, as well as, of course, to inspect these hospitals.

4. *Psychiatric Treatment.* Except for cases of exhaustion in the heat of battle, cases in which, by the way, barbitone has proved of great value, the number of neurotic and psychotic patients needing treatment who will be of use for service in what the military authorities call a reasonable period is naturally not great, so that the Army has not at the moment very much interest in this field. Later on it will no doubt assume greater importance. There is little new to report in this work except that some promising results are being obtained by various forms of group rehabilitation treatment, which is

proving a useful auxiliary to more intensive individual therapy. Cases of psychoneurosis are some fifteen times as frequent as those of psychosis, and, as was our experience in the last war, it is the "willing horse" who holds on to the last before giving way whose case is apt to prove the most intractable. I should also mention some remarkable results from insulin treatment in both military and civilian cases of nervous exhaustion with loss of weight—a reversion to the days of Weir Mitchell.

5. *Morale.* To our knowledge of this all-important subject psychiatrists have contributed in two ways: by studying the subjects who have shown poor morale, e.g. by being absent without leave on repeated occasions, and by special psychological study of the more positive aspects. It is essentially a study of group integration and the factors that heighten or impair this. One of our Army psychiatrists, who knows Germany well at first hand, has made a remarkably penetrating investigation of the morale of the German Army. As one would expect, the conditions favorable to morale and the methods employed to influence it are strikingly different on the two sides in the present war, but since there are few topics that touch more nearly on the question of military discretion it is not one on which I may expatiate here. I can only say that the work done on it would alone justify the employment of psychiatrists in the Army.

6. *Special Researches.* Last, but far from being least, are the particular investigations carried out under the Directorate of Army Psychiatry. Among these the following may be mentioned as illustrations. The problem of readjustment among repatriated prisoners of war, one with which the United States has not as yet had much experience, presents some peculiar difficulties. It may be said that twenty per cent of them if not adjusted within six months become serious psychiatric cases. The outstanding feature is the sense of being out of touch with both home and the Army—what is called an "out of the picture" feeling—with a corresponding absence of group contact. As prisoners their morale was so sustained by a negative attitude to authority, the Nazi guards, that it often persists

as a habit. It is hard for anyone to help these men unless he can understand their point of view through having himself passed through the same experience, and such men are chosen for the purpose. We have also learned much about dealing with these problems prophylactically by catering to the men in special ways while they are still in prison camps.

Soldiers serving abroad for considerable periods also present special problems, and this is a matter that concerns America more than the former one. Here suspicions concerning the home front play a prominent part, anger at strikes, resentment at war profiteers, doubts about politicians, fears about the fidelity of their women at home, and the like. Suppressed feelings of guilt at having deserted their families often play a curiously important rôle. The degeneration of the suspicions into paranoid reactions, which depends on the process of generalization, can be hindered by methods that lay stress on the personal as opposed to the impersonal. Therefore lectures, films, songs, and so on should be based on individual features and should avoid mass representation or general ideas. Some of these reactions will become very important when it comes to demobilization. Sufferings and privations in common, even with the enemy, are apt to breed a group attitude that will be an impediment to future integration with the home community. It may be, for instance, that returning soldiers will display cynicism about disarming the Germans and Japanese, and will reserve their distrust and resentment for the Army and other national authorities.

A special study has been made of the psychology of mutilated men. Half of these show neurotic reactions bad enough to be troublesome later on. Interesting differences here have been noted between those deprived of an arm and those losing a leg. The former more often show reactions of resentment, depression, and anxiety; the latter those of morbid euphoria or defiance. Only eight per cent of the whole develop a normal response of resignation and acceptance. Contrary to popular opinion the victims of blindness often show reactions of jealousy and suspicion, as well as of helplessness; the last of these stimulates aggressivity which is either externalized as bitterness or internalized as depression.

Feelings of not being wanted are common to all these groups: prisoners of war, soldiers far from home, and those crippled. In this connection it is noteworthy that in our experience the soldier's need for female society is not so purely erotic in its origin as has been generally thought: what they often crave for is the sympathetic companionship of a "nice" girl, and one has the impression that feelings derived from the mother are at least as important as those related to a sexual partner.

There has even been a psychological inquiry into the relations between American and British soldiers, with, I am glad to report, very heartening results.

In addition to these systematic investigations Army psychiatrists often have the opportunity of being useful in connection with special questions that keep cropping up. Early in 1942 some military authority—I am told a converted pacifist—had the misguided idea of initiating what was popularly known as a "hate campaign", that is to say, of drilling his men into forms of "toughness" and savagery that would have won promotion in a Nazi concentration camp. The English sense of humor, however, was too much for it, and after a month the grotesque episode was brought to an end by a psychiatric report on its futility. Then recently there has been a difficulty in feeding prophylactic drugs to the troops because of a widely spread suspicion that they were designed to deaden sexual impulses. If ever there was a purely psychological problem surely that is one.

I pass now from consideration of the military forces to that of civilians in time of war, and here again my personal experience is derived only from Britain. It is not known, and probably never will be known, whether psychoses have become more or less frequent during the war. The incidence of intake into mental hospitals can of course be arbitrarily regulated according to the pressure. Some large hospitals were entirely taken over for Government purposes and the call-up of doctors has made itself severely felt in all institutions. These and other factors have disarranged the normal statistics in this field.

The incidence of psychoneurosis also cannot be statistically controlled, even in peace time. One can only go by general impressions obtained by interchange from other workers in

the same field, particularly those in hospital outpatient departments where the largest number are seen. There is no evidence I know of to indicate any increase in psychoneurosis in these five years, and there was a very general impression during the most dangerous period of the war that there was then an actual diminution. Analytical theory would explain this by the reciprocal relationship that exists between so-called "real" suffering or danger coming from without and neurotic suffering: when fate inflicts suffering there is less need for the self-punishing functions of the neurosis.

The British people have in this war passed through three distinct kinds of trial. The first was the anxiety induced by the demonstration in Poland, Norway, and above all France, that the Germans had devised a successful, and apparently irresistible form of *Blitzkrieg*. This anxiety was most acute before the fall of France, when we saw the Germans marching at will into places like Abbeville, Amiens and the Channel ports in a fashion that in the last war would have seemed quite disastrous. The anxiety was plainly associated with the idea of their invincibility combined with the increasing doubts of the French will to resistance on which we felt we largely depended. Curiously enough it was rapidly and permanently allayed by the actual surrender of France, which produced a palpable feeling of relief. At a time when we had to realize that we stood alone against the invincible and ruthless tyrant a lady made the rather surprising remark to me: "Thank goodness there are no longer any allies we have to praise". She was referring, of course, to the exaggerated praise with which we had covered up our distrust. At such a moment of mortal peril the country was seized with a united determination so admirably voiced by the genius of our Prime Minister, and it was this sense of unity that gave us the conviction that there was something we could believe in and trust, namely each other. This conviction was so strong as to be quite impervious to the pessimistic anxieties in the rest of the world concerning our fate, and articles in American newspapers somewhat gleefully describing the twenty-six different ways in which Hitler could invade Britain had the same effect as water on a duck's

back. On paper our chances of winning the war certainly looked thin enough in July 1940, but what emerges from the experience is that for mental peace, confidence and effectiveness the harmony proceeding from internal single-heartedness and group integration of mutual trust is more important than probabilities of actual success or failure.

Soon after this came the second trial, the "blitz", as we now call it, on our large cities. Naturally there had been for some time, especially in the period that you termed our "phoney" war, much speculation about the psychological effect of intensive bombing. In June 1939 a Spanish physician, Dr. Mira, read a paper before the British Psycho-Analytical Society in which he gave a very gruesome account of his experiences in Madrid. He presented an interesting classified description of the variety of acute shock conditions he had observed, and we were particularly impressed with the severest of these where mutism and emotional paralysis were followed by practical cessation of all mental activity and even by death. Such conditions were certainly uncommon in the London blitz. I cannot say whether differences in national psychology are to be invoked to explain this striking contrast. There were, it is true, some external factors that might well have a bearing on it. They must have felt more helpless in Madrid than in London where the roar of our anti-aircraft defenses had a very heartening effect. Then in Madrid the bombing was a prelude to occupation by the enemy, with all that meant, whereas with us we felt in the winter of 1940-1941 that the German invasion was pretty definitely off. There were no disorderly and tragic scenes on the roads as in Spain and France with the advance of the enemy. The mental states we most often observed were simply those of diffuse anxiety, but the people nearly all kept on with their work. They were notably worse among those who had been bombed out two or three times, just as refugees suffer especially if they have been hounded out of two or three countries in succession. In general the population, who after all never saw the enemy face to face, behaved as if the destruction was the result of natural causes, such as fire or other accidents. There was of course

a certain amount of exhaustion from lack of adequate sleep over a number of months, but this could hardly be called neurotic. Very notable was the adaptation displayed by children, provided their parents showed no neurotic terror. It was indeed pathetic to see how they assimilated the experiences as if they were part of their normal environment; I remember one child whose first word ever spoken was "bomb", uttered as he cheerfully pointed up to the sky.

One came across a small number of definite air-raid phobias, and the instructive thing about them was the ease with which they could be distinguished from the general anxiety states. It is plain that with them the fear is of some internal fantasy which happened to be symbolized by falling bombs. One learns again from this how very much easier it is for the human mind to tolerate external danger than internal dangers, how we always err on the side of generosity in allowing so much anxiety to pass for normal when it is in fact neurotic and avoidable.

The third trial, still proceeding, is that of strain and weariness from the prolongation of war conditions. Although civilians have been much more directly and extensively affected than in the last world war, one nevertheless has the impression that the signs of war weariness for a comparable period are fewer now than then. This might be attributed to two factors: we have not yet had the colossal casualty lists that were so depressing in the years of the last war, and secondly the enemy this time is so much more implacable that the question of a patched-up peace does not arise now as it did to some extent then. In other words, the higher degree of single-heartedness in this war results in a mental harmony that fortifies endurance against discomfort and distress.

The factors that have most adversely affected morale are these. Perhaps the most universal is the depressing effect of the rigid black-out, maintained through summer and winter over years. The bad ventilation within and the longing for the cheerfulness of lights without constitute a steady factor to which adaptation does not improve with the passage of time. In the matter of food there are two elements, the nutritional

and the erotic. The nutritional level cannot be very far below the normal, as is evidenced by the health statistics and the absence of epidemics, but it is sufficiently so to diminish the amount of energy generated and also the resistance to minor ailments, particularly respiratory infections. But the poor quality of the food and its monotonous character have turned the act of eating into a habit or duty rather than an enjoyment, especially among the classes of the population accustomed to more variety and higher culinary standards. We know that privation in the sphere of oral eroticism leads characteristically to depression, and some measure of it would appear to be widespread. Even more pronounced is the anxiety engendered among the women who have to rack their brains to provide an edible meal for their menfolk and children. The inability to entertain guests should also be mentioned in this connection, as well as the great restriction of any social intercourse because of traveling difficulties, overwork, and so on. The more social and entertaining classes are further hard put to it by the absence of the services on which they formerly depended. American life is differently organized in this respect, and probably the same class in America is brought up to be more competent in such matters as household repairs and other domestic emergencies. It will be noticed that the factors just mentioned concern discomforts rather than mental conflict, and so show their effects in fatigue rather than in neurosis.

After experiencing a respite of nearly three years London is again passing through a period of bombing, and a comparison between the people's reaction now and at the time of the first blitz is of some interest. The greater number find the present bombing easier to stand and cheer themselves with the favorable comparison with the previous one. The present attacks seldom last for more than an hour instead of all night, night after night, so that adequate sleep can be obtained; the severity is much less, and the toll taken of the invader much higher; the state of the war is quite different, and so on. A small number, however, find the present attacks harder to bear, and this seems to be correlated with an uneasy conscience about our bombing activities, really about the repressed aggres-

sion of the people concerned. Treating the attacks as moral punishments they either complain that the second dose is not fair because we have already been "punished" in the great blitz, or they take the present one as freshly deserved punishment for what we are now inflicting on German cities.

The partial, though large-scale evacuation of our cities brought with it a severe test of the qualities, reputed to be well developed among the British, of tolerance, compromise and adaptability. We have not the American tradition of open hospitality and we guard the privacy of our home more jealously. It was one thing to shelter destitute strangers in the flush of an emergency and quite another to share your home for years with nondestitute ones. It was one thing for a woman to care for temporarily adopted children and quite another to share the cooking range with their mother. I have come across several cases of severe and paralyzing neurosis arising from these situations. Nor were they made easier when, as occasionally happened, the "evacuees" developed the reaction of spoilt children: they then behaved as if nothing could be too good for them or could begin to recompense them for their initial misfortune. Susan Isaacs and others have made specially valuable studies of "evacuee" children and of their ambivalence towards their absent or lost parents, and Anna Freud has with Dorothy Burlingham founded a large nursery which also serves for the psychological study of children in these unfortunate predicaments.

I wish finally to review certain wider aspects of psychiatry in relation to war problems which in some future age should well prove to be the most significant of all, namely, those of general sociological import. When a man chooses a career he will do well to reflect on not only the technical interest it offers but also on the bearing it may have on his general interest in life. In this respect psychiatrists may count themselves peculiarly fortunate. Not only do their professional interests compare favorably with any other, but they are in the unique position of possessing keys to the understanding of human behavior that open wider possibilities of interest, and ultimately of influence, than any other group in the com-

munity. It is true that we have hardly begun to appreciate the opportunities open to us in these wider spheres, and also that every attempt to develop them is bound to meet with vehement opposition on the part of society since it involves challenging the underground fears that dominate so much of personal and social life. This opposition, however, will not deter us. And we must be uplifted by the thought that we are the first pioneers in this field. It is centuries since the world at large has presented such a rich material for psychiatric observation as it has in our time, and in those days of long ago there was no psychiatry. In a paper read before your annual meeting two years ago in Boston, G. Zilboorg, dealing with the permeation of sociology by psychiatry, remarked on what he called a unique phenomenon in the history of sciences: it is, he said, the first time in history that a purely medical discipline, curative in intent and methodology, has been the means of transforming a whole series of scientific disciplines (sociology, anthropology, criminology, and so forth). Other analysts, such as Alexander and Glover, as well as nonanalysts such as William Brown, Baynes, Nathan, and so forth, have published books of value on current aspects of the same topic. Psychiatry was in the descriptive stage of development until the genius of Freud opened the way to an understanding of the forces at work and gave them meaning. Sociology is still in that descriptive stage but it is on the brink of the next one when psychiatry will be able to inform it of the inner meaning of the interplay of forces that mold its subject matter. The present occasion is, of course, not the place for any detailed sociological studies, but I am nevertheless impelled to seize the opportunity to indicate to you some of the vast perspectives now opening up before us and to express the hope that the coming generation of psychiatrists will take full advantage of them.

Cynical philosophers have from time to time expressed the opinion that mankind is more than a little mad, and today we are perhaps more willing to heed their remarks than we were in a more complacent past. It is now a good many years since August Stärcke, in Holland, startled his fellow psycho-

analysts by proclaiming that psychotic traits and mechanisms were present in all so-called normal people, but since then his conclusion has ceased to be a paradox and has become the subject of serious study. These mechanisms of projection, introjection, self-punishment, and so forth, which when they dominate the field of consciousness constitute insanity, have been isolated by Freud and his co-workers and their effects and interrelationships closely examined. Melanie Klein, in particular, has laid a firm basis for such studies by making an intensive investigation of their earliest stages in infancy. She has found there such definite intimations of attitudes reminiscent of various psychotic types that she has not hesitated to borrow for her descriptive purpose such nomenclature as "paranoid position", "depressive position", "manic defense", and so on. Her work is still in many respects the subject of controversy, but I am myself convinced that it will prove of permanent value in our comprehension of the deepest mental layers.

However highly we may treasure as perhaps our most precious possession the procedure known as reasoning, and I would yield to no one in prizing its value, we have now reached a state of psychological knowledge that compels us to recognize that man is essentially not a rational animal: that is to say, the greater part of his behavior and thought processes are profoundly influenced by affective agencies of a definitely non-rational or even irrational order. To a psychiatrist that means admitting that the unconscious is a constant and formidable factor in human activity. The future may well show that this admission, including the full realization of it, will prove to mark a decisive step not only in the advance of human knowledge but in the actual control of human conduct. If so, it will be for psychiatrists in due time to teach the world wisdom in the management of human affairs, for who should be better able to do so than those whose daily work consists in handling of the irrational. At present attempted rationalism alternates with prejudice and impulse, and we have such pathetic spectacles as Mr. Chamberlain facing Hitler with an impassable gulf between them. Such methods will have to be replaced

by a true emotional understanding which does not flinch from the consequences of its vision. In such situations the significance of countertransferences and their effects must of course also receive their due recognition. There can be no problem of government, domestic or foreign, that would not be transformed by the acceptance of this knowledge, nor indeed any form whatsoever of human relationships, whether between individuals or between groups.

Of recent years we have been presented with the startling spectacle of irrational and psychoticlike mechanisms dominating the effective part of whole nations. Some of the beliefs that have swept through such nations, beliefs that have not only commanded profound acceptance but have generated the most violent emotions, leading to corresponding conduct, have been of a kind that people uninfluenced by them could only stigmatize as delusional. The identification of Semitic with Satanic, and the fantastic myth of "Aryan blood" as the private property of Germans and Japanese, are perhaps the most classical examples. We are taken back to the days of Le Bon's crowd psychology, work which had a *succès d'estime* for the moment but which has been unduly neglected since. We see now that he did not exaggerate in depicting the dangerous baseness of the emotions characteristic of mass infection, though he underestimated—and we should beware of falling into the same error—the exalted and even idealized emotions that can be aroused by the same proceeding.

The group or mass affections that have been most startling in the past quarter of a century, connected with what are called ideologies, have much in common. Indeed it has not been easy for an outsider clearly to distinguish between different ones that are sometimes presented to us as contrasting with each other. What we generally observe is a minority group seizing absolute power and maintaining it by relentless methods: mass propaganda on the unscrupulous lines taught by Le Bon, terrorizing of the population by means of a ruthless secret police, and "liquidation" or torture of all opponents, open or suspected. Sometimes we are told that the aim of the rulers is deification of the People and at other times deification of the

State, but such distinctions in aim do not always lead to much visible difference in practice.

It is certain that these mass movements would be impossible in a stable civilization, and are intelligible only as a reaction to the experience of acute distress, whether of political or economic origin. The factors here were numerous, and it will be a hard task for the historian to determine the hierarchy of their importance: insecurity about the present or future, with the attendant dread of chaos, terrifying inflation with its transvaluation of all economic values, mass unemployment, severe famine conditions, all accompanied by the depressing sense of defeat <sup>4</sup> which the unconscious mind always translates into the signification of punishment for guiltiness. Such a prevailing state of despair provides the classical background for violent action, i.e. a revolutionary movement, and there is a ready response to, or at least acquiescence in, anybody that promises salvation vehemently enough. For the clamor is for salvation from despair. The situation feels too urgent for any sort of scientific inquiry into the most appropriate remedies, just as an uneducated person who is dangerously ill clutches at the quack promises he prefers to a medical diagnosis.

In bygone ages when belief in the goodness of life and self-confidence were not at a low ebb, the profferings of religion were often eagerly accepted. During the decline of the Roman Empire, for instance, there were two competing ideologies, and both were religious: Christianity and Mithraism. Psychoanalysis has had no difficulty in showing that the basic biological complex to which both of these appealed was the father-murder guilt of the œdipus situation, although they offered contrasting solutions of it. We learn from the Roman example alone that one effect of social distress on the individual is to reanimate this complex, and it offers an important key to many of the great reactions of our time. Much of the passionate violence in the response to external depressing factors emanates from the fount of energy pent up from infantile life but always ready to be reanimated by the appropriate situation. It

<sup>4</sup> For reasons obvious only to Italians, Italy, although technically victorious, developed a sense of defeat after the last war.

would seem that religion in our day has lost, perhaps for ever, its power of canalizing distress: its solutions are no longer believed in with the necessary fervor. Many writers have nevertheless, it is true, pointed out that some of the emotions nowadays attached to ideologies have a similar origin to the religious ones: the communists appeal with fanatical conviction to Marx their Allah, or to Lenin his prophet, while the Axis harks back to their ancient divinities Thor and Bellona.

These great social reactions display a close enough resemblance to those of our patients for us to be able to say something about the psychology of them. Above all it is important to grasp that they are not idiopathic, that they do not arise from any inborn propensity to sin on the part of any particular people, although a national tradition and history are of course of importance in determining the reaction. But reactions are what they are, reactions to social situations strengthened by the defense processes that try to protest against the intolerable anxieties and guilts these situations have stirred. It is of great political importance that this should be recognized, since, in any endeavor to hinder future reactions of the same devastating consequences, there will be a much better prospect of success if the situations to which they are reactions are dealt with, than if they are regarded as spontaneous outbursts of devilry. One psychological feature of such reactions was mentioned above: the regression to father hatred, of which the so-called class warfare is a perennial expression. Just as the infant makes its father responsible for all its inevitable privations, anxieties and sufferings, so do most unhappy, unfortunate or unsuccessful people look hurriedly for some scapegoat to take from them any responsibility they may feel for their fate, and they naturally find it in those who have suffered less at the hands of fate. The Nazis had a particularly ingenious, and from their point of view a very successful, paranoid mechanism to further this psychological projection: they asserted that the powers that be had been poisoned by a malignant group of people called Jews. The consequences of their assertion have horrified the world. A second psychological feature of the reactions in question resembles what Melanie Klein has termed

the manic defense against depression. The despair and poverty of the ego is dealt with by developing a state of exaltation in it, often after identification with a source of strength such as an appropriate leader, and this is accompanied by a great intolerance of contradiction with a characteristic tendency to violence. Here again we are on familiar social ground.

The practical trouble about these mass reactions is of course the oppression and ill-treatment of other people to which they inevitably lead. Here brutality becomes the center of the problem. One of the most remarkable features about the Nazi mentality is the extent to which their tradition and training have succeeded in making high degrees of brutality and cruelty ego-syntonic: the processes at work here are in themselves worthy of a special study. In combatting such an undesirable state of affairs, by firmness and if need be by force, we encounter great subjective difficulties. The forms of cruelty fostered would often seem to surpass what were thought to be human limits, as they obviously surpass any bestial behavior of which we have knowledge. Now it may be doubted whether any but the actual victims have the power of imagining such things with any degree of vividness except those who derive a directly sadistic pleasure from the thoughts or accounts of them, and such indulgence has of course little social value. As a rule the mind recoils from the horrors either violently or angrily or, more often, withdraws by all the varieties of denial and discounting to actual complacent ignoring. The remark that "stories of atrocities are exaggerated" is occasionally true, and that condones the far greater multitude where the stories are mild understatements of the truth. How to retain a strong impression that will serve as an adequate spur to action and yet not affect one's mental balance is an as yet unsolved sociological problem. It is in the solving of such a problem and the many other cognate ones that I see a new field opening before psychiatry.

## PSYCHOANALYSIS AND MORALS \*

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Much of our recent knowledge concerning the psychological aspects of morality comes from psychoanalysis; we wish here to examine this psychoanalytic contribution. We find in particular that the psychologists of this school have in recent years had much to say about the factor of moral control which has just been occupying our attention.

From its very beginning, however, psychoanalysis had certain moral implications. It started as a psychotherapeutic method, the aim of which was to make the unconscious conscious, to render the patient aware of certain thoughts, memories, emotions, and desires which had been, or had become, inaccessible to consciousness. It was found that this process of increasing the scope of the patient's awareness of the contents of his own mind had itself a therapeutic effect; it was as though the mere fact of the inaccessibility to consciousness of certain psychic contents was intimately connected with the occurrence of the mental troubles that had led the patient to the doctor. It was therefore inferred that the increase in awareness of the contents of one's own mind was (at any rate under certain circumstances and for certain purposes) desirable. As a therapeutic method the procedure of psychoanalysis was thus the exact opposite of that according to which the patient is urged to put aside his troubles, is helped to forget them by the provision of occupations or distractions, or is treated to suggestions (with or without hypnosis) to the effect that these troubles have no real existence and that he himself is feeling well and capable. The method also differs from those straightforward common-sense procedures in which the patient is told to pull himself together and to exercise his will (a procedure which of course also involves some degree of forgetting or pushing out of consciousness, and which relies too,

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as McDougall has emphasized, on an appeal to the self-regarding sentiment). Psychoanalysis shows rather (as has often been pointed out) a certain resemblance, on the one hand to the institution of confession, which bids the penitent review the immoral thoughts and actions of his past, and on the other hand to the various precepts and procedures that emphasize the advantage of fully expressing one's emotions—from Aristotle's theory of tragedy as a process of purging or catharsis through the intense arousal of pity and terror to such homely injunctions as "Get it off your chest, man", or "Have a good cry, dearie".

In all this it is clear that there is a certain opposition also between the psychoanalytic method, with its attempt to face and express (at least in words) all aspects of our nature, and those other methods that adopt the attitude of "Get thee behind me, Satan", that stress the supreme importance of moral control and urge us to avoid all thoughts and temptations which might put this control in jeopardy. This contrast between the two methods of approach is enhanced by two further discoveries of psychoanalysis. In the first place it was found that the (apparently pathogenic) contents of the mind that were inaccessible to consciousness were often, either in themselves or through their associations, of an "immoral" kind, in the sense that they did not accord with the recognized ethical standards of the individual; in particular they were often connected with sexual or aggressive thoughts and desires, of a kind that are not generally tolerated in our culture. In the second place there appeared to be some active (though to a large extent *unconscious*) force in the mind which was opposed to the entry of these thoughts and desires into consciousness. This force had to be overcome before they could be made conscious, and the psychoanalytic technique was indeed a procedure devised to make this possible. The presence of this "resistance", as it came to be called, gave rise to the whole doctrine of "repression" and "conflict" which is so fundamental for all psychoanalytic theory. It seemed clear that, if the repressed contents were "immoral", the repressing forces were themselves acting, as it were, on behalf of order or morality, and this

view found expression in the term "censor", which was applied to the "sum-total of the repressing forces". Indeed, in the early writings of the school, the repressed tendencies were looked upon very much as though they were outlaws from the moral consciousness, as was indicated in the frequent use of phrases describing them as "opposed to the patient's ethical principles" or "out of harmony with his general personality".

It is easy to see that under these circumstances psychoanalysis became exposed to the charge that it was itself an immoral practice. For did it not consist in an attempt to undo the work of the moral forces and to expose to view immoral tendencies of which it were better to remain ignorant? If these tendencies were recognized by the patient, and freely discussed in the consulting-room, it seemed that it only needed one further step for them to be given free rein in ordinary life—and what would happen to the patient, and ultimately to society, if such things were encouraged? Indeed, were not some psychoanalysts hinting that the conventional inhibitions imposed by our moral standard were more than human nature could comfortably bear?<sup>1</sup> And were not enthusiastic laymen, on the strength of all this, advocating the wholesale overthrow of restraint and discipline—in education, in the relations of the sexes, and in other spheres, so much so that parents were beginning to be afraid of exercising even the most elementary control over their children lest in so doing they became guilty of producing repressions or neurotic symptoms?

As against these charges, the psychoanalyst could reply (though in fact he seldom troubled to do so) that his only concern, as a medical psychologist, was to cure his patients, as a pure scientist, to understand the nature and causes of the psychological problems that confronted him; that he had only reported matters as he found them, that he had no subversive designs against existing moral conventions, and above all that his discoveries showed that in nervous and mental disease there was already a failure of satisfactory moral control, resulting in much unhappiness, inefficiency, and moral maladjustment, and

<sup>1</sup> E.g. Freud himself in 'Civilized' Sex Morality and Modern Nervousness, *Collected Papers*, ii (1924), p. 76. Originally published in 1908.

that his endeavors as psychotherapist aimed at bringing about a new attitude to life which would make the patient into a more reasonable, helpful, and coöperative being. If, on the strength of his discoveries, a few over-enthusiastic—and for the most part ill-informed—supporters had jumped to the conclusion that all repression was bad, and that all conventions should be flouted, this was only an example of the hasty generalization that followed nearly every new advance in knowledge, and he, the psychoanalyst, was no more responsible than any other scientist for the misuse of his discoveries.

While such a line of defense was valid so far as it went, it did not really do justice to the basic fears of those who brought the accusations. Over and above any effects of excessive enthusiasm, misunderstanding, and misuse, psychoanalysis had in fact done something to undermine conventional morality; it had revealed a certain clumsiness and crudity in the operations of man's powers of moral control, and shown with a clarity that had never before been attained that conscience was a factor in the mind that was capable of doing harm as well as good. Neurosis, according to psychoanalytic findings, was due to conflict—conflict between repressed desires and a repressing (moral) force, a conflict that had resulted in a strange and unsatisfactory compromise which made the patient ill. This first discovery showed, of course, that the censor as the guardian of morality was not always efficient; this much, however, had always been admitted by the moralists, whose efforts were indeed constantly directed towards strengthening man's supposedly all too feeble control over his impulses. The fact, however, that a greater improvement could sometimes be brought about by ventilating the repressed impulses than by attempting to strengthen the repressions strongly suggested that the censor had in such cases overreached himself. Like a trainer who overstrains the team under his charge and thus leads to breakdowns rather than to the desired increase in fitness, the censor seemed to have overestimated man's capacity for moral athleticism and to have produced neurosis rather than healthy moral vigor. The possibility—perhaps even the probability—of some such occurrence was indeed implied by the

theory of catharsis and the practice of confession, but never before the advent of psychoanalysis had this possibility been made so plain. Moreover, as psychoanalytic knowledge advanced, the trouble caused by over-zealous repression became ever more painfully clear. It was found that a wide gulf often separated the moral standard of the (mostly unconscious) censor from that of the conscious adult personality, as also from that of contemporary society. Indeed the censor began to appear as in many respects a rigid, infantile, archaic institution, often lamentably out of touch with the realities of adult life; as in cases where, for instance, it would impede a patient in the exercise of his chosen profession because the work of this profession was unconsciously associated with some repressed childish interest, or where it would make a patient feel guilty about an otherwise suitable marriage because a superficial resemblance of the spouse to a near relative had evoked some echo of an incest taboo from the deeply buried and long-forgotten past. Furthermore the censor would even fail to preserve the distinction, so important in the eyes of conscious morality and law, between harboring a desire and giving it expression, so that a mere wish (and an unconscious one at that) would be treated in the same way as an act or a definite intention; as in a certain type of case in which the patient was made to suffer from irrational and guilt-laden anxiety about the health or well-being of a relative (e.g. a child or parent). In such cases it was found that the anxiety in question was connected with unconscious hostile desires against this relative, but that these desires had never been allowed to interfere with a dutiful and friendly attitude, so that the patient was punished for a sin that he had never committed and the possibility of which had not even entered his conscious thoughts.

In fact the difficulties with which the psychoanalyst had to deal in bringing about the cure and readjustment of his patient were, it became apparent, due as much to the stubborn, stupid opposition of unadaptable, repressive moral tendencies as to the clamorous exigency of crude unsocial instincts. In the neurosis some sort of compromise between the two contending forces had been reached, but a compromise pathological and unrealistic in

its nature. In bringing the conflict to the surface, the psychoanalyst had not necessarily solved the moral or quasi-moral problems concerned, but he had taken a big step towards rendering a solution possible by bringing to bear upon the conflict the more delicate and discriminative powers of consciousness and reason. The conflict was thus, as it were, handed over from a lower level at which only crude methods could be used to a higher level at which finer instruments for dealing with it were available. The psychoanalyst as a rule refused to take a hand in the solution at this higher level, e.g. he counselled neither greater gratification of impulse nor greater submission to the dictates of moral authority or prudence; contenting himself with seeing that the field was as far as possible cleared for the full unhampered operation of the conscious forces. He refused in fact to give direct advice or admonition, differing in this respect from most other psychotherapists and spiritual advisers. Whether and how far he was justified in doing this, how far his faith in the ability of unhindered consciousness to deal with mental and moral problems was legitimate, is a matter that is still discussed in many quarters. The psychoanalyst's chief reason for stopping where he did was that, if he adopted a moral rôle, he would from the very start be putting himself on the side of the repressing forces, and thus rendering more difficult the task of undoing the repressions and bringing the unconscious material to light. He therefore limited his aim to the full discovery of this material in all its ramifications—in itself a novel, difficult, and, as it appeared to him, sufficient task. He had ample justification for refusing to proceed further, and thus could truthfully say that he was no partner to the advocacy of the flouting of moral authorities or the breaking of taboos.

But there remained the fact that he had unmasked the pretensions of conscience as the perfect guide, that he had exposed the primitive crudity of the repressing forces and revealed them as constituting a serious obstacle to the carrying out of his own therapeutic task. It was natural that in its later stages psychoanalysis should devote great attention to the nature and origin of those forces that in earlier days it had been content to

subsume under the somewhat vague and all-embracing title of the censor. It is these later researches that have enabled psychoanalysis to cast much further light upon the nature of that factor of moral direction and control to which we now turn.

The period of intensive psychoanalytic study of the moral factor in man's psychology may be said to have begun with the appearance of Freud's book *The Ego and the Id*<sup>2</sup> in 1923 (though of course this work itself owes much to observations and impressions recorded here and there in his earlier writings and those of his followers). In this work Freud attempted a theoretical division of the mind into three main parts or aspects: the id, that is the primary source of instinctive energy, the most primitive and fundamental aspect of the mind, which supplies the driving force for all our mental life; the ego, that part that we recognize as most intimately ourselves, the part that is conscious (or mostly so), that interprets and coördinates the impressions from the outer world and from our own bodies that reach us through our sense organs, and that controls the voluntary movements that we execute through the agency of our striped muscles; and finally the superego, the source of our moral control and the part that immediately concerns us here. In what follows we shall endeavor to give some account of the superego, based on Freud's own formulations in the above-mentioned book and other works, and those of other members of the psychoanalytic school, without concerning ourselves overmuch with details either of chronology or authorship, except in matters of special importance where they seem demanded for clarity of exposition or justice to individual workers in the field. It must, of course, throughout be borne in mind that the superego is in great measure an unconscious agency and that the processes that go to its formation (apart from taking place mostly at a very early age) are also to a large extent not of a kind to be directly accessible to introspection.

In its classical form four main elements or sources of the superego can be conveniently distinguished. As their relationships make it difficult to consider them in entire independence

<sup>2</sup> *The Ego and the Id*, London, Hogarth Press, 1927. Originally published in 1923.

of one another, we shall here only indicate the general nature of these four elements.

1) In an earlier paper<sup>3</sup> of great importance in the history of psychoanalytic thought Freud had modified his first and provisional antithesis between libido or the sexual impulse on the one hand (it will be remembered that Freud used this concept in an exceptionally wide sense) and the vaguely conceived ego impulses upon the other. The modification consisted in asserting that not all of the libido was connected with primitive bodily satisfactions or directed on to outer objects, but that some portion of it was, or in the process of development came to be, directed to the self (conceived as an enduring bodily and mental whole). Thus, he maintained, we love ourselves in the same way that we love outer objects, and the portion of the libido so directed to ourselves could be conveniently referred to as the narcissistic libido. In the course of further development this portion of the libido itself undergoes differentiation. A part remains directed to ourselves as we really are, or at least as we conceive ourselves to be, the "real self". But this "real self" does not permanently satisfy our narcissism; as we develop, we become all too painfully aware of its defects and limitations, physical, mental, and moral; and we compensate by building up in imagination a sort of ideal self, which we would like to attain. This is the egoideal and to this another portion of our narcissistic libido (the so-called "secondary narcissism") in turn becomes directed. It is as though we refused to stay contented with our real self as a love object, once its deficiencies become apparent, and set out to construct a better and more worthy object, but one that still has some recognizable resemblance to the self. This process of direction of the narcissistic libido to the egoideal is the first source from which the superego is derived.

2) The second source is from the process of "introjection" or incorporation into one's own mind of the precepts and moral attitudes of others, particularly of one's parents or of other persons *in loco parentis* in one's youth. As a result of this process, the attitudes of impressive persons in one's early en-

<sup>3</sup> 'On Narcissism: An Introduction,' *Collected Papers*, iv (1925). Originally

vironment (and to some extent throughout life) become a permanent part of one's own mental structure, become "second nature", as the popular expression has it. Through this process, too, moral standards and conventions become handed on from one generation to another, thus giving permanence and stability to the codes and traditions of society.

3) The superego is, as we have already noted, no direct copy of the moral standards of the community—in particular, it is apt to be in many respects more severe. This greater severity, in virtue of which the superego often seems to behave aggressively and cruelly towards the ego, is traceable to various causes. But in particular it is due to *a recoil against the self of aggression aroused by frustrating objects in the outer world*. The wishes of the young child are frequently and inevitably frustrated—and frustration of our desires, as all psychologists agree, tends naturally to arouse anger and aggression (the biological purpose of which is no doubt to overcome or remove the obstacles to our desire). But in the young child aggression is very likely to be unsuccessful: first because he is too weak, and secondly because (as he learns a little later) the very persons against whom his aggression is aroused, his parents or others who are tending him, are also persons whom he loves and on whom he is dependent. If he expresses his aggression too freely they punish him, and withdraw their help, love, and approval. Indeed it is man's unique and inevitable tragedy (due to his long period of helpless infancy) that he is compelled to hate those whom also he most loves—a condition which is to some extent continued throughout life in his relations with his own superego, which is a centre to which both love and hate are directed and from which both love and hate emanate. But this will become clearer as we proceed. For the moment we are only concerned with the young child who cannot express his aggression towards its natural objects, the frustrating parents. What is he to do with it? He cannot bang the door, kick the cat, behave rudely to some third person, or use any of the other numerous methods of discharge that will be available to him in later life. But he always has himself as a possible object for his anger; and it was one of the remarkable discoveries of psychoanalysis that, among the various lines of dis-

placement along which an impulse can be re-directed, turning inwards or turning against the self occupies an important place. This is what appears to happen in the present case. But the precise form in which the turning against the self here occurs (i.e. that it adds to the forces of the superego) is probably determined to a large extent by the occurrence, at or about the same period, of the process of introjection to which we have just referred. The outside, forbidding, commanding persons (the parents) are introjected, i.e. are incorporated in the self in the form of the superego, and at the same time the child's aggression against these very persons is also turned against the self. Under these circumstances it seems as though the two processes tend to fuse, with the result that the inward recoiling aggression also becomes attached to the superego. The superego, which represents the internalized, forbidding parents, is already endowed with the aggression naturally attributed to them as frustrating agents. It is now reinforced by the child's own aggression; and in this way (among others) it becomes more stern, cruel, and aggressive than the actual parents.

4) The fourth source or element is more uncertain and controversial than the other three. The fierce aggressiveness with which the superego can behave to the ego naturally suggests the coöperation of another fundamental human tendency—the tendency to take pleasure in the exercise of mastery and in the infliction of pain for their own sake, over and above such domination and cruelty as may be the inevitable accompaniments of aggression. The true nature of this sado-masochistic tendency, as it is generally called, presents a sinister puzzle to psychologists. In many of its manifestations it has an unmistakably sexual coloring. Indeed, sadism and masochism are among the best recognized and most important sexual “perversions”; and Freud, in his conception of the libido as made up of a number of originally more or less independent “component instincts”, gave both sadism and masochism a place among these instincts. It was clear, however, that in some respects they presented special problems and were different from most of the other component instincts: first in that they had no particular connection with any organ or part of the body, such as the mouth, the anus, the nose, the eye, the

genitals<sup>4</sup>; and secondly in the altogether peculiar way in which they combined the usually distinct and contradictory attitudes to pleasure and pain. Later, when Freud divided the fundamental human drives into two classes, Eros and Thanatos, the life and death instincts respectively, he supposed that sadism and masochism arose from fusions of these two. McDougall had likewise sought to explain their compound nature as fusions, of sex and self-assertion in the case of sadism, of sex and submission in the case of masochism.

But, however they are constituted, there can be no doubt that, in the infliction of external punishment, sadism and, perhaps to a lesser extent, masochism play a part. It is pretty freely admitted that—before the introduction of “modern”, “enlightened”, or “humanitarian” methods—the profession of teacher (as to some extent all rôles of authority) presented considerable opportunities for sadistic punishment, while there is also good evidence that the pupil sometimes experienced a sexually tinged pleasure while being punished. But punishment is (or at least professes to be) itself a moral institution; and it is exercised by just such impressive authoritarian figures—often indeed standing more or less officially *in loco parentis*—as those whose precepts and attitudes we introject to form our superego. It would not be altogether surprising then if the sadism of these authorities and the sado-masochistic relation in which we stand to them in our external life were mirrored in the relation between the superego and the ego in our internal life; and the element of cruelty so often actually found in the superego seems to support the view that the sadism of moral authorities is liable to be introjected along with other characteristic attitudes. Punishment as a social or educational institution also finds an echo in the purely psychological sphere; and Freud went so far as to speak of the “need for punishment” sometimes experienced by the ego. The superego, indeed, often takes over not only the admonishing, prohibiting, and commanding functions, but also the punishing functions of the external authority. To the sadism of the

<sup>4</sup> The former suggestion of a special association with anal erotism is now seldom stressed, at least equally frequent references to oral sadism being found in psychoanalytic literature: and in general it would seem that sadism and masochism can be associated with any other of the component instincts.

superego there would then correspond a masochism of the ego—the rôles being distributed between different aspects or (as Freud is fond of saying) “institutions” of the mind, instead of between different persons, as in the external world.

It is pretty clear that in many cases this approximates to a true description: the person concerned does seem to inflict suffering on himself and to enjoy both the process of infliction and the actual suffering. (Perhaps we can get a clearer idea of this situation if we imagine ourselves suffering from some pimple, boil, or other sore spot on our body and constantly touching this spot, although we know that it will hurt; in these circumstances we sometimes seem to relish both the process of inflicting pain—the touching, and the pain itself.) But difficulties of interpretation are apt to arise in those numerous cases when this fact of enjoyment is very hard to demonstrate. In so far as enjoyment in general, and sexually tinged enjoyment in particular, are lacking, the boundary between sado-masochism and simple aggression (our third factor) becomes obscured. With these cases in mind, Freud<sup>5</sup> was driven to distinguish a “moral masochism” from the definitely sexual variety that he had in view when he classified masochism as a “component instinct”. Such “moral masochism” appears to have been shorn of its erotic elements, and indeed is perhaps only a manifestation of Thanatos, the death instinct—or as others, suspicious of such somewhat mystic notions, might prefer to think, is just plain aggression turned against the self.

It was in view of these difficulties, and of the fact that comparatively little progress has been made in our understanding of the sado-masochistic components of the superego, that we were induced to say that this fourth element is more uncertain and controversial than the others. Nevertheless, the rôle of sado-masochism in external morality is often so plain, the correspondence between the external and the internal rôles of punishment often so close, and the relation of sado-masochism to general aggression so far from clear, that it would be rash to deny to sado-masochistic tendencies a significant part in the nature and function of the superego.

<sup>5</sup> ‘The Economic Problem of Masochism,’ *Collected Papers*, ii (1924), p. 255.

# THE PROBLEM OF WAR AND PEACE \*

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## THE APPEAL OF WAR

More than once we have found ourselves touching the fringes of the mighty and, as it may well seem to us at the present moment, quite outstanding human theme of war and peace. We will here endeavor to survey it a little more thoroughly in the light of some of the concepts with which we have been dealing previously.<sup>1</sup>

In England it has for long been customary to speak of war as one of the greatest evils which can befall humanity, and this attitude has led us unduly (and very dangerously) to neglect or disparage the views of those who think differently upon the subject. The soldiers, statesmen, and philosophers who openly glorify war and extol its virtues have some right upon their side, and it would be foolish to ignore them because they come mostly from those countries that are, or have been recently, our enemies. They surely err in treating with contempt the teachings of those great moral and religious leaders who have condemned all unnecessary violence, and therefore *a fortiori* the supreme form of organized violence that is war; these teachings have made too deep an impression on humanity to be lightly brushed aside. But the apologists for violence are justified when they imply that war also makes a strong appeal, one moreover that is no less powerful in its moral than in its instinctive elements. Here we shall spend no time in discussing the horrors and depravities of war; we have all in recent years had ample opportunity to realize them. It will be more helpful to examine in some little detail the psychological appeal of war, for an understanding of the nature of this appeal is

\* Reprinted from: *Man, Morals and Society*. New York, International Universities Press, 1945, pp. 302-322.

<sup>1</sup> Much of this material has already appeared (some of it in more expanded form) in *The Moral Paradox of Peace and War* (*Conway Memorial Lecture*, 1941), and *The Psychological Appeal of Federation*, *New Commonwealth Quarterly* (1940), 6, 102.

likely to put us in a more favorable position for dealing with the practical problem of diminishing or eliminating war. Here as elsewhere we may reasonably hope that psychological knowledge will be more effective than lamentation, exhortation, or moral indignation. War can from certain points of view be looked upon as mass-delinquency, and if psychology can be of use in dealing with the misdemeanors of the individual it may not impossibly be helpful in dealing also with the more grandiose immoralities of nations. We can at least fairly say that religion and ethics have proved singularly impotent in this respect. Christianity, which is a religion of non-violence, has held nominal sway over Europe for over fifteen hundred years, during which Christians have been almost continually waging war, for the most part with one another. Whether psychological knowledge will prove any more effective is still an open question. At any rate we can but try.

The psychological appeal of war can perhaps best be summarized under four main heads, dealing respectively with: adventure, the increase of social unity, freedom from certain individual worries and restrictions, and the provision of certain outlets for aggression—each head permitting of certain subdivisions.

### *Adventure*

Here we may make four subdivisions, the first three and more obvious of which are closely interconnected:

- 1) War, especially modern "total" war, opens up unknown possibilities and opportunities. It changes the course of life for nearly all of us, fighters and civilians alike, though more especially for the former. Civilization, we are often told, demands a dull routine to which we do not all take kindly, and the eagerness with which we read "thrillers" and adventure stories shows that many of us retain throughout life some of that zest for adventure, for a life that is less settled and secure, which all but the most timid of us had in youth and which has been so successfully exploited by the Boy Scout Movement. This lure of the unknown, this opportunity of witnessing, and perhaps actively participating in, unforeseeable, exciting, and world-shattering events, may be a very potent influence with

those who find the daily life in field, factory, or office all too drab and uninspiring.

2) Closely connected with this is the further possibility that these unpredictable events may make a bigger call upon our bodily and mental powers than is demanded by the everyday routine of peace—which perhaps, except in the case of the young and inexperienced and of the relatively few who hold responsible positions, demands little more than the efficient functioning of habits. In war we feel that we may each and all be called upon to perform some noble or heroic deed, to emulate at least in some small measure the exploits of the great figures of history, of romantic fiction, or the screen—a possibility that is denied to most of us in the secure conditions of civilized existence. This in turn is closely connected with:

3) The increased possibility of risk and danger. The motto "Safety First", reasonable enough as it may be in some matters, such as the management of the useful but deadly motor-car or (as is less often recognized) the framing of sweeping generalizations upon slender evidence, is not one that makes a strong appeal to bolder and more enterprising minds. Risks must often be taken if progress is to be made, and a "spice of danger" (as the very phrase indicates) is indeed to such minds often in itself a source of additional attraction. Fear in low or moderate intensities can certainly be pleasant. We do not fully understand the reason why—perhaps, as McDougall's theory of emotion would seem to imply, because it is the inevitable accompaniment of the exercise of an important instinct (that of escape), perhaps, as psychoanalytic evidence so clearly indicates, because it has some very intimate connection with sex, especially in its more masochistic aspects. In ordinary peace-time life we can for the most part gratify this tendency, if at all, only in our sports and (vicariously) through our "thrillers". In war the possibilities of a more realistic gratification are greatly increased and, especially since the advent of long-distance air raids, may be said to have been brought within the reach of all.

These first three factors in their relation with war are all admirably expressed by F. S. Chapman, the traveller and

explorer, in a passage which is well worth quoting in this connection. "It is curious", he says, "what vicarious pleasure one derives from physical exhaustion and discomfort. It is a strange paradox that the more intolerable a journey is at the same time the more satisfying does it become in retrospect. Our responsibilities and characters were made to be sharpened against the hard forces of Nature. But how few people get the chance to test their physical endurance to breaking-point, to feel cold fear gnawing at their hearts or to have to make decisions that hold life and death in the balance? That is why men flock so easily to war: to test a manhood that is perverted by the present state of civilization. Rugby football, mountaineering, ski-ing, even motoring,<sup>2</sup> are but makeshifts for this vanished birthright, narcotics to alleviate the monotony of existence that has grown too soft and easy".<sup>3</sup>

4) A fourth factor, one the full implications of which have only become apparent as the result of psychoanalysis, consists in the satisfaction of the nemesistic urge and of the need for punishment so often associated with it—in that deep-seated inability of man to enjoy himself and to make full use of his powers except for ends that themselves involve an element of pain. The appeal of war has here something in common with the motives that lead to sacrifice or asceticism. Such motives may have an element of reasonableness, as manifested in what we have called the utilitarian, disciplinary, and epicurean form of asceticism; it is often necessary to undergo pain, hardship, and exertion for some distant end; it may even be desirable to discipline ourselves in a general way, so that we are capable of making an exceptional effort when called upon to do so. But the need for punishment is apt to drive us far beyond the bounds of reason and makes suffering appear a self-sufficient end. And it is largely to this tendency that the appeal is made when we are asked to believe that guns are in themselves better things than butter. Though in far more sinister guise, it is at bottom the same tendency as that which

<sup>2</sup> What price "Safety First"? But perhaps he is thinking of the racing track.

<sup>3</sup> F. S. Chapman, *Lhasa, The Holy City* (1938), p. 287. By permission of Messrs. Chatto & Windus, publishers.

makes the British Public School man feel that somehow football and fox-hunting are nobler sports than tennis because they involve a greater risk of injury. In war, moreover, there is always the hopeful possibility that the larger share of the punishment may be enjoyed vicariously through the sufferings of the enemy.

### *Social Unity*

Let us turn now to our second main heading, that of social unity. Here we can perhaps distinguish five factors, though the first four are so closely allied as not always to be easily distinguishable.

1) War brings together all the members of a nation, inasmuch as it gives them a greatly increased number of thoughts, interests, emotions, and purposes in common. They all (with the possible exception of a few quislings) ardently desire victory—or, failing that, survival—and this sense of having great common interests at stake, of harboring the same great common purpose, produces a sense of social harmony that is very hard to achieve in peace-time when, in the absence of a common danger and a common and absorbing purpose, each individual's personal, professional, and local concerns are apt to loom far larger than the interests that are shared by all alike. As McDougall has so well brought out in his *Group Mind*, the existence of a common purpose is one of the great forces that unite a group, and since in war the common purpose is one that applies to the whole nation, it is as members of their nation that individuals feel themselves knit together in a mighty fellowship.

2) Simultaneously another factor much stressed by McDougall comes into operation: a great increase in the vividness and power of the idea of the nation itself. In war we become more acutely conscious of the history and traditions of our country, as an entity that transcends the existing generation of its citizens. Its soil, its landscape, its language, its literature, its institutions, its historic buildings, all become precious to us as symbols of this enduring entity and we feel ourselves at one with its heroes of the past. It is not merely our own lives and those of our contemporaries that are threatened; it is the

existence of this higher entity that is at stake—an entity that links us alike to our forefathers and our descendants.

At the same time as the nation as a whole is exalted, the smaller groups within it tend to diminish in significance, or at any rate to be fitted, mentally and socially, into the larger framework of the nation. A sort of spontaneous *Gleichschaltung* occurs, not one that is dictated by authority from above, but one that springs naturally from the prevailing loyalties and interests. Unless a society or organization can be shown to play its part in the total national scheme of values it ceases to make any strong appeal to us; and, as Harding has emphasized,<sup>4</sup> those in charge of minor mutually competing associations are, in self-defense if for no higher motive, compelled to reconcile many of their differences and to make it appear that the activities of these associations are all in some way contributing to the total national welfare and thus, at least indirectly, to the national effort.

3) The greater sense of national unity brought about by these first two factors is powerfully reinforced by the substitution of a sense of coöperation for one of competition between the individuals, groups, and classes of a nation. Since all are engaged, in some way and in some degree, in the common task, everyone tends to feel himself a member of a team. Perhaps again we may be permitted to make a quotation which puts the matter better than the present writer could hope to do. In one of his "Postscripts" broadcast in 1940, J. B. Priestley read a letter he had received that ran as follows: "My son was formerly a salesman; he resigned to join the Air Force. On a recent visit home he said: 'I shall never go back to the old business life—that life of what I call the survival of the slickest; I now know a better way. Our lads in the R.A.F. would, and do, willingly give their lives for each other; the whole outlook of the force is one of "give", not one of "get". If tomorrow the war ended and I returned to business, I would need to sneak, cheat, and pry in order to get hold of orders which otherwise would have gone to one of my R.A.F. friends if one of them

<sup>4</sup> D. W. Harding, *The Impulse to Dominate*, 1941.

returned to commercial life with a competing firm. Instead of coöperating, as we do in war, we would each use all the craft we possessed with which to confound each other. I would never do it'." <sup>5</sup>

4) Closely allied again with the last-mentioned factor is the increased satisfaction of "the need to be needed" that war provides. In war-time almost every citizen is both able and glad to "do his bit". This in turn is brought about first by the realization of the great common worth-while purpose in which all can participate according to their positions and abilities, secondly by the fact that war (or at least the preparation for war) has proved the most effective means of overcoming the economic problem of unemployment and of actually providing jobs for all. These two influences—psychological and economic respectively—are of course not unconnected, since it is ultimately the sense of national urgency that sets the economic machinery in motion. But this is a matter into which we cannot enter here. <sup>6</sup>

5) Underlying all the previous social factors there is one great psychological factor at work within the individual mind: war makes the activities of the individual more ego-syntonic, it reduces the tension between the ego and the superego, and tends to raise the ego to the level of the superego. Participation in a great collective enterprise, strenuous and dangerous exertion, identification with a greater social whole, the substitution of coöperation for competition, the sense that one is really needed—all these produce a satisfying mixture of humility and happy pride, in which the ego willingly submits to the superego and the individual is no less willing to sacrifice himself in the service of his country. Herein lies, I think, the most essential element in the *moral* appeal of war. It is this that makes war, in spite of its horrors, cruelties, and crudities, seem noble and uplifting and makes so many peace-time activities seem in comparison trivial and insignificant.

<sup>5</sup> J. B. Priestley, *Postscripts* (1940), p. 43. By permission of the author and the publishers, Messrs. Heinemann.

<sup>6</sup> It is dealt with in chapters four and five of E. H. Carr's *Conditions of Peace*,

*Freedom from Individual Worries and Restrictions*

1) If we look upon the ego from the standpoint of the super-ego, our individual weal or woe becomes automatically of less account and our own petty concerns seen in the light of mighty social events cause us less worry and embarrassment. The great common concern, even the great common danger, drives out our individual anxieties, both because they appear in themselves to be relatively unimportant and because we have less time and energy to think about them—and this in spite of the very real and manifold sacrifices, perils, difficulties, and disturbances that war brings in its train. To this general factor there are added a number of more special ones, of which at least three should perhaps be mentioned:

2) The lessened economic worry resulting from greater security of employment.

3) The lessened anxiety—partly financial and partly connected with prestige—concerning social “face” and class distinctions. When all alike are exposed to the same dangers, compelled by the same necessities and submitted to the same restrictions, the tiresome snobbish form of competition that consists in trying to “keep up with the Joneses” becomes pointless or downright impossible. A drastic reduction in class privileges and class differences is indeed one of the most striking results of “total” war—one that, in spite of some nostalgic regrets for the old values that have gone, especially (but not perhaps exclusively) on the part of the former “over-privileged”, most of us feel on the whole to be purifying and ennobling; it brings us, at any rate in one respect, a little nearer to the Christian principles which for so many centuries we have been professing but not practising. And this in turn, together with the general emergency and the pressure on our time and energy, has freed us also from many small conventions and taboos that we are glad to throw aside and forget now that we have the opportunity.

4) In this way we are led to the considerations concerning the relaxation of superego control that may follow upon suffering. Because of our sacrifices, our anxieties, our danger, and the general sense of urgency, we feel that we are justified in

enjoying with a good conscience such pleasures as may be within our reach. This tendency, as we have seen, will not always bear the test of closer moral scrutiny. Nevertheless, amid much that is ethically questionable, it does help to relieve us of some unreasonable restrictions, gives us a wider freedom, and in any case for the time being holds out a prospect of id gratification without incurring guilt, and thus constitutes one of the subtler but none the less significant aspects of the manifold appeal of war.

This allusion to the less morally edifying side of war's attractiveness leads us naturally to our last main heading:

### *Aggression*

1) War above all provides an outlet for moralized aggression, and psychoanalysts, who in their more recent work have attached so much significance to the aggressive tendencies and their incorporation in the superego, have been inclined to see in the unsatisfied aggression of the individual the ultimate source of the strange and sinister appeal of war.<sup>7</sup> Individual aggressiveness, whether it be in the nature of an "appetite" or a natural "reaction" to the inevitable frustrations of life, is itself constantly frustrated, and in its cruder manifestations is normally condemned, alike by the law, by the conventions of polite society, and by the superego. In war, however, aggression is provided with a channel that is ego-syntonic and socially approved, indeed socially demanded, and the individual is therefore willing and even eager to make use of it. How far this theory really takes us is still a matter of discussion.<sup>8</sup> But

<sup>7</sup> See for instance Edward Glover, *War, Sadism, and Masochism*, 1933; E. F. M. Durbin and John Bowlby, *Personal Aggressiveness and War*, 1939 (probably the most valuable book dealing with the psychology of war from this point of view); Mark A. May, *A Social Psychology of War and Peace*, 1943.

<sup>8</sup> It has been objected in particular: (a) That the vast majority of the activities of modern war do not seem particularly suitable as channels of aggression. Actual fighting occupies only a small part of the time even of those on "active service", what there is of it consists largely in the skilled manipulation of complicated machines, while the still larger numbers of people engaged in organizing the war or in making and transporting its vast and cumbrous equipment themselves may never fight at all. The reply to this is clearly that the end justifies and inspires the means and that aggression through displacement or conditioning can find some considerable degree of expression through "war

that it has some considerable degree of truth can hardly be doubted. And in any case, whatever degree of aggression be involved and whatever be its source, the fact that it is moralized is beyond all dispute. In war we all acquire, in so far as our behavior to the enemy is concerned, what in other circumstances might legitimately be called a criminal superego. We regard it not only as permissible but as supremely right to kill, maim, and destroy, so long as our violence is directed to the foe. Within this limited sphere there is a complete "transvaluation of all values", what are otherwise the greatest crimes becoming now the highest virtues. War provides the most thoroughgoing and morally satisfactory rationalization for unsocial conduct that has yet been discovered. To the members of each side the rightness of their cause is obvious and the standpoint of their opponents utterly perverse and wicked. At the present moment in the stress of war it is hard to comprehend how our enemies, the Germans and the Japanese, can be for the most part no less convinced (indeed perhaps more so) of the utter perversity of our aims than we are of theirs. Such is the tragic moral relativity of war. But here we are concerned not so much with the tragedy, as with the appeal, of the unique combination of morality and aggressiveness that war is able to provide. As a means of doing evil and of feeling good while doing it, war is without a parallel. Even the hunting of witches, heretics, and

work" of any kind, though the home-front workers recognize that it would be emotionally more satisfying to "have a smack" at the enemy themselves instead of having to do it vicariously through the fighting forces: (b) That even the fighters themselves do not often display anger or any other easily recognizable manifestations of aggressiveness. Neither, it might be replied, does a mother constantly experience maternal feeling towards her infant; but this does not prove that it is not a driving force behind her varied and self-sacrificing activities on its behalf. Again, psychoanalysis has shown pretty conclusively that in virtue of displacement the sexual urge may underlie a great number of interests that certainly fail to arouse any white heat of sexual passion but that possess at most a dimly discernible sexual background. It may be similarly with aggression; (c) That not all frustrated populations are warlike. Here admittedly questions of social organization and tradition are important. War, in the words of Durbin and Bowlby, is "organized fighting between large groups of adult human beings" and as such undoubtedly requires the necessary degree of social organization, as also a tradition or some other powerful influence (such as that of a militarily-minded leader) which will set the organized social activity working for a warlike aim.

traitors, which to some extent provides a similar satisfaction, sinks into relative insignificance beside it, both in scope and in the completeness of its apparent moral justification. This element of moral justification is increased by two further closely related factors:

2) The general direction of all aggression towards the enemy, who in war-time is apt to become something of a universal scapegoat, enables us to be relatively free of aggression towards the other members of our own group. Inter-group aggression becomes a condition of intra-group coöperation; all our hostility being directed outwards, friendly feelings can have unimpeded play in our relations with our fellow-fighters. Here again we see at work that process of "decomposition" that we have already studied in certain other connections. This factor is complementary to, or perhaps we should even say only another aspect of, the first four factors that we considered under the heading of "Social Unity".

3) In his rôle of scapegoat the enemy serves us as an object upon which we can project our own vices, especially our vices of aggression. It is indeed this which often makes him appear a veritable monster of iniquity. In our own opinion it is nearly always the enemy who has provoked the conflict; we ourselves enter into it unwillingly and in self-defense. Even modern Germany and Japan, in spite of their view that they deserve to rule the earth in virtue of their superiority over other nations or races, have recourse to their supposed "encirclement" by less worthy peoples, i.e. they project their own aggressiveness upon those whom they attack. Perhaps, as Money-Kyrle<sup>9</sup> has suggested, the capacity for the outward displacement and projection of his own hostile feelings is the only condition on which man could have successfully combined two of his chief characteristics which at first sight might appear to be incompatible—his aggressiveness and his gregariousness. On this view he became "exocytous", to avoid conflict within the social group, much as he became exogamous, to ensure peace within the family. The same "exocytosis" is perhaps to some

<sup>9</sup> R. M. Money-Kyrle, 'The Development of War,' *Brit. J. Med. Psychol.* (1937) 16, 219

extent true of wolves, as would appear from Wilfred Trotter's well-known parallel between the wolf pack and the aggressive human nation.<sup>10</sup>

#### THE CONDITIONS OF PEACE

Hitherto the attempts to combat war have been made along two main lines, moral and political respectively. The first seeks to bring about "a change of heart" by producing a vivid realization of the horrors of war and its utter incompatibility with the ethical standards recognized in other spheres. The second aims at providing political machinery for preventing international disputes or for settling them without recourse to arms. Our psychological considerations here and previously<sup>11</sup> suggest a certain extension and reorientation of both these methods of approach, while at the same time they indicate a third that would seem to be no less important, i.e. the attempt to provide the advantages that, as we have just seen, may accrue from war, otherwise than through the destructive process of war itself. This last method corresponds in the main to the provision of what William James in a celebrated essay<sup>12</sup> has called a "moral equivalent of war". In the following we will briefly consider these three methods of approach.

#### *The Moral Approach*

This method seems so far to have been singularly ineffective, chiefly perhaps for the reason that it has scarcely begun to touch the point at issue. The moral values with which war is at variance are by tradition individual moral values and these, as we have seen, are abrogated when the individual conscience is handed over to the group, as is usually the case in war. This suggests that the moral emphasis, so far as this particular end is concerned, must be displaced from the individual to the state. It is the more difficult and so far but little attempted moralization of the state that is required, the transference to the state of the moral obligations that have long been recog-

<sup>10</sup> W. Trotter, *Instincts of the Herd in Peace and War*, 1st ed., 1918.

<sup>11</sup> Cf. *Man, Morals and Society*.

<sup>12</sup> William James, *The Moral Equivalent of War*. Association for International Conciliation: Leaflet No. 27, 1910. Reprinted in *Memories and Studies*, 1911.

nized as incumbent on the individual. It would be foolish to under-estimate the magnitude of this task and the very considerable changes in our views that it seeks to bring about. We have long recognized that the individual must in many ways sacrifice himself for the community and that unadulterated egoism is incompatible with social life. We have only begun to recognize at all clearly the necessity for a similar limitation of the egoism of states—for in the past it has usually been thought that any restriction, self-abnegation, or self-sacrifice is a reflection on the honor and glory of the nation, whose sovereign power, it was implicitly assumed, could only be vindicated by the most crude and ruthless self-assertion and by complete disregard of the claims of other national units; altruism might be virtuous in the case of individuals, but was dishonorable and humiliating in the case of states. As several psychoanalysts have pointed out, this retention of an "immoral" attitude on the part of the state is determined, not only by the projection of the individual superego on to the state, but also by the fact that the complete "sovereignty" of the state represents a last attempt to preserve the original infantile "omnipotence" (in some respects similar to that which we enjoy vicariously in contemplating the power of an "Almighty God"). Hence the abandonment of this sovereignty constitutes a narcissistic trauma as well as a submission to the superego in a sphere (that of international politics) in which its influence has hitherto been successfully evaded.

How far-reaching is the change of attitude required can be seen from a glance at just one of the many delicate problems involved—that of population. It is commonly implied that any nation with a high birth rate, and therefore a real or potential rapid increase of population, has a right (if it has the necessary power) to demand fresh territories for its overflow. Except in the rare cases where unexploited land is actually available, such a notion must inevitably lead to war. Self-sacrifice and mutual accommodation among nations on the other hand will demand something like a rationing of territory as of other goods; and this in turn, if over-population is to be avoided, will demand a rationing of population—a pro-

posal that seems only too likely to arouse the most fiery indignation on the part of those affected; probably because the ever-latent castration complex is liable to be "touched off" by anything that may appear to diminish the fertility and "virility" of the race.<sup>13</sup> The Nazis and the Japanese are not alone in thinking that their "race" and culture are superior to others, though at the moment it is they who proclaim this belief most shamelessly. Every people that harbors such a notion is likely to consider any proposed restriction on its numbers as an attempted emasculation of the finest human stock. A genuine and equitable rationing of the world's resources would, however, take no more immediate account of the supposed superiority or inferiority of races than does a rationing scheme within a nation of the differences in rank or ability between the individual citizens. It is only fair to add that there is, of course, nothing in either sort of rationing that is necessarily antagonistic to a long-term eugenic encouragement of those who are agreed to be the better types. But we can foresee that agreement will be more readily reached concerning individuals (not that it is easy here) than concerning states or races. Truly, from this point of view alone the task of pacifism is much harder than is commonly believed.

Fortunately, and somewhat paradoxically, it would seem that this task can be made somewhat easier by another simultaneous readjustment, viz. a change of emphasis from the welfare of the state to that of the individuals composing it. If we wholeheartedly adopt the democratic point of view, and assume that the ultimate end and purpose of the state is to ensure a good life for its individual citizens, we shall be much less liable to be misled by the often fantastic claims of national pride and glory—fantastic, that is, so far as any improvement in the lot of the average individual is concerned. In so far as this is done, the foreign policy of a state is likely to become much more hedonistically realistic than it is at present. Our attitude towards other states should also become less ruthless, bellicose,

<sup>13</sup> For a detailed discussion of the psychological factors involved in this see J. C. Flugel, 'The Psychology of Birth Control,' in *Men and Their Motives*, 1934.

and "touchy" if we could think of them in terms of their component individuals, many of whom, we agree, may be pleasant enough people, not unlike ourselves. It is with the hostile collectivity, the enemy nation, that we are at war, and it is largely because we think in terms of collectivities that it becomes possible to look upon our enemies as utterly abandoned to every form of wickedness (which indeed *as collectivities* they often are). It is in our capacity to form an abstract concept of an enemy nation (perhaps aided by a concrete stereotyped image rigged out with all the characteristics we have learned to hate) that there lies one of the great moral dangers of war.<sup>14</sup> To bear in mind consistently that nations (both our own and others) are composed of individuals, whose fears and hopes and longings, whose capacity for joy and suffering, are not unlike our own, should help to give us pause before we lightheartedly hand over our individual conscience to the state and proceed to commit those enormities that appear ethically justified in war. The *application of the notion of moral responsibility to the state* should therefore, it would seem (and here is the paradox), go hand in hand with an *insistence on the ultimate value of the individual*, if we would facilitate our task—and as this task in any case involves so drastic a revision of our ways of thinking in the field of international politics, we can hardly afford to neglect any means of help that may be within our reach.

### *The Political Approach*

The attempt to combat war along these lines lies in the provision of super- or international machinery for the settlement of disputes between nations and for the general political guidance of the world or some large part of it. The League of Nations was by far the most outstanding of all such attempts. Why did this great effort fail to prevent war? Various answers have been given, among the most plausible being that it was divorced from power, that it had no armed police force of its own to implement its decisions—the kind of force upon which

<sup>14</sup> Here, as in the case of wishful thinking, we learn that one of the most important of human mental powers—in this case that of forming abstract concepts—is not without its drawbacks as well as its advantages.

the administration of justice between states, no less than within a given state, must in the last resort depend. But underlying this question of power there would seem to be a still more fundamental matter, that of loyalty. In spite of the work of the League of Nations Union and of other bodies, of the devoted labors of many of the League's own servants, and of the enthusiastic support of many isolated individuals in all parts of the globe, it is clear that the general amount of loyalty, interest, and enthusiasm aroused in connection with the League in the different countries of the world was insufficient for its purpose. In any new organization of the kind, whether a resuscitated League, an Alliance between a few great nations, a Federal Union, or what not, this grave deficiency must be put right, and we must recognize that here again there is no easy problem. The nation-state is an entity that we have learnt to trust and honor (no matter if sometimes with insufficient reason). The older nation-states are strong in their age-long traditions. Now the successful functioning of a super-national organization implies that some of the loyalty that men have been accustomed to feel for their own states must be transferred to a new and politically "higher" body. It is unreasonable to expect that this will happen unless very active steps are taken to ensure it. The League of Nations had no universally recognized flag, anthem, emblem, or other symbol, of the kind that we are accustomed to use for the purpose of mobilizing our political loyalties. The very appearance of the League of Nations building was unfamiliar to most people, though in view of its significance it should have been as well known as the Pyramids or the Leaning Tower of Pisa. In fact there was a lamentable failure to realize the importance of creating and maintaining the strong new loyalty that was necessary if the grandiose scheme was to have any weight in competition with the well-established older loyalties.

If a supernational body (we will for the sake of simplicity call it the Federation, though the same general considerations will apply whatever be its form) is successfully to take over some of the functions of the present nation-states, it must almost certainly come to be regarded with something like the

same feelings as those now directed to these states. The state, we have to remind the reader (though we have not here presented the full evidence), is a father and/or mother symbol. Like a parent, it is expected to guide, direct, enforce obedience, and at the same time nourish and protect. Within the sphere of its influence and responsibility the Federation must fulfill the same fundamental rôle and must have the necessary authority, prestige, and will to do so. Intellectually at least it should be easy to demonstrate that a properly organized and equipped Federation can protect and nourish better than any nation-state, its potential military strength and economic resources being greater. Nevertheless, apart from questions of loyalty, the League of Nations failed to inspire any confidence in this respect. The Federation, if it is to be more successful, must show that it can and will enforce obedience, protect from outer aggression or inside revolt, and provide for economic welfare. For the purpose of protection, of course, it must above all be certain of the loyalty and obedience of such armed forces as it has at its disposal, and these forces themselves can hardly be other than the main armies, navies, and air fleets supplied by the federated nations, but united under a supreme command directly responsible to the Federation, and not to the nation from which any particular detachment has been drawn. Under any other arrangement the ancient national loyalties would surely reassert themselves at the slightest suspicion of a conflict of interests between the Federation as a whole and one of its constituent nations.

Since it is not proposed to do away with nations and establish at one stroke anything resembling a completely centralized world government, the nations should naturally retain some of the loyalty at present directed to them, which however will need to be properly subordinated to the loyalty to the Federation as a whole. There is nothing impossible about this; there exist numerous hierarchies of loyalties in many individual minds, such as that of family, school, town, county, nation, empire. There is no reason why such hierarchically arranged loyalties should stop at a man's country and should not be extended to embrace a larger whole. But again the necessary

steps must be taken to bring about the hierarchy; the interest of country and Federation must be felt, not as antagonistic, but as bound up with one another, much as, for instance, the interests of the various colleges at Oxford and Cambridge are connected with those of their respective universities. The flags and anthems of country and of Federation should be seen or heard together; every opportunity should be taken of driving home the lesson that the federated nations are coöperating in a common task, and the more each nation knows about the others and their contribution to this task the better. The experience gained from the successful fusion produced in the U.S.S.R. may be invaluable here, though much that is useful (both to imitate and to avoid) can no doubt also be learnt from the history of the British Empire, the United States, China, and other great political units.<sup>15</sup>

One of the difficulties to be encountered by any Federation is that the glory of national states is by tradition so largely linked up with their military history. Here also a great change of emphasis will be required, and nations must learn to glory in such things as their contribution to literature, art, science, hygiene, education, social service, and their treatment of delinquents and of backward peoples. In terms of the rehabilitation of individual miscreants, we may say that the criminal superego of the nations must be replaced by a normal one. All this will be helped if we can substitute a forward-looking view for the nostalgic yearning for a past which was lived under conditions very different from those that hold today. Not that in so doing we shall be untrue to the great traditions of our ancestors; we should rather look upon ourselves as carrying on in new ways and new fields the work so well begun by them. It is indeed only by carrying forward the banner of Progress, and not leaving it where they were compelled to drop it, that we can live up to these traditions and prove ourselves worthy of our heritage.

Two great dangers will confront us at the end of the present war (dangers that occur in the case of all wars involving many

<sup>15</sup> The work of such bodies as The New Commonwealth Institute of World Affairs contains of course many valuable preliminary studies in this direction.

nations), that of falling out with our friends and that of failing to become reconciled with our enemies. Much the same prophylactic measure is perhaps applicable to both dangers, i.e. an urgent realization of the necessity for coöperation in a common task of reconstruction. The world will largely need to be rebuilt. We and our allies must assuredly coöperate in this, and it will probably be well if at the earliest possible moment we enlist the coöperation also of our late enemies. As Carr so well puts it: "People become like-minded by doing things together and by sharing the same experiences; and the way to create a psychology of coöperation is not by preaching coöperation but to coöperate. This is particularly true of the younger generation. Hitler appealed to the youth of Germany by demanding service to a narrowly national cause. Anyone who is to sway the destinies of Europe after the war must have the imagination to make an equally cogent appeal to the youth of Europe for service in a larger cause". And again, stressing the common task confronting all belligerents: "We can 're-educate' the Germans only if we are prepared in the course of the same process to reëducate ourselves".<sup>16</sup> We may add that in so far as, in spite of its moralization, war is capable of arousing guilt in the belligerents (and it is more likely to do so in the vanquished than in the victors); in so far too as, in accordance with the views of Melanie Klein, guilt can be most satisfactorily and rationally wiped out by reparation; then, association in a common work of reconstruction to make good as far as possible the vast havoc of the war is most likely to extinguish a smouldering guilt which, by a process of projection, could so easily be turned again into aggression. Coöperation may be not only the best method for immediate purposes but the safest in the long run.

### *The Provision of "Moral Equivalents".*

If we glance through the list of subheadings in the first part of this paper we can at once realize that here again our problem, in this case the provision of a substitute for war that shall have something approaching war's peculiar combination of

<sup>16</sup> E. H. Carr, *op. cit.*, chap. 9.

moral and instinctive appeal, is far from easy. In its danger, its hazards, its call for heroism, effort, and sacrifice on the part of whole communities, war is without a parallel—as also in the sense of social cohesion that it brings and the amount of aggression it permits.

At first sight it is only as regards the question of employment and the “need to be needed” that the prospect of finding “moral equivalents” without resort to war itself appears to be reasonably hopeful. Economists tell us that the mass-unemployment in democracies in pre-war years is totally unnecessary and that the adoption of a well-considered plan for the utilization of the world’s resources to meet human needs could easily bring to an end the miserable and humiliating spectacle of millions crying out for work while millions more are craving for the things that this work would produce. The psychological problem of satisfaction in work is also not insoluble. A further development and use of vocational guidance and selection, an extension of the methods of industrial psychology to make work itself more productive and more pleasant, and perhaps above all a wider realization of the fact that an individual through his work performs a service to his fellows, should go very far towards fulfilling that “need to be needed” that is gratified in war. As revealed by Mass Observation and by other methods, most people in this country in days before the present war regarded their work primarily, or indeed exclusively, as a means of gaining a livelihood for themselves or their families or (what was even less inspiring) as a means of putting money into their employers’ pockets; the nobler satisfaction to be obtained from a sense of service to the community was for the most part denied them, largely because there was nothing in the organization of society or in their social outlook to make them look upon their work in such a light. True, lip-service was sometimes paid to the “dignity of labor”, but the phrase had a hollow ring; it smacked of discipline and submission rather than of service, and in actual fact many forms of labor carried a stigma of inferiority. The war, with its urgent appeal for the help of every willing hand, has changed all that; and it should not be hard by means of suitable—and

very justifiable—propaganda to produce a continuance of the new attitude into times of peace. Here also we may learn something from the totalitarian countries and above all from Russia. The joy of coöperation in a larger common purpose must be preserved if we are to find a peaceful “equivalent” of war.

But where are we to find such a purpose? Here, I think, lies the real core of the problem of discovering a substitute for the great but sinister appeal of war. So far, I believe, but one suggestion has been made. It has been put forward from many quarters, but often perhaps without a realization of the full depth of its implications; and it is the same as that to which the argument in our own chapter on moral progress has led us and to which we referred again at the end of our chapter<sup>17</sup> on religion. According to this view, it is man’s duty and destiny to carry on the process of evolution by utilizing all his powers for the betterment of himself, for the improvement of his spiritual and physical welfare, for the increase of his knowledge and of the power with which this knowledge can endow him, for the reshaping of the world into a fitter place for human beings to live in, for the attainment of more exalted and more fundamentally satisfying experience—in a word, for what we mean by Progress in the widest sense. This Progress can from our present point of view be looked upon as a battle of man against nature, as a call upon man’s “aggression” in the larger and more sublimated meaning of the word. Here we have the vision of a battle, bigger and better than any dreamt about by our old Nordic ancestors or by their modern successors who are so enthralled by what they hold to be the essential nobility of conflict. It is a battle, too, that can and will continue as long as man exists; the problems of science, art, philosophy are inexhaustible; the Universe presents endless possibilities for the exercise of human daring, skill, and ingenuity. Finally it is a battle that can and must be fought on many fronts: by the statesman whose business it is to organize society, by the sociologist who endeavors to understand the laws of its development, by the doctor who fights against disease, by the research worker

<sup>17</sup> Cf. *Man, Morals and Society*, chapters XVI and XVII.

who wrestles with the secrets of nature in his laboratory, by the technician, engineer, and farmer who apply the knowledge thus gained to make nature fulfill our needs, by the factory worker who provides the tools for them to do so, by the artist who satisfies our longing for æsthetic experience (that unique craving of the human mind), by the psychologist who tries to penetrate the mysteries of man's own soul—and by many more, a vast army of specialist fighters, that exceeds even our present huge military organizations in numbers and complexity.

But have men not been doing this, it may be asked, since the very beginning of human culture? In a sense, yes; but again, and in a very important sense, no. They have not done so in the light of a clearly formulated ideal (if we like to call it so, a religious ideal) that applies to all the human race as such; they have not done so in the full consciousness of coöperating in one vast human team. Indeed much of man's progress is due to isolated individuals here and there, working for their private ends or to satisfy some personal urge or curiosity; and the greater pioneers among them have, more often than not, been feared or persecuted by their fellows. For did not the attempt to improve man's lot or to extend the boundaries of his power and knowledge excite the ancient fear of "hubris"? Was it not likely to arouse divine displeasure? Hitherto the influence of morals and religion has been largely such as to deter men from any effort of the kind. It has been chiefly in war that they have sought and found the sense of high adventure; and brotherhood in arms has up to now been the supreme form of coöperation. It is only in quite recent times that they have been able to see at all clearly the possibilities and implications of the goal of Progress; and even now they have hardly begun to realize that Progress can be an ideal embracing and inspiring all mankind—an ideal that still calls upon men to be brothers-in-arms, not against their fellows, but against the forces of nature which, in so far as they threaten, restrict, and embitter human life, are the enemies of all. If we wish to be dramatic (and it is perhaps well that we should be so, if we would compete against the lure of war), we can say that the stage is set for the epic struggle of Man versus the Universe—a spectacle

surely no less breath-taking in its audacity and splendor than the most famous exploits of purely interhuman warfare. In the great conflict of the latter kind in the midst of which these words are written we have seen heroism unsurpassed, on land, on sea, and in the air—heroism not only of trained fighters but of common men and women in all parts of the earth. Will such people also have the courage and the insight to cast aside their old traditions of fighting with each other, to advance a further step upon what appears to be their path of destiny and to enter with set purpose upon the larger and nobler struggle in which all mankind can be allied? Much that is primitive and sinister in human nature may make us hesitate before we say that such a thing is possible. Yet here again we can but try. In the words of a philosopher recently departed from among us, “Human beings are too fine in their highest achievements to justify despair”.<sup>18</sup>

<sup>18</sup> L. Susan Stebbing, *Ideals and Illusions* (1941), p. 205.



## DOSTOEVSKY AND PARRICIDE (1928)<sup>1</sup>

BY SIGMUND FREUD

Four facets may be distinguished in the rich personality of Dostoevsky: the creative artist, the neurotic, the moralist and the sinner. How is one to find one's way in this bewildering complexity?

The creative artist is the least doubtful: Dostoevsky's place is not far behind Shakespeare. *The Brothers Karamazov* is the most magnificent novel ever written; the episode of the Grand Inquisitor, one of the peaks in the literature of the world, can hardly be overestimated. Before the problem of the creative artist analysis must, alas, lay down its arms.

The moralist in Dostoevsky is the most readily assailable. If we seek to rank him high as a moralist on the plea that only a man who has gone through the depths of sin can reach the highest summit of morality, we are neglecting a doubt that arises. A moral man is one who reacts to temptation as soon as he feels it in his heart, without yielding to it. A man who alternately sins and then in his remorse erects high moral standards lays himself open to the reproach that he has made things too easy for himself. He has not achieved the essence of morality, renunciation, for the moral conduct of life is a practical human interest. He reminds one of the barbarians

<sup>1</sup> [This essay first appeared in English, many years ago, in *The Realist*, a London monthly periodical which has long ceased publication. In view of its interest, from the standpoint both of clinical and of applied psychology, it seems desirable to make it more accessible to students of psychoanalysis. The original German was published under the title "Dostojewski und die Vätertötung" as a preface to *Die Urgestalt der Brüder Karamasoff* (1928), edited by Fülöp-Miller and Eckstein as one of the supplementary volumes to the complete German edition of Dostoevsky's works. It is reprinted in Freud's *Gesammelte Schriften*, XII, 7-26. The present translation is by D. F. Tait and was published in *The Realist* (London, Macmillan), 1 (1929), No. 4, 18-33. It is here reprinted by the kind permission of the Editor, Major Archibald Church. The translation has been considerably revised and the terminology brought into line with the prevailing usage.—Ed., *Int. J. Psa.*]

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of the great migrations, who murdered and did penance for it, till penance became an actual technique for enabling murder to be done. Ivan the Terrible behaved in exactly this way; indeed, this compromise with morality is a characteristic Russian trait. Nor was the final outcome of Dostoevsky's moral strivings anything very glorious. After the most violent struggles to reconcile the instinctual demands of the individual with the claims of the community, he landed in the retrograde position of submission both to temporal and spiritual authority, of veneration both for the Tsar and for the God of the Christians and of a narrow Russian nationalism—a position which lesser minds have reached with smaller effort. This is the weak point of the great personality. Dostoevsky threw away the chance of becoming a teacher and liberator of humanity and made himself one with their gaolers. The future of human civilization will have little to thank him for. It seems probable that he was condemned to this failure by his neurosis. The greatness of his intelligence and the strength of his love for humanity should have opened to him another, an apostolic, way of life.

To consider Dostoevsky as a sinner or a criminal rouses violent opposition, which need not be based upon a philistine assessment of crime. The real motive for this opposition soon becomes apparent. Two traits are essential in the criminal: boundless egoism and a strong destructive impulse. Common to both of these, and a necessary condition for their expression, is the absence of love, the lack of an emotional valuation of (human) objects. One at once recalls the contrast to this presented by Dostoevsky—his great need of love and his enormous capacity for love, which is to be seen in manifestations of exaggerated kindness and caused him to love and to help where he had a right to hatred and revenge, as, for example, in his relations with his first wife and her lover. That being so, it must be asked why there is any temptation to reckon Dostoevsky among the criminals. The answer is that it comes from his choice of material, which singles out from all others violent, murderous and egoistic characters, thus pointing to the existence of similar tendencies in his own soul, and also from certain

facts in his life, like his passion for gambling and his possible admission of a sexual assault upon a young girl.<sup>2</sup> The contradiction is resolved by the realization that Dostoevsky's very strong destructive instinct, which might easily have made him a criminal, was in his actual life directed mainly against his own person (inward instead of outward) and thus found expression as masochism and a sense of guilt. Nevertheless, his personality retained sadistic traits in plenty, which show themselves in his irritability, his love of tormenting and his intolerance even towards people he loved, and which appear also in the way in which, as an author, he treats his readers. Thus in little things he was a sadist towards others, and in bigger things a sadist towards himself, in fact a masochist, that is to say the mildest, kindest, most helpful person possible.

We have selected three factors from Dostoevsky's complex personality, one quantitative and two qualitative: the extraordinary intensity of his emotional life, his perverse instinctual predisposition, which inevitably marked him out to be a sado-masochist or a criminal, and his unanalysable artistic endowment. This combination might very well exist without neurosis; there are people who are complete masochists without being neurotic. Nevertheless, the balance of forces between his instinctual demands and the inhibitions opposing them (plus the available methods of sublimation) would even so make it necessary to classify Dostoevsky as what is known as an "instinctual character". But the position is obscured by the simultaneous presence of neurosis, which, as we have said, was not in the circumstances inevitable, but which comes into being the more readily, the richer the complication which has to be mastered by the ego. For neurosis is after all only a

<sup>2</sup> See the discussion on this point in *Der unbekannte Dostojewski* (edited by Fülöp-Miller and Eckstein, 1926). Stefan Zweig writes: "He was not halted by the barriers of bourgeois morality; and no one can say exactly how far he transgressed the bounds of law in his own life or how much of the criminal instincts of his heroes was realized in himself." (*Drei Meister*, 1930 [English translation: *Three Masters*, New York and London, 1938].) For the intimate connection between Dostoevsky's characters and his own experiences, see René Fülöp-Miller's remarks in the introductory section of *Dostojewski am Roulette* (edited by Fülöp-Miller and Eckstein, 1925), which are based upon Nikolai Strakhov.

sign that the ego has not succeeded in making a synthesis, that in attempting to do so it has forfeited its unity.

How then, strictly speaking, does his neurosis show itself? Dostoevsky called himself an epileptic, and was regarded as such by other people, on account of his severe seizures, which were accompanied by loss of consciousness, muscular convulsions and subsequent depression. Now it is highly probable that this so-called epilepsy was only a symptom of his neurosis and must accordingly be classified as hystero-epilepsy, that is, as severe hysteria. We cannot be completely certain on this point for two reasons, first, because the anamnestic data on Dostoevsky's alleged epilepsy are defective and untrustworthy, and secondly, because our understanding of pathological states combined with epileptiform seizures is imperfect.

To take the second point first. It is unnecessary here to reproduce the whole pathology of epilepsy, for it would throw no decisive light on the problem. But this may be said. The old *morbus sacer* is still in evidence as an ostensible clinical entity, the uncanny disease with its incalculable, apparently unprovoked convulsive seizures, its changing of the character into irritability and aggressiveness and its progressive lowering of all the mental faculties. But the outlines of this picture are quite lacking in precision. The seizures, so savage in their onset, accompanied by biting of the tongue and incontinence of urine and working up to the dangerous *status epilepticus* with its risk of severe self-injuries may, nevertheless, be reduced to brief periods of absence, or rapidly passing attacks of vertigo or may be replaced by short spaces of time during which the patient does something out of character, as though he were under the control of his unconscious. These seizures, though as a rule determined, in a way we do not understand, by purely physical causes, may nevertheless owe their first appearance to some purely mental cause (a fright, for instance) or may react in other respects to mental excitations. However characteristic intellectual impairment may be in the overwhelming majority of cases, at least *one* case is known to us (that of Helmholtz) in which the affliction did not interfere with the highest in-

tellectual achievement. (Other cases of which the same assertion has been made are either disputable or open to the same doubts as that of Dostoevsky himself.) People who are victims of epilepsy may give an impression of dullness and arrested development, just as the disease often accompanies the most palpable idiocy and the grossest cerebral defects, even though not as a necessary component of the clinical picture. But these seizures, with all their variations, also occur in other people who display complete mental development and, if anything, an excessive and as a rule insufficiently controlled emotional life. It is no wonder in these circumstances that it has been found impossible to maintain that "epilepsy" is a single clinical entity. The similarity that we find in the manifest symptoms seems to call for a functional view of them. It is as though a mechanism for abnormal instinctual discharge had been laid down organically, which could be made use of in quite different circumstances, both in the case of disturbances of cerebral activity due to severe histolytic or toxic affections, and also in the case of inadequate control over the mental economy and at times when the activity of the energy operating in the mind reaches crisis-pitch. Behind this dichotomy we have a glimpse of the identity of the underlying mechanism of instinctual discharge. Nor can that mechanism stand remote from the sexual processes, which are fundamentally of toxic origin: the earliest physicians described copulation as a little epilepsy, and thus recognized in the sexual act a mitigation and adaptation of the epileptic method of discharging stimuli.

The "epileptic reaction", as this common element may be called, is also undoubtedly at the disposal of the neurosis whose essence it is to get rid, by somatic means, of quantities of excitation which it cannot deal with psychically. Thus the epileptic seizure becomes a symptom of hysteria and is adapted and modified by it just as it is by the normal sexual process of discharge. It is therefore quite right to distinguish between an organic and an "affective" epilepsy. The practical significance of this is that a person who suffers from the first kind has a disease of the brain, while a person who suffers from

the second kind is a neurotic. In the first case his mental life is subjected to an alien disturbance from without, in the second case the disturbance is an expression of his mental life itself.

It is extremely probable that Dostoevsky's epilepsy was of the second kind. This cannot, strictly speaking, be proved. To do so we should have to be in a position to insert the first appearance of the seizures and their subsequent fluctuations into the thread of his mental life; and for that we know too little. The descriptions of the seizures themselves teach us nothing and our information about the relations between the seizures and Dostoevsky's experiences is defective and often contradictory. The most probable assumption is that the seizures went back far into his childhood, that their place was taken to begin with by milder symptoms and that they did not assume an epileptic form until after the shocking experience of his eighteenth year—the murder of his father.<sup>3</sup> It would be very much to the point if it could be established that they ceased completely during his exile in Siberia, but other accounts contradict this.<sup>4</sup>

The unmistakable connection between the murder of the father in *The Brothers Karamazov* and the fate of Dostoevsky's

<sup>3</sup> See René Fülöp-Miller's article "Dostojewskis Heilige Krankheit", *Wissen und Leben*, Heft 19–20 (Zurich, 1924). Of especial interest is the information that in the novelist's childhood "something terrible, unforgettable and agonizing" happened, to which the first signs of his illness were to be traced (from an article by Suvorin in the newspaper *Novoe Vremya*, 1881, quoted in the introduction to *Dostojewski am Roulette*, p. xiv). Further, Orest Miller writes in *Dostojewskis autobiographische Schriften*, p. 140: "There is, however, another special piece of evidence about Feodor Mikhailovich's illness, which relates to his earliest youth and brings the illness into connection with a tragic event in the family life of his parents. But, although this piece of evidence was given to me orally by one who was a close friend of Feodor Mikhailovich, I cannot bring myself to reproduce it fully and precisely, since I have had no confirmation of this rumor from any other quarter." Biographers and scientific research workers cannot feel grateful for this discretion.

<sup>4</sup> Most of the accounts, including Dostoevsky's own, assert on the contrary that the illness only assumed its final, epileptic character during the Siberian exile. Unfortunately there is reason to distrust the autobiographical statements of neurotics. Experience shows that their memories introduce falsifications, which are designed to interrupt disagreeable causal connections. Nevertheless, it appears certain that Dostoevsky's detention in the Siberian prison markedly altered his pathological condition. Cf. "Dostojewskis Heilige Krankheit" (p. 1186).

own father has struck more than one of his biographers, and has led them to refer to "a certain modern school of psychology". From the standpoint of psychoanalysis (for that is what is meant), we are tempted to see in that event the severest trauma and to regard Dostoevsky's reaction to it as the turning-point of his neurosis. But if I undertake to substantiate this view psychoanalytically, I am bound to risk the danger of being unintelligible to all those readers who are unfamiliar with the language and theories of psychoanalysis.

We have one certain starting-point. We know the meaning of the first attacks from which Dostoevsky suffered in his early years, long before the incidence of the "epilepsy". These attacks had the significance of death: they were heralded by a fear of death and consisted of lethargic, somnolent states. The illness first came over him, while he was still a boy, in the form of a sudden, groundless melancholy, a feeling, as he later told his friend Soloviev, as though he were going to die on the spot. And there in fact followed a state exactly similar to real death. His brother Andrei tells us that even when he was quite young Feodor used to leave little notes about before he went to sleep, saying that he was afraid he might fall into this death-like sleep during the night and therefore begged that his burial should be postponed for five days. (*Dostojewski am Roulette*, Introduction, p. lx.)

We know the meaning and intention of such death-like seizures. They signify an identification with a dead person, either with someone who is really dead or with someone who is still alive and whom the subject wishes dead. The latter case is the more significant. The attack then has the value of a punishment. One has wished another person dead, and now one is this other person and is dead oneself. At this point psychoanalytic theory brings in the assertion that for a boy this other person is usually his father and that the attack (which is termed hysterical) is thus a self-punishment for a death-wish against a hated father.

Parricide, according to a well-known view, is the principal and primal crime of humanity as well as of the individual. (See the author's *Totem und Tabu*.) It is in any case the main

source of the sense of guilt, though we do not know if it is the only one: researches have not yet been able to establish with certainty the mental origin of guilt and the need for expiation. But it is not necessary for it to be the only one. The psychological situation is complicated and requires elucidation. The relation of the boy to his father is, as we say, an "ambivalent" one. In addition to the hate which seeks to get rid of the father as a rival, a measure of tenderness for him is also habitually present. The two attitudes of mind combine to produce identification with the father: the boy wants to be in his father's place because he admires him and wants to be like him, and also because he wants to put him out of the way. This whole development now comes up against a powerful obstacle. At a certain moment the child comes to understand that an attempt to remove his father as a rival would be punished by him with castration. So from fear of castration, that is, in the interests of preserving his masculinity, he gives up his wish to possess his mother and get rid of his father. In so far as this wish remains in the unconscious it forms the basis of the sense of guilt. We believe that what we have here been describing are the normal processes, the normal fate of the so-called "œdipus complex"; nevertheless it requires an important amplification.

A further complication arises when the constitutional factor we call bisexuality is comparatively strongly developed in the child. For then, under the threat to the boy's masculinity by castration, his inclination becomes strengthened to deflect in the direction of femininity, to put himself instead in his mother's place and take over her rôle as object of his father's love. But the fear of castration makes *this* solution impossible as well. The boy understands that he must also submit to castration if he wants to be loved by his father as a woman. Thus both impulses, hatred of the father and being in love with the father, undergo repression. There is a certain psychological difference in the fact that the hatred of the father is given up on account of fear of an external danger (castration), while the being in love with the father is treated as an internal instinctual danger, though fundamentally it goes back to the same external danger.

What makes hatred for the father unacceptable is fear of the father, castration is terrible, whether as a punishment or as the price of love. Of the two factors which repress hatred of the father, the first, the direct fear of punishment and castration, may be called the normal one; its pathogenic intensification seems to come only with the addition of the second factor, the fear of the feminine attitude. Thus a strong bisexual predisposition becomes one of the preconditions or reinforcements of neurosis. Such a predisposition must certainly be assumed in Dostoevsky, and it shows itself in a viable form (as latent homosexuality) in the important part played by male friendships in his life, in his strangely tender attitude towards rivals in love and in his remarkable understanding of situations which are explicable only by repressed homosexuality, as many examples from his novels show.

I am sorry, though I cannot alter the facts, if this exposition of the attitudes of hatred and love towards the father and their transformations under the influence of the threat of castration seems to readers unfamiliar with psychoanalysis unsavory and incredible. I should myself expect that it is precisely the castration complex that would be bound to arouse the most universal repugnance. But I can only insist that psychoanalytic experience has put these relations in particular beyond the reach of doubt and has taught us to recognize in them the key to every neurosis. This key, then, we must apply to our author's so-called epilepsy. So strange to our consciousness are the things by which our unconscious mental life is governed!

But what has been said so far does not exhaust the consequences of the repression of the hatred of the father in the œdipus complex. There is something fresh to be added: namely that in spite of everything the identification with the father finally makes a permanent place for itself in the ego. It is received into the ego, but establishes itself there as a separate institution in contrast to the rest of the content of the ego. We then give it the name of superego and ascribe to it, the inheritor of the parental influence, the most important functions. If the father was hard, violent and cruel, the superego takes over those attributes from him and, in the relations be-

tween the ego and it, the passivity which was supposed to have been repressed is reëstablished. The superego has become sadistic, and the ego becomes masochistic, that is to say, at bottom passive in a feminine way. A great need for punishment develops in the ego, which in part offers itself as a victim to fate and in part finds satisfaction in ill-treatment by the superego (that is, in the sense of guilt). For every punishment is ultimately castration and, as such, a fulfillment of the old passive attitude towards the father. Even fate is, in the last resort, only a later father-projection.

The normal processes in the formation of conscience must be similar to the abnormal ones described here. We have not yet succeeded in fixing the boundary line between them. It will be observed that here the largest share in the event is ascribed to the passive component of repressed femininity. Moreover, it must be of importance as an accidental factor whether the father, who is feared in any case, is also especially violent in reality. This was true in Dostoevsky's case, and we can trace back the fact of his extraordinary sense of guilt and of his masochistic conduct of life to a specially strong feminine component. Thus the formula for Dostoevsky is as follows: a person of specially strong bisexual predisposition, who can defend himself with special intensity against dependence on a specially severe father. This characteristic of bisexuality comes as an addition to the components of his nature that we have already recognized. His early symptom of death-like seizures can thus be understood as a father-identification on the part of his ego, permitted by his superego as a punishment. "You wanted to kill your father in order to be your father yourself. Now you *are* your father, but a dead father"—the regular mechanism of hysterical symptoms. And further: "Now your father is killing *you*." For the ego the death symptom is a satisfaction in fantasy of the masculine wish and at the same time a masochistic satisfaction; for the superego it is a punishment satisfaction, that is, a sadistic satisfaction. Both of them, the ego and the superego, carry on the rôle of father.

To sum up, the relation between the subject and his father-object, while retaining its content, has been transformed into a relation between the ego and the superego, a new setting on a

fresh stage. Infantile reactions from the œdipus complex such as these may disappear if reality gives them no further nourishment. But the characteristics of the father remain the same, or rather, they deteriorate with the years, and so too Dostoevsky's hatred for his father and his death-wish against that wicked father were maintained. Now it is a dangerous thing if reality fulfills such repressed wishes. The fantasy has become reality and all defensive measures are thereupon reinforced. Dostoevsky's attacks now assumed an epileptic character; they still undoubtedly signified an identification with his father as a punishment, but they had become terrible, like his father's frightful death itself. What further content they had absorbed, particularly what sexual content, escapes conjecture.

One thing is remarkable: in the aura of the epileptic attack, one moment of supreme bliss is experienced. This may very well be a record of the triumph and sense of liberation felt on hearing the news of the death, to be followed immediately by an all the more cruel punishment. We have divined just such a sequence of triumph and mourning, of festive joy and mourning, in the brothers of the primal horde who murdered their father, and we find it repeated in the ceremony of the totem-feast. If it proved to be the case that Dostoevsky was free from his seizures in Siberia, that would merely substantiate the view that his seizures were his punishment. He did not need them any longer when he was being punished in another way. But that cannot be proved. Rather does this necessity for punishment on the part of Dostoevsky's mental economy explain the fact that he passed unbroken through these years of misery and humiliation. Dostoevsky's condemnation as a political prisoner was unjust and he must have known it, but he accepted the undeserved punishment at the hands of the Little Father, the Tsar, as a substitute for the punishment he deserved for his sin against his real father. Instead of punishing himself, he got himself punished by his father's deputy. Here we have a glimpse of the psychological justification of the punishments inflicted by society. It is a fact that large groups of criminals long for punishment. Their superego demands it and so saves itself the need of inflicting the punishment itself.

Everyone who is familiar with the complicated transforma-

tion of meaning undergone by hysterical symptoms will understand that no attempt can be made here to follow out the meaning of Dostoevsky's attacks beyond this beginning.<sup>5</sup> It is enough to say that we may assume that their original meaning remained unchanged behind all later accretions. One can say that Dostoevsky never got free from the feelings of guilt arising from his intention of murdering his father. They also determined his attitude in the two other spheres in which the father-relation is the decisive factor, his attitude towards the authority of the State and towards belief in God. In the first of these he ended up with complete submission to his Little Father the Tsar, who had once carried out with him in reality the comedy of killing which his seizures had so long been in the habit of depicting for him. Here penitence gained the upper hand. In the religious sphere he retained more freedom: according to apparently trustworthy reports he wavered, up to the last moment of his life, between faith and atheism. His great intellect made it impossible for him to overlook any of the intellectual difficulties to which faith leads. By an individual recapitulation of a development in world-history he hoped to find a way out and a liberation from guilt in the Christ ideal, and even to make use of his sufferings as a claim to playing a Christ-like rôle. If on the whole he did not achieve freedom and became a reactionary, that was because the universally human filial guilt, on which religious feeling is built, had in him attained a super-individual intensity and remained insuperable even to his great intelligence. In writing this we are laying ourselves open to the charge of having abandoned the impartiality of analysis and of subjecting Dostoevsky to judgments that can only be justified from the partisan standpoint of a particular philosophy of life. A conservative would take

<sup>5</sup> See *Totem und Tabu*. The best account of the meaning and content of his seizures was given by Dostoevsky himself, when he told his friend Strakhov that his irritability and depression after an epileptic attack were due to the fact that he seemed to himself a criminal and could not get rid of the feeling that he had a burden of unknown guilt upon him, that he had committed some great misdeed, which oppressed him. ("Dostojewskis Heilige Krankheit", p. 1188.) In such self-accusations psychoanalysis sees signs of a recognition of "psychical reality", and it endeavors to make the unknown guilt known to consciousness.

the side of the Grand Inquisitor and would judge Dostoevsky differently. The objection is just; and one can only say in extenuation that Dostoevsky's decision appears to have been determined by an intellectual inhibition due to his neurosis.

It can scarcely be owing to chance that three of the masterpieces of the literature of all time—the *Ædipus Rex* of Sophocles, Shakespeare's *Hamlet* and Dostoevsky's *The Brothers Karamazov*—should all deal with the same subject, parricide. In all three, moreover, the motive for the deed, sexual rivalry for a woman, is laid bare.

The most straightforward is certainly the representation in the drama derived from the Greek legend. In this it is still the hero himself who commits the crime. But poetic treatment is impossible without softening and disguise. The naked admission of an intention to commit parricide, as we arrive at it in analysis, seems intolerable without analytic preparation. The Greek drama, while retaining the crime, introduces the indispensable toning-down in a masterly fashion by projecting the hero's unconscious motive into reality in the form of a compulsion of destiny alien to him. The hero commits the deed unintentionally and apparently uninfluenced by the woman; this latter element is, however, taken into account in the circumstance that the hero can only obtain possession of the queen mother after he has repeated his deed upon the monster who symbolizes the father. After his guilt has been revealed and made conscious, the hero makes no attempt to exculpate himself by appealing to the artificial expedient of the compulsion of destiny. His crime is acknowledged and punished as though it were fully conscious—which is bound to appear unjust to our reason, but which psychologically is perfectly correct.

In the English play the presentation is more indirect; the hero does not commit the crime himself; it is carried out by someone else, for whom it is not parricide. The forbidden motive of sexual rivalry for the woman does not need, therefore, to be disguised. Moreover, we see the hero's œdipus complex, as it were, in a reflected light, by learning the effect upon him of the other's crime. He ought to avenge the crime, but finds himself, strangely enough, incapable of doing so. We

know that it is his sense of guilt that is paralyzing him; but, in a manner entirely in keeping with neurotic processes, the sense of guilt is displaced on to the perception of his inadequacy for fulfilling his task. There are signs that the hero feels this guilt as a super-individual one. He despises others no less than himself: "Use every man after his desert, and who should 'scape whipping?"

The Russian novel goes a step further in the same direction. There also the murder is committed by someone else. This other person, however, stands to the murdered man in the same filial relation as the hero, Dmitri; in this other person's case the motive of sexual rivalry is openly admitted; he is a brother of the hero's, and it is a remarkable fact that Dostoevsky has attributed to him his own illness, the alleged epilepsy, as though he were seeking to confess that the epileptic, the neurotic, in himself was a parricide. Then, again, in the speech for the defense at the trial, there is the famous joke at the expense of psychology—to show that it is "a knife that cuts both ways". It is a splendid piece of disguise, for we have only to reverse it in order to discover the deepest meaning of Dostoevsky's view of things. It is not psychology that deserves to be laughed at, but the procedure of judicial inquiry. It is a matter of indifference who actually committed the crime; psychology is only concerned to know who desired it emotionally and who welcomed it when it was done. And for that reason all of the brothers, except the contrasted figure of Alyosha, are equally guilty, the impulsive sensualist, the sceptical cynic and the epileptic criminal. In *The Brothers Karamazov* there is one particularly revealing scene. In the course of his talk with Dmitri, Father Zossima recognizes that Dmitri is prepared to commit parricide, and he bows down at his feet. It is impossible that this can be meant as an expression of admiration; it must mean that the holy man is rejecting the temptation to despise or detest the murderer and for that reason humbles himself before him. Dostoevsky's sympathy for the criminal is, in fact, boundless; it goes far beyond the pity which the unhappy wretch might claim, and reminds us of the "holy awe" with which epileptics and lunatics were regarded in the

past. A criminal is to him almost a Redeemer, who has taken on himself the guilt which must else have been borne by others. There is no longer any need for one to murder, since *he* has already murdered; but one must be grateful to him, for, except for him, one would have been obliged oneself to murder. That is not just kindly pity, it is identification on the basis of a similar murderous impulse—in fact, a slightly displaced narcissism. (In saying this, we are not disputing the ethical value of this kindness.) This may perhaps be quite generally the mechanism of kindly sympathy with other people, a mechanism which one can discern with especial ease in the extreme case of the guilt-ridden novelist. There is no doubt that this sympathy by identification was a decisive factor in determining Dostoevsky's choice of material. He dealt first with the common criminal, the criminal from egoism, the political and religious criminal; and not until the end of his life did he come back to the primal criminal, the parricide, and used him, in a work of art, for making his confession.

The publication of Dostoevsky's posthumous papers and of his wife's diaries has thrown a glaring light on one episode in his life, namely the period in Germany when he was obsessed with a mania for gambling (cf. *Dostojewski am Roulette*), which no one could regard as anything but an unmistakable fit of pathological passion. There was no lack of rationalizations for this remarkable and unworthy behavior. As often happens with neurotics, Dostoevsky's burden of guilt had taken a tangible shape as a burden of debt, and he was able to take refuge behind the pretext that he was trying by his winnings at the tables to make it possible for him to return to Russia without being arrested by his creditors. But this was no more than a pretext; and Dostoevsky was acute enough to recognize the fact and honest enough to admit it. He knew that the chief thing was gambling for its own sake—*le jeu pour le jeu*.<sup>6</sup> All the details of his impulsively irrational conduct show this and something more besides. He never rested until he had lost

<sup>6</sup> "The main thing is the play itself", he writes in one of his letters. "I swear that greed for money has nothing to do with it, although Heaven knows I am sorely in need of money."

everything. For him gambling was another method of self-punishment. Time after time he gave his young wife his promise or his word of honor not to play any more or not to play any more on that particular day; and, as she says, he almost always broke it. When his losses had reduced himself and her to the direst need, he derived a second pathological satisfaction from that. He could then scold and humiliate himself before her, invite her to despise him and to feel sorry that she had married such an old sinner; and when he had thus unburdened his conscience, the whole business would begin again next day. His young wife accustomed herself to this cycle, for she had noticed that the one thing which offered any real hope of salvation—his literary production—never went better than when they had lost everything and pawned their last possessions. Naturally she did not understand the connection. When his sense of guilt was satisfied by the punishments he had inflicted on himself, the inhibitions upon his work became less severe and he allowed himself to take a few steps along the way to success.<sup>7</sup>

What part of the gambler's long-buried childhood is it that forces its way to repetition in his obsession for play? The answer may be divined without difficulty from a story by one of our younger writers. Stefan Zweig, who has incidentally devoted a study to Dostoevsky himself (*Drei Meister* [*Three Masters*]), has included in his collection of three stories *Die Verwirrung der Gefühle* (1927) [English translation: *Conflicts*, New York and London, 1939] one which he calls "Vierundzwanzig Stunden aus dem Leben einer Frau" ["Four-and-Twenty Hours in a Woman's Life"]. This little masterpiece ostensibly sets out only to show what an irresponsible creature woman is, and to what excesses, surprising even to herself, an unexpected experience may drive her. But the story tells far more than this. If it is subjected to an analytical interpretation, it will be found to represent (without any apologetic intent) something quite different, something universally human, or rather something

<sup>7</sup> "He always remained at the gaming tables till he had lost everything and was totally ruined. It was only when the damage was quite complete that the demon at last retired from his soul and made way for the creative genius." (René Fülöp-Miller, *Dostojewski am Roulette*, p. lxxxvi.)

masculine. And such an interpretation is so extremely obvious that it cannot be resisted. It is characteristic of the nature of artistic creation that the author, who is a personal friend of mine, was able to assure me when I asked him that the interpretation which I put to him had been completely strange to his knowledge and intention, although some of the details woven into the narrative seemed expressly designed to give a clue to the hidden secret. In the story, an elderly lady of distinction tells the author of an experience she has had more than twenty years earlier. She has been left a widow when still young and is the mother of two sons, who no longer need her. In her forty-second year, expecting nothing further of life, she happens, on one of her aimless journeyings, to visit the Rooms at Monte Carlo. There, among all the remarkable impressions which the place produces, she is soon fascinated by the sight of a pair of hands which seem to betray all the feelings of the unlucky gambler with terrifying sincerity and intensity. These hands belong to a handsome young man—the author, as though unintentionally, makes him of the same age as the narrator's elder son—who, after losing everything, leaves the Rooms in the depth of despair, with the evident intention of ending his hopeless life in the Casino gardens. An inexplicable feeling of sympathy compels her to follow him and make every effort to save him. He takes her for one of the importunate women so common there and tries to shake her off; but she stays with him and finds herself obliged, in the most natural way possible, to join him in his apartment at the hotel, and finally to share his bed. After this improvised night of love, she exacts a most solemn vow from the young man, who has now apparently calmed down, that he will never play again, provides him with money for his journey home and promises to meet him at the station before the departure of his train. Now, however, she begins to feel a great tenderness for him, is ready to sacrifice all she has in order to keep him and makes up her mind to go with him instead of saying good-bye. Various mischances delay her, so that she misses the train. In her longing for the lost one she returns once more to the Rooms and there, to her horror, sees once more the hands which had first excited her

sympathy: the faithless youth had gone back to his play. She reminds him of his promise, but, obsessed by his passion, he calls her a spoil-sport, tells her to go and flings back the money with which she has tried to rescue him. She hurries away in deep mortification and learns later that she has not succeeded in saving him from suicide.

This brilliantly told, faultlessly motivated story is of course sufficient in itself and is certain to make a deep effect upon the reader. But analysis shows us that its invention is based fundamentally upon a wish-fantasy belonging to the period of puberty, which a number of people actually remember consciously. The fantasy embodies a wish that the mother should herself initiate the boy into sexual life in order to save him from the dreaded injuries caused by masturbation. (The numerous creative works that deal with the theme of redemption have the same origin.) The "vice" of masturbation is replaced by the mania for gambling; and the emphasis laid upon the passionate activity of the hands betrays this derivation. The passion for play is an equivalent of the old compulsion to masturbate; "playing" is the actual word used in the nursery to describe the activity of the hands upon the genitals. The irresistible nature of the temptation, the solemn resolutions, which are nevertheless invariably broken, never to do it again, the numbing pleasure and the bad conscience which tells the subject that he is ruining himself (committing suicide)—all these elements remain unaltered in the process of substitution. It is true that Zweig's story is told by the mother, not by the son. It must flatter the son to think: "If my mother only knew what dangers masturbation involves me in, she would certainly save me from them by allowing me to lavish all my tenderness on her own body." The equation of the mother with a prostitute, which is made by the young man in the story, is linked up with the same fantasy. It brings the unattainable within easy reach. The bad conscience which accompanies the fantasy brings about the unhappy ending of the story. It is also interesting to notice how the *façade* given to the story by its author seeks to disguise its analytic meaning. For it is extremely questionable whether the love life of women is dominated by sudden

and mysterious impulses. On the contrary, analysis reveals an adequate motivation for the surprising behavior of this woman who had hitherto turned away from love. Faithful to the memory of her dead husband, she had armed herself against all similar claims; but—and here the son's fantasy is right—she did not, as a mother, escape her quite unconscious transference of love on to her son, and fate was able to catch her at this undefended spot.

If the mania for gambling, with the unsuccessful struggles to break the habit and the opportunities it affords for self-punishment, is a repetition of the compulsion to masturbate, we shall not be surprised to find that it occupied such a large space in Dostoevsky's life. After all, we find no cases of severe neurosis in which the autoerotic satisfaction of the early years and of puberty has not played a part; and the relations between the efforts to suppress it and the fear of the father are too well known to need more than a mention.<sup>8</sup>

<sup>8</sup> Most of the views which are here expressed are also contained in an excellent book by Jolan Neufeld, *Dostojewski: Skizze zu seiner Psychoanalyse* (Vienna, 1923).



## EDER AS PSYCHOANALYST \*

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*London*

In the summer of 1911 during the Annual Meeting of the British Medical Association a paper was read before the Neurological Section describing in simple language the treatment of a case of hysteria and obsession by Freud's psychoanalytic method. The occasion was a notable one. The lecturer was David Eder, by that time a man in the middle forties; and the paper he read was the first public contribution to clinical psychoanalysis made in this country. When Dr. Eder had finished speaking, the Chairman and the entire audience, numbering about nine, rose and stalked out without a word.

The modern student of psychoanalysis, reading a reprint of this paper after an interval of thirty years, would be hard put to it to discover why the audience was so profoundly shocked. Trained in a more complicated and lengthier technique, he would be more likely to envy the rapidity with which cure was effected. At the end of three months and with no more than two therapeutic sessions each week, the case returned to work cured of an acute hysterical pain, a phobia of eating among strangers, a violent repugnance to washing, and some hitherto intractable sexual and social inhibitions. The explanations put forward by the lecturer were in the simplest terms of unconscious conflict over repressed infantile sexual trends, and stressed the importance of some early traumatic episodes. The techniques were based on "word-association" tests, together with the use of "free" association and the analysis of dreams. Indeed, it is scarcely possible to understand the antagonistic reaction provoked by these early contributions without recalling the darkened emotional atmosphere under which the pioneers of psychoanalysis in this and other countries carried out their work. It is sufficient to say that Dr. Eder's analytical

\* Reprinted from: *David Eder. Memoirs of a Modern Pioneer.* Ed. by J. B. Hobman. Victor Gollancz Ltd., London, 1945, pp. 89-116.

work commenced during the Edwardian era. Almost as soon as he set up practice, he "tried his hand," as he said, at a psychical approach to illness and, for some years before he used analytic methods, employed suggestion and hypnosis in his general practice. An early contact with Ernest Jones about 1904 led to an intimate friendship and was ultimately responsible for his first interest in psychoanalysis. But it was not till 1909, after reading an article by Freud on the relations of mothers to children, that he became acutely interested in the subject. He read everything about psychoanalysis he could lay his hands on and soon began trying out what he had gathered of psychoanalytic technique on patients who came to him in the course of his ordinary work in Charlotte Street. Encouraged by successes which astonished no one more than himself, he took his professional life in his hands, rented a room in Welbeck Street and in 1912 began regular analytic practice.

This was the late Ascot period of medicine in England. A lingering generation of Victorian consultants, having composed their differences with the more radical branches of organic medicine, in particular with the bacteriologists and early biochemists, still lent a top-hatted tradition to the labors of Harley Street and Mayfair. The radicals, in their turn, on the strength of a more disciplined and scientific method, had imposed some of their authority on these same districts and were naturally willing to copy some of the more affluent airs of their god-fathers in consulting. The name and reputation of Freud were unknown. Indeed, for most doctors the word "psychology" was reminiscent of the tambours and smoked tracing papers of physiological classrooms. The possibility that a science of clinical psychology would one day develop must have appeared as remote as the chances that men would one day fly the Atlantic. And, after all, our predecessors could scarcely be blamed for their solidly entrenched traditions. For even the psychiatrists of the period, who might well have led the van of psychological progress, were ignominiously dragging in the rear of organic medicine. Locked up with a wealth of material, they shared some of the inaccessibility of their own patients, gazing at these uncomprehended riches with an institutional

formalism that will one day baffle the imagination of the medical historian. One could hardly have expected the general practitioner not to follow this example. Moreover, being brought up in the dogmatic traditions of organic medicine, the average doctor found himself at a considerable disadvantage in dealing with the cases of chronic psychoneurosis that swelled his visiting list. Unable to comprehend the nature of these disorders, he developed the usual signs of unconscious fear of the incomprehensible and reacted to them with ill-concealed impatience. His annoyance was vented mainly on those hysterical interferences with physiological activity which at that time were indiscriminately labelled "functional" defects. In the case of undisguised neurotic disorder, impatience developed into open irritation and disapproval. So when the news gradually filtered through that certain neuroses were being attributed to disorders of infantile sexual instinct or to unconscious conflict over these instincts, he could contain himself no longer. Unable either to rid himself of troublesome patients or to abuse them to his heart's content, he could, and frequently did, cut the new science of psychoanalysis dead.

But it would be misleading to suggest that opposition to psychoanalysis was confined to the medical profession. Nor, for that part, would there have been anything particularly heroic in enduring the professional abuse and sometimes personal affronts emanating from medical sources. Anyone who chooses to champion a new medical cause, particularly in the field of mental science, must know that the medical faculty has time and again subjected its pioneers to that illegitimate descendant of the witch trial, the ordeal by vituperation. And Eder was well versed in the history of medicine. Neither can the violent opposition be dismissed with the explanation that the Edwardians, to say nothing of the Victorians, were a prurient-minded race. It is certainly true that Freud's discovery of infantile sexuality was a profound shock to everyone who came to hear of it, including, it is significant to note, analysts themselves. What shocked them all was the conception of the child, not as the innocent trailing clouds of glory, but as the "polymorphic pervers," to use Freud's descriptive term for the

diverse nature of infantile sexual impulses; not as Locke's *tabula rasa* on which the adult world might etch its civilization, but as a creature like themselves subject to extreme fluctuations of love, jealousy, hate and aggression. To whatever shop-soiled state the adult had graduated, the child at least must never, never have a body that was, to use Augustine's words, "a little city of sewers." What people feared was a deposition of the authority of conscious moral sense, a sweeping away of all the steps by which man had climbed painfully out of his bestial origin.

Having apparently recovered from this shock, we can now look back and see that the Victorians and Edwardians were no more and no less prurient-minded than we are at the present day. They were frightened and consequently angry. Indeed, it is an open question how far our own rather glib acceptance of these ideas has produced a false sense of security. It is perfectly true that nowadays most open-minded mothers can corroborate by naked eye observations the facts of infantile sexuality which have been so hotly disputed by generations of obscurantist family doctors. This is indeed a victory for psychoanalysis. But it is a precarious victory which no amount of spurious acceptance can consolidate. As time goes on, it becomes more and more difficult to grasp this fact. The later course of psychoanalysis in England differed from that followed in other European countries. That it ultimately secured a large measure of acceptance and prestige in lay quarters was due to a considerable extent to the attitude of certain young intellectual groups. In the early 'twenties, for example, an open-minded attitude to psychoanalysis was an essential part of the equipment of any young Cambridge post-graduate having pretensions to cultural development. Not, by the way, that this was true of his academic mentors, who remained as atrophic in imagination as any other habit-ridden animal. There were, of course, many other groups and many discerning individuals ready to offer intellectual hospitality to the new ideas. And so in course of time Freudian theories percolated in a bowdlerized form, from the gardens of Hampstead and the squares of Bloomsbury, to the drawing-rooms of Kensington. Soon they

were to find their way to the maid's pantry. Everywhere and everyday in bus, tube, and the editorial columns of popular daily newspapers a new jargon has come to life—"wishful thinking," "complexes," "repressions," "inhibitions," "sublimations," "inferiority feelings," and the like. These terms are lightly and inaccurately bandied about by persons who have no idea to what revolution in thought they owe their origin.

But in those pioneer days there was as yet little sign of the acceptance, both genuine and spurious, that was to come. One gropes for an image apt to the situation—maps of the world as known to mediæval cartographers, the rush-light illuminations of Saxon England, Chinese contemplatives viewing life from the shelter of the Great Wall. It is difficult not to adopt antiquarian images. For Freud, following those profound intuitions that are the very marrow of genius, had succeeded in adding a new continent to an old world, a continent of the mind to which he gave the name of the Unconscious. He had also established some of the peculiar laws governing this hidden region: he had shown how, under the skin, the normal civilized adult has much in common with the child, the savage and the barbarian. True, he had also demonstrated that the heart-aches and mental pains of Everyman, his neurotic illnesses and social maladaptations were due to the imperfect state of evolution of the human mind. But that, as it were, extenuating circumstance was and is not yet fully grasped. Enough that Freud attacked the tendency of the human mind to unreason, to illusion, to self-deception and to lack of control of the emotions. It was a Revolution; and, as in every revolution, spiritual or material, all who were threatened held on desperately to their cherished possessions and sought to defend them with every weapon at their command.

A long digression this. But it is essential to realize in what dark ages the science of psychoanalysis was born. Otherwise we cannot hope to understand the quality and character of its earliest supporters. Attacked on two sides, facing not only the hostility of the external world but the more insidious influence of their own resistances, they must have sustained themselves on something more refreshing than the mere iconoclastic joys

of assaulting current conventions. Here we cannot do better than quote their own words. In an early essay, dealing mainly with the medical aspects of psychoanalysis, Eder concluded his presentation as follows:

“But that is only one aspect and not indeed the most vital aspect of a much larger question. We have here involved the whole functioning of the mind of man, his whole history and destiny. There is no man but has at one time or other in life been haunted by these ‘obstinate questionings,’ ‘blind misgivings,’ of a creature ‘moving about in worlds not realized,’ none who has not at least in moments of deep stress and spiritual conflict been conscious of unsounded depths he cannot plumb. Here at last we seem to have as it were a plummet and with it we may take soundings into that mysterious sea, the human soul, in its past workings, in human myths, in poetry, in religion, in art, and above all in the mind of man, ourselves, our brothers, as we live today in the face of the mysterious present. We are surely on the threshold of discoveries in the psychic region comparable with the gift of new worlds: By those who have studied Freud’s works, who have had some measure of their own tropical darkness radiantly illuminated, I shall seem guilty of no extravagance when I say:

“Then felt I like some watcher of the skies  
 When a new planet swims into his ken;  
 Or like stout Cortez when with eagle eyes  
 He stared at the Pacific—and all his men  
 Look’d at each other in a wild surmise.”

But it is characteristic of pioneers that they are not content to toast their poetic imaginations by study fires. Some more active expression of belief is essential to their well-being. In the case of the early psychoanalysts, this expression was for many years regulated by the violence of the opposition they encountered. We can therefore say of them with certainty that, in addition to possessing an unusual flair for the psychological, they must have been men of some mettle. Both of these judgments were true in the case of David Eder. From adolescent days he had been profoundly interested in psychology and his voracious reading from boyhood—poetry, fiction, philosophy, history—had always been inspired by the hope of discovering

the key to human conflicts of which he was very much aware at an early period of his life. To the importance of these personal conflicts I shall have occasion to return. In the meantime, it is easier to record his reaction to the opposition of the medical faculty. Eder was not much dismayed by opposition. There was something of the war-horse in his disposition, and the active attacks to which he was subjected only aroused his fighting spirit. During those early years he took every opportunity of forcing the subject to the front, particularly in the Psycho-Medical Society, the bulk of whose members were violently hostile to Freud's theories. Week after week and year after year he gave lectures and talks to small and large audiences, both medical and lay. Wherever he had a friend on any paper or could secure the chance to speak to any society, he would, whether the occasion were seasonable or not, write or talk about psychoanalysis and Freud. All the while he was experimenting vigorously in his own practice, and contributing scientific articles on the subject. Looking over his published work during this fighting period, one gets the impression of a mixed scientific and propagandist salad. Thus in 1912 he published "Freud's Theory of Dreams" and in the following year "The Present Problem of Psycho-Analysis," both in the *Transactions of the Psycho-Medical Society*. These were followed by numerous articles in the *Universal Medical Record*. In 1913 he was writing "Doctors and Dreams" for the *Daily Dispatch* and contributed many psychoanalytic articles and reviews to the *New Age*, a paper which for many years lived up to its name by offering a platform to new ideas and unpopular causes. Owing to his early interests and contacts, Eder had unusually favorable opportunities of planting his propagandist views in the most suitable soil. In 1907 (together with the Headmistress, Clara Grant) he initiated the first school clinic in London, that at Devons Road, Poplar. He was medical officer to this clinic until 1910, when he became attached as physician and general factotum to Margaret MacMillan's School Clinic at Deptford—a Clinic which led more or less directly to the formation of the L.C.C. therapeutic services for school children. His paper on "Conflicts in the Unconscious of the

Child" arose directly from his work at Deptford and with certain child patients. From 1910-15 he was Joint Editor of *School Hygiene*, the organ of the School Medical Officers, and he took full advantage of this forum to spread psychoanalytic views.

It is an interesting comment on the receptivity of different professions that whereas most doctors engaged in organic medicine have always been blindly opposed to psychoanalysis, medical officers dealing with the more social aspects of medicine have been more responsive. But never, of course, as responsive as pure educationists, who time and again have taken up the cudgels on behalf of clinical psychology. For instance, Eder's paper on child conflicts, written in collaboration with Mrs. Eder, was first read at the North of England Education Conference at Bradford, where it had a most friendly reception from an intelligent and excited audience. The paper was then published in *Child Study*, the organ of the Child Study Association, whose editor turned an intelligent and friendly, if critical, eye on psychoanalysis. But the Council of the Association were horrified. Every copy of this very mild and cautious statement of the child's problems was recalled, the paper itself was formally repudiated, and the authors were left with the only resource of redistributing it in pamphlet form.

But although a zest for fighting against odds is part of the essential equipment of the pioneer, and to that extent an asset to those who espouse unpopular scientific causes, it is no guarantee of the scientist's staying power. Indeed, it is well known that once they have secured recognition for their work, many scientists turn their energies in new directions. Moreover, the position of psychoanalysis is somewhat peculiar in this respect. Although the psychoanalyst undergoes a personal analysis in order to eliminate as far as possible those profound emotional resistances which fight against recognition of the unconscious, it is safe to assume that this precautionary measure is never completely successful. The figure of the "perfectly analyzed analyst" is just another of these myths to which incidentally Eder devoted considerable attention. However well he may have ventilated past stresses, the analyst is still vulner-

able. Given a sufficiently powerful stimulus his earlier resistances may be reactivated. The mere fact that he is constantly preoccupied with the unconscious conflicts of his patients constitutes such a stimulus. Unless the analyst is constantly on guard, he may lose the relative immunity he has so painfully acquired. A few of Freud's most enthusiastic followers (Jung, Stekel, Adler, Rank are the best-known examples) have made spectacular retreats from their earlier convictions, and have usually ended by opposing psychoanalysis as vigorously as they formerly supported it. In David Eder's case, the later part of what I have called the propagandist period coincided with the development of a strong sympathy with the psychological outlook of Jung. In 1912 certain family circumstances brought him in more intimate contact with Jung, who was not yet in open opposition to Freud. The personality and writings of Jung were calculated to appeal to one of Eder's temperament. He himself describes the powerful impression created by reading Jung's *Transformations and Symbolisms of the Libido*. The broad sweep of Jung's approach, together with his richness and fertility of illustration, appealed to Eder's own generousness of mind. And this impression was strengthened by the optimistic lines of Jung's philosophy. At the time the massiveness of the structure created by Freud had not yet appeared in its full outline. And no doubt many who approached the subject for the first time felt that although Freud had laid the foundations, the superstructure would soon be contributed by a number of his followers. That did not prove to be the case. Until increasing years and frail health restricted his output, the advances made in psychoanalysis were initiated and stimulated almost exclusively by Freud himself. Indeed, looking back with our present perspective, one is inclined to wonder why so much importance was attached by psychoanalysts to some of the earlier schisms. However valuable the earlier work of the schismatics, it is to be remembered that once they deserted psychoanalysis their subsequent contributions to a systematic psychology could not be compared in scope, in breadth of vision and in depth of understanding with the system they abandoned.

But whatever the reason, there is no doubt that Eder was for some years deflected from the main lines of Freudian approach. This deflection was not at once apparent. In 1913 he visited Vienna and saw much of Freud, but was disappointed of his hope of a personal training by him. On Freud's recommendation, he went for a brief period to V. Tausk, a brilliant though erratic disciple, who, as Eder once remarked, had "the almost diabolic insight" of the schizoid mind. Back in England again, he resumed his association with Ernest Jones who had returned from Canada the same summer and, in October, 1913, the London Psychoanalytical Society was founded, with Jones as President and Eder its first Secretary. In the following year he went through a brief period of personal analysis with Ernest Jones, and until 1915, when he volunteered for medical service in the European War, worked on steadily with an ever-increasing analytic practice. Of his clinical contributions to the literature during this period, the most important was undoubtedly that given before the Seventeenth International Medical Congress in London in 1913 on "Stammering as a Psychoneurosis and Its Treatment by Psycho-Analysis" (published in the *Proceedings*). This was the first paper to be published on stammering, and its clinical analysis of two cases reads as freshly today as when it was given thirty-one years ago. About the same time, in a paper entitled "Augenträume" (*Internationale Zeitschrift für ärztliche Psychoanalyse*), he made a short but valuable contribution to the subject of eye-symbolism. In 1914 he published a translation of Freud's shorter work on dreams under the title *Freud on Dreams*, and continued to write for the *Universal Medical Record* until 1915.

The next stage of his career was influenced materially by a happy appointment in 1916 to take charge of a "shell-shock" hospital in Malta, the troops coming from Gallipoli. His work here deeply impressed Sir James Purves-Stewart, then in general charge at Malta. In 1916 a paper by Eder on "War Neuroses" appeared in the *Lancet*, and the year after he published the first book on the subject of *War Shock*. This notable contribution did much to advance the cause of clinical psychology. Up to that time a variety of functional disturb-

ances occurring under war conditions had for lack of psychological insight been pigeon-holed under the classification of organic disease. Eder's book did much to rescue them from therapeutic oblivion. Moreover, by substituting the title "War Shock" for "Shell Shock," he succeeded in broadening enormously the current ætiological conception of the whole group of war neuroses. Despite the efforts of Purves-Stewart to have him put in charge of a shell-shock Hospital in England, he was transferred to convoy work and a bombing school. The official opposition to psychoanalysis was too great. This was too much, and in 1917, feeling that it was useless to remain in the Army, he returned to start practice in London again and to work under Brend as physician to the Ministry of Pensions Neurological Clinic. Dr. David Forsyth has described how, on the opening of the first psychological unit organized under this scheme, he found that David Eder and himself constituted the whole of the therapeutic staff. They were soon up to the eyes in work and laid the foundations of an organization that ultimately comprised sixty or seventy medical officers.

In a more direct way, the war was responsible for prolonging his swing away from the orbit of Freudian analysis. The political reorientation of Palestine gave Eder an opportunity of displaying his pioneering strength and his political ideals in the sphere of Zionism. But although his activities from 1918 to 1922 as Political Officer to the Zionist Commission precluded any serious psychological effort, he employed what little leisure time was available sometimes in psychotherapeutic work, and frequently in developing or reorganizing the orphanages with which Jerusalem at that time abounded. All the while he kept himself well versed in the growing psychoanalytic literature, and continued to give papers on psychotherapy and education. Despite these activities, Eder had for all practical purposes isolated himself from the psychoanalytic movement. And it was not till about 1920 that the drive back to psychoanalysis commenced. During his reading he had become dissatisfied with his existing Jungian orientation and about 1920 found himself in active dissent. On his return in 1922 he sought to continue his psychoanalytic training by going to Karl

Abraham in Berlin. This project falling through, he took the important step of going (in 1923) to Budapest for a period of eight months' analysis with Ferenczi, the leader of the Hungarian Group. This was a step of extreme courage, as he had almost no money and in any case had to face the prospect of competition with younger men. He took it because he thought it imperative to get deeper insight into his own psyche. The rival claims of Zionism and psychoanalysis had not yet been settled for him. To judge, not only by his own account, but by the subsequent course of his life, he did find with Ferenczi the solution of his main problems. He returned at once to London, set about collecting a practice all over again, and within a comparatively short time succeeded in doing so. Although he did not abandon his Zionist activities, he settled down to the steady and strenuous life of a working analyst, and despite many periods of great personal difficulty, kept up this life to the end.

Rejoining the British Psycho-Analytical Society in 1923, he became one of its most active and devoted members. He was appointed a physician to the London Clinic of Psycho-Analysis, and for a number of years before his death served on the Council of the Society and was one of the Directors of the Institute. In 1932 he took an active part in developing the new Institute for the Treatment of Delinquency, which he served in a triple capacity, as member of its Council and Scientific Committee and as physician to its clinic. His former interest in child development received here a fresh expression, and it is to be hoped, a permanent memorial. For reasons that are not hard to seek, the treatment of delinquency is not a popular cause and there is no doubt that without Eder's practical support and initiative the new clinic would soon have perished of inanition.

It is difficult to estimate whether the comparative uneventfulness of his last ten years was due to a quietening down of Eder's inner pugnacity or to the fact that by that time psychoanalysis had secured a practically unchallenged position in the field of psychological dialectic. No longer were dog-fights in psychological societies the order of the day. Although there

was still a numerical preponderance of non-Freudian over Freudian practitioners, psychoanalysts were no longer on the defense. Papers were subjected to criticism, not because they expressed Freudian views, but to the extent that they were not radical enough in outlook. The pioneering days were definitely over!

Eder's contributions to psychoanalysis during the last and most consolidated phase of his life fall naturally into three groups. Inevitably a number of them were expository in type, lectures and papers read to various extra-mural societies. Next come his clinical contributions to the proceedings of analytical societies and congresses. The third group consists of lectures on various social aspects of psychoanalysis. The first of these groups calls for no special comment. Of his clinical contributions the more outstanding were published in the *International Journal of Psycho-Analysis*: "A Camera as a Phallic Symbol" (1924), "A Note on Shingling" (1925), "On the Economics and Future of the Super-Ego" (1929), "Dreams as a Resistance" (1930) and "Animosity of Father to Son" (1930).

The third group of contributions, viz. to applied psychoanalysis, is the most interesting in that it sheds some light on the personal outlook of the writer. It should be remembered that there is a considerable difference between the younger generation of psychoanalysts and those who were originally responsible for securing its recognition. Nowadays psychoanalysis is more of a career than it was in the pioneer days. The newer recruits although sharing with their predecessors a common interest in mental conflict and psychological motivation of illness have naturally a more professional concern with the subject. Whatever their shortcomings, most of the early psychoanalysts were men of wide cultural interests. As a rule, by the time they took up analysis, they were approaching the middle years of life, with a record of previous successful (or unsuccessful) experience of personal and professional life. And naturally they were inclined to reflect a good deal on the possible bearing of psychoanalytic discoveries on the social development of man. Moreover, by the time most scientists reach the sixties there is a strong temptation to celebrate or

compensate for their approaching retiral by dwelling on the larger issues. They experience a natural urge to offset their diminished labors by some more profound contribution to the wider-scaled philosophies of life. On the other hand, as Freud pointed out in one of his later essays, the *Weltanschauung* of the scientist is bound to be limited in scope by comparison with political and philosophical systems. In the long run, the only course open to the analyst is to pour his individual optimisms (or pessimisms) into the mould of social or cultural conjecture. A glance at the papers written by David Eder shows that his analytic pursuits provided him with a medium through which his earlier social and cultural interests could be usefully refracted. In 1923 he was one of the contributors to a symposium held before the Sociological Society in London (published later in book form as *Social Aspects of Psycho-Analysis*). The title of Eder's contribution was "Psycho-Analysis and Politics." In 1925 he read a paper before the International Psycho-Analytical Congress at Homburg, "A Contribution to the Psychology of Snobbishness." And it may be remarked in passing that no one could have written a paper on this subject with less fear of personal bias. For no trace of the various snobberies existed in Eder's constitution. This was followed by the first of a series of papers dealing with various psychological aspects of eugenics, "The Psychology of the Expectant Mother" (1925), "Psychological Aspects of Birth Control" (1929) and "The Sterilization of the Unfit" (1930). Apart from their psychological interest, these papers bear witness to the essentially sane outlook of the writer on problems which usually arouse violent partisan emotions. In 1923 a paper of his, "Is the Unconscious Educable?" appeared in *Imago*. This was the substance of a lecture given to the Montessori Society in London. It indicated clearly his interest in the future influence of psychoanalysis on social development and at the same time expressed a sanguine view of these possibilities, although, of course, he was careful to introduce many sobering qualifications calculated to restrain any undue optimism. In 1930 he returned to the subject again. In a paper on "Psychology and Value" (*British Journal of Medical Psy-*

chology), he examined the psycho-biological utility of those ultimate human values, the Good, the True and the Beautiful. This utility he traced to the fact that in the human species, variation is no longer effected through change in the structure of the individual, but by the individual changing his external environment which includes, of course, his own conscious ego. It is in this surface organ of the mind that man's major adaptations in a forward or backward direction are hammered out. The unconscious is, on the other hand, constant and unchangeable. Hence man is in a perpetual state of unstable equilibrium, a fact which, Eder thought, contributed in no small measure to man's zest of life. Variations in man's unconscious are not likely to appear until man has exhausted his power of altering the external world, using this term in the more comprehensive sense indicated.

His third and final contribution to this subject was given as an address to the Medical Section of the British Psychological Society on being elected as its Chairman. As its title implies, "The Myth of Progress" (*British Journal of Medical Psychology*) was devoted primarily to an analysis of the modern belief in the inevitability of progress towards a state of perfection in individual and social relations. This, together with some modern humanistic variants of the myth, he regarded as a product of man's unconscious conscience, the latest of a long series of moral projections having little to distinguish it from some earlier and openly religious forms. Having thus bracketed the concept of inevitable progress with other illusion-formations, he brings his earlier trains of thought on this subject to a close. As on many previous occasions he freely subscribes to the desirability of progress without committing himself to any spurious doctrine of perfectionism. The concept of the superman is outside the scope of current human evolution. Man can make no progress so long as he remains blind to the forces of unconscious aggression existing in him. Only when he comes to terms with their existence without the interposition of superstitions, taboos and other unconscious restrictions can these be educated and effectively restrained. Perhaps, then, the forces of love can be turned towards more effective adaptation, but

since love and hate are constants, he does not venture to commit himself positively in this direction. The essay ends with a confession that he sometimes thinks psychoanalysis may produce a slight dent in the rigid vicious circle in which man finds himself, but pauses with the reflection that this may be but the beginning of a new myth.

In 1933 appeared the last of Eder's thirty-six published papers on psychoanalysis: "The Jewish Phylacteries and other Jewish Ritual Observances." For many years he had been interested in the psychoanalysis of Jewish ritual, but, on the appearance of a monograph by Theodor Reik on the same subject, was at first disposed to leave his own work unpublished. The paper in question was a workmanlike production and a fitting close to the official labors of one who, in the words of Freud, "carried in him that miraculous thing which—inaccessible so far to any analysis—makes the Jew."

. . . . .

The death within a comparatively short period of so many of the original exponents of psychoanalysis places the writer of a biographical notice under unusual obligations. His task extends beyond that of mere scientific appraisal to recording for the benefit of later generations what manner of men these early analysts were. And there is a certain irony in the reflection that this task is far from easy. For psychoanalysis, partly unwittingly and partly by technique aforethought, has added considerably to the labors of biography. Purely descriptive biography fell into disrepute partly because it allowed too much scope for *post-mortem* panegyric, and partly because it shared the failings of "conscious" psychology. The *de mortuis* principle was, of course, a *post-mortem* ritual of animistic origin which forced discriminating readers to read between the laudatory lines. In fact the most valid criticism of formal biography was that, contrary to its animistic aim, it mummified its object instead of reanimating it. It was only natural, therefore, that some modern biographers should have tried to exploit the new methods of mental reconstruction adopted by psychoanalysts. Their success was limited partly because of

lack of training and partly because they were not thorough enough. Many of them indeed were satisfied to look for and sometimes discover skeletons in the bathroom cupboard. When psychoanalysts take to biography they are not content with a superficial or selective interpretation of human motivation. Not only do they pursue their researches to the cradle flounce, they delve systematically into layers of the mind that are ordinarily inaccessible to introspection and observation. On the other hand, discerning critics have not been slow to point out that analytic biography has to some extent jumped from the frying-pan into the fire. It often stultifies itself by discovering motivations that are so universal as to lose any specific application to the individual in question. The analyst may, for example, unearth the unconscious symbolism which led some famous literary figure to write sonnets to his mistress' eyebrows. But it soon transpires that this symbolism is also at the disposal of the illiterate.

No doubt these difficulties will be overcome in due course. In the meantime the unfortunate reader of biographies is in somewhat of a dilemma. Although equally distrustful of white-washing and of debunking, he is merely bewildered by the psychoanalyst's haystack of unconscious motivations. It is a short step from bewilderment to exasperation and sooner or later one hears the reproach that analysts seldom apply to themselves the standards or valuations they apply to others. Now it may be true that analysts during their working hours can indulge the unusual luxury of being right at someone else's expense. But it is only fair to add that such enjoyments have not gone undetected by analysts themselves. Ernest Jones, describing the nature of what he called the "God-complex," pointed out that psychological pursuits offer a specially attractive opportunity of indulging a form of omnipotence. And nowadays the training-analysis of students includes an investigation of the unconscious motivations which lead to the adoption of psychoanalysis as a profession. Unfortunately, in the case of David Eder no such analytic records are available. We can never know with certainty why he came to play the part of an analytic pioneer, and so we are reduced to making

rather happy-go-lucky guesses at probability. The most reliable method is to consider how far the main tendencies of his life correspond with the fundamental gratifications afforded by the practice of psychoanalysis.

But what are these gratifications? To answer this question we must consider the nature of psychotherapy. Now, the simplest distinction between psychoanalysis and other methods of mental treatment lies in the handling of what is called the "transference"—in other words, the state of unconscious infantile *rappor*t existing between the patient and the physician. In non-analytic therapies this state of *rappor*t is either cultivated or unwittingly exploited, in order that the physician can give force to his favorite method of approach. So when he employs suggestion, exhortation, moral suasion, or reëducation it is not hard to guess what the physician's own gratifications are. The psychoanalyst deliberately eschews such gratifications. He uses the transference merely as a lever to set his interpretative work going and proceeds as soon as possible to analyze this emotional bond. In the last resort, he seeks to resolve the transference completely. Legitimate as this distinction is, the fact remains that, from the point of view of occupational interest, the psychoanalyst, like all other psychotheraputists, is something of a glorified "nanny"—the last of a long series of official or self-appointed nannies through whose hands every child, rich or poor, must inevitably pass. This honorable designation has suffered a good deal from its middle-class associations. But it serves to distinguish those who labor to bring up children, on the one hand, from barrack-room "childminders" who have secured a spurious psychological authority by virtue of a miserably inadequate training in physiology and, on the other, from those more endearing mother-surrogates whom Robert Louis Stevenson immortalized in his picture of "Cummy." The kinship between the psychoanalyst and the nanny is not difficult to trace. Confronted with the barked shins of emotional life, the analyst metaphorically picks up the sufferer, removes grits from the wounds, dusts some of the damaged garments of social response, and sets him on his way. In a sense the situation of the analyst might be said to represent the apotheosis

of the nanny. The analyst is, or, ideally regarded, should be, the nanny without any of the axes that grown-ups grind so industriously on the minds of their infantile charges. But even if his interference is not stimulated by anxiety, exasperation, guilt, or a desire for power, some of the deeper satisfactions he experiences must be essentially parental in type and traceable in the last resort to one side or another of man's bisexual constitution.

The psychological consequences of bisexuality provide analysts with the most vexed and vexing of their unsolved problems. A few fundamental conceptions have been laid down, but until we understand the unconscious processes by which surplus or frustrated sexual energy is desexualized (or sublimated), the part played by masculine and feminine impulses in the choice of a career cannot be accurately determined. It is therefore an open question whether Eder's obvious satisfaction in his work was due to the sublimation of his maternal or of his paternal impulses. There is some evidence that he was more in tune with his father than with his mother. At any rate, it is worth noting that his father, gentle, intellectual and, as Eder himself said, "humorously forbearing with my rather noisy, 'bossy' mother" was the great conscious influence of his young life. (He died when Eder was in his nineteenth year.) The "fatherly" nature of his instinct to shelter and guide was unmistakable. On the other hand, although less attention is paid to the fact, it is undeniable that the boy's unconscious disappointment at being unable to emulate his mother's feat of baby-production is as deep as the corresponding jealousy of the girl that she does not possess male organs like her father. Psychoanalysis with its somewhat obstetric function of delivering adults from the contracted pelves of warped childhood is bound to provide some compensation for man's biological incapacity to be a real woman. But whatever may prove to be the ultimate solution to this riddle, there is no doubt that one of the most searching tests of an analyst's capacity, is his inner attitude to children and their problems. And it is significant in this connection that Eder was "good" with children. He could enter into their

peculiar humors and could arouse in them that almost spontaneous reaction of confidence and affection which is one of the best unwritten testimonials to his own likeability. Although he was himself childless, he devoted himself to the interests of two small step-children and watched over their education and careers with a specially tender solicitude.

Next, in order of motivation, to the satisfaction of parental impulse comes no doubt the vicarious enjoyment by the analyst of a second childhood. His inner experience of mental conflict in any case predisposes him to identify with his patient. Hence the unfolding of the patient's conflict must frequently offer the analyst a painless, if sometimes tedious, repetition of some of his own most important past. When treatment goes well, he has the additional satisfaction of observing in others emancipations that were in their time essential to his own development. In short, a degree of emancipated childlikeness is an asset to every analyst. And Eder was not only "good" with children: he was in some of the best senses of the term "childlike." Behind his solid-looking and sometimes gruff exterior, he concealed an essentially boyish nature, which expressed itself typically in his humor.

But when all is said, these satisfactions belong to the positive side of sublimated love and may create a lop-sided impression of an analyst's character. It is essential to correct such estimates by finding how far a preoccupation with psychoanalysis helps to solve the analyst's problem of mastering or distributing his own aggressive impulses. For many people the control of hostility is an even more urgent problem than the fruition of love. The more infantile the hostility, the more urgent the problem. It would, of course, be unreasonable to deny the adult any expression of his egocentricities, his realistic envies, rivalries and jealousies. No doubt these give rise to a certain streakiness of character. A judicious admixture may even add to the savor of character. But on the influence of infantile hostility there can be no two opinions. However friendly an individual may appear, his character cannot really be called "balanced" so long as his contacts with life are secretly corroded with or turned rancid by hate. Now the mere fact that

psychoanalysis is an active research process, devoted continuously to the solution of baffling problems, allows a considerable outlet to the more aggressive, penetrating components of curiosity. And Eder at different times of his life combined an insatiable curiosity with a passion for actual exploration. As has been noted, he was all his life a voracious reader and before settling down to analytic practice had made some most adventurous explorations in Colombia. In this connection, it is to be remembered that in the early days of psychoanalysis the uncharted territory of the unconscious offered adventure at every turn. To this day there are still unexplored regions of the mind full of the promise of excitement to those who are bold enough to enter them. But the facts of most interest are that, in addition to being a rather dogged fighter, Eder was always a rebel and sometimes a revolutionary. For the greater part of his life his political sympathies lay with the extreme Left, as an old scalp wound acquired in Trafalgar Square testified. Now, regarded from the point of view of conventional thinking, the psychology of Freud could fairly be described as standing at the extreme left of psychology. And there is no doubt that many mental rebels found an emotional haven in this uncompromising and, from the conventional point of view, revolutionary science. This was particularly true of the early days. Later on, when psychoanalysis was approved of and given considerable support by many intellectuals, the situation altered: and, of course, now that psychoanalysis has become for all practical purposes a respectable branch of medicine there is less to attract the active rebel. Indeed, as far as their social responses are concerned, it would be difficult to find a more conventional *bourgeois* group, than that represented by present-day analysts in England. But Eder, during most of his career, was not satisfied to be a Welbeck Street revolutionary. Though no gladiator, he was something of a political pugilist, and from time to time even in later life enjoyed snuffing the sawdust airs of the socio-political arena. He differed, however, from the ordinary fighter in that he practically never fought for fighting's sake. As his work for children and Zionism showed, he had always before him a creative aim. This no

doubt was activated by the same parental impulses which made him helpful and sympathetic to the sick, the suffering and the forlorn.

But the more one tries to isolate common factors in the make-up of the early psychoanalysts, the more difficult it becomes to build up a standard pattern for them. And perhaps in the long run the wiser plan is to admit that a science which casts its net so widely must inevitably attract recruits of widely differing nature and temperament. At this point the biographer is tempted to throw up the sponge, to content himself with picking out special characteristics by which the individual can best be remembered and his influence most easily understood. No doubt this course would have the hearty approval of the lukewarm reader. But it ignores the fact that these very characteristics, however long-established and apparently stable, are end-products acquired only after a long and frequently painful struggle between the primitive forces innate in the individual and the obstacles that have opposed them. The most active obstacles are, of course, those existing in the individual's own mind. But it is important to remember that apparently environmental obstacles, in simpler language, the force of circumstances, can be exploited by the individual in order to spare himself psychic effort. He will even go so far as to provoke them in order to find an innocent excuse for his subsequent conduct. In short, to assess character, we must at least attempt some crude measure of the deep emotional trends that stimulate its formation. Following this plan, we may not be able to dogmatize as to the exact route by which anyone individual comes to adopt his life's work, but we can at least guess at the nature of his ultimate compromise with life.

In this search for deep emotional trends, it is easy to be led astray by the more massive aspects of a man's character. Although these are frequently *positive expressions* of the original instinct, they may, on the other hand, represent *bulwarks against* the gratification of instincts that are not in conformity with the inner standards of the ego. In other words, they may be the result of unconscious conflict as distinct from the direct gratification of a deep urge. In the case of David Eder it is easy

to set on record the more massive features of his character. And "massive" is the appropriate word. For there was something massive, not only about his physical set, but in the outlines of his personality. It was no doubt this impression of solidity and breadth of mind and body that evoked a sense of security in those who came to him for treatment. Despite his quiet exterior, there was also a suggestion of forcefulness in him. We have seen too that he was mentally and physically courageous, a persistent and dogged fighter, that he was both "fatherly" and "motherly" in his attitude to children and to the sick, yet something of a boy in his play and humor and that he was both crusader and revolutionist in mental attitude. This list could be continued almost indefinitely. As many younger colleagues have good reason to remember, he had an unfailing readiness to help others. He was essentially generous in disposition, sympathetic to "good causes," particularly those in failing fortunes. He was philanthropic almost to a fault. As Ernest Jones has remarked, "he would sacrifice all he had, time, money, labor and health, without a moment's reflection, not only for social, but also for any personal causes that engaged his sympathy." His own misfortunes, of which he had more than his share, he met with humor and cheerfulness. He was at the same time modest, unassuming and unambitious. And these were no market-place commodities. His strength of character stood the more searching test of intimate acquaintance. The pattern of his private life and behavior gave evidence of a quiet serenity in outlook which was only strengthened by frank and objective realization of the complications of everyday life. Within this more intimate circle, he exhibited also a buoyancy and youthfulness of mind, a gentle and tolerant humor and at times a gaiety of spirit which made contact with him a refreshing and fortifying experience. A still more searching test he passed with flying colors. It was easy for any intimate observer to surmise that his married life with Edith Eder was unusually rich in happiness and companionship. Indeed, all his family ties were of immense importance to him and he would almost cheerfully shoulder any burden they laid on him. He was more than

ready to act the part of foster-father, a reaction that was no doubt intensified by the fact that he had no children. In short there is every reason to assume that the ramparts of his character "held" right up to the purely private confines of self-consciousness.

An unusual achievement certainly. So unusual that it is calculated to arouse the suspicions of anyone with a flair for disgruntled psychological criticism. For there are some addicts to popular psychoanalysis, mostly envious-minded men and catty women, who love to exploit their newly found understanding either by flagellating the foibles of their friends or by gratuitously offering both friends and acquaintances the "low-down" on their more cherished virtues. Backed by their objective understanding of the mechanisms of reaction formation and of expiation of unconscious guilt, they might say that all this was merely a protective façade: that Eder must have been essentially egocentric, cantankerous, impatient, domineering, selfish, envious and mean. No doubt at one time or another the infant Eder was all of these things. Who shall deny the child the use of his puny weapons of defense? These childish gnashings of milk-teeth or inflations of self-esteem and interest are but natural expressions of a superstitious soul caught between internal storms of emotion and external harshness of circumstance. They have no longer any immediate relation to the character of adult man. The diaper school of biography stultifies itself because, being essentially grudging in spirit, it has no real perspective of human problems. It can grasp neither the drama nor, on occasion, the dignity of conflict. True biography is at the same time a form of art criticism and a process of stock-taking. For however humble the individual, his life history is, like his signature, a work of art which may, for all we know, represent a step forward in the science of living.

All of which is preamble to the view that the key pattern of David Eder's life is not to be found simply by cataloging his most striking characteristics. In his case, the real clue was available only to those who were sufficiently intimate to study him in moments of relaxation. Close friends could not fail to

observe at times a certain sombreness in Eder's expression that might well have been mistaken for sadness or pessimism. It has sometimes been suggested that this sombre quality is characteristic of the Jewish race and that it represents an ingrained depressive reaction to the unusually traumatic history and traditions of the Jew. Biblical history is not lacking in figures who have moved the imagination because of their strange slumps from an active life into a kind of despairing inertia. And it is interesting to note that Eder was profoundly impressed by the tragic history of Saul. But in the present state of our knowledge it could be imprudent to attach too much significance to racial factors. As far as the individual is concerned, we are on safer ground if we say that somewhere in the dark recesses of these melancholy types there dwells a deep sense of hurt, of baffled indignation, remorse or guilt. Reading between the lines, we may surmise that behind Eder's conscious attachment to and preference for his father, there existed in his unconscious a strong childish rivalry and fear. At any rate it seems to have been true that his deepest moods of melancholy followed either any rejection of his work by those in authority or any powerful frustrations of his creative activities. Many of his devotions to lost or hard causes were clearly patterned on those unconscious "saving-fantasies" by which the son seeks to expiate his rivalry with his father for the mother and for paternal right. No doubt there are deeper psychic combinations that lead to the development of this "dark spirit." Speculations on the subject have ranged from the postulation of atavisms, the activation of racial "memory-traces" of guilt aroused by murder of the primal horde-father, to the assumption of a despairing love-agony endured by the infant because it cannot keep its mother safe and warm in its own inside. But not all "dark spirits" are of the same hue, and we can only say of the melancholy type that it is the reaction to a deep form of conflict between love and hate and that some deep strain of masochism plays its part in preparing the psychic subsoil. Much more is known of the consequence, the after-history as it were, of this passionate brooding. Should it encroach too much on the conscious personality, brooding is

usually followed by inaction and may end in mental paralysis. At best life becomes a fitful series of abortive activities strung on an endless rope of negation. Its drama slowly peters out to a lame and impotent conclusion. But these are extreme cases in which the end, though tragic enough, is almost too obvious. For the onlooker psychological excitement rises when the conflict between this dæmon and the forces of reality is so finely balanced that the outcome is uncertain. Naturally, all this is more impressive in retrospect, when, for example, a life history can be condensed to the time dimensions of a three-act play. Unfortunately, conflict is sometimes so interminable that it exhausts the patience of all but the professional observer. It is, of course, true that many of us come to terms with life within a few years of passing puberty, others in the late twenties, and still more in the middle thirties. McDougall confessed that he did not really trust his own objectivity until he was safely in the fifties. But when the conflict is profound it is often a slow race between death and the unaided efforts of the individual psyche for the honor of solving the problem. The average span of life may be too short to permit a final working out of the drama. Now, whilst it could not be said that David Eder came within this last category, he was evidently one of those who, from adolescence to middle life, keep their dæmon at bay by mobilizing all their fighting instincts, harnessing them to various "causes" in the hope of justifying themselves by creative achievements. Once safely out of the maelstrom of puberty they make a series of rushes at life. But should they fail to find their niche by middle age they are faced with the alternative of starting all over again or of giving up the ghost. Eder started all over again. He was in the forties when he embarked on his new career. Allowing for a phase of scientific faintheartedness and a considerable deflection to the cause of Zionism, he stuck to his career and found in it the solution of his own enigma. What has been described earlier as the comparative uneventfulness of his last ten years can thus be given a deeper interpretation. It was a quiet celebration of victory over a deep and passionate turbulence of spirit.

But it is easy to lapse into generalizations of this sort. Work

alone is an inadequate measure of adaptation. In any case the best laid plans may be entirely upset by one of a dozen misfortunes or happy accidents—early loves or jiltings, friends made or lost or enemies acquired or overcome, unhappy or, for that part, happy marriages, the fathering of children. The number of these variables adds to the difficulty of establishing a fixed formula for any one character—although it is to be noted that love is not so haphazard as it looks and has many techniques in common with work. And all these factors have to be assessed in terms of the outlet or scatter they afford to dynamic energies which, pent up in more primitive channels, would produce an intolerable state of stasis. The serenity which was a striking feature of Eder's character, in later life at any rate, and which was in marked contrast to the brooding phases we have assumed, indicated that some important redistribution of his driving energies had come about. D. H. Lawrence, in one of his letters, aptly summed up the situation when he remarked of Eder that there was "something *right* in him." This rightness implied a candid acceptance of the facts of life for others as well as for himself: it called for an intolerance of what need not be. It required a faculty of resilience, an elasticity of adaptation. But above all it indicated the existence of humane valuation of things human. This was really the secret of his psychoanalytic philosophy at whose existence he hinted in his papers on "Value" and on "Progress." It was characteristic of him that although he never propounded this philosophy, he practised it assiduously in his everyday life. In so doing he transmuted some of his most primitive emotional reactions into tempered instruments. His pessimism he transmuted into objectivity, his masochism into altruism and his optimistic illusions, which might otherwise have merely anaesthetised his own aches and pains, into a belief in the value of education and of psychoanalysis. In short, David Eder had not only overcome his own conflict, but was left with a surplus of energy which he could turn in other directions. He was thus well equipped to take part in the struggle to free man from the mental fetters imposed on the species in the transition between bestiality and civilization. No doubt his fighting instincts

enabled him to continue struggling in this apparently forlorn war of psychic liberation. And he was essentially a liberator by disposition. But even more sustaining to him, particularly in his later years, was the fact that behind his revolutionary façade he was really a liberal—a liberal in all but the narrow political meaning of the word. Liberalism was the keynote of his character and mainspring of his behavior. No doubt as time goes on and as fresh generations of workers add their quota to psychoanalytic psychology, Eder's scientific reputation will be preserved only in bibliographical records. This is the common lot of most scientists. But for those who are disposed to speculate on the origin of new movements it will by that time be apparent that psychoanalysis was one of the greatest—and possibly the last—of the products thrown up by the forces of liberalism in the carry over between the nineteenth and the twentieth centuries. That he devoted the best of his life and energies to this movement is perhaps the most fitting epitaph that can be written of him. Amongst a more intimate circle he will be remembered as one of those rare individuals who, having held at bay and finally resolved their own conflicts, are ready at all occasions to turn a gentle mind and a tempered understanding to the conflicts of others.

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