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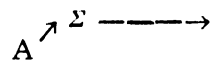
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ANALYSIS OF WISH*

G. BOSE

In my paper entitled 'The Nature of the Wish' I discussed the relationship of perception and wish and indicated how a perception could be represented graphically according to the scheme mentioned therein. I pointed out how an objective perception was related to its subjective counterpart and how the ego maintained opposing action attitudes—which I designated as subjective and objective with reference to both the objective and subjective phases of the perception. I also indicated the opposition between the subjective and objective halves of the ego in apprehending a perception and how the ego's objective half remained unconscious. The difference between an active and a passive perception was also explained.

I shall now attempt an analysis of wish on similar lines. A wish always represents a relationship between the subject and an object and this relationship indicates the possibility of an action. In some situations as I have mentioned before the object may remain more or less hidden from view. Intransitive verbs are used in language to describe such situations. In the paper referred to above I have fully indicated the splitting up of the ego into two opposite halves in all wish relations and the investment of these halves with opposite action attitudes. The subjective phase of the ego remains conscious and the opposite objective phase remains in the unconscious level and leads to the appreciation of the object. A graphic representation of a simple wish situation such as 'A wants to strike B' would be represented according to my scheme as under :



A represents the subject and B the object, Σ and σ reprsent respectively the subjective and objective halves of the ego ; the upper continuous arrow line indicates the conscious subjective phase of the wish and the lower dotted arrow line represents the unconscious

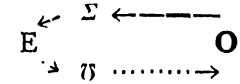
* Read before the Indian Psycho-analytical Society on September, 1926.

objective phase which if it could be made conscious would be represented by the desire of A to be in B's position wanting to be struck by A i.e., a complete identification with B as an object for the desired action.

In my subsequent examples I shall use the first personal pronoun 'I' to emphasise the part played by the ego and shall represent it by the letter E. After all our interest in others as subjects is always due to an unconscious identification on our part with such persons.

OBJECTIVE AND SUBJECTIVE WISH

A wish may be either of the active or passive type. When I want to strike a person the wish is of the active variety ; on the other hand when I want to be struck by a person the wish is of the passive type. A passive wish would be represented according to my scheme by the arrow-head pointing towards the ego. Just as an active wish has got a subjective and an unconscious objective phase so a passive wish also has a similar conscious subjective and unconscious objective phase. A passive wish e.g. "I want to be struck by a person" would be represented as follows :—



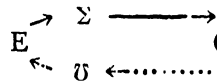
E is the ego and Σ and ʊ are the subjective and objective halves of the ego respectively and O is the object. The lower dotted line represents the unconscious objective phase which is responsible for the appreciation of the object and which carries with it an unconscious active attitude opposite to that in the conscious phase.

It will be noticed that there is an absolute opposition between the subjective conscious and the objective unconscious phases of a wish. It is really the opposition described by philosophers as existing between the subject and the object. The opposition however is of an unconscious type and is never felt by the ego under ordinary conditions. The opposition between a conscious active wish and a corresponding conscious passive wish e. g. "I want to strike a person" and "I want to be struck by a person" is of a type similar to that between the subjective and objective phases of the wish with the difference that both the wishes are conscious. The ego can feel such

contradictory conscious wishes alternately or at different times but never simultaneously.

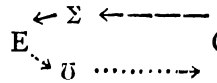
It is not always however that the wish manifests itself with reference to outside objects. A subjective perception might be the object of the ego's activities. Wishes may therefore be classified under another rubric-objective or subjective. The objective and subjective wishes should be carefully distinguished from the objective and subjective phases of the ego in any wish situation. Both an objective and a subjective wish have their subjective and objective counterparts. The following diagrams would make this clear :—

1. I want to strike a person



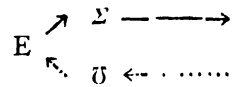
Active objective wish

2. I want to be struck by a person



Passive objective wish

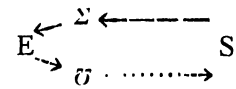
3. I want to actively produce the sensation of warmth



Active subjective wish

S which represents a subjective sensation is the object in this case.

4. I want to passively feel the sensation of warmth



Passive subjective wish

The difference between an active subjective wish and a passive subjective wish is not easily appreciated by all because as I have already mentioned we mostly face our perceptions in a passive attitude and the active attitude is therefore difficult to appreciate. If however these subjective wishes are represented as being fulfilled

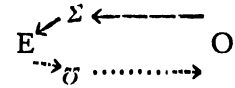
the difference becomes more easily appreciable, thus—"I produce the feeling of warmth" and "warmth is affecting me."

It might be urged at this stage that these classifications of wish are futile and are of theoretical interest only. Everyday language however shows in variations of grammatical expressions the importance of these more or less subtle distinctions. The mere existence of the passive and active forms of speech shows the importance of this problem. These grammatical forms are of immense importance to the psychoanalyst in as much as they show how the ego is facing a definite situation. The importance of these distinctions and others that are to follow would amply be proved when I would attempt an explanation of the mechanism of repression. The problem of the development of the ego would also be found—as I shall show later on—to be intimately associated with such considerations.

EGO-FUGAL AND EGO-PETAL INTEREST

I shall now point out another important characteristic of a wish namely the direction of interest of the ego. In the examples that are to follow I shall use expressions representing fulfilled wish situations to simplify matters and to make the examples easily understandable. Thus instead of saying "I want to strike B" I shall put it as "I strike B". The direction of interest of the ego in any wish situation is generally associated with the direction of attention and with the direction of pleasure. Take for example the wish "I make a gift to a person and feel that I relieve his sufferings". Here the direction of interest is towards the object. "I make a gift and feel that I am kind",—here the direction of interest is towards the ego. The pleasure in a wish situation may be directed either towards the subject or the object or to the action. When I say that "I feel a *nice sensation*" I describe the *sensation* as *nice* i.e. my own pleasure has been projected on to the sensation. All adjectives are really feelings of the ego projected on to an object. Adverbs generally show the attachment of ego's feelings to action. I shall not attempt the problem of pleasure in a wish situation here but shall reserve it for a later discussion. Here I shall only refer to the direction of interest and attention. Generally speaking it may be said that the interest of the ego is directed either towards itself or away from itself. When I make a gift and feel that I am kind the direction of my

interest is towards the ego i.e. it is 'ego-petal' if I may use that term. When in making a gift I feel that I have relieved the sufferings of a poor man the interest is 'ego-fugal'. The origin of egofugal wish is an interesting problem. It always means a certain amount of conscious identification on the part of the ego with its object. Take for instance a passive wish of the type—"I receive a gift from a person and feel that the person is kind". The attribute of kindness on the part of my object is appreciated by me because of an identification with the object. According to my scheme such a wish will be represented as under :—



To use a physical analogy the direction of mental energy in this wish situation is towards the ego as represented by the arrowhead in the diagram—the wish being of a passive type. The direction of interest however is towards the object. It seems as if the ego E has travelled along the lower line and has been feeling the kindness of O from the position of the latter. This would explain the ego-fugal interest. When in receiving the gift the ego feels that its own sufferings are relieved the interest remains ego-petal and flows in the same direction as the rest of the conscious energy. The energy from the lower dotted line acts in the unconscious level. In such situations the characteristics of the object are not properly appreciated and the act is ordinarily described as a selfish one. In most actions which are considered socially desirable the interest is ego-fugal. It is my contention that in an ideal wish situation the interest of the ego should be capable of being directed both ego-fugally and ego-petally ; it is only then that the full implication of the action is understood and appreciated. I shall revert to this subject again.

CLASIFICATION OF WISH

Wishes can therefore be classified according as they are active or passive, objective or subjective, ego-fugal or ego-petal. In an objective wish situation it is quite possible that the ego instead of concentrating its interest on the object may concern itself with the subjective perception produced by the object which may be altogether

ignored ; in such a case it is justifiable to speak of the wish as subjective. (It may be of interest to point out here that generally speaking a normal hetero-sexual love wish is of the objective ego-fugal type, so also is a homo-sexual wish ; a narcissistic love wish is usually of the subjective ego-petal type and an auto-erotic wish is of the subjective ego-fugal variety. It must not be understood that the above statements are universally true. There is always an inter-mixture of the various types of wishes in the different love situations as I shall show later on.

The different types of wishes are illustrated below by examples and diagramatic representations : —

A—Active wish

P—Passive wish

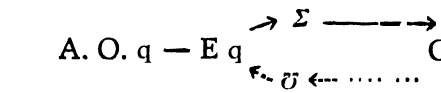
O—Objective wish

S—Subjective wish

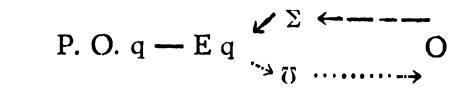
p—Ego-petal wish

q—Ego-fugal wish

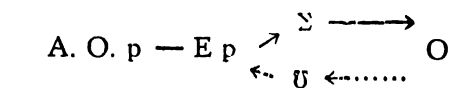
1. Active Objective Ego-fugal wish :—
   I stroke a person's skin and feel that
   the person perceives the stroking.



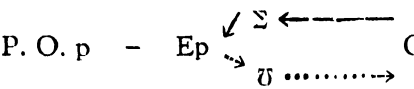
2. Passive Objective Ego-fugal wish :—
   I am being stroked by a person and feel that
   the person is stroking my skin.



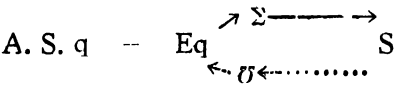
3. Active Objective Ego-petal wish :—
   I stroke a person's skin and feel that
   I am stroking.



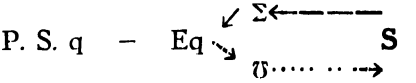
4. Passive Objective Ego-petal wish :—
I am being stroked and feel that
I am being stroked



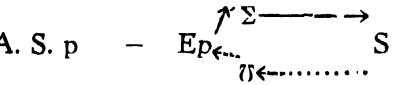
5. Active Subjective Ego fugal wish : –
I stroke a person's skin and feel that
I am actively producing a stroking sensation



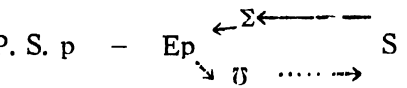
6. Passive Subjective Ego-fugal wish :—
I am being stroked by a person and feel that
I passively feel the stroking sensation is affecting me



7. Active Subjective Ego-petal wish :—
I stroke a person's skin and feel that
I am producing the stroking sensation



8. Passive Subjective Ego-petal wish : –
I am being stroked by a person and feel that
I passively feel I am affected by the stroking sensation



The nature of the eight different types of wishes just described will be more easily appreciated if we put them in their respective grammatical forms : thus :—

1. A. O. q – A person is affected by me
2. P. O. q – A person is affecting me

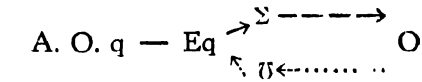
3. A. O. p — I affect a person
4. P. O. p — I am affected by a person
5. A. S. q — A sensation is affected by me
6. P. S. q — A sensation is affecting me
7. A. S. p — I affect a sensation
8. P. S. p — I am affected by a sensation

It will be noticed that the nominative in each case indicates the direction of interest.

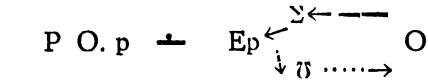
OPPOSITION BETWEEN THE DIFFERENT TYPES OF WISHES

The question of opposition between the different types of wishes is of great importance from the standpoint of practical psychoanalysis. According to my theory of repression a wish is only repressed by its opposite wish and the social and environmental factors play a secondary role. Whenever we come across a strong defensive action attitude in conscious life we may be certain of its opposite counterpart remaining in the unconscious level. A knowledge of the different types of opposition is therefore of great help to the psychoanalyst.

I have already pointed out that there is absolute and complete opposition between the subjective and objective phases of a wish. The objective phase remaining in the unconscious level is not appreciated by the ego. When there is repression this opposite phase cannot come up in consciousness at any time. Let us take an example of a wish of the active objective ego-fugal type (Type I) ;— "I stroke a person's skin and feel that the person perceives the stroking". This is represented as follows :—



The subjective phase or the upper continuous line is in the conscious plane and this can be completely opposed by its objective counterpart represented by the lower dotted line. This lower dotted line or the objective phase if translated into consciousness would be represented by a wish of the passive objective ego petal type (Type IV) viz., "I am being stroked by a person and feel that I am being stroked".



Therefore we might say that active objective ego-fugal wish is opposed by passive objective ego-petal wish. AOq is opposed by POp. If the POp attitude be repressed the person can never feel with pleasure this attitude in consciousness - he cannot unless with a feeling of discomfort submit himself to being stroked by another person and feel that he was being stroked. At the same time the active wish to stroke another person and the desire to make him feel that he was being stroked would be prominent in consciousness. Let me take another example. If against a repression I develop the attitude to make a gift to another person for the relief of his suffering I shall have a moral scruple and shall be very unwilling to receive a gift from another for the relief of my own suffering. Of course if there be no repression these opposite attitudes could alternately or at different times be appreciated with pleasure in consciousness.

We are now in a position to assert that :—

1.	A. O. q is opposed by	4	P. O p
2.	P. O. q	-do-	3 A. O. p
5.	A. S. q	-do-	8 P. S. p
6.	P. S. q	-do-	7 P. S. p

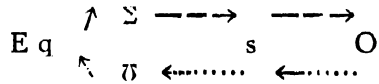
In repression the attitudes 1, 2, 5 and 6 are utilized to oppose and keep down in the unconscious level the attitude 4, 3, 8 and 7 respectively. The converse is also true. It is thus clear that the unconscious objective phase of any wish is prevented from coming up in consciousness at any time if there is repression.

Activity is thus opposed by passivity and ego-fugal interest is opposed by ego-petal interest. The question now arises whether there is any opposition between an active and a passive wish when the interest flows in the same direction or in other words whether (1) A. O. q. can oppose (2) P. O. q or (3) A. O. p can oppose (4) P. O. p and so on. There is certainly an opposition between such types of wishes although such opposition is less absolute than in the previous examples. To illustrate, the wish represented by the expression "I make a gift to another person to relieve his suffering" (Type I) may be opposed by the wish "I receive a gift from another person whose kindness I

appreciate" (Type 2). The type of opposition between 1 and 4 is primary and once this primary opposition is set in force in repression other types of secondary opposition such as has been illustrated just now (between 1 and 2) may be called into requisition. Besides these two types of opposition other forms are also possible. "I make a gift for the relief of another person's suffering" (1) is not really effectively opposed by the wish "I make a gift and feel that I am kind" (3); both these wishes are of the active type and only the direction of interest is different, this would indicate some sort of opposition and indications of this type of opposition is somtimes noticeable in certain forms of repression. We may therefore state that while the opposition between 1 and 3 is only slightly marked that between 1 and 2 is more definite and that between 1 and 4 is absolute. Similarly the opposition between 5 and 7 is slight, that between 5 and 6 is quite definite while that between 5 and 8 is absolute. The opposition between 2 and 3 and 6 and 7 is absolute. We may state generally that the opposition between two active or two passive wishes is only possible when there is an opposition between an ego-fugal and an ego-petal interest and even then the opposition is of a slight degree. The opposition is more marked between corresponding active and passive wishes when the direction of interest remains identical. The opposition is absolute between corresponding active and passive wishes when the direction of interest in the two wishes are also opposed.

I shall now consider the question whether there is any opposition between an objective and a corresponding subjective wish i.e., whether a wish of the type "I kiss my wife and appreciate that she feels the kiss" (1) can be opposed by the wish "I kiss my wife and feel the sensation of kissing" (5). This question is identical with the question whether there is an opposition between the attitudes towards an objective and the corresponding subjective perception. In one case the wish concerns itself with the object and in the other case with the subjective perceptions produced by the object. It will be seen that the objective wish is concerned with the objective reality in the case of the organism and the subjective wish with its own subjective perception. The two attitudes are thus seen to be practically entirely different and consequently there is some form of opposition. My idea is that the opposition in such a case is really question of resistance operating against the perception of

reality and is not of the type we have considered before. In every perception of an object there is a corresponding subjective perception as I have indicated in a previous paper. An objective wish carries with it an unconscious subjective element and a complete representation of, say, an active objective ego-fugal wish would be represented as follows :—



We perceive the existence of an object only through our subjective perceptions. In an objective wish situation the subjective perceptions remain unnoticed and S is therefore represented in thin line. If in an objective presentation the ego merely concerns itself with the corresponding subjective perceptions neglecting the outside object it means that there is some resistance in the lines connecting S and O. The nature of this resistance I shall discuss in connection with the development of the ego. Whatever the nature of this resistance may be the net result may manifest itself in a sort of opposition between the objective and its corresponding subjective wish so that it seems that the ego in directing its attention to the one loses sight of the other. The objective perceptions assume an exaggerated importance in some forms of narcissistic and auto-erotic neurosis and these patients are faced with a very great difficulty in the appreciation of reality.

CONCEPT OF TIME*

S .C. LAHA

In this paper I shall discuss the Concept of Time from the psycho-analytic standpoint.

I shall at the outset place before you shortly all the known phenomena observable with regard to time-sense, its development, its peculiarities and variations, both in the normal and in the abnormal mind and then I shall formulate my theory which will attempt to cover all the facts and try to explain its normal as well as abnormal variations.

No clear scientific definition of time sense is possible, because it is an abstract idea associated with numerous psychological concepts such as duration, passage or movement, memory and perception, etc. We shall be on firmer ground if we study its peculiarities and try to interpret them by the known laws of psychology.

Time-sense is extremely variable and defective in mankind. Attempts have been made since the earliest days to standardise it with the help of mechanical instruments such as hour-glass, clocks, watches, etc.

In the very beginning we notice the first fundamental quality of time namely its rhythmicity. Seasons, with their changes of temperature and humidity, are periodic events giving rise to different perceptions. Time is divided into seasons and years, days and nights, morning, noon, and evening. For the sake of convenience and as an item of necessity of modern civilized life, it is further subdivided into hours, minutes and seconds. In the Hindu system, the subdivision is carried further until the units of time are tiny points. A succession of close points gives the impression of a continuous line. The rhythmic quality of time gives to it the characteristic of continuity. In half-civilized people, such minute subdivision of time is not resorted to. A day to them is not composed of moments—it consists of morning, noon and evening. In more primitive people the division is still cruder—day and night only.

* Read before the Psychology Section, Indian Science Congress, 1938

In animals there is no evidence of a continuous time-sense like what we have in us. In them periodic bodily needs such as hunger, thirst, sex etc. give the impression that they have a well-developed time-sense also ; but this does not appear to be true.

In primitive people or savages the time-sense is very defective. They live mostly in the present with imperfect idea of the past and scarcely any idea of the future. Perception of events is all that they are concerned with. They do not pay much attention to the interval between them. Some of them mention their ages by events. Even in civilized community this method is resorted to. One is "fifteen summers old". I shall come to the consideration of events in connection with time-sense presently.

Children, who possess some of the characteristics of primitive people, show the same quality of undeveloped time-sense. In children there is always a confusion between past, present and future. Present is all that matters to them. Future is frequently thrown into the past and past is dragged into the present with an amazing disregard of interval-sense. I shall have occasion to mention similar phenomena in some adults too. The time-sense grows as the child grows older, i.e. as it becomes socialised. Social development and civilization seem to have got something to do with the development of time-sense.

We further notice that time-sense is not a standard product. It is variable. We feel it to be so. It contracts and expands. For instance it contracts whenever we are engrossed in anything. We are not aware of the passage of time. In contracts considerably during sexual intercourse. So also in normal sleep, where several hours are crowded together into a momentary feeling.

The opposite state, i e. the feeling of the expansion of time, is common too. Time drags on whenever we are forced to turn our attention to any uninteresting subject. Where danger threatens, time is similarly stretched. How time drags for the criminal when he is awaiting execution ? The law recognises this stretching and the actual work of execution is carried out as hurriedly as possible to spare the victim the agony of waiting. In dreams too, it frequently happens that long stretches of time are experienced in the course of a few seconds of actual time. I can cite examples but they are not necessary because I hope all of you are familiar with the phenomenon. Leaving aside the phenomenon of dream-stretching, we

might at a pinch say that primary interest contracts time-sense and secondary interest stretches it.

With certain drugs too the same variations in time-sense occur. Alcohol, for instance, contracts time-sense, due to higher psychic inhibitions being removed. Cannabis Indica stretches it. Opium does the same. De Quincey, the opium-addict, says, "Sometimes I seem to have lived for seventy or a hundred years in one night." What a differnce between clock-time and imagined time.

The causation of time-sense has always been ascribed to memory-pictures, which necessarily refer to the past and it is assumed that time-sense develops with rhe development of memory. A quite undeveloped mind with little power of memory necessarily must have a defective time-sense. Even a scientific mind like Herbert Spencer's thought so. In *Principles of Psychology* he says, "The lowest men, identifying intervals only by the migration of animals and the flowering of plants and unable to count high enough to number time by moons any cosiderable distance back, have no means of reckoning sequences longer than those of the seasons. Constant relations of phenomena in time observable by the savage only in sequence that are quick, cannot be established in respect of slow sequences, until society has become settled : until then, there cannot be exercised that representativeness of thought required to grasp long periods and the connections of phenomena presented in them."

Let us pause for a moment here and turn our attention to the consideration of events, which are supposed to create memory-images leading to the development of time-sense. What is an event after all ? Assuredly anything that draws our attention. If it fails to draw our interest, it is not an event. Now let us shift our consideration from the event, which is an external element, to our attention, whith is a product of our own psyche. We say that a particular event draws our attention. Will it not be more correct to state that we direct our attention to an event ? Events have no inherent property in themselves to draw our attention, but we choose certain events and reject others, not always consciously, and distribute our interest or libido to them. Like the amoeba throwing out its pseudopodia in search of food-particles, we through out our libidinal pseudopodia to catch events, If the

events had in them the inherent property of drawing our interest, why is it that the same event draws our attention at one time and fails to do so at another? The capacity of the libido to attach itself to external objects varies from time to time. A striking example of this movement of the libido, namely its peculiarity of throwing out its pseudopodia at one time and partially withdrawing them into the psyche at another, is found in cases of Periodic Depression where the subject is interested in his surroundings for a period followed by a partial loss of interest. This occurs periodically.

Let us now search for the connections, if they exist at all, between events, memory and time-sense. I find there is none, I find that time-sense is quite independent of memory. In some apparently normal individuals suffering from paramnesia, the immediate perception is thrown backwards to the past. Here the interval-sense is defective and the past is fictitious. I have already mentioned similar phenomenon in normal children. No explanation of this strange phenomenon is necessary in this paper; only we should realize that the interval-sense is primary, depending of psychological causes and that it is quite independent of actual perceptions.

In psycho-analytic investigations, we find that memory plays many tricks in certain individuals. Actual facts are repressed in the unconscious and are later rationalised as screen-memories. Here, although the interval-sense may remain more or less intact, the facts or actual perceptions are distorted. This again forces us to conclude that the interval-sense is quite independent of actual perceptions.

The interval sense is primary and depends neither on actual time (by which I mean clock-time) between event and event, nor on the preceptions of events themselves.

I now place before you my view that time-sense is closely associated with the capacity of the libido to project itself to the outer world and get attached to objects and that it is independent of events, perceptions and memories. We still have to study the nature of it and the factors on which it depends.

Kant, with his deep introspective thinking, recognised the subjective nature of time-sense. He regarded the conception of time as "nothing else but the form of the inner sense. For time can be

no determinative of external phenomena. ..... Time is therefore purely a subjective condition of human perception and in itself or apart from the subject, it is nothing at all." [1]

The acute scientific mind of Newton recognised the independence of time-sense from external objects. According to him, time "in itself and from its own nature flows equally without relation to anything that is external." [2]

Involuntary rhythmic activities of the body such as heart-beats and respiratory movements are supposed to furnish materials from which our consciousness of duration is derived. Herbert Spencer favoured this view. [3] The objection to this view is that although these rhythmic activities of the body are more or less same in everybody, the sense of duration varies within wide limits.

I leave aside the philosophical considerations of time-sense where one is apt to lose one's way in a maze of abstract thoughts and where so many things are taken for granted that there remains practically nothing to be analysed.

To show you a further connection between libido and time-sense, let me quote a characteristic time-symptom from a case of pathological anxiety.

The case was one of agoraphobia with rather severe anxiety symptoms. The initial free anxiety was later localised into a definite phobia. The interesting point about the case was that during the free anxiety state, the general time-sense was considerably stretched. Days appeared subjectively to be as long as months. When the general anxiety-state was localised into a definite phobia, the time-sense underwent a characteristic change, i.e. the general time sense was restored ; but in the special situation, when the patient ventured out in the streets alone, the time sense was stretched. After a course of psycho-analysis, when the libido was adjusted, the time-sense came within normal range.

This is interesting in that it shows that the time sense follows the course of the libido.

This brings us to the question of the movement of the libido.

1. Kant's view quoted by Arthur Ponsonby in *Life Here & Now*
2. Ditto, p. 123
3. *Principles of Psychology*, Vol. I. p. 215.

Let us see whether time-sense is modified in the various directions that the lidido may take.

Libido has three courses open to it. In the first instance, it may be projected outside and attach itself to various objects. When the libido attaches itself completely to any outside object, we may say that the libidinal energy is discharged.

In the second case, it is quite possible that the libido is projected but fails to attach itself to objects and consequently remains floating in the psyche. This is the pathological anxiety state. Psycho-analytic experience shows that pathological anxiety is nothing but the translation of the unattached and floating unconscious libido. The reason why the libido fails to attach itself to objects is found in some form of inner inhibitions, due to repression in the unconscious.

Apart from the mechanism of repression turning the unconscious libido to conscious anxiety, the original narcissistic libibo may be threatened with real danger from outside, resulting in the development of conscious anxiety. What we are concerned with here is the relation of libido to anxiety.

In the third case, the libido when projected encounters external difficulties and instead of developing anxiety, is withdrawn into the psyche, just as the amoeba withdraws its pseudopodia when the latter receive painful stimuli. This is exactly what happens in Schizophrenia and partially in Depression, where time-sense is much contracted or complerely lost.

We find therefore that time-sense remains in abeyance when the libido is completely discharged outside or when it is absorbed into the psyche and that it is stretched when an outer or an inner danger threatens the libido.

I maintain that even the normal time-sense, as we feel it, has the same explanation, i.e. it is a form of anxiety, either in the form of a floating libido in the unconscious caused by repression or a direct narcissistic anxiety. It varies not only in different individuals, but also in the same person, depending on the amount of libidinal discharge at the moment.

We may call the time-sense a sublimated form of anxiety, because everybody has it and one is not much worried due to its presence. In fact I believe that all sublimations, however complete they may be, are attended with the production of a certain amount of anxiety

due to the circuitous path taken by the libido for its gratification. This anxiety does not appear to reach consciousness as a painful feeling, but is only vaguely felt as an indefinite restlessness.

Civilization has its discontents. A thousand moral codes only prove the existence of a thousand immoral wishes. They begin at the commandments and end in petty social conventions. Society is introjected and the conflict starts as soon as the child begins to grow. The libido struggles and attempts to seek gratification in a thousand sublimations. Repeated libidinal dissatisfactions or in other words repeated vague anxieties give rise to tiny flashes of time in the consciousness and a close succession of these units gives the impression of a continuous flow of time or a time-sense.

A savage is different. His social or moral codes are few. He murders, he rapes, he thieves without any qualms of conscience. His libido is discharged and in the absence of conflicts, his time sense is necessarily crude. It is present only in proportion as his narcissistic libido is threatened by actual danger.

In civilized life, actual dangers are rare except occassionally by war, pestilence, flood or earthquake. The normal time-sense in a civilized man is the result of a continuous conflict between his unconscious libido and his super-ego. Time-sense is directly proportional to the growth of civilization The modern speed craze is the outcome.

There is however, an objection to this view. It may be argued as to how is it that that the unconscious keeps a record of the time after hypnotic suggestion ? My point is that the unconscious has no time-sense and that it cannot be influenced by hypnotic suggestions. What keeps the time record is not the deep unconscious, but the layer of mind just behind consciousness, i.e. the preconscious layer. Hypnotic suggestions cannot break deep resistances behind which lie the unconscious and its wishes.

We know that adults regress to childhood periods in dreams, which show that wishes have no time-element attached to them. The latent unconscious wishes, as they pass through the censorship, give rise to an exaggerated time-sense in manifest dreams. It is only when there is a resistance to the gratification of a wish that the time-sense appears.

Sexuality appears to bear some analogy with time-sense. Time 'flows' and is 'valuable'. So does semen and it also is precious.

There is guilt-feeling associated with 'waste' of time which may be compared with masturbation-guilt. Flaccidity of penis and impotence in late life are believed to be the results of masturbation in the young. So also poverty and sickness in old age are the results of waste of time in early life. The same is true of the attitude of miserliness. We cannot explain the paradoxical conduct of a miser who takes such a trouble to earn money which he does not spend, unless we assume that the 'value'-idea of semen is shifted on to money. What he is holding is not money, but symbolic semen. It is true that in early life, before the genital organization is reached, anal-erotic fixation plays the principal part in developing this condition. But later, with the development of the genital primacy, the erotic zone is partly shifted from the anus to the glans penis in the male and fæces consequently associated with semen. The holding of fæces changes first to holding of semen and then to holding of money. The association of 'waste'-idea with time, money and semen is significant from the psychological point of view.

In female misers, however, the anal-erotic fixation resulting in the holding of fæces, does not come to be associated with the holding of semen and consequently the waste-idea associated with time is naturally much less than in males, as is evidenced by the proverbial unpunctuality of woman

The guilt-feeling in the child leads to a fear of punishment from the father. The typical punishment for masturbation is castration. We find that in pictures, time is symbolically represented as an old and bearded pugnaceous father with a scythe in his hand, ready to cut away, shall I say, the penis of the unfortunate child. Time 'pursues' us with 'noiseless feet' and creates 'ravages'. The child flees in terror, but "nothing against time's scythe can make defence" (Shak). The child even feels in its terror that the father may devour it ; so time is 'devouring and cormorant'.

Occassionally the child may even revolt and want to fight with father.

"Make war upon this bloodly tyrant time" (Shak).

But a father is not always cruel and blood-thirsty ; he is loving too. We want to propitiate time. Time is a 'teacher', a 'healer' and a 'friend' to us. The typical ambivalent feeling of love and hate to father is attached to time also.

Finally it will interest us to note in connection with time-sense that attempts have been made since the earliest times to modify it by artificial means. I mean people have tried to contract time-sense by means of intoxicants such as alcohol when it is stretched in anxiety conditions. I hope further light will be thrown on the psychological mechanisms of drug-addictions if analytic investigation are carried on in these lines.

The other tendency, namely, the desire to stretch the time-sense when it is normally contracted is manifest in all religious believes such as the eternal bliss in heaven, the immortality of soul and its necessary corollary, the transmigration of it.

To sum up, I believe that the major part of normal time sense in a civilised community is the result of repression and the amount of repression and the libidinal sublimations determine the acuteness of time-sense. A very crude time-sense due to actual danger to narcissistic libido is present to a certain extent in animals and savages. The narcissistic time-sense may be present in a rudimentary state in civilised man, but it plays no important part in contributing to the highly developed time-sense which we possess. Time-sense is an index of civilisation. Most of it is an artificial product manufactured as a result of conflict and is not inherent in our psyche.

THE EGO AND ITS OBJECT

H. P. MEHTA

For the purpose of this paper, the term 'object' is primarily applied to psychological representations of what may be regarded as the physical object, or of abstractions and generalizations derived from the physical object. For example, a book as a physical object may be considered a mass of matter of a certain size, volume, weight, etc., but its psychological representations in an individual are the aesthetic features of its get-up, content of the impulsive reaction to its title, association with other books, accompanying effects, etc. Although from a strict psychological standpoint, no hard and fast line of distinction could be drawn between 'physical object' and its 'psychological representations,' it becomes convenient to consider the psychological aspects as being of a different order from the physical aspects. The psychological representations would therefore involve all individual features of perception and reaction to the physical object, such as object-regard, object-relationship, object-orientation, object-nuances, object-approach, etc. As perception cannot be isolated psychologically from other processes, features of reactions to the object are also included among its representations.

The nature of the object as used in this special sense is better understood when attempt is made to explore its ontological development, that is, the process by which an individual reaches the stage of regarding his objects as he does in adult life. A development in the individual's objects can be traced right from birth through the various stages of infancy, latency, adolescence and later, comparable to the development of the ego through these stages. Not many studies have been made in what may be termed as the development of the object compared to the voluminous literature on the development and the structure of the ego. Studies on the nature and development of the individual's objects, are likely to prove as important as those on the ego, because it is not the ego *per se*, but its projections and extensions in the objective world that are of crucial importance to the individual and the society. Such studies would be helpful not only for therapeutic

purposes but also for work in several areas of individual's adjustment, such as vocational, marital, social, etc. The nature of such studies is not different in any basic manner from the clinical studies made on the ego, but they would emphasize a certain slant viz. the relationships which the ego has to the objects in its different stages, and the relationships of the objects to the ego in different types of individuals. Fundamentally, studies on the ego and on the object are of the same nature. As Fenichel says, "The origin of the ego and the origin of the sense of reality are but two aspects of one developmental step."... "The concept of reality creates the concept of ego." (3: 35). The concept of reality is closely related to the concept of the object, although the latter as defined in this paper may also include the elements of fantasy life.

The perceptions of the objects and the relations to the objects are regarded in psycho-analysis as the functions of the ego. A stage of the ego in the earliest phase of its development may be assumed when the ego may not have this function. It may be hypothesized that in the earliest beginnings of life, the ego is able to experience only the effects of the stimuli from the surrounding world and from within its body. In other words it experiences tensions or relaxations, painful affects or pleasant affects. The sense of the object seems to dawn first upon the individual when the ego is able to have a sense of source of the stimuli producing tensions or relaxtions. As an illustration, it might be said that when an individual experiences a pin-prick, he has no sense of the object as long as he only experiences the pain of it, but as soon as he relates this experience to the pin or to any other imagined source, he becomes aware of the object. Fenichel writes, 'The persons are not the infant's objects in a psychological sense, since he is not aware of the outside world but of his own tension or relaxation. The first awareness of an object must come from a longing for something already familiar to the infant—something that has the ability to gratify needs but is not present at the moment" (3:35). The recognition of the source of stimuli is aided by the infant's needs. The connection between the perception of the objects and the individual's basic needs is thus established at the earliest stages of obiect-formation.

Another feature of the object-development in its earliest stages seems to be related to the body of the individual. The 'body-image'

plays a very important part in the formation of the ego. "Body image," says Fenichel, "is the nucleus of the ego" (3:418). The body and its various parts play a fundamental role also in the perception of the objects. Since the first pleasant and unpleasant stimuli come from the body, it is natural that its awareness as an object should dawn in the infant at an early stage. Moreover, it seems, that the body being the operational theatre for the ego, endows upon the ego a capacity for the awareness of its various parts, though quite a good deal of this awareness remains unconscious. A contradiction of terms is involved in the expression "unconscious awareness" but this is probably what is meant in psychoanalysis, by "unconscious knowledge of the organs of the body." Some support for this idea may be obtained from the conversion symptom of the hysteric or the psychosomatic symptom. The hysteric or the psychosomatic sufferer attaches his anxiety or some other emotion for an external object to a part or organ of his own body. This suggests that the objects in the external world are related psychologically to internal objects within the body. In other words, internal objects within the body provide the basis for the formation of external objects. It might be said that the young infant meets its own body or parts of it in the external world.

In this connection we may try to relate the concept of object-formation with Angyal's concept of 'biosphere' which implies an intrinsic and latent relationship between the individual and his environment, *not as interacting parts*, not as constituents which have independent existence, but as aspects of a single reality which can be separated only by abstraction (1 : 100). The individual may be regarded as an integral part of the biophysical gestalt and hence latent 'relationship' between the infant and the environment may be assumed to exist since the earliest stages of life. It seems that many of the problematic issues involved in learning theory would be seen in a different light if this pre-existing relationship connoted by the concept of 'biosphere' were taken into consideration.

It has been mentioned that the first awarenness of the objects is experienced in relation to the infant's biological and psychological needs. Thus the mother is not perceived as a person but as a source of need-gratification. Since the breast is the source of feeding-need, it becomes, in a sense, the prototypes for all objects and persons. The development of the ego has been characterized in psychoanalysis by

stages in which the libido is concentrated upon zones of the body, such as the oral, anal, urethral, phallic stages. Whether the object development can be characterized by similar stages is difficult to postulate. But it seems that the objects of the infant do acquire certain characteristics typical of these stages. Thus, for instance, in oral stage of the ego, all objects are considered rather as 'food' objects to gratify hunger or oral sexuality, or to be introjected into the body as permanent possession. This hypothesis gets some support from the observation that the young infant takes all objects to its mouth, no matter what the physical nature of the object may be. In the anal stage objects seem to be conceived as fæces to which the infant directs both hatred and love. Hatred as relationship to objects seems to be experienced first in this stage. Fenichel says, "The object of the first anal-sadistic action is the fæces themselves, their 'pinching-off' being perceived as a kind of sadistic act; later on persons are treated as the fæces were treated" (3:66). The anal identifications formed at this stage provide the basis for all hatred and ambivalent feelings. If they are too strong they prove to be a great impediment to the development of the libido and of the ego. The first sense of concreteness and materiality of the objects also seem to be connected with this stage, whereas in the oral stage the objects seem to have a vague and nebulous structure. The psychological process of projection seem to be related to the expulsion of the fæcal matter and experienced more prominently for the first time at this stage. The relation of projection to object-perecption occupies a very important place in the theory of object-development, as it certainly does in the interpretation of Rorschach responses and this matter will be dealt with later.

In the development of the object, the concept of the 'generalized object' or the 'object-mass' is useful. It is a matter of observation in genetic psychology that generalized movements of the living organisms precede the differentiated movements. There are many observations in child psychology to prove that the child makes generalized responses not only in motor development but also in language and social development before he can make well-differentiated responses. For example, to an infant, a certain sound may represent a class of animals rather than the animal to which it rightly belongs. Before the child learns to speak distinct words, he utters

an inchoate numbo-jumbo. Inferences from such observations may be made to the area of object-perception. Before the ego perceives objects singly and in their own rights, it perceives them in a generalized fashion. Thus the perception of the 'object-mass' precedes the perception of single objects. This trend in object-perception is present not only in the early stages, but is also found in many instances in the later stages—even in adulthood To this trend, we may attribute the phenomenon of generalization encouraged in learning.

Allied to the concept of the generalized object, is the psycho analyst's concept of the 'part-object' which characterizes the pre-genital stages of the development of the ego. It is only in the genital stage that the objects may be said to become full objects. Objects seem to acquire optimal degree of objectivity and the concomitant freedom from fantasy life when they are rid of the narcissistic features of the pre-genital stages. By 'part-objects' is, therefore, meant that the object is partly objective and partly subjective, or at times it is objective and at times it is subjective, corresponding to the fluctuations of the ego between allo-erotic and narcissistic stages. As an illustration of the consequences of the situation implying 'part-object', it might be said that an individual whose ego suffers from marked narcissistic regressions is able to love rather on an identification basis and his relations to objects in daily life are colored more by his narcisistic needs rather than by objective evaluations. We might also say that the objects of an individual are considerably affected by his love life.

Another concept, familiar in psychoanalysis, which is very important for the understanding of object perception, is the concept of 'imago.' The imagos are the result of the earliest introjections and identifications of the infant. When they sustain and enhance the security and pleasure of the infant, they are 'good' and when they threaten its security or give rise to pain, they are 'bad.' Before the mother and father are established in the infant's mind as persons, he has conceived them in terms of the good or the bad imagos. Inasmuch as the mother gratifies the infant's needs, she is conceived as good imago and inasmuch as she fails to gratify its needs (and it is impossible to gratify all its needs) she is conceived as bad imago. As the ego develops in the sense of reality and in the sense of the object, the effect of these imagos are gradually modified. However, in the social

relationships of later life the imagos play a considerable part. The relationships to new persons and objects are positive or negative as they get associated with 'good' or 'bad' imagos.

Great importance is attached to the concept of 'omnipotence' in the development of the object by Ferenczi. As the ego develops the sense of the object and the sense of reality, it learns to shed off its omnipotence. Ferenczi writes, "Clearly, then, there are stages in the development of the capacity for objectivity too. In my essay on the development of the sense of reality I described the gradual surrender of personal omnipotence, and its trnsference to other higher powers (nurses, parents, gods). I called this the period of omnipotence by means of magic gestures and words ; as the last stage, that of insight derived from painful experience, I regarded the final and and complete surrender of omnipotence—the scientific stage, so to speak, of our recognition of the world. In psychoanalytical phraseology, I called the first phase of all, in which the ego alone exists and includes in itself the whole world of experience, the period of introjection ; the second phase in which the omnipotence is ascribed to external powers, the period of projection ; the last stage of development might be thought of as the stage in which both mechanisms are employed in equal measure or in mutual compensation" (4:373).

The role played by aggression in the object-development should not be under-rated. As the ego masters the aggression of the pregenital stages, its capacity to love increases, and along with this capacity, also increases its interest in the objects of the world. If the aggression is not properly mastered, the ego's attitude towards its objects might be characterized by two extremes, a denial of the objects or an over-idealization of the objects.

A problem of considerable interest in object-development, on which much light has not been thrown, is the problem of 'animation' in relation to object-development. When and how the ego learns to make the distinction between animate and inanimate objects seem to be unsolved problems. It appears that the dawn of the sense of animation in the infant marks a great step in his object-development. Hence the mechanisms by which he learns to make distinction between such order of objects as mother, father, aunt, cousin etc., and another order of objects as milk, table, bed etc. need to be known. Perhaps the anthropological studies on 'animism' may throw light.

The tendency among the primitive societies to regard natural phenomena 'animistically' and the opposite tendency among modern societies to regard them 'physicalistically' may prove to be a useful consideration in the understanding of the problem.

An attempt may now be made to understand the relation between projection and object-perception. It is not difficult to accept the idea that a certain amount and kind of projection is involved in all object-perception. The problem then arises : what exactly characterizes the difference between the two ? The term 'projection' is used with varying shades of meaning in psychology but the most marked feature of the process seems to be the mislocation of the sources of stimuli. At least this is the sense in which the pathological phenomena connected with projection are understood. In physiology, where the term is used in a moral sense, it refers to two different phenomena (6 : 87). "In the first case, 'projection' is used to describe the processes in which sensory qualities arising from nervous processes in specific brain centres are attributed by the individual to external sources of stimulation. Through this process the physical world is conceived as having these qualities which are subjectively experienced and felt to be the qualities of the objects ; this is the only way in which the physical world can be perceived. We cannot doubt that there is a correspondence between the specific qualities of different stimuli which reach our sense organs and the specific sensory responses which result. We are therefore convinced of the reality of the perceived physical world, although we recognize that we perceive it by means of subjective sensory qualities..... 'Projection' is also used to indicate the phenomena of localization of bodily sensation in that part of the periphery of the body which is directly stimulated ; the sensations are displaced from the receiving brain centres to the peripheral zones of stimulation." Thus we observe that this kind of projection is not only inevitably involved in object-perception but is a *sine qua non* of perception of the objective world.

From the standpoint of psychoanalysis, inner experiences generated by fantasy life are also involved in object-perception. As the ego advances from the pleasure principle to the reality principle, the mental energy and content of the fantasy life are utilized for contacting the objective world, which involves a certain kind of

projection different from physiologic projection. When the inner experiences of fantasy life undergo physiologic projection, they give rise to hallucinations and delusions because the ego fails to make the distinction between inner sensory stimulation and external sensory stimulation (6:88).

Quite apart from manifestly pathological projection involved in hallucinations and delusions, projection arising from inner experiences considerably influence our object-perception, particularly in social and psychological phenomena, in a very subtle manner. Most of the times we are unaware of this influence and in many of our observations on social and psychological phenomena, we feel convinced that what we have observed is the objective situation. At times when we suspect the influence of projection in our observations, we begin to wonder whether in the observation of psychological and social phenomena it is ever possible to be completely free from this influence ; in simpler words to be free from 'bias' which we inevitably develop as a result of our culture, training, childhood experiences, etc. As will be easily recognized, this has proved to be a problem of great magnitude in all social sciences. It is the inevitable projection of inner experiences that among other processes give rise to 'private worlds' about which Lawrence Frank states thus : "So we account for the personality, its action, speech, beliefs and feelings, its ideas and its conduct, as a function of the warped, often distorted, private world of the individual personality who imposes that warping, that distortion, that selective organization, meaning and affective significance upon the social and cultural world which he along with other members of the group, maintains by his individual activity" (5).

Though we may feel lost in the welter of projections and perception, we need not despair of isolating theoretically object-perception from projection. We may therefore venture a hypothesis to distinguish 'object' from what may be termed, for want of a better term, as 'project.' Internal as well as external stimuli are involved in both projection and object-perception. We may hypothesize that in object-perception a certain harmonious or specific relation obtains between the stimuli from the two different sources. In projection however, this type of relation is absent or the relation found is not of the optimal degree. In simpler terms. object-perception seems to

take place when the internal stimuli and external stimuli click. This kind of distinction is however of purely theoretical intererest and seems to be of little value in practical problems of clinical psychology.

The function of projective tests may be examined in the light of relation between projection and object-perception discussed above. Since the stimuli presented in many of the projective tests are unstructured or partially structured, inner experiences or internal stimuli find greater opportunity to project themselves. In other tests where the stimuli are structured as in the T.A.T., the directions given to the subject are meant to encourage the subject to give projective responses. Even though efforts are made to encourage projection as against object-perception, it is an issue whether the test always succeed in this aim. Hence one of the problems underlying responses on the projective tests is to determine to what extent they are 'projective' i. e., to what extent they reflect the inner life of the individual and to what extent they are determined by objective trends in the personality. It does not seem right to characterize all of them as reflecting the inner situation, For example, in Sentence Completion Test, to the stimulus "He hated his father because . . .", if the following response were given, viz : "he ill-treated his mother," it may be a projection or may be an objective appraisal of a situation. Thus the projective hypothesis does not seem to hold in case of all such responses, Similarly, some of the responses in the Word Association test do not have the projective significance, they are believed to have ; they may have been influenced by a temporary mental set or by objective thought processes. Moreover, the consideration that some projective elements are involved in all object-perception also causes some difficulties in the problem of personality delineation from the so-called 'projective' responses.

This problem may be further illustrated by some of the responses on the Rorschach Test. The strength of the ego is reflected in the responses to the degree that they approximate the objective situation corresponding to the ink-blot patterns. Hence Rorschach and Beck have regarded F+ as among the best indicators of the strength of the ego. Hence, an objective response to a situation more conducive to a phantasy or 'projective' response seems, in some respects, to have more significance for personality diagnosis than a phantasy

response. Similarly, in case of M (Movement) response, it is the form quality of the response which is of major significance.

Some insight into the ego's relation to its objects may be obtained from considering the nature of 'objects' found in some of the clinical types. In schizophrenia, as is often mentioned in psychoanalytic literature, there occurs the loss of object-relationships. Object-relationships are maintained by an individual so long as his ego is able to invest the objects with a certain amount of libido. When the libido is withdrawn from an object, the genuine relationship with it is either lost or impaired. In schizophrenia, the withdrawal of the object-libido is diffuse, which seems to be a result of the conflict between withdrawal and attempt at reinvestment. Hence the loss of the objects forces the schizophrenic to substitute word representations for object representations. This is also true of some severe obsessive neurotics. The sound and the form of words appeal to them more than the reality for which the words are only symbols (3:347). In Depression, object relationships are characterized by too much identification and introjection. Effort is made by the depressive to have all object-relationships within himself. As Fenichel says, "Object representations are somehow transplanted into the subject" (3:418). However, such oral attitude to the objects is inevitably accompanied by aggression, and hence the relationships are not satisfying. In mania, the ego under pressure from impulses of omnipotence and having broken its normal relation with super-ego, invests the objects with an excessive amount of libido. Although the total discharge of object-libido is greater, it is fitful and accompanied by aggressive drives. Hence there is loss of genuine and steady object relationships. This fitful nature of libidinal investment of objects is also illustrated in a hypomaniac, who, though quite rational in his activities, directs his energies to several plans and projects, but generally fails to carry them to a reasonable completion. In hysteria similar overinvestment of libido seems to occur, but in this case, it is characterized more by anxiety, or guilt, or elation. In phobias, the accompaniment of anxiety to the libidinal investment is obvious. In hypochondriasis, the withdrawal of object-cathexes changes the mental economics in such a manner that the amount of libido that was normally connected with the ideas of the objects now intensifies all ideas concerning one's own organs (3:26). The compul-

sion neurotic, on account of his unconscious aggression toward the objects withdraws the libido but re-invests them in such a way that the symbolic values of the objects are heavily accented. This state of affairs has been well described by Fenichel. "Words and worded concepts are shadows of things constructed for the purpose of bringing order through trial acting into the chaos of real things. The macrocosm of real things outside is reflected in the macrocosm of things representatives inside. The thing representatives have the characteristics of things, but lack the character of 'seriousness' which the things have and they are 'possessions' ; that is, they are mastered by the ego ; they are an attempt to endow the things with 'ego quality' for the purpose of achieving mastery over them. He who knows a word for a thing, masters the thing" (3:295).

The role played by the mental mechanism such as idealization, displacement, reaction-formation, etc. can also be examined in detail.

Conclusion

The main emphasis of this paper has been that an individual's objects, in the sense of psychological representations of the objects. are directly related to the nature and quality of his ego. Studies confined to the structure of the ego and its relations to the super-ego and the id are not much concerned with object-representations. Studies made in ego-psychology with the slant toward object representations and object-relationships are expected to prove of considerable value in psychotherapy and other applications of psychology.

BIBLIOGARPHY

1. Angyal, Andras. *Foundations for a Science of Personality.* New York, 1941.
2. Bell, John Enderkine. *Projective Techniques.* New York, 1948,
3. Fenichel, Otto. *The Psycho-analytic Theory of Neurosis.* New York, 1945.
4. Ferenczi, Sandor. "The Problem of Acceptance of Unpleasant Ideas-Advances in Knowledge of the Sense of Reality," *Further Contributions to the Theory and Technique of Psycho-analysis,* New York, 1927.
5. Frank. Lawrence K. *Projective Methods.* Springfield, Illinois, 1941.
6. Wiss, Edoardo. *Principles of Psychodynamics,* New York, 1950.

LAUGHTER IN SCHIZOPHRENIA AND OTHER ALLIED PSYCHOTIC DISORDERS*

N. N. CHATTERJI

Laughter is a common form of emotional expression in schizophrenia. Though in this condition emotion becomes usually blocked but many schizophrenic patients would be noticed to smile, giggle and burst out into wild laughter without any apparent reason. What makes this kind of emotional reaction possible in patients who are otherwise emotionless and mute are not clearly understood. Some times this laughter is so infectious that if a patient in a ward starts it other's would take it up immediately and within a short while there would be a chorus of hilarious laughter. Thus it shows that this laughter could be a method of communication among patients who are otherwise noncommunicative.

We are accustomed to associate laughter with a joyful state of mind. A smile illuminates our face when we are happy or we laugh heartily when we enjoy a joke. But what makes these patients laugh when there is nothing in the reality which could possibly excite this kind of emotion in them ? Can we definitely say that laughter is always an expression of joy ? We have seen in hysteric patients expression of contrary emotions in a situation where a particular type of emotion was expected. Tickling in armpit and some other bodily zones though usually produce resilent emotion it does not produce pleasurable sensation always. According to Titchener tickling is a old game of race play, the play of cambat and laughter shows that the whole affair is to be considered a friendly one.

Many schizophrenic patients laugh when they do not experience any pleasurable feeling in them. I have found laughter in such a patient suddenly getting transformed into weeping. A female patient was brought to her uncle for an interview. At the very sight of her uncle as if a trigger in her was released and she burst out into a laughter. She would have a look at him and her subsiding laughter would be increased again. This state continued for some time and her

* Read before the Indian Psychoanalytical Society on 15.12.51.

uncle became offended at such an objectionable behaviour of his niece. At this stage I intervened and told her uncle that she was not really laughing at him and perhaps through this laughter she was expressing her own sorrow. This statement of mine perhaps released another trigger in the patient and her laughter vanished like a magic and she now started weeping. It was silent weeping and tears flowed over her cheek like a stream and it made such a painful situation for the uncle that he terminated the interview at once. Since then I have seen innumerable cases where similar laughter and weeping were noticed without any apparent cause.

This kind of alternate weeping and laughter are usually noticed in hebephrenic variety of schizophrenia. In a middle aged lady these two varieties of emotional expression would appear in quick succession. Now she was melancholic and weeping but after a short while she would give vent to a hilarious laughter. This patient was not always communicative but there were moments when she could be made to talk. In the weeping state she would often express sorrowful ideas connected with her daughter's death and pains that she had suffered at her husband's hand. In the melancholic state it was detected that she harboured persecutory delusion against her husband but in the joyful state, and this state might appear very soon after the passing off of the melancholic state, these delusions would be evaporated like a magic. She would then remember the happy days she had passed in the company of her husband. In course of time her weeping disappeared and laughter became increased. Now she would not only laugh but would dance also at times. Still she was non communicative and showed no interest in her surroundings and preferred to remain in bed most of the time. Yet at times she would come out of her seclusions and start laughing and dancing but in the next moment she would be dull and apathetic.

Another hebephrenic boy who just like the previous patient would dance and laugh but most of the time he would remain in the depressed state. His dancing would be substituted by somersault at times. This patient used to hear voices which criticised him badly for having incestuous wishes and he also complained that these persons would go inside his body and capture him completely from there and he would lose his identity. Once he thought that he had become a woman and as he believed that he had become one with a

female, his voice also became high pitched like a woman. He would then start performing somersaults as he believed that by these movements he would be able to separate himself from that woman. So long he was under the impression that there were persons residing inside him he would be depressed but there were moments when he would feel himself free from the control of these persons and he would then dance and sing and give vent to hilarious laughter. His dancing signified his freedom to perform muscular movement and his laughter the joy due to his liberation.

Another hebephrenic patient started laughing in a peculiar way just at the onset of his illness. He would laugh at interval of nearly half an hour and this laughter continued for several days and then it suddenly subsided. On being asked to give the reason of his laughter he replied that he could not give any reason for it and he believed that it came automatically. Though the patient laughed at intervals like a machine yet he did not show any mirth. His countenance during the intervals between the laughters expressed a painful state of mind and by further interrogation it was possible to elicit that he was harbouring persecutory delusions and experiencing auditory hallucinations also. He could not connect his conscious thought processes with the laughter so he said that it came automatically. when he recovered from his illness I asked him once more to relate if he could remember that he laughed at times during his illness but could not account for its occurence though it gave him a great relief from the painful mental tension periodically. He complained that the delusional thoughts made him very miserable and he used to brood over it continually and this state of mind would be changed periodically due to the appearance of laughter.

A paranoid schizophrenic patient just at the onset of his illness said that he felt that a stream of laughter was welling up into his consciousness and he was afraid that it would make him laugh any moment but actually he did not laugh at all. He had devoloped the delusion of poisoning at that time and thought that his wife might administer posion to his food any moment. It was a very painful state for him and in it there was no scope for laughter. Then where from did this laughter flow up into his mind ? The patient's mental condition was still more or less normal except the delusion of poisoning which also disappeared at times but came back again.

According to him this laughter originated somewhere outside his ego but had the capacity to influence him. More or less similar phenomena was noticed in a schizophrenic who was suffering from a mild form of depression at times. He complained that he felt as if there was another person inside him who was laughing at him for his numerous defect. Though he did not like it but he had no other way than to join him in laughing at his own self. This laughter was just like the self-deprecatory thoughts, which arose in his mind. This was not really his in the beginning but was accepted later on. In course of time he developed auditory hallucination also and heard people were laughing at him. Another schizophrenic patient laughed because voices made witty remarks about him. Once a voice said that he wrote in the examination paper like the great linguist, Hari nath De and the patient laughed at this remark because actually he cut a very sorry figure in that examination. A hebephrenic patient with strong auditory hallucination said that during her recent trouble when her condition became very worse she lauged a good deal. Laughter came very easily and without any apparent cause at that time but now it appears to be puzzling to her. She said that her condition at that time could be compared to the condition of a person who had taken cannabis indica (bhāng). She would laugh at ideas which are not at all witty. She said that she once laughed at the idea that her husband might bring some fruits for her. Another patient said that he remembered that he laughed at times when he was ill but he could not assign any cause for it. His mind was at that time very much troubled due to many painful thoughts which were crowding in his mind and this laughter which appeared at times gave him a great relief. But later on this sense of relief disappeared from him and he would then laugh and weep automatically without feeling the corresponding emotions.

From the observation of the cases so far narrated it would appear that laughter in schizophrenia could be classed under two heads. Firstly laughter that appeared spontaneously and gave relief to the patients from the tension of the mind arising out of the conflict due to the presence of delusion, hallucinations etc. Secondly laughters were jeerings of superego as would be evident from the case in which the patient concerned showed that the laughter originally came from an internalised person who actually laughed at the

patient. He felt that this laughter was originally coming from his inside though at times he heared this laughter coming from outside also but what was interesting in this case was that the patient was obliged to laugh with the iuternalised object at his own self. This phenomena was exactly like the self reproaches of the depressive person. This kind of self-reproaches arise usually from the super ego and ego in the beginning would fight it but later on would be obliged to accept it. I had the opportunity of observing this mechanism of laughter during analytical hours. A depressive case who was being analysed one day after the analysis was over complained that I laughed when he was giving his free association. When I told him that it was not true he was rather puzzled. After a few sittings another day he told me that he was really wrong to accuse me of laughter as he now knew, that this laughter came from his inside, as if a person residing in his inside was laughing at times. After a few days during free associations he suddenly started laughing and he could not check it easily. He told me later on that he had been infected by the laughter of the person who laughed inside him and he was therefore obliged to laugh. He further told me that when he thought that some person was laughing at him from his inside he got irritated but now when he laughed with that person there was no irritation in him and on the contrary he felt some relief. The statement of this patient shows that the patient's laughter here eased the tension existing in the mind as a result of the conflict between the ego and the super-ego. If this view could be accepted as true then two varieties of laughter described in the beginning could be brought under one head.

Facts so far narrated gives us some idea regarding the origin of laughter in schizophrenia and other allied psychoses. It seems that laughter is the expression of the reaction that a patient has to adopt as a result of conflict between ego and super ego. The depressive patient's statement to the effect that a person within him was laughing and he became infected with that laughter shows that the laughter was really a jeering of the super-ego. This view can explain the origin of laughter to some extent no doubt but this is not the whole truth. Laughter originates in ego also. Ego laughs when it believes that it has been able to overthrow the

oppressive super-ego and laughter is the manifestation of its triumph. Some schizophrenic patients said that when they laughed their mental tension disappeared and they became happy. We noticed that these cases experienced pain as a result of persecutory delusion and when they laughed this delusion disappeared. I have described a case who alternately laughed and wept also. She wept when she believed that her husband was a persecutor and would kill her and laughed when that delusion disappeared and she became happy again, and these two states would occur many times within a day. I am inclined to believe that weeping in this case was associated with the fear of death and laughter with the triumph over the persecutor.

ABSTRACTS

The Development and Validation of Religious Faith—A. T. Boisen (*Psychiatry*, Vol. 14, No. 4, 1951)

The author discusses the significance of religious faith and the processes by which a deviating set of religious beliefs get started. He cites the case of George Fox (1624-1691), the English Founder of the Society of Friends or Quakers. Fox in his early twenties was a profoundly disturbed man, his recovery began with what he called an 'opening', 'inspiration' or 'revelation'. A group of followers gathered round him, who while following mainly the Calvinistic view of Christianity, believed that they had tapped anew the sources of spiritual power. This new source of power they called by various terms – the 'Light', 'the Light within", 'the Inner Light', etc. In contrast to the Calvinism, they believed that the revelation was a continuous process, not something given once and for all in the past. They discarded the forms and sacraments and sought to cultivate this Inner Light. Later on, there appeared a growing tendency within the Society of Friends towards formal theology and it has been then largely reabsorbed into the main body of believers. Nevertheless, the Society of Friends is still alive and is held in respect.

The development of Christian theology has been in many respects similar to that of the Society of Friends. Jesus, like Fox, was convinced that he had tapped anew the sources of spiritual power and sought to simplify the elaborate structure of belief and practice of the Judaism of that time. With the passing of the years, an elaborate system of theology was developed to harmonize the Christian beliefs with those of the intelligent people of the time. Since the Reformation, Christianity has become increasingly complex and has never been reabsorbed into the parent stream.

The origins of both Quakerism and Christianity can thus be traced when their leaders were convinced that they had tapped anew sources of spiritual power. The new groups were organised around what was regarded as a living and eternal relationship. Their beliefs were so started as to bring out their points of likeness and contrast with the prevailing beliefs and practices in order to support their own

faith. In this process vision and emotion waned and the group was reabsorbed except in certain forms.

Religion and culture are closely interrelated. Cultures are of course profoundly affected by new inventions, but changes in religious belief have to do with the more intimate, nuclear relationships of life. It can be shown that new beginnings in religion occur spontaneously under the stress of life's crisis experience, both personal and social. New prophets, both true and false, appear on the scene at such times and it is important to distinguish between them.

The author concludes that the development and validation of religious faith is a vital part of the social process. A new belief to be upheld, must not deviate too much from those already held, otherwise it will upset the balance of the personality and subject its advocate to the suspicion of insanity. It must be capable of assimilation into a more or less coherent system. It must command a certain modicum of social support. It will always be judged by its consequences in terms of the well-being of its adherents. It is surprising that the humanistic sciences have failed to carry enquiries to the level of the religious and that the students of religion have failed to make use of the scientific methods in the study of religious beliefs and experiences in which they are rooted.

A. Datta

Schizophrenia in Childhood—M Sackler, D. Sackler, R. Sackler and Co Tui (*Jour. of Clinical and Exptal Psychopathology*, Vol. 12, No. 3, 1951)

It is obvious that the hereditary and congenital influence that cause Schizophrenia can be better observed in childhood cases than in adult ones which involve the complications of somatic vicissitudes, internal psychological conflicts and environmental factors to a far greater extent.

In the present study, the patients were 8 childhood Schizophrenics, 5 male and 3 female, with their ages ranging from 5 years 4 months to 10 years 4 months, at the Creedmore Institute for Psychobiological Studies. Diagnosis revealed that they showed the usual Schizophrenic characteristics.

These patients were subjected to histamine-treatment for a period of three months Out of the eight patients, one showed

marked improvement, two moderate improvement, three slight improvement and one some improvement, as rated by the psychiatrist, the nurse, the psychologist and the parent. There was only one patient who showed no improvement at all. It was remarkable that the patients with the longest duration of the malady showed the highest degree of improvement in sharp contrast to the adult cases of Schizophrenia in which the best improvement is generally observed in those of the shortest duration. The fact that those who showed the best improvement were 9 years of age in average and thus were approaching puberty may well suggest that the endogenous endocrine changes in the patients helped this improvement.

The two best improvement groups of three children (1+2) tolerated the least amount of histamine, as indicated by their blood-pressure, and the one with the greatest tolerance showed no benefit at all. It may be inferred that there is some relationship between the severity of the disease and the tolerance of histamine. In an earlier observation the writers had suggested a relationship between the histamine-thyroid or/and gonadal deficiency with operative adrenocortical excess which is a disorder of equilibration and the Schizophrenic process. All the children showed a high tolerance of thyroid extract indicative of a high operative adrenocortical excess. Significantly enough, a high incidence of thyroid pathology e.g. visibly enlarged or palpable thyroids, was found in the mothers of the children. There is good evidence to believe that the incidence of Schizophrenia is higher in the children of Schizophrenic mothers than that in the children of Schizophrenic fathers These mothers were 'latent' or 'compensated' Schizophrenics. It may be thus assumed that there is some internal endocrinal contribution *in utero* to the ætiology and pathogenesis of the disease. Apart from this hereditary influence, the mother's hormonal dysequilibration may congenitally affect the neurones of the fetus.

The onset of the disease in all the cases occurred before the age of 4 and in half of the cases, before the age of 2. There are several other studies which justify the possible generalisation that some of the gross manifestations of this disease are observable before the second year.

The ratio of Schizophrenia in males to that in females was 2:1. This suggests, according to the writers, that psychogenicity is

not the determining factor in this disease. The psychological and social factors may release the symptoms but not the disease itself; it is highly improbable that they produce it.

Thus the Schizophrenic process starts in many individual *in utero*. The greater incidence in males in childhood is due perhaps to the greater predisposing neural damage in their case. It is interesting to note in this connection that the incidence of alcoholism and eccentricism is also higher for males. However both the sexes are exposed to hormonal vicissitudes at puberty. This being more marked in females may make a greater contribution to cerebral damage in their case. As a result, the incidence of Schizophrenia in males and females may be very nearly equal at this age. Continuing cyclical shifts and the subsequently superimposed hormonal changes of pregnancy and parturition may bring the incidence still closer until, in the climacterium, the females may outnumber the males.

The theory suggested is that the differences of age, sex and maternal influence in the incidence of Schizophrenia may be explained neuroendocrinologically.

Sripal Senadhera

New Beginnings and the Paranoid and Depressive Syndromes—M. Balint (*International Jour. of Psycho-analysis*, Vol. 33, Pt. 2, 1952)

In this paper, Michael Balint attempts to deal with the very embarrassing clinical phenomena which we observe in some 'borderline' patients. To quote Balint, "They belong to a class which can be described either as deeply disturbed or as people whose ego development was distorted by early traumas. These patients have the ability—or compulsion or symptom—of regressing to a state of infantile helplessness in which they do not seem to be able to comprehend intellectual considerations, i.e., interpretations couched in words." These patients generally come from a background where they have experienced extremely intense realistic frustrations in their infancy. Clinically these patients, to a certain extent, show some degree of improvement and are able to function *fairly well*, but in the final analysis refuse to give up the old modes of defenses and functioning. The patients, Balint describes, are quite commonly

met with in our analytic work. These patients remain suspicious and mistrustful towards their analyst in spite of honest endeavour on both sides ; they can never relex, i.e. abandon their suspicious adult self to the extent of feeling these wishes as an actual reality. They remain, even in the most relaxed state, split adults who "took care of themselves"; they could not reach the stage when they were "one with themselves."

According to Balint this state is reminiscent of the paranoid position that has been described by Mrs. Melanie Klein. These patients, in their innermost selves, are convinced that everybody else is bad, hostile, malicious—evil wishers who begrudge any happiness to anyboy, and yet they readily admit that they too are hostile, bad and grudging. According to these patients, the only possible relation between them and their environment, in fact between any two human beings, is that of a guarded suspicion and never relaxing watchfulness. People *do not love each other* and if anyone, says he, does, or merely tries to show sincere interest (e.g. the analyst), it is the easiest thing for these patients to prove that all this is only hypocritical pretense, a make-belive, a clumsy attempt at misleading a fool in order to take advantage of him after lulling him into relaxing his guard.

Balint feels that in order to help the patient to overcome this highly difficult phase, the patient has to be allowed to 'regress' to the archaic pre-traumatic state. The more the patient is able to divest himself of his acquired forms of object relations, the more he is able to begin anew to love, the greater is the probability of developing a non-neurotic adult way of loving. Balint further states that the reason for calling these phenomena *new beginnings* is well supported from biology. "In highly unfavourable external circumstances only those living beings can survive who are able to give up their well differentiated organization and regress to primitive stages in their development, in order to begin the process of adaptation anew. Highly developed forms are more efficient, but also more dependent on a special set of environmental factors. Primitive, undifferentiated states are elastic, capable of new adaptations in various directions. The similarity is striking : Highly differentiated forms both in biology and in psychology are rigid, unadaptable ; if their radical new adaptation becomes necessary, the highly differen-

tiated organnization must be reduced to its primitive undifferentiated forms from which a new beginning may then issue."

Depressive states, preceding the new beginning, in many points differ considerably from these forms. There is undoubtedly a fight of one part of the personality against the other (pre-condition of every depression) but this time the aim is not to create or to widen the split but to remove it, to enable the patient to be one with himself. The parts against which the patient's ego has to fight are not rejected, condemned or hated (although these feelings may be, and often are, present) but above all are mourned for and bereaved with full honor. Balint describes quite vividly that this whole process occurs all the time on two planes simultaneously : on a narcissistic plane in the patient's mind and on the plane of transference, i. e., in an object relation.

The new beginning is described as the capacity for an unsuspicious, trusting, self-abandoned and relaxed object relation. Clinically there are two prerequisites without which the proper phase of a new beginning cannot be developed. These are : (1) the relinquishing attitude, the realization that the paranoid anxieties were unfounded or grossly exaggerated (2) the acceptance without undue anxiety that a certain amount of depression is an inevitable condition of life, the confidence that it is possible—nay certain—to emerge from this kind of depression a better man. The paranoid fantasies must be worked through, reconized as originating from a greatly distorted picture of reality, i. e., from faulty reality testing, and than be given up. Removing the paranoid anxiety enables the patient to evaluate the everyday hardships of life in their proper proportion, while removing the depressive anxiety enables him to accept a certain amount of depression as caused by common frustrations and to arrange his life better by taking full account of them.

Balint postulates that the unsuspicious, naive, archaic object love should be considered as the first postnatal stage in the development of the human mind ; it is a center or a nodal point from which all later development radiates. Two such developments are (1) narcissism (2) the development of depression and the paranoid attitude. Generally, these two are closely interrelated with each other and one can be used as a defense againt the other-quite often, even after the termination of an analysis.

Dr. Balint's paper is a highly important one which *has to be read in its original form* for full realization of the impact of Balint's very original and stimulating ideas.

C. V. Ramana

The Art of Interviewing and Abstract Art—Felix Deutsch (*American Imago*, Vol. 9, No. 2, 1952)

Similar to the abstract artist who is attempting to convey a definite thought and idea, the patient in a psychoanalytic or psychotherapeutic interview is attempting to convey to the analyst a definite problem. The analyst, as it were, has to search through subterranean pathways into the past where the child's undeveloped ego reigns over the body and mind.

When the analyst suspects that the patient does not understand him then it is not possible for the analyst to completely clarify this situation in any "finite time" merely by talking with the patient further. If the analyst asks the patient whether he understands him and the patient confirms it, that does not prove that understanding has been achieved. It may just be that the patient did not understand the question. Deutsch quotes Warren Weaver "that in the restricted field of speech communication, the difficulty may be reduced to a tolerable size, but never completely eliminated by explanations. They are presumably never more than approximations to the ideas being explained, but are understandable when phrased in a language that has previously been made reasonably clear by restrictive and *repetitive use of a certain amount of vocabulary.*"

The problem of the effectiveness of an interpretation is related to the success with which the meaning conveyed to the patient leads to the desired unerstanding on his part. The function of the patient "is to encode, and that of the analyst to decode the meaning of the message." The method the patient uses to encode a certain symbol or a message depends not only upon this symbol, but also upon the previous symbols of the message and the way they have been encoded in the patient's past environment and upbringing.

Error and confusion arise in the method of the patient's ability to grasp certain interpretations. Very often the channels of communication that the patient has kept open are far too overcrowded and hence the patient is not in a position to absorb and make use of the interpretations and finally integrate them into the ego structure.

Hence an interview is not only a verbal but also a pre-verbal communication between two persons in which the analyst controls and selects his tools – words and attitudes – for penetrating and the piercing consciousness, i e., the chain of associations of the interviewed person. By this process increasingly more fragmentation and abstractions of the total content of the analytic hour evolves. The purpose of the interview is to destory or to dissolve the total content of informa tion into its abstractions—in other words, to follow them up into their infantile paths where they originated and whence they substituted for and became fused with concretistic object-related sensory perceptions.

Thus the art of interviewing consists of leading the patient in the *transference situation*, back into his childhood where object-related thinking still prevailed, and from there into the earlier periods of magic, symbolic objectless impressions. The information that the patient gives us about his problems and symptoms is a mixture of these primary and secondary processes. It is for the analyst to isolate them and to provoke the elementary primary expressions of the past for an understandtng of the problems of the present. Long before these problems can be expressed verbally they will always appear in sensory sensations, (in the patient's behavior, attitudes), the more so as the patient drifts into lower and lower levels of expression, simulating the ways of the child within the grown-up, who has retained his infantile modes of expression.

Deutsch feels that very often transitory visual images of abstract nature appear not infrequently during the interview, but are either suppressed and not verbalized to the interviewer or are not recognized and understood in their importance by the analyst. Very often they resemble in many respects the drawings and paintings of modern abstract painters which so often puzzle rhe onlooker.

In the interview the artistic *interviewer-analyst* is like the sorcerer who unveils the abstract world of the patient. The analyst does not stop here. Here he differs from the abstract artist. The analyst has to integrate the conflicting worlds of the patient to show him the new interrelations between his abstract, confused world and thoughts of the present day reality, and his own reality. *This is the analyst's social task. "The interview with the patient passes through subterranean pathways into the atomistic and objectless under-*

world. The analyst has to remain, and the patient has to become, the observer of this adventure."

The art of interviewing and far more so the therapeutic interview, consists of destructuralizing and derealizing the representations of the object world of the patient with the goal of synthesizing these again into a new form. In this procedure the anaiyst meets the exhibition of abstract art in the mind of the patient and learns how the pictures come into beginning with objectless sense perceptions which gradually become objectified

C. V. Ramana

Some Psychotherapeutic work in Maternity and Child Welfare Clinics—B. Sandford (*Brit. Jour. of Medical Psychology*, Vol. 25, Pt. 1, 1952)

Mrs. Beryl Sandford quotes from Sir James Frazer, *The Golden Bough* as follows: "Attempts to shift the burden of disease, misfortune and sin from oneself to another person, or to an animal or thing, have been common among civilized nations of Europe, both in ancient and modern times." Similar to the mechanism of projection seen in the above quotation, Mrs. Sandford furnishes ample clinical material from her work in child welfare clinics regarding the above indicated type of projection mechanism that is operative in psychotherapeutic work with parents and children.

The author's clinical material is mostly drawn from mothers and children who attended the maternity clinic and were later referred to the psychological section of the clinic. At the outset, the mothers were quite unaware that they had any emotional difficulties of their own, and came to the clinic specifically on account of the children's problems.

The parent's anxiety was first presented as an external one, namely, the child, and it was only after interpretation that the parent realized it as her own. Generally when this happens, the child lost a symptom, which would, therefore, appear to have been not his own anxiety, but the expression of his parents. In Mrs. Sandford's opinion it is"the internalized, anxious mother" who makes the demands on the child. Therefore, if one can relieve the mother's anxiety, then the child will replace this internal anxiety-ridden mother by an anxiety-free mother, and will thus become a less anxious child.

Clinically it was observed that as the parent grew "progressively more manifestly anxious," (depressed and aggressive), the child lost the symptoms. Generally it appeared as though these particular anxieties were being shifted from the child and were being "put back where they really belong—the mother."

Generally it is always noticeable that while a child is under psychotherapy, the mother and to a certain extent the father too, become anxious and hostile. The parents who have hitherto been using the child as a convenient "dumping grounds for the unwanted emotions, suddenly find themselves deprived of this amenity, and are forced to cope with their intolerable conflicts themselves." It is here that Mrs. Sandford feels that *properly conducted and properly spaced therapeutic interviews* with the parents can go a long way in helping the parents to realize that a great deal of the child's problems are actually their own projections onto the child. Once this insight is obtained the child is able to cope with his own difficulties as he now no longer has to accept the responsibilty for the parental anxieties.

John Bowlby, in commenting on this paper, says, "We are not curing the parent's neurosis. The parent's difficulties remain, mitigated, perhaps, but not redically altered. What has changed, we may hope, is the mother's attitude, and therefore behaviour, to her child, a change which may make *far reaching differences** to their relationship and thus to the child's future development. It is because work of this kind with mothers appears to have such far reaching effects that I welcome Mrs. Sandford's paper and hope to stimulate may others to undertake this work."

This work along with the work of Anna Freud and Dorothy Burlingham during the war, and also the work of Dr. Bowlby, demonstrates amply that with a psychoanalytical understanding and a paychodynamic grasp of patients' problems, generally a great deal of educational and prophylactic work can be done, especially with mothers and children at a time when such work makes all the difference.

C. V. Ramana

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* John Bowlby : Maternal Health and Mental Care, World Health Organization, Geneva

NEWS AND NOTES

THE 18th INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS
will be held at
BEDFORD COLLEGE, REGENT'S PARK, LONDON, N.W.1
from SUNDAY, 26th JULY to THURSDAY, 30th JULY, 1953

The local Congress Administrative Committee have appointed Messers. Thos. Cook & Son Ltd. and their associate company, the Cie. Internationale des Wagon-Lits, as the Official Agents for travel and hotel accommodation in connection with the Congress. Application should be made to the nearest office of these two organizations as soon as posible. Members should note that there is likely to be a great demand for hotel accommodation in London during June and July owing to Coronation and they are urged, therefore, to make their travel and accommodation arrangements as early as possible.

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1948	34,461-12-2	4,355- 3-3	30,106- 8-11
1949	31,552- 0-11	31,037- 2-3	514-14-8
1950	2,038-14-8	1,754-15-9	283-14-11
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JOURNAL OF
THE INDIAN PSYCHOANALYTICAL SOCIETY

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Editor
G. BOSE.



VOLUME 6 NUMBER 2

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PLEASURE IN WISH

G. BOSE

Avoidance of pain and the attainment of pleasure are the motives which guide all our life-activities. Pain according to my view which I have explained in another paper is not a primary feeling. It is the result of repression i.e. a struggle between two pleasurable elements. Avoidance of pain is thus the negative aspect of attainment of pleasure. It is impossible to define the nature of pleasure which is a primary mental element. We can at the most describe its nature and the circumstances under which it arises in our mind. Pleasure has been described by certain psychologists of the old school as an element of parasitic nature. It has no independent existence. It arises either out of a perception or an action. Although we might call a perception pleasurable there is no such thing as perception of pleasure. This is also true of pain. Experimental psychologists however describe a sensation of pain as different from the feeling of pain. The sensation of pain is developed at the pain spots. I do not intend to discuss the genesis of pain here. Suffice it to say that the pain in the sensation of pain is exactly identical with the pain in any other situation, it is a true feeling that appears to be inseparably attached to the sensation of touch at the pain spot. The nearest approach to a perception of pleasure as distinguished from a pleasurable perception is that peculiar state which alienists have described as euphoria. There is a general feeling of pleasure apart from any specific perception. But here again a careful analysis would reveal the fact that the pleasurable feeling is attached to organic sensations which usually remain unnoticed. A person who has deeply fallen in love for the first time and who feels that his love is reciprocated has his mind always filled with pleasure. Here also the pleasure has no real independent existence but is attached to perceptions which ordinarily remain indifferent.

In my discussion on the nature of wish I have pointed out the presence of an action attitude and its importance in all perceptions. There is no perception without a wish. Pleasure therefore according to this view is attached only to wish situations. When an action

corresponding to an unopposed wish is being executed pleasure makes its appearance. So long as a wish remains unfulfilled a certain amount of tension is felt by the ego. Most unfulfilled wishes carry with them an unpleasant affect ; it is only in the fulfilment of a wish that the pleasure lies. There are certain situations in which an unfulfilled wish gives rise to pleasure and this pleasure may be more intense than that arising out of the corresponding act. The sexual fore-pleasure as well as the pleasure which one anticipates from a promised treat belong to this group. When the fore-pleasure or the anticipatory pleasure is greater in intensity than the pleasure attached to the corresponding action one may be sure that repression is at work. The fore-pleasure and the anticipatory pleasure depend on the satisfaction of subsidiary wishes attached to the main wish and to an imaginary fulfilment as in day dreams. When the main wish is under partial repression the affect attached to it finds vent in fore-pleasure situations which thus gain in importance.

Pleasure is originally the ego's concern. But in certain wish situations the ego feels as if the *object* experiences the pleasure. It is just like the ego-fugal interest I have spoken of before in my analysis of wish. The ego has projected itself on to the object and feels that it is the object which experiences the pleasure. If the ego does not feel any pleasure on its own account but transfers it all to the object it is an indication of repression.

I have spoken of the eight different types of wishes and have indicated their grammatical forms in the paper on 'Analysis of Wish'. When the subject plays the active role the wishes are active and when he is in the passive situation the wishes are passive. According to the direction of interest the wishes are either ego-petal or ego fugal. When an external object concerns the subject the wish is objective ; and when his own sensations concern him the wish is called subjective. The grammtical forms for the eight different types of wish are :—

1. AOq —A person is affected by me
2. POq —A person affects me
3. AOp —I affect a person
4. POp —I am affected by a person
5. ASq —A sensation is affected by me
6. PSq —A sensation affects me

7. ASp —I affect a sensation
8. PSp —I am affected by a sensation

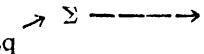
The forms of expression are all from the standpoint of the subject so that the activity and passivity and the ego-fugal and ego-petal interests all refer to the subject. When the subject places himself completely in the position of the object and loses his own personality altogether as in certain cases of hystetia and alternating personality, the new personality feels all the eight diffrrent types of wishes from its acquired situation and what was an active wish before now becomes a passive one and vice versa, the ego-fugal interest becomes ego petal and vice versa from the stand-point of the previous ego. The grammatical forms remain identical. The "I" has become a new "I".

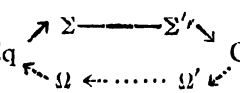
If however the subject transfers himself to the position of the object and at the same time maintains his own personality eight new forms of expression arise corresponding to the standpoint of the object. As the ego maintains its own individuality the real reference however remains egoistic throughout even in the new forms unlike what is seen in complete projection of the ego. The "I" always represents the original ego in such situations.

The sixteen different types of wishes arising in this condition are :—

1.	AOq	(a)	A person feels that he is affected by me.
		(b)	„ „ „ „ I affect him
2.	POq	(a)	„ „ „ „ he affected me
		(b)	„ „ „ „ I am affected by him
3.	AOp	(a)	I feel that I affect a person
		(b)	„ „ „ the person is affected by me.
4.	POp	(a)	„ „ „ I am affected by a person
		(b)	„ „ „ a person affects me
5.	ASq	(a)	(A sensation feels) that it is affected by me
		(b)	„ „ „ „ I affect it
6.	PSq	(a)	„ „ „ „ it affects me
		(b)	„ „ „ „ I am affected by it
7.	ASp	(a)	I feel that I affect a sensation
		(b)	„ „ „ a sensation is affected by me
8.	PSp	(a)	„ „ „ I am affected by a sensation
		(b)	„ „ „ a sensation affects me.

The gensis of the above sixteen different types of wishes will be easily explained by the assumption that the ego in transferring itself to the position of the object splits up into two halves in its new situation corresponding to the subjective and objective halves of the ego in its original position. The object takes up the role of a secondary ego linked with the primary one and that is how the subject appreciates the feelings of the object whom he considers to be a personality similar to his own. This mechanism will be explained by a diagram. Take the case of an active objective ego-fugal wish (Type 1) :—

1. AOq – Eq  O on analysis

is seen to be Eq  O

Since the interest is ego-fugal the ego feels that it is the object that feels and the object has been endowed with two opposite attitudes corresponding to its subjective and objective halves, which I have represented by Σ' and Ω' respectively. When the point of attachment of interest is Σ' the form of expression of AOq would be :—

AOq (a) —"The object feels that he is affected by me." The object is supposed to be in the passive attitude and the direction of the flow of energy is towards the object—"he *is affected* by me."

When the point of attachment of interest is Ω' the direction of flow of energy is from the object who is supposed to feel in an active grammatical form :—

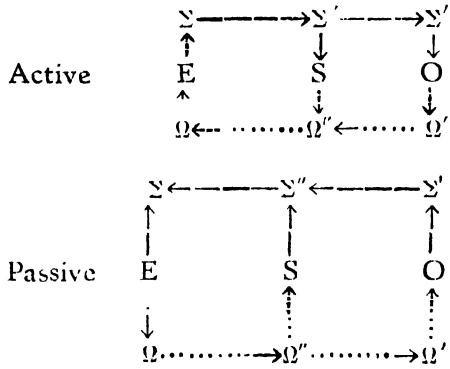
AOq (b) —"The object feels that I affect him." In ego-fugal wish the point of attachment of interest is either Σ' or Ω' and in ego-petal wish it is either Σ or Ω. Thus—

AOp (a) —I feel that I affect an object

AOp (b) —I feel that the object is affected by me.

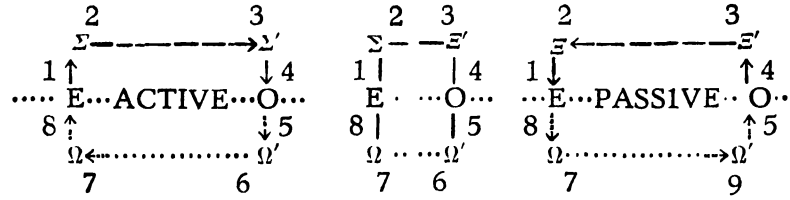
The four types of active objective wishes corresponding to AOq (a), AOq (b), AOp (a) and AOp (b) can therefore be more simply represented by $A\Sigma'$, $A\Omega'$, $A\Sigma$ and and $A\Omega$. Similarly the passive wishes may be represented by $P\Sigma'$, $P\Omega'$, $P\Sigma$ and $P\Omega$. In subjective wishes also the ego may undergo a secondary splitting into subjective and objective

halves to be represented by Σ'' and Ω''. I shall presently show that in the case of inanimate objects and its own subjective sensations the ego can seldom transfer itself completely to the objective situation so that the forms of wishes corresponding to Σ'' aad Ω'' remain more or less undeveloped. A complete active and a passive wish may be represented by—



The above diagrams look very much like the diagrams of an electric circuit. When there is no obstruction at any point of the circuit the wish is supposed to be free and unrepressed. When there is any obstruction at any point there is, as it were, a short circuiting at that point which remains unappreciated and the wish is called a repressed wish. The circuit must be somehow completed for a wish to be realised. We might carry on the electrical analogy a little further. Just as the interposition of a galvanometer at any point of the circuit would indicate the state of affairs at that point so attention and attachment of interest at any point determine the type of wish consciously felt by the ego. The direction of the current indicates whether the wish is active or passive.

To determine the points of attachment of pleasure in a wish situation it will be necessrry to consider the state of affairs at each point of the circuit. Ordinarily we do not pay sufficient attention to any particular point unless the pleasure attaches itself to that point. Pleasure may be compared to the deflection of the galvanometer needle which indicates the direction and the intensity of the current at any point. To simplify matters I shall take up the question of objective wishes only at this stage.



Each circuit may be roughly divided into two halves by a vertical line passing through the middle (Fig) If we consider the state of affairs to the left of this line we find that the point of reference is the ego. To the right of the line the point of refernce is the object although it must be remembered that all reference is primarily and originally egoistic. If we number the different points of the active circuit as in diagram, we find the state of affairs at the different points as follows :—

o represents point of reference. Point of interest has been *indicated* by italics.

o

1. →Σ The ego is *striving* for action which is directed towards a a particular object. Ego is the point of reference i. e, reference is ego-petal.

o

2. Ξ→ The ego is in *action.* Reference is ego-petal

o

3. →Ξ′ Object *is being acted upon* or *affected.* Reference is to the object i. e. ego-fugal.

o

4. Ξ′→ Object is the *recipient* of the result of the action. Reference is ego-fugal.

o

5. Ω′← Object is *striving* for action directed towards the ego. Reference is ego-fugal.

o

6. ←Ω′ Object *is in action.* Reference is ego-fugal.

o

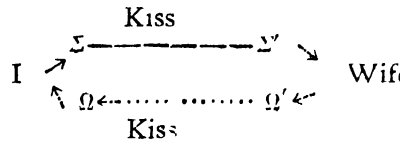
7. Ω← Ego is being *acted upon.* Reference is ego-petal.

o

8. ←Ω Ego is the *recipient of the result* of the action. The reference is ego-petal.

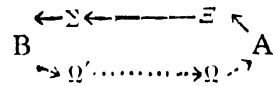
In my 'Analysis of Wish' I have pointed out that the objective phase of a wish, as represented by the dotted lines below the horizontal division, carries with it an unconscious attitude exactly opposite to that in the conscious phase so far as the ego is concerned. In active wishes this phase is passive and vice versa. 5, 6, 7 and 8 in the diagram are all passive attitudes so far as the ego is concerned and this passivity, as I have pointed out before, is instrumental in bringing about an appreciation of the object which to the conscious mind is playing the passive role. To illustrate, when I actively strike an object the conscious active subjective phase tells me that I am striking the blow and the objective passive unconscious phase makes me feel that the object is receiving the blow. When I am only concerned with myself the matter ends there so far as the particular action is concerned. But if my ego has transferred a part of itself to the object and if it has endowed the object with its own strivings and emotions as in the cases I have been considering here, I would feel that the object not only receives the blow but also returns the blow. The 'reaction' of the object is felt and appreciated under such conditions. According to my view even in the psychic life, each action leads to an exactly opposite and equal reaction ; so that every wish is always associated with its corresponding opposite reaction counterpart. When a subject-object relationship is ideal i.e, when the object wilfully responds to the subject's action this reaction phase would always be in evidence. In perfect love relationship a kiss is always returned. In kisssing, an ideal lover develops the desire to be kissed. That this is not always so is due to a repression either on the part of the subject or the object or both. In the diagram we have been discussing 5, 6, 7 and 8 therefore really represent the reaction phase of the object.

How the reaction is developed in the psychic sphere will be best understood by considering an actual example. Let us take the active wish "I kiss my wife" for consideration aud let us see how the reaction "wife kisses me" develops in the mind of the ego. This reaction does not necesasrily mean that the actual object will act according to it ; it is the subject's own personality which wants this reaction "I kiss my wife" would be represented as follows :—



When the circuit is complete the objective unconscious phase leads to appreciation of the fact that wife is kissed as a result of the subject placing himself in the position of his wife who is the object. Thus "I kiss wife" is really "I kiss myself as wife" (Σ) ; "myself as wife" is the real object here. If the ego now endows the object with wishes and emotions, the object becomes a separate self. Let us represent the primary ego I by A and the secondary ego "myself as wife" by B. From the standpoint of the secondary ego the position is

B is kissed by A (Σ') or



The secondary ego B cannot realise its complete situation unless it places itself in the situation of A who is the object i.e. if appreciates the situation by the form

"B as A" kisses B (Ω')

By substitution we get

"myself as *wife*" as myself kisses "*myself* as wife"

This leads to

Wife kisses me (Ω)

This is how the stimulus of a conscious wish leads to the reaction involving an exactly opposite wish with the reversal of the subject-object relationship. The desire for reciprocity in connection with certain wishes e.g. in the sphere of love is traceable to this mechanism.

Now reverting to our consideration of the state of affairs at different points of the circuit we might say that at each point the incoming current is a stimulus and the outgoing a reaction so that 1 leads to the development of 2, 2 to 3, 3 to 4, 4 to 5, 5 to 6, 6 to 7, 7 to 8, and 8 to 1 thus completing the circuit. The ego can place itself like an interposed galvalometer at any point of the circuit and either consciously or unconsciously appreciates the situation there. When there is repression the appreciation is only partial, the situation in such a case may be described as a short circuit.

The state of affairs which I have described in general terms uptill now may now be considered by a specific example. Let us take the active wish "I kiss my wife" as an example. The following would indicate the condition of affairs at the different points of the circuit. The point of interest of the ego in each case has been indicated by italics.

1. *I* am striving to kiss my wife and my interest is directed towards myself.
2. I am *kissing* my wife.
3. My wife is *being kissed* by me.
4. My *wife receives the impression* that she is being kissed by me.
5. My *wife* is *striving* to kiss me
6. My *wife is kissing* me
7. I am being *kissed* by my wife
8. *I receive* the impression that I am being kissed.

In 5, 6, 7 and 8 the ego is really playing the passive role with reference to the object and these situations being opposed to the conscious active attitude of the subject cannot come up in consciousness in ordinary wish situations where the reaction remains unappreciated. But when the object has been endowed with feelings and wishes there is a tendency for these attitudes to be prominent and under certain conditions a compromise formation results. This compromise is only possible when there is development of pleasure. The situation at 6 for instance "My wife is *kissing* me" cannot be appreciated owing to the conscious attitude "I am *kissing* her" as it would involve the simultaneous activity of both the subject and the endowed object ; in the conscious mind therefore 6 is not appreciated but only its counterpart 2 i. e. "I am *kissing*". But when there is pleasure in this situation a splitting up or a compromise is possible so that while the ego is actively engaged in action it does not feel the pleasure which is supposed to be *actively* enjoyed by the object ; the activity of the object is felt only so far as the pleasure is concerned ; the expression here would thus be—"I am kissing my wife who enjoys pleasure". There is a difference between "enjoying pleasure" and "receiving pleasure". In one case the attitude is active and in the other passive.

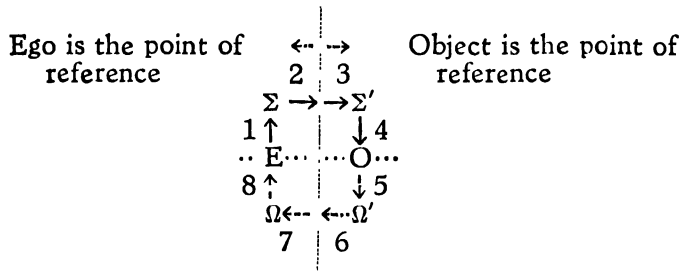
The attachment of and the attitude in pleasure serve as conscious guides in determining the state of affairs at unconscious

points 5, 6, 7 and 8. The attitudes in action and in pleasure are identical when there is no repression so that either both are active or both passive.

When the object is endowed with consciousness and is looked upon as a secondary ego the unconscious objective reaction phase not only makes it possible for us to appreciate the characteristics of the object as in ordinary objective wish situations but it also leads to the development of the desire for reciprocity in the conscious mind of the primary ego, Its operation can be detected by noticing the direction and the point of attachment of pleasure.

We may now attempt an analysis of the different types of pleasure in active and passive objective wishes.

Active Objective Wish : "I kiss my wife."



1. →Σ Situation : *I* strive to kiss wife.
   Possible pleasure expression ; *I enjoy* pleasure (active attitude) in kissing wife (active attitude).
2. Σ→ Situation : I *kiss* wife.
   Pleasure : I *pleasurably kiss* wife (active). Here the ego ascribes its own pleasure to the action which becomes pleasurable. Adverbs indicate the projection of ego's feelings to action.

There is another possibility of expression of pleasure in this situation :—

I kiss wife and find *her nice* (active). Here the ego's pleasure has been projected on to the object which becomes nice (adjective).

3. →Σ′ Situation—Wife *is kissed* by me.
   Pleasure : Wife *is pleasurably kissed* (Passive act is pleasurable).

4. $\Sigma' \rightarrow$ Situation—*Wife* is kissed by me.

Pleasure : *Wife receives* pleasure (passive) in being kissed (passive).

5. $\Omega' \leftarrow$ Situation—*Wife* strives to kiss me.

This objective reaction remains unconscious and the activity of the object can only come up in consciousness as the subject's own activity in the corresponding form 1. "I strive to kiss wife."

Pleasure—*Wife* enjoys pleasure (active)
when I kiss her (active)

When the desire for reciprocity becomes prominent the expression takes the form—"Wife should enjoy pleasure in kissing me."

6. $\leftarrow \Omega'$ Situation—Wife *kisses* me (unconscious)

Corresponding conscious form is 2 "I kiss wife."

Pleasure—Wife *enjoys pleasure* (finds the *action* of submission —"active" submission—to be pleasurable) when I kiss her.

7. $\Omega \leftarrow$ I *am kissed* by wife (unconscious) corresponding conscious form is 3 wife is *kissed* by me.

Pleasure—I *receive pleasure* (passive) when my wife is kissed (passive).

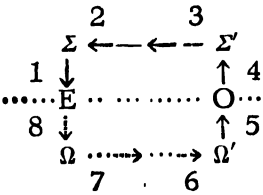
8. $\leftarrow \Omega$ *I* am kissed by wife (unconscious) corresponding conscious form is 4 "*Wife* is kissed by me".

Pleasure—*I* receive pleasure (passive) when my wife is kissed (passive).

The conditions are as follows in the case of an objective passive wish :—

Passive Objective Wish : "I am kissed by my wife."

Subject is the point of reference $\leftarrow\rightarrow$ Object is the point of reference



1. $\leftarrow \Sigma'$ Situation : *I* am kissed by my wife.

Pleasure : *I* receive pleasure (passive) in being kissed by wife (passive attitude).

2. $\Sigma\leftarrow$ Situation : I *am kissed by* wife.
   Pleasure : I am *pleasurably kissed* by wife (passive).
3. $\leftarrow\Sigma'$ Situation : Wife *kisses* me.
   Pleasure : Wife kisses me and finds me *nice* (active) Alternative form : Wife *pleasurably kisses* me (active).
4. $\Sigma'\leftarrow$ Situation : *Wife* kisses me.
   Pleasure : *Wife* enjoys pleasure (active) in kissing me (active).
5. $\Omega'\rightarrow$ Situation : *Wife* is kissed by me (unconscious).
   Corresponding conscious form : *I* am kissed by wife.
   Pleasure : *Wife* receives pleasure (passive) when I am kissed (passive).
6. $\rightarrow\Omega'$ Situation : Wife *is kissed* by me (unconscious). Conscious form: I *am kissed* by wife.
   Pleasure : Wife *receives pleasure* (is pleasurably affected—passive) when I am kissed (passive).
7. $\Omega\rightarrow$ Situation : I *kiss* wife (unconscious).
   Conscious form : Wife *kisses* me.
   Pleasure : I find wife *nice* (active) when she kisses me (active).
   Alternative : I *enjoy pleasure* (active) when wife kisses me (active).
8. $\rightarrow\Omega$ Situation : *I* kiss wife (unconscious).
   Conscious form : *Wife* kisses me.
   Pleasure : *I* enjoy pleasure (active) when wife kisses me (active).

In analysing the above forms we find that the pleasure is sometimes attached to the primary ego or the subject and sometimes to the secondary ego which is the object and sometimes again to the act. The subject or the object either enjoys or receives pleasure. It might appear at first sight that the pleasure in such cases acts as a secondary perception i. e. an object for the subject's experience. But is not really so. The *active* enjoyment or the *passive* reception really refers to the ego's attitude towards the act. The feeling of pleasure is *sui generis*. When the pleasure is attached to the act the act becomes pleasurable and this situation is expressed grammatically by the use of an adverb. It is obvious that pleasure can only be experienced by the ego, so when it is referred to an action it may be assumed that there is some sort of resistance on the part of the ego towards pleasure. When the primary ego develops resistance towards pleasure it is at first referred to the act (adverb) and if

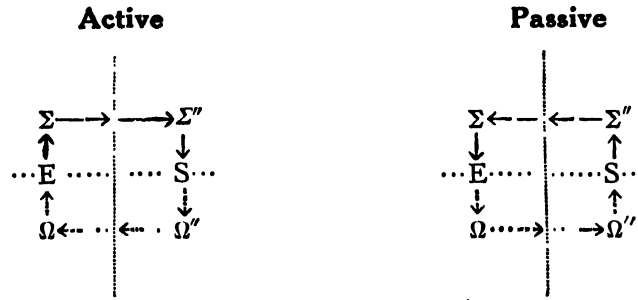
the resistance be stronger it is referred to the object as an adjective. In a situation with an adjective the pleasure is still the ego's pleasure but it is described in terms of the object. When the resistance is still stronger the pleasure is completely detached from the primary ego and is supposed to be experienced by the object which functions as a secondary ego. If the resistance towards pleasure goes on increasing still the secondary ego also is prevented from enjoying or receiving it. The pleasure is then referred to the conscious action phase of the secondary ego (Σ') and in the next stage to its unconscious reaction phase (Ω'). Thus with increasing resistance the pleasure is finally referred to the objective half of the primary ego (Ω) thus completing a circuit as it were. The objective action phase of the ego is exactly opposite to the subjective or the conscious action phase and as I have shown elsewhere a failure to consciously realise this opposite wish phase provides the motive force for repression. We are therefore faced with a very interesting phenomenon. Repression leads to the generation of resistance at some point of the circuit and this very resistance tends to create an extra urge for short circuiting or realisation of the next point in the circuit till finally there is an effort at appreciation of the unconscious objective phase of the ego. Directly this is achieved there is release of the repression and the normal circuit becomes traversible. Repression carries with it its own tendency for adjustment. It seems as if this adjustment tendency depended as much on the positive drive of the subjective conscious phase of the ego as on the negative force represented by the attraction of the unconscious objective phase. There is rise in potential at one end of the circuit and a fall in the other. I shall discuss this point in connection with what Freud has described as repetition compulsion.

This tendency for realisation of the successive points of the circuit will be best explained by mentioning the different expressions of pleasure at different points :

Active	*Passive*
1. *I* enjoy pleasure	1. *I* receive pleasure
2. I *enjoy pleasure*	2. I *receive pleasure*
3. I find *wife nice*	3. Wife finds *me nice*
4. Wife *receives pleasure*	4. Wife *enjoys pleasure*

5. *Wife* receives pleasure (pleasurably affected)	5. *Wife* enjoys pleasure
6. *Wife* enjoys pleasure	6. *Wife* receives pleasure
7. Wife *enjoys pleasure* (action pleasurable)	7. Wife *receives pleasure*
8. Wife finds *me nice*	8. I find *wife nice*
9. I *receive pleasure* (am pleasurably affected)	9. I *enjoy pleasure*
10. *I* receive pleasure	10. *I* enjoy pleasure

I shall now take up the question of subjective wishes. In a subjective wish the ego's own subjective sensations function as the object. Here also there is a subjective and objective splitting up of the ego. A subjective wish according to the pleasure scheme mentioned before may be represented as follows :—



In all subjective wishes and in those objective wishes in which the object is inanimate the reaction phase of the wish situation is seldom fully appreciated as the subject fails to transfer its feelings and emotions to the object owing to failure to notice reaction changes in it. I have already mentioned before that at each point the incoming current may be looked upon as the stimulus and the outgoing as the reaction. Pleasure can only develope at a point when both the incoming and outgoing currents are appreciated. The case of the child or an animistic savage is however different as feelings and hidden reactions are ascribed to the object.

As the objective reference to the right of the vertical line is wanting no pleasure can attach itself to situations at Σ'' and Ω''. There are only 5 types of pleasure corresponding to situations at Σ and Ω e.g.

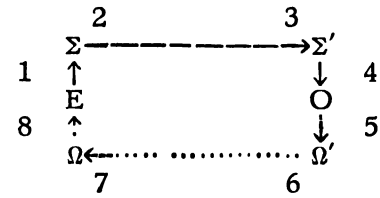
Active

1. $\rightarrow\Sigma$ *I* enjoy pleasure in affecting a sensation or an object.
2. $\Sigma\rightarrow$ I *pleasurably affect* a sensation or object
3. I find a *sensation or object nice*
4. $\Omega\leftarrow$ I *receive pleasure* when the sensation or object is affected by me.
5. $\leftarrow\Omega$ *I* receive pleasure when the sensation or object is affected by me.

Passive

1. $\leftarrow\Sigma$ *I* receive pleasure when I am affected by the sensation of the object.
2. $\Sigma\leftarrow$ I *receive pleasure* when I am affected by the sensation or object.
3. $\Omega\leftarrow$ I find *sensation or object nice* when it affects me.
4. I *enjoy pleasure* when sensation or object affects me.
5. $\leftarrow\Omega$ *I* enjoy pleasure when sensation or object affects me.

In situations Ω' and Ω in objective wishes the reaction phase is unconscious and when the pleasure attaches itself to such situations there is a compromise resulting in a splitting up of pleasure and action, the pleasure being ascribed to the object and the activity to the subject; the attitudes in both the pleasure and the act remain the same. They are either both active or both passive. For example let us take the situation at $\Omega \leftarrow 5$ in an active wish of the type "I

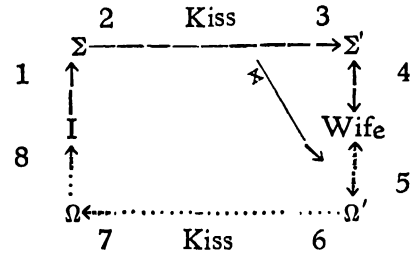


kiss my wife". The actual reaction expression at 5 is "*Wife* enjoys pleasure in *kissing* me". This appears in consciousness as "*Wife* enjoys pleasure when *I* kiss her"; the pleasure attitude of the object and the action attitude of the subject are both active. Now the question arises whether these two attitudes could be different, i e. whether such expressions as "Wife enjoys pleasure when she is kissed" or "Wife receives pleasure when I kiss her or wife enjoys pleasure

when I am kissed or wife receives pleasure when she kisses me or I enjoy pleasure when my wife is kissed by me or I receive pleasure when I kiss my wife or I enjoy pleasure when I am kissed or I receive pleasure when wife kisses me" are possible. Language clearly proves that they are. In all such expressions there is an opposition between the pleasure and action attitudes of the subject. In my opinion these expressions are all repression products and are not primary.

It is quite possible that the pleasure instead of being attached to any one point in the circuit may be divided and may express itself at more than one point. The expression then becomes "I pleasurably kiss my beautiful wife" or "I enjoy pleasure in kissing my beautiful wife" or any of the other possible combinations of the different pleasure situations. It would seem that when all repressions have been removed the ego is capable of experiencing pleasure at all the different points of the circuit. As adjectives indicate the projection of the ego's feeling to outside objects they cannot obviously be used with reference to the ego itself unless the ego is looked upon from a detached standpoint. It is only in such condition that expressions like "poor me" are possible, the ego here is really a secondary ego i.e. an object.

In cases of repression the situation is like that of a short circuit e'g. when :



in an active wish of the type "I kiss my wife" there is a repression at point 4 $\Sigma' \rightarrow$ there is inability to realise the situation "*Wife* receives pleasure in being kissed." The current is short-circuited from 3 to 5 as shown by 'x' in the diagram. There is however a continuous striving on the part of the current to overcome the resistance at 4 i e. to remove the short circuit. This sometimes results in an increased but fruitless striving for realising the repressed situation i.e. "I shall always be fruitlessly striving to kiss wife in such a way that

she may receive pleasure". This type of fruitless and incessant striving for pleasure forms an important characteristics in certain neurotics.

The continuous effort at appreciation of pleasure at a repressed point may be looked upon as the ego's effort in overcoming the resistance at that point. This resistance, although it may manifest itself with reference to an outside object, is really the ego's own internal resistance. The ego continuously strives for self-realisation through objects outside its own self and pleasure is an expression of such realisation. Just as consciousness indicates the functioning of the ego so pleasure indicates its phase of self-realisation. I have tried to prove elsewhere that every act of the ego when unresisted is attended with pleasure so that unrepressed consciousness and pleasure are merely the two phases of the same manifestation.

CLINICAL NOTES ON THE DEFENSE STRUCTURE IN PSYCHOTHERAPY*

NORMAN REIDER, M. D.†

It is highly doubtful whether there will ever exist a time (except some day when all psychiatric conditions may be taken care of pharmacologically, and this also most unlikely) when diagnostic (46, 271) and formulative considerations of psychiatric problems can ever be so systematized that a very definite and specific indication for saying exactly certain words or behaving in a certain way is in order (26, 38, 39, 55). The high degree of variability in the individual reaction pattern almost automatically precludes such possibilities, let alone complications which arise from the individual reaction pattern of individual psychotherapists (9, 16, 22). To cite one example of an apparently simple situation: A therapist (97, 105, 129, 259, 278) asks the patient, "Why did you do that?" The patient may react in one of several ways. He may sense the therapist's words as a query directed toward asking the observant part of himself (67, 112, 123, 124, 136) to look into the motives for a particular act. On the other hand, the patient may sense an accusatory or disciplinary tone in these very same words and may react either by feeling attacked or by accepting the implied admonishment. It may very well be not the patient's internal situation that determines the way he reacts, but a reality factor may be involved, that is, therapist may mean his words to be one or the other, depending upon his own mood or intent (287, 309, 319). This relatively simple situation thus includes a minimum of four concomitant possibilities of the attitudes and intents of the two persons involved in therapy (320, 355, 362).

Let us extend this simple example into a more specific instance which arises in therapy frequently. The patient comes to the first interview manifesting a considerale amount of anxiety of such intensity that it precludes investigatory work. Clearly, the intensity (9) will

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† Chief, Psychiatric Service, Mount Zion Hospital, San Francisco, California

have to be diminished before the patient will be able to look at himself at even a little distance, let alone attain that ideal situation of permitting himself to feel and observe about himself at the same time. The point is how to achieve this diminution of anxiety and permit some investigation of ætiological factors (8, 18). The possible settings to attain such a situation are already so multiple and complex as to make it impossible that any one word or phrase will universally allay anxiety. If one requests of the patient, "Tell me about yourself," or "What happened to upset you so ?" the patient may respond with diminution of anxiety if he can simply tell his story. Some patients, however, will take these neutral questions to indicate the therapist's uninterestedness. Such diversity of reactions has been observed by most workers in the field (19, 62, 119, 143, 175, 204, 232, 234, 235, 243, 322, 325).

Some observers of therapeutic processes feel that the technique of obtaining an associative anamnesis is the most fruitful and understanding of what is going on in case. Yet not infrequently a patient resents this method of investigations as evidence of lack of interest in him and of greater interest in the therapist's own needs. What actually seems to happen in some of these latter instances is that the patient is looking for evidences of strength in the therapist, for something to lean on, or something to guide him. If the therapist can respond solely with questions which go from one point to another only as patient sets the direction, his anxiety, if anything, is increased (329) since this leaves him too much at the mercy of his own impulses and reactions (56, 57). He is looking control. On the other hand, such a patient will often have a remarkable diminution in anxiety if the therapist will ask him questions systematically and chronologically is evident, ' Where were you born ?", "Did you go to school ?", "How did you get along there ?", and so on. To this orderly procedure something within some patients responds with the impression that this person knows what he is about, that one can be secure in his hands ; this may occur regardless of our own present sophisticated attitudes toward such way of obtaining a history as amateurish and naive. Still another factor may be implicated in the latter example. The examiner's distant (67) attitude may very well assure the patient that he need not fear any anxiety-provoking involvement. These examples are cited primarily to show the complexities of

treatment situations, including many dynamic factors not obvious at the time, which can best evaluated in retrospect. Our hope is, of course, that knowledge of what is going on at the moment may be of greater help.

It seems already clear that no single answer (341-344) will suffice for the changes that take place in the patient in psychotherapy. One significant pattern in modern types of psychotherapy, (378-384, 390) which I believe to be of great importance, lies within the implications of some of our treatment methods (220). In the course of an investigatory psychotherapy, one aim is often the uncovering of past traumatic episodes, frustrations, or inadequacies, and ways of meeting past situations. The patient thus learns to achieve in some way an understanding of his previous pathological reaction pattern and achieves thereby some degree of belated mastery over his impulses. It frequently appears that the patient gains insight, strengthens weaknesses in his ego structure (71, 72, 112, 113, 155) because of acquisition of new knowledge, learns how to postpone obtaining gratification, and learns how to make compromises and valuable indentifications with the therapist (170-173). Yet underneath all this is often detectable the unconscious use of projective devices which seem to be large factors in the improvement that takes place, of which surely the patient and often the therapist are not aware. This is not to be criticized as poor therapy or poor technique. Sometimes devices of this sort are indicated (156).

A normal model for the devices now being emphasized can be found in the almost universal tendency to disavow impulses or derivatives as being ego-alien. "I don't know what came over me," or "Something happened to me." These are not uncommon examples of the ways in which one has a tendency to deny or project (80,212) an internal impulse (179). The same mechanism is observable in many somatization reactions in which difficulties are projected onto an organ or onto the body. Not all psychosomatic (49) conditions follow this pattern, of course. A good many are paranoias in which the patient considers his body or part of his body as a persecutor. The intuitive awareness that this mechanism is most important in some individuals is undoubtedly present in physicians who themselves have such mechanisms, as can be seen by the frequency with which they tell a patient that his functional condition is due to disorder

of the bowel or stomach and then prescribe against this organ as if it were an ego-alien enemy (416). Many patients (28,33-35) have already formulated their conception of illness in this way and readily accept the medicine offered, again receiving relief and feeling stronger since they now have an ally.

It seems that similar technical devices are used in many psychotherapies, especially those of an exploratory nature, when the difficulties and defects lie in the past and are to be uncovered. The patient may effectively and compliantly begin to project his difficulty onto one parent or the other, or onto the general childhood situation, under the guise of working through a transference attitude (which in itself may be having some effect). No small measure of relief comes in those individuals who can successfully project onto something in the past. Admittedly, only a small group of patients can do this effectively. A good many of those who come into treatment with strong fellings of inferiority successfully displace the blame for the condition upon a previous situation and emerge somewhat stronger since the therapy in a way absolves them from a sense of guilt about their own inadequacies and impulses. In an analytic situation this should never be permitted to stand (91-94); in a nonanalytic therapeutic situation this is often a great achievement and should be left unresolved. However, these projective tendencies can be discovered rather quickly in most of this group, who are quite willing to have them strengthened (99,100). Whether they should be strengthened or not is a matter of correct evaluation and clinical judgment.*

It is now possible to discuss the matter of the concept of strengthening the defenses by first making an analogy with what happens from the physical (3) point of view in the presence of organic disease. Although the regulatory processes of the body operating under the homeostatic principle try to maintain an equilibrium between conflicting forces, some of these, from a valuative point of view, are

* Just what constitutes "correct evaluation of clinical judgment" is a matter which is quite beyond the scope of this paper. It is quite justified in the present stage of our knowledge to attempt some systematization of therapeutic indications on the basis of the ego structure of patients. My own ideas concerning this topic are not herein recorded. What they are, however, can be discerned without too much difficulty, I believe, by a psychoanalytically oriented reader.

called defense processes. For instance, in an area where pathogenic bacteria begin to have toxic effects, the body responds by attempting to wall off this locus with phagocytic bodies and fibrocytes. (Let us ignore the teleological aspects.) It is nevertheless a fact that the walling off of this locus and the formation of an abscess do in a way protect the rest of the body from invasion. However, because of its space occupying properties and pressure upon vital centers, the abscess in itself may be pathogenic. If it is now surgically treated, the pathogenic elements in the abscess itself are removed. Thus we see that, dependent upon numerous factors—the type of organism, size of abscess, its position and its duration—a process initially defensive and protective in nature now has become pathogenic and may again be healed (10, 12, 13). Again, depending on numerous factors, what remains, how much scar tissue and its interference with function, are variable.

A similar process goes on psychologically wherein defense mechanisms can become pathogenic (112-117). Though for many reasons beyond the scope of this paper the analogy is not perfect. It is nevertheless the ultimate aim of ideal treatment, for both the physical and psychological defenses, to remove the defenses which have become pathogenic, leaving as little scar as possible.

This is one of the aims of psychoanalytic treatment which, unfortunately, cannot be applied to as many instances as might be desired. Nevertheless, a certain fluidity in them remains so that some changes can be effected. I shall now try to illustrate one instance of this nature which the strengthening of defenses might be considered an outstanding feature.

Illustrative of the point of increasing the pathogenic defense and at the same time changing the content of the symptom so that it no longer bothers the patient is the following case : An instructor in a nearby university wrote to the clinic stating that he had referred a young man in his late twenties for psychiatric help. The reason for referral was that the young man's behaviour was becoming more and more bizarre in class rooms and on the campus. The possibility of getting psychiatric help had been breached to him. The instructor went on to state that for some time now the patient's dress was becoming more and more bizarre. One day he would wear green trousers, yellow shirt and sandals ; the next day he would come in

an ordinary business suit, wearing jodhpurs, but no tie. He had been observed in class rooms and the library laughing sortly to himself. In class he was argumentative with his instructors, liked to trap them in fallacies in thinking, ahd engaged in polemic discussions quite to the disgust of most fellow students. At times it had been necessary to threaten him with dismissal from classes if he did not stop being so disruptive. His class work, however, was brilliant, and the referring instructor admitted that the student undoubtedly knew more about several subjects he was taking than his teachers.

A few days after receipt of the letter the young man called to ask for an appointment. He was seen by one of the social workers who noted the following pertinent data about him: the patient's appearance was impressive; he had an ungainly disproportionateness to his body, he was unkempt, and his features were coarse. The most striking thing about him was that he had one eye missing and that he wore over-sized dark glasses which did more to the missing eye than to cover up the unsightlyness.

His reasons for coming to treatment did not at all coincide with the instructor's complaints. He wanted treatment (and was grateful that someone had finally suggested it) because of strong feelings of inferiority, especially those having to do with women. He had strong sexual urges and an aversion to going to prostitutes If he dated a girl on the campus she never went out with him again after the first date. He was sure this was because girls disliked his ugliness and were repelled by his appearance.

He then went on to explain what a terrible cross his ungainliness and his lack of one eye were for him to bear, expostulating psychoanalytic theories as explantions for what was going on within him. True, he had had a miserable existence. He had been deserted at birth and was reared the first two years in a foundling home. Then until the age of sixteen he lived in a succession of boarding homes and orphan homes, He lost his eye in an accidental fall when he was about five. Although various agencies had provided him from time to time with a prosthesis, he rarely wore it because it was a nuisance. A mixture of reasons was responsible for his not staying long at any one place. Foster parents never liked him enough. They were people interested primarily in obtaining the money paid for taking care of him rather than in him. He admitted that perhaps he himself had

contributed in some way to their not liking him by his obstreperous and unruly behaviour, but this was clearly of secondary importance in his mind.

At sixteen he struck out on his own doing all sorts of jobs from unskilled labour to going to sea. He really never considered himself as settled down in any way until the first time he went to sea. There he was told in no uncertain terms by other sailors that he was disliked because of his argumentative nature, and he was practically ostracized. He began to spend more and more time reading and considered himself quite superior to the others on board ship because of his greater knowledge. When he hit shore again he began to go to school to complete his education. When he ran out of money he went to sea again. His intellectual interests were literature, philosophy, and psychology. In presenting his philosophical ideas, which he insisted that the intake worker listen to, he really evolved a cosmic theory of grandiose proportion, encompassing all of the world's knowledge. His theory indicated the trends that the future must take, as shown by his analysis of the past. This led him on to point out his great superiority over his class-mates and instructors. Moreover, in presenting so much of these data to the intake worker, he attempted to jockey her into positions of stating whether she agreed with him or not, whether he was not right on this point or that. The worker's attitude led to his insistence that he should see a psychiatrist and not a psychologist or social worker since he was sure he needed a person of considerable experience, not a beginner, to handle his problems. The implication was clear that he considered anyone less than an experienced psychiatrist beneath him, and since he was stipulating this as a condition for continuing his visits to the clinic, it seemed correct to yield on this point. To have done otherwise would have meant to become involved in polemic discussions which would only continue the pattern by which he became embroiled with most people (216, 223, 257, 334).

In his first appointment he was told that I knew something about him from his initial interview. I asked him if there was anythiug special he cared to add. When asked to tell more about himself he forthwith proceeded to give what might have been a prepared demonstration of the psychological nature of his difficulty. He thought his troubles dated back to his childhood, especially from the time he lost his eye. Though he recalled relatively few details of his

childhood at that time, he was certain that he was at that time in a strong œdipal conflict (17, 30) and the accident had been unconsciously purposive on his part as punishment. He should therefore be analyzed in order to resolve this pattern. More specifically he meant that his argumentativeness and provocativeness with people were a continuation of his hostile impulses against a foster father for the purpose of inciting the father to punish him. He had also considered the complications in his presentation, for instance, the loss of his eye had stirred up castration fears in others, who reacted to this by shrinking away from him. This was especially true with women who refused to have anything to do with him. As evidence for the constructions he had made about himself, he thought he recalled episodes in which the foster mother with whom he was living at the time of his accident had shown great fondness for him. He had desired to become very close to her and get into bed with her. The foster father must have sensed this. yet he modified his remarks to the point of admitting that he really had no actual memory of this event, that the memory of this entire period of his life was vague and indistinct. He was, nevertheless firmly convinced that something of this sort must have happened to him. Evidences of what effect he had upon people consisted of noticing, of late, that when he was talking with girl, she would stare at the eyeless part of his face and become overwhelmed with anxiety. In several instances after he talked with a girl she was not in class the next day. Though not absolutely certain, he felt fairly convinced that she was not in class because the emotional trauma of looking at him had precipitated castration anxiety, which manifested itself by the beginning of a menstrual period and cramps, thus keeping the young woman from coming to school.

He ended the discourse by asking me if I did not agree that this was a plausible explanation of things that were happening to him and if he did not need analysis in order to uncover the original traumatic memories that might free him from the necessity of repeating this pattern. By this time it seemed clear that the patient's needs for his intellectualization were very great and that care must be taken not to rob him of this defense (136). Granted there was little likelihood of this, there was greater danger that, in the course of the interviews, failure to agree with him might make him feel antagonistic

to me. Effective disagreement, no matter how subtle or gentle, might make him suffer a loss of self-esteem. I therefore told him that his formulation might be entirely correct, but if it were so, then perhaps it should show itself by way of derivatives in his everyday life, about which I knew very little (178, 185). Therefore, I asked him to tell me, as an example to sustain his thesis that could be investigated, just what happened when he went out with a girl. His story then was one of how stupid girls were to be interested in frivolities and chit-chat, how his attempts to engage them in serious conversation about philosophy, literature, and science led nowhere. As he talked I could very well imagine any woman, however intelligent, becoming bored with his monologue. Again, his discussion went straight from the topic of what happened on a date to further psychological theories. It was easy to speculate how necessary it was for him to demonstrate to me that he could meet me on common grounds, that here was one field in which he could be my equal, if not my superior. Discussion of this aspect of the problem and indeed of the transference (296, 317) elements in this case were never brought up to the patient,

Continuing his thesis, the patient then went into discussing the stupidity of some of his instructors. Interspersed in his vivid and excited description were numerous hints of their antagonism toward him because of recognition of his superiority. His description of this phase of his difficulties rather typified the one that paranoid patients often made, which is a convenient distortion of facts for them when they present themselves as being masochistically inclined and provoking punishment (rather than as paranoid and hostile). Again, to point out the reality factors to him seemed entirely too premature since his degree of conviction was so great that he might have interpreted any attempt at reality testing as another attack. At the end of the appointment I told him that what he had said sounded plausible enough, but I was dissatisfied with some of it and I thought that in the future we might work out together some of the missing links.

At the beginning of the second interview I told him I had been thinking about what he had told me about himself. An idea had come to my mind which I wanted to present to him. Had he considered the possibility that with all of the history of neglect in his childhood, his provocativeness might have an explanation other than that of wishing punishment ? (320, 331, 333) It seemed to me that

he was making at least one phase of his problems much too complex. A simpler explanation was that he was constantly looking for love and affection which he did not have, and that he was putting his worst foot forward all the time in order to make doubly sure that in case he was accepted it would be really for himself and not for any ulterior reason. He mulled it over and thought it sounded fairly reasonable ; but not deep enough. I asked him why he had such a need to complicate things and not to accept simple solutions as answers. We discussed this for a while and finally it came out that perhaps this need was along the same lines that he considered simple answers as rather beneath his intellectual ability and prowess, that he wanted to complicate them to demonstrate to himself that he could handle complex situations and indulge in mental gymnastics beyond the ability of ordinary people. I then tried to demonstrate to him that his desparate need for affection was really behind his provocativeness. Why should a fellow so intelligent make it so difficult for himself ? I showed what he had done in his interview with the social worker and what he had done already with me, trying to put us on the spot, forcing us in a way to accept him and his ideas, that he gave me the impression he made all people uncomfortable in this manner. He seemed to accept this tentatively, still feeling a need to show me that this was not the only factor. I agreed that it was not the only factor, but went on to ask him if it might not be that he did not wear his glass eye for a similar reason, in order to make it more difficult for people to accept him. This impressed him. I asked him if his dressing bizarrely might not also be of the same origin. He agreed that it was possible.

This last point is worthy of some discussion. It seems quite inaccurate to present this explanation to a patient as a reason for bizarre behavior, which really is in large measure due to regressive and disintegrating factors. But had I then pointed out that his peculiar dress and habits were due to fragmentation, no matter how neatly couched the phrases, they would have conveyed to him the idea that he was psychotic. He was in no position to accept this idea ; *therefore, neither the disintegrative or regressive aspects of his behaviour were broached.* (360)

The three subseqent interviews were in the main concerned with something he had worked out himself. He was considerably subdued,

less argumentive, and if anything, a little depressed. He began to indicate how his provocativeness was a cover for his intense need to be near people, how it defended him from being rejected. He would rather establish no contact in the first place than establish one that would be meaningful and then lose it. To avoid repeating what must have been a painful childhood pattern, he kept people at a distance from him by his behaviour. However, while his general attitude had softened, his specific attitude toward teachers and competitive classmates was still unchanged. He still had a necessity to demonstrate his greater intellectual abilities. Now he rationalized this on the basis that truth was truth ; he could not permit misstatements and inaccuracies to go unchallenged in class discussions. Again disregarding the possible transference significance of his remarks and being aware of many megalomanic elements involved, I decided to attempt another approach toward this symptom (359, 360). I told him there was no doubt about his intellectual superiority and his ability to think things out clearly, and yet there was one disconcerting thing about his attitude—that he still felt the need to prove his genius. It was almost as if he were trying to convince himself rather than anyone else, since his attempts obviously did not have too much effect upon his colleagues. If he were really convinced of his superiority it behooved him to be content with knowing it himself without having to demonstrate it to others. This theme (160, 161, 163, 165, 181, 183 185, 196) attracted him immediately, and was discussed with numerous variations. He told me later that he no longer had to argue in class, that he could listen to someone talk and think quietly to himself, "You dope, you," and not have to challenge what was being discussed. He felt secure in himself. There was detectable a small element of pride that he knew a good idea when he saw one and therefore he accepted what had been pointed out to him.

I heard later from the referring source that his behaviour and dress in the class room had changed remarkably. A year later the patient came to the clinic to see me, one of his purposes being to ask me if I knew where he could get a job. He had married, and his wife was pregnant. His manner changed to a considerable extent. His whole bearing and attitude were a distinct improvement over what he had presented when he first came to the clinic.

It is proper to emphasize one aspect that happened in this last case : the support of a defense (175, 194, 201, 203, 213, 218, 228). Here the patient's inferiority was defended against by his deep conviction of his superiority approaching megalomanic proportions. It was further sustained by me when I presented to him the possibility that an even higher order of superiority would be to remain silent and not have to engage in polemics (200), safe and secure in a deep and real conviction of his knowledge. Of course, this was not the only thing that happened. Operative along with this support (355) were other factors (241, 247) some identification with the therapist (251) and the gaining of insight as to the nature of his need for affection, against which he was defending himself by making it difficult for anyone to like him (264, 266, 267). It is exceedingly doubtful that essential change took place in his character. That he lost his symptoms is clear, including some that he was not aware of. It is my impression that he may later have difficulties because of weakness of his defenses against his own hostile impulses (275, 281).

II. AN UNUSUAL CASE

The mode of presentation of the material herein can justly be criticized from several points of view. There is no doubt that the case illustration I have used is a little unusual. It was chosen purposely because it affords opportunities for sharp illustration. Likewise, valid criticism can be made of the point that I have not chosen to constract a systematic correspondence between diagnostic entities and therapeutic aims. This is true. Yet, though there are some features specific for depressions (2, 210, 328, 345), for instance in which one looks for a sense of loss or elements of introjected hostility, and in schizophrenia (7, 74, 78, 145, 201, 313) certain recurrent syndromes lead logically to certain technical aims, I find myself for purposes of these presentations unattracted to such an approach (2, 40, 47, 95). I have always found it more fruitful to give case illustrations as the didactic device next best to actual case supervision and the acquisition of clinical experience. What a meaningful clinical experience actually entails is in large measure a recognition of the relative strength and weaknesses of various drives and defenses (89,

314, 320, 339). (That intuition plays a role in these evaluations there can be no doubt.) The accumulated experience (189, 191. 193, 195. 330, 346, 361) through numerous errors and occasional successes teaches one to gauge that one individual cannot tolerate at a given time the investigation of his hostile impulses, while another can ; that an hysterical patient may tolerate a considerable amount of ventilation about his anxiety ; and that a schizophrenic may need a great deal of reassurance (327) and strengthening before ætiological factors in regard to his anxiety can be touched. Any attempt such as the above formulation (11) to generalize and to establish formulæ for the indications and contra-indications of use of particular therapeutic devices is too mechanical (321). I shall therefore revert to another case discussion which I believe illustrates several mechanisms worthy of discussion, exemplifying a combination of many of the points mentioned previously (224, 278-288).

The patient was a twenty-one year old woman, tall, dark, rather good-looking, and attractively dressed. She was referred for treatment because of an overwhelming fear that she might stab someone in the back. Her symptom of eight or nine years' duration had waxed and waned during this period of time, on occasions being intense and at other times being practically absent. She had been married for two months and over since her marriage the fear had increased until at the time of referral she was almost in panic. Difficulties arose at the beginning for the first interview (27). She burst into tears and began to demand that something be done immediately to cure her, that she had been led to believe by the referring physician that something could be done very quickly. Her expectation was that a magical (36, 42, 46) cure of some sort or other could be effected. When I asked her to tell me the details about the duration of her symptom, she countered by saying that she had been present in the office when her physician had called me about her and that there was nothing else to tell. She wanted to know how long it would take for her to get well. As gently as possible I told her that she gave me the impression that she was expecting something magical, that she could help me to help her if she gave me details about herself.

Because of the intensity of the anxiety I felt it desirable to attempt to make distance (310-312, 314, 315) between the patient and her symptom. I proceeded systematically to obtain historical details.

It was then in response to repeated questions, with the patient volunteering practically no information otherwise, that the following came out. She was born and reared in Northern California. She had a brother nine years older and a sister three years older, all in good health. Both parents had been born in Europe, had come to the United States in their adolescent years, and had been married here. Her mother was illiterate, hard-working, kind, interested only in her children's welfare, constantly denying herself any pleasure or luxury, fanatically religious, and very superstitious. When the father was out of job, the mother would take work at night as a scrub woman in an office building to help support the family. In Europe the father had begun training for the priesthood, but after several violent arguments with priests had fallen out with the Church. From that time on, he was a militant atheist, so much so that he kept the children from getting any religious education. He had no patience with the mother's superstitions or her religious opinions. The religious issue rarely came up at home because the mother yielded to the father's superior intellect and forcefulness although she did so pathetically and sorrowfully. The patient went through high school and had been supporting herself since her graduation by doing clerical work, which she continued to do after her marriage. She was in love with her husband and this was the first time her fear of plunging a knife in someone's back had taken the form of a specific person for now she was afraid that she might hurt him. Previously the object of her fear was concerned with no one in particular (12, 63, 64, 130, 144, 201, 329, 371).

She recalled the onset of her symptom around the age of twelve while she was listening to a radio dramatization of a girl who stabbed someone in self-defence. She could recall no details of her life prior to this event. I remarked that this was very strange. She said it was true, nevertheless, but on continuing to speak she did recall an epidode which must have happened when she was nine, a violent argument which had taken place between her father and her brother. Her father ran into the kitchen yelling, "Where's a knife ?" The implication was that he was so angry that he would kill his son.

I brought the patient back to telling me more about the way she lived at present (263). She told me of her working and living conditions, and it became clear that because of her economic situation and

the necessity of her remaining at work, I could see her only twice a week. I arranged to see her on her afternoon off and during the weekend. This I did for ten interviews.

At the beginning of the second interview the patient was still very much upset because I would make no promise to her as to when she would get well. I reminded her that her symptom had been present for nine years and that I could not work magic. I then began to draw her away from her symptom (6, 15, 73, 82, 116) by asking her in a sort of parenthetical way if she believed in magic. She responded me about her mother's superstitions and went on to elaborate (the first that she had spoken in any way resembling a spontaneous manner) that her mother believed very firmly in superstitions about going under a ladder, planting by the moon, black cats, broken mirrors, and never having anything in threes, She went on to say that her mother had told her that when she was pregnant with the patient a snake had chased her down the street. The patient half-seriously and half-smilingly asked if this might have anything to do with her case. I asked her why she smiled ; it was as if she did not believe it herself. She said that her father was always making fun of such things, and on such things, and on occasions he would get very angry about superstitions.

I then recalled what she had told me about the conflict between her mother and father in regard to religion. She said that she was always a little troubled by it. On the one hand she had the feeling that her father was right because when he was not angry he seemed so sensible and reasonable. He would remind the chidren that their mother was ignorant and did not know any better. He admonished them to read and study and find out the truth. In spite of this she was not quite sure that something might not happen to her because she was not an observing Catholic. Herein came the first clue of what might be utilized in helping the patient. This tentative formulation came to mind. The patient, right after her marriage, being called upon to muster her feminine identifications had as a result a great intensification of her symptoms (144, 146, 147). It is not unlikely, therefore, that something about feminity (225) was dangerous to her. Moreover, since the mother's superstitions were frightening and her father's rationalism comforting, the latter might be utilized in treatment if it could be divorced from the violence that

accompanied his anticlerical attacks. (With this in mind, I purposely developed the aim of aiding her indentifications with the more intellectual rather.) (154-158)

Since she had just mentioned snakes, I asked her if she, like her mother, was afraid of snakes (119-122, 125, 128, 134-138. 144). She promptly responded that for years every night before going to bed she had looked under her bed for snakes. She could not bear to look at a snake or even handle a book in which she knew there was a picture of a snake. She knew that this was silly and ridiculous; nevertheless, she was overwhelmed with anxiety. I asked what else she was afraid of besides snakes. She replied, "Oh, lots of things —rats, worms, spiders," but it was clear that these did not bother her as much as did the snakes. I then hazarded the first interpretation to her (176, 183, 185, 223). I told her it seemed to me that she was afraid of the damage to her body that a snake or a worm or a rat might do. Immediately she said, "Why, I have always been afraid of that ever since my accident." "What accident ?" "I told you about my accident." "Please tell me again, I don't recall." She then told me that when she was about five she was walking on a picket fence, she slipped and straddled the fence, and a picket went into her perineum. She was ill for some time. (167)

Here one clinical point and one technical point are worthy of mention. Her telling me that she had mentioned the accident whereas she actually had not, is quite typical of certain hysterical patients (121, 124-132) who spare themselves the painfulness of recall of traumatic events by feeling as if they have always been aware of the episode and have already related it. A second and more important point in this connection was that the patient accepted the implication of my interpretation fairly well since I was drawing emphasis not upon her intent to do damage to others, but upon her fear that damage might be done to herself. People in general will more readily accept interpretations of not being loved enough or of fear of loss of love or damage, rather than accept interpretations that they do not love or that they want to do damage.

When the patient came for the third interview she remarked spontaneously that she was feeling somewhat better, but she did not know why. Nothing came to her mind to talk about and she waited for me to ask questions. I then asked her to describe her personality.

With a mixture of a little pride and a little shame she told me how she liked everything to be in order. When she took off her shoes they immediately had to be side by side. No ashes could be left in the ashtrays. Dishes had to be done immediately after meals. The same thing occurred in her work. If she had to make one erasure she would do an entire page over. She was asked what would happen if she let some of these matters go. She was asked what would bother her very much. She would be afraid something would happen. She was not quite sure what, but something unpleasant would happen. I remarked that this reminded me of her mother's attitude about her superstitions, that she had to play safe by having everything in order (166, 167). I suggested to her that she might try letting ashes remain in the ashtrays, letting the dishes go until later in the evening if she felt like it, thus proving to herself that nothing overwhelming would really happen. (173) She doubted that she would give it a try ; she might, but she was not sure, As she got up to leave she said that there was one question which had been bothering her for a long time and she wanted to know if I could answer it the next time she came, The question was, "What's a criminal ?" I told her we would discuss it.

In the fourth interview, without asking her how she felt or what had happened, I recalled the question to her and began giving a superficial explanation of the various types of criminality, leaving it rather incomplete, and then interrupted myself to ask her why she was so concerned about this. Roundabout questions finally drew out that what she was concerned about was that she might lose control and kill someone. A little later it became more clear that her concern about this was really again a sort of magical force, that an impulse (67) would come out of nowhere, overwhelm her and force her to do something against her will. I thought it timely to go into some superficial psychological theory and explain reassuringly (327) impulses of behaviour. This satisfied her a great deal. The impression I obtained from the nature of her satisfaction was that not only was I giving her information, but it was also being demonstrated to her that there were reasons for behaviour, that it could be understood, and that it could be talked about aud even controlled. The aim of this attempt was in line with her seeking refuge in intelligence and rationalism as

opposed to the panic that magic, superstitions, and uncontrollable impulses had for her. I ended this hour by reminding her that I was impressed more with the problem of her fear of damage being done to herself than of her fear of doing damage to others.

In the fifth interview the patient was very much improved. She volunteered the information that she had stopped crying, that she was now sleeping all through the night and was not panicky, but she was still not certain about her improvement since there had been temporary disappearances of her symptoms in the past. Again she had nothing more to tell me and waited for me to say something.

At this time I summarized matters we had discussed before: that she was afraid of something happening to her, something doing damage to her body, and that she was playing safe with numerous superstitions, compulsions and rituals to guard herself against some sort of sudden attack—attack from snakes, knives, and like objects. (A systematic brief summary is at times useful in helping patients strengthen intellectual defenses and helping them with a sense of control. This aids a patient in participating with the therapist's experiences. Some patients respond as if they had now been given weapons against enemies, both external and internal.) (15, 53, 70, 92)

The patient's response to the summary was rather startling. She said that while I was talking she remembered something. She was not sure whether she had mentioned it to me in the previous interviews. When she was about five or six (she could not be certain whether it happened before the episode in which she hurt herself on the picket fence or after), her brother attempted to rape her. She said she had been terribly frightened. When I asked her if she knew what she was really frightened of, she said she had no idea. It was only a very great terror that he was going to hurt her. She added that she also remembered being frightened with her first menstrual period. She had a vague fear that she had injured herself in some way. When I asked if she had other sexual fears, she said that on her wedding night she was terribly afraid her husband might hurt her. Also, the first time she took a douche, a wave of anxiety came over her.

In the sixth interview, the patient stated that she could now at least think about the idea of hurting someone without becoming

upset. She felt that this was an improvement, but she would like to be free of the idea altogether. It still bothered her that she was drawn back to thinking about this fear as if she were tempted and fascinated by the idea. She was better in other ways, too. She found that she could now very well afford to permit minor errors to happen in her work and not have to do an entire page over. Likewise, at home she was much freer and relaxed, not attempting to be orderly and compulsive. When I asked how she was getting along with her husband, she smiled and said, "Fine." But when she got down to answering specific questions she said that intercourse was still frightening to her. She was frigid, but that did not matter. What developed on further questioning was that she really had not the slightest idea what went on during intercourse, revealing a typical hysterical pseudo-stupidity (88) about her own anatomy and the simplest physiological matters. She said she had never asked any questions about it, had not even been curious about it. Suddenly she said, "It would be a good idea to know something about these things," but she did not have the slightest idea how to go about getting information. I then recommended to her one of the popular books on anatomy and physiology and suggested that she read it.

In the next interview she came radiant and happy. She said that she was feeling fine and that everything was going well. She brought along the book I had recommended. She had read it during the weekend and had many questions to ask. The questions began with many trivial details about anatomy and physiology of the eyes and digestion and soon veered to some of the actual mechanics of intercourses. While I was making explanations, using the pictures and text in the book as a reference, she was paying more attention to my face and expressions than she was to the book. What I did during this hour was largely also in the way of *fostering intellectual aspects and furthering identification with her rationalistic father* (92). At the end of this hour she was asked, in view of her improvement, whether she might consider the possibility of stopping the interviews.

In the eighth interview she said she was not as well as she had been previously; she felt a little depressed. She had no idea what bothered her since the fear had not recurred, nor even ideas about it. Suddenly in the course of discussion about her work and life at home she interjected a question, "Is it possible to think

about something and not have to do it ?" I gave her numerous illustrations of how this was possible, but she was dissatisfied with these. Finally she pointedly asked me, "Can you think of putting a knife into somebody and feel that you don't have to do it ?" I told her that I could. That made her feel a lot better, but the temptation of the idea and the fascination still puzzled her. I spent a considerable period of this interview giving numerous examples and analogies differentiating thinking from action (301). It was interesting in this connection how the patient's concern was a classical struggle of the obsessional neurotic.

In the ninth interview, a week after the last one, the patient said she was practically well. She was a little concerned about having a baby. She wanted a child, but she had some concern that if she had a child her fear might come back. I asked her if she had given any thought to the possibility of reading some books about babies and childbirth or of being around babies of her friends to test out the idea. She said this had not occurred to her. I then asked her what she felt had helped her most since she had been seeing me. She promptly replied that she had received the most help from my telling her that I could think about stabbing someone in the back and not have the impulse to do it (8, 164). Second, I had given her help in the assurance that she could figure things out for herself and not have to be afraid. Much of the time was spent again in summarizing for her the material that had been gone over in the past.

We made another appointment for a month later. She came saying that she had never been so happy, she was getting along splendidly with her husband, things were going well in her work, she was not worried or bothered by the impulse to stab someone in the back, and she felt reasonably sure that her difficulties would not come back. Her attitude toward me was considerably more distant than before. There were less naivete and a larger displa of sophistication—not too convincing, but adequate for her.

About ten months later I received a frantic phone call from her. She was quite upset and anxious. Her symptoms had not returned but she was greatly distressed over an argument she had with her mother-in-law, who had come to visit for the first time and been berating her. The mother-in-law turned out to be an ardent member of one of the

fundamentalist protestant sects, and had provoked arguments with her son and daughter-in-law, especially about their failure to read the Bible and go to church. I asked how her husband felt about these matters and she said that he agreed with her, but he did not want to make an issue out of the matter since, after all, she was his mother. I asked the patient if she wanted to come in to see me. She said she was sure if she could talk with me over the telephone she could get the matter settled Finally we got down to where I asked her pointedly what was really bothering her. Why wasn't she letting all this talk go in one ear and out the other ? In a much more subdued tone she replied, "I know you think this is silly, but I just wanted you to tell me that there is no such thing as hell where people go for their sins." (162) I replied, "Of course there isn't ; you know that just as well as anyone." She answered, "Yes. I know, but I thought I'd feel better if I heard you say it too." I heard no further from the patient until three years later when I received a Christmas card and a brief note saying that she was getting along very well and had no recurrence of her difficulties.*

I have mentioned from time to time in the course of its presentation the important therapeutic devices employed in treatment of this case. Several factors involved fostering the identification with a more intellectual father, who was more rational and less ruled by magic than the mother. There was also permitting the patient to use me as a model *to test out her fears*, permitting her to participate with me in both aggressive and sexual elements in the transference, (9, 375) but at a distance. In this way the patient apparently did achieve some sort of belated mastery. The devices also afforded her the opportunity to project the cause of some of her difficulties on to the traumatic episodes of her childhood. This afforded her a little relief in the sense that she could feel as if she were not responsible for the evil impulse within her. Quite important also was the demonstration to her that what she feared she might do

* About a year later I learned through a colleague that the patient had had a recurrence of her symptoms and asked for help. He recommended that she go into analysis. The patient refused. Why she did not come back to me for further treatment was not clear, but I suspect that what she had gone through with me was too "real" an experience.

actively was actually a derivative of her fear of what might be done to her passively.

This last point deserves a small elaboration—that treatment here and its successful conclusion in symptomatic relief are noteworthy for the absence of any investigation of her own aggressive impulses. What she was told about activity being based upon her fear of passivity is only a partial truth. Her identification with her violent father was never touched upon, and I believe correctly so, as long as the aims of treatment were what had been determined upon in the first hour, a matter of individual clinical judgment. I myself had felt no inclination to go into the aggressive elements here unless the patient were in a more intensive psychotherapy or in an analytic treatment. Likewise, it is noteworthy that the direct transference factors (10) were not discussed in spite of the fact that they were obvious and though there was some transference acting out which the patient fortunately used as part of a learning process. The transference was not interpreted because I had the impression that it would better fit the therapeutic plan to keep it in the background. How the transference factors were managed in the treatment of this case does indicate how the patient's identification with the therapist permitted her to gain strength against her internal enemy (115).

Conclusion

There is one final point I should like to emphasize. What has been presented here in this unsystematic way has touched upon technical problems in the light of economic, structural and dynamic factors. These are points which may very well come up from time to time in the course of psycho-analytic treatment. However, the chief difference between analytic and nonanalytic therapies is that it is doubtful whether a therapy directed toward meeting derivative needs or strengthening pathogenic defenses, can be truly called psycho-analytic. The absence of a thorough working through or analysis of derivatives (176) and what amounts to the arbitrary settling, justified or not on clinical grounds, for goals set by the therapist, characterize this type of psycho-therapy as being distinctly different from psycho-analysis.

A more systematic approach of the problems illustrated by these two cases would proceed from clear delineation of the ego structure to the demonstration of the technique for carrying out the therapeutic aims.

The problems opened up by these considerations lie not only in the domain of psycho-therapy in general, but also are central problems in psycho-analysis, especially since the intrusion of manipulated devices have become so widespread. Therefore, the problems all the more have to be raised at how in any type of psychotherapy, redistributions of energy take place, what structural changes occur, if any, and what dynamics play a role in symptom substitution.

BIBLIOGRAPHY*

1. Abraham, Karl : Origins and Growth of Object-love, *Selected Papers on Psycho-analysis*, The Hogarth Press, London, 1949, p. 480
2. Abraham, Karl : The Psycho-analytic Therapy of Manic-Depressive States, *Selected Papers on Psycho-analysis*, The Hogarth Press, London, 1949, P. 476
3. Abrian, E. D. : The Mental and the Physical Origins of Behavior, *Yearbook of Psychoanalysis*, Vol. 3, Imago Publishing Co., London, 1947, p. 215
4. Alexander, Franz : Development of the Ego-Psychology, *Psychoanalysis Today*. Inter. Univ. Press, Inc., New York, 1944, p. 143
5. Alexander, Franz : The Problem of Psychoanalytic Technique, *Psychoanal. Quart.*, Vol. IV, 1935, p. 588
6. Bak, Robert : Dissolution of the Ego, Mannerism and Delusion of Grandeur, *Journal of Nervous and Mental Disease*, Vol. XCVIII, 1943
7. Bak, Robert : Regression of Ego-Orientation and Libido in Schizophrenia, *Int. J. Psycho-Anal.*, Vol. XX, 1939
8. Balint, Alice : Identification, *Int. J. Psycho-Anal.*, Vol. XXIV, 1943, p. 97
9. Balint, Alice and Balint, Michael : On Transference and Counter-Transfence, *Int. J. Psycho-Anal.*, Vol. XX, 1939, p. 223
10. Balint, Michael : Changing Therapeutical Aims and Techniques in Psycho-analysis, *Int, J. Psycho Anal.*, Vol. XXXI, 1950, p. 117
11. Balint, Michael : Charakteranalyse and Neubeginn (Character Analysis and a New Start), *Internationale Zeitschrift fuer Psychoanalyse*, Vol. XX, 1934
12. Balint, Michael : Early Developmental States of the Ego. Primary Object Love, *Int. J. Psycho-Anal.*, Vol. XXX, 1949 p. 265
13. Balint, Michael : The Final Goal of Psycho-analytic Treatment, *Int. J. Psycho-Anal.*, Vol. XVII, 1936, p. 206
14. Balint, Michael : Frühe Entwicklungsstadien des Ichs. Primare Objecktliebe, *Imago*, 1937, Bd. XXIII, p. 270

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15. Balint, Michael : Ichstarke, Ichpadagogik und "Lernen" (Ego-Strength, the Education of the Ego and "Learning", *Internationale Zeitschrift fuer Psychoanalyse und Imago*, 1939, Bd. XXIV,Heft 4, p. 416
16. Balint Michael and Balint, Alice : On Transference and Counter-Transference, *Int. J. Psycho-Anal.*, Vol. XX, 1939, p. 223
17. Behn-Eschenburg, Hanns : The Antecedents of the Oedipus Complex, *Int. J. Psycho-Anal.*, Vol. XVI, 1935, p. 175
18. Benedek, Therese : Defense Mechanisms and Structure of the Total Personality, *Psychoanal. Quart.*, Vol. VI, 1937, p. 96
19. Benedek, Therese : *Insight and Personality Adjustment*, The Ronald Press Co., 1946
20. Benjamin, John D. : Psychoanalysis and Nonanalytic Psychotherapy, *Psychaonal. Quart.*, Vol. XVI, 1947, p. 169
21. Beres, David and Obers, Samuel J. : The Effects of Extreme Deprivation in Infancy on Psychic Structure in Adolescence : A Study in Ego Development, *Psychoanalytic Study of the Child*, Vol. V., Inter. Univ. Press, Inc., New York, 1950, p. 212
22. Bergler, Edmund and Jekels, Ludwig : Ubertragung und Liebe (Transference and love), *Imago*. Vol. XX, 1934
23. Bergman, Paul : The Objective Evaluation of Psychotherapy, Round Table Conference, *Amer. J. of Ortho-psychiatry*, Vol. XIX, 1949, p. 463
24. Berman, Leo : Depersonalization and the Body Ego with Special Reference to the Genital Representation, *Psychoanal. Quart.*, Vol. XVII, 1948, p. 433
25. Bibring, Edward : The Development and Problems of the Theory of the Instincts, *Int. J. Psycho-Anal*, Vol. XXII, 1941, p, 102
26. Bibring, Edward : The Objective Evaluation of Psychotherapy, Round Table Conference, *Amer. J. of Ortho-psychiatry*, Vol. XIX, 1949, p 463
27. Blanco, Ignacio Matte : Some Reflections on Psycho-Dynamics, *Int. J. Psycho-Anal.*, Vol. XXI, 1940, p. 253
28. Bose, G. : Ambivalence, *Samiksa*, Vol. 3, 1949, p. 55
29. Bose, G. : *Concept of Repression*, Calcutta, 1921
30. Bose, G. : The Genesis and Adjustment of the Oedipus Wish, *Samiksa*, Vol. 3, 1949, p. 222

31. Bose, G. : The Paranoid Ego, *Samiksa*, Vol. 2, 1948, p. 1
32. Bose G. : The Reliability of Psychoanalytical Findings, *Brit. J. of Med. Psychology*, Vol. III, 1923, p. 106
33. Bowlby, John : The Influence of Early Environment in the Development of Neurosis and Neurotic Character, *Int. J. Psycho-Anal.*, Vol. XXI, 1940, p. 154
34. Bowlby, John : *Maternal Care and Mental Health*, World Health Organization, Geneva, 1951
35. Bowlby, John : The Psychoneuroses, *Personality and Mental Illness*, Emerson Books Inc., New York, 1942, p. 127
36. Brierley, Marjorie : A Prefatory Note on 'Internalized Objects' and Depression, *Int. J. Psycho-Anal*, Vol. XX, 1939, p. 241
37. Brill, A. A. : The Schizoid Concept in Neuroses and Psychoses, *Schizophrenia*, Assn. for Research, Nervous and Mental Disease Publishing Co., Hoeber, New York, 1938
38. Bronner, Augusta F. : The Objective Evaluation of Psychotherapy, Round Table Conference, *Amer. J. of Orthopsychiatry*, Vol. XIX, 1949, p. 463
39. Brosin, Henry W.: The Objective Evaluation of Psychotherapy, Round Table Conference, *Amer. J. of Orthopsychiatry*, Vol. XIX, 1949, p. 463
40. Brun, Rudolf : The Construction of a Neurosis—The Neurotic Person in His Environment—Initial and Final Stages, *General Theory of Neuroses*, Inter. Univ. Press, New York, 1951, p. 403
41. Bullard, Dexter, M. : The Application of Psychoanalytic Psychiatry to the Psychoses, *Psychoanal. Rev.*, Vol. 26, 1939
42. Bunker, Henry A. : Psychotherapy and Psychoanalysis, *Psychoanalysis Today*, Inter. Univ. Press, New York, 1944, p. 304
43. Burke, Mark : The Fundamental Rule of Psycho-analysis, *Int. J. Psycho-Anal.*, Vol. XXX, 1949, p. 200
44. Brunswick, Ruth M. : The Preoedipal Phase of the Libido Development, *The Psychoanalytic Reader*, Vol. I, Inter. Univ. Press, Inc., New York, 1948, p. 261
45. Burt, Cyril and Jones, Ernest : Verstand und Gefuehl (Reason and Emotion), *Psychoanalytische Bewegung*, Vol. V, 1933
46. Carmichael, Hugh T and Masserman, Jules H. : Diagnosis and Prognosis in Psychiatry, *Journal of Mental Science*, Vol. LXXXIV, 1938, p. 893

47. Clark, L. Pierce : Practical Remarks upon the Use of Modified Psychoanalysis in the Borderline Neuroses and Psychoses, *Psychoanal. Rev.*, Vol. 6, 1919

48. Clark, L. Pierce : The Question of Prognosis in Narcissistic Neuroses and Psychoses, *Int. J. Psycho-Anal.*, Vol. XIV, 1933

49. Cobb, Stanley, Miles, Henry H. W., Shands, Harley C. : *Case Histories in Psychosomatic Medicine*, W. W. Norton & Co., Inc., New York, 1952

50. Coriat, Isador H. : The Structure of the Ego, *Psychoanal. Quart*, Vol. IX, 1940

51. de Saussure, Raymond : Identification and Substitution, *Int. J. Psycho Anal.*, Vol. XX, 1939, p. 465

52. de Saussure, Raymond : Reflections on Psycho-Dynamics, *Samiksa*, Vol. 4, 1950, p. 133

53. Dobo, S. : Note di technica psisoanalitica (Note on Psycho-analytic Technique), *Revista Italiana di Psicoanalisi*, Vol. III, 1934

54. Dooley,Lucille : The Concept of Time in Defense of Ego Integrity, *Psychiatry*, Vol. IV, 1941

55. Dorsey John M. : Some Consideratins on Psychic Reality, *Int. J. Psycho-Anal.*, Vol. XXIV, 1943, p. 147

56. Deutsch, Felix. : Analysis of Postural Behaviour, *Psychoanal. Quart.*, Vol. XVI, 1947, p. 195

57. Deutsch, Felix : *Applied Psychoanalysis*, Grune & Stratton, New York, 1949

58. Deutsch, Felix. : Artistic Expression and Neurotic Illness, *Amer. Imago*, Vol. 4, 1947

59. Deutsch, Felix. : The Associative Anamnesis, *Psychoanal. Quart*, Vol. VIII, 1939, p. 354

60. Deutsch, Helene : Absence of Grief, *Psychoanal. Quart*, Vol. VI, 1937, p. 12

61. Deutsch, Helene : The Part of the Actual Conflict in Formation of Neurosis, *Psycho-analysis of the Neuroses*, The Hogarth Press, London, 1932, p. 11

62. Deutsch, Helene : *Psycho-analysis of the Neuroses*, The Hogarth Press, London, 1932

63. Eidelberg, Ludwig : Die Wirkungen der Erziehungsgebote (The Effects of Educational Injunctions), *Internationale Zeitschrift fuer Psychoanalyse und Imago*, 1939, Bd. XXIV, Heft 3, S. 281

64. Eidelberg, Ludwig : *Instinctual Vicissitudes and Defense against Instincts, Studies in psychoanalysis,* Nervous and Mental Disease Monographs, New York, 1948, p. 116

65. Eidelberg, Ludwig. : *The Problem of Quantity in the Theory of Nenroses, Studies in Psychoanalysis*, Nervous and Mental Disease Monographs, New York, 1948, p. 147

66. Eissler, K. R. : Ego-Psychological Implications of the Psychoanalytic Treatment of Delinquents, *Psychoanalytic Study of the Child*, Vol. V, Inter. Univ. Press, Inc., New York, 1950, p. 97

67. Emch, Minna. : On 'The Need to know' as Related to Identification and Acting Out, *Int. J. Psycho-Anal.*, Vol. XXV, 1944

68. Erikson, Erik H. : Childhood and Tradition in Two American Indian Tribes, *The Psychoanalytic Study of the Child*, Vol. I, Inter. Univ. Press, Inc., New York, 1945, p. 319

69. Erikson, Erik H. : Ego Development and Historical Change, *The Psychoanalytic Study of the Child*, Vol. II, Inter. Univ. Press. Inc., New York, 1947, p. 359

70. Erikson, Erik H. : The Growth of the Ego, *Childhood and Society*, W. W. Norton & Co., Inc., New York, 1950 p. 161

71. Erikson, Erik H. : Trust vs. Basic Mistrust, *Childhood and Society*, W. W. Norton & Co., Inc., New York, 1950, p. 219

72. Erikson, Erik H. : Youth and the Evolution of Identity, *Childhood and Society*, W. W. Norton & Co , Inc., New York, 1950, p. 235

73. Fairbairn, W. Ronald D. : Endopsychic Structure Considered in Terms of Object-Relationships, *Int. J. Psycho-Anal.*, Vol. XXV, 1944

74. Fairbairn, W. Ronald D. : A Revised Psychopathology of the Psychoses and Psychoneuroses, *Int. J. Psycho-Anal.*, Vol. XXII, 1941, p. 250

75. Federn, Paul : Awakening of the Ego in Dreams, *Int. J. Psycho-Anal.*, Vol. XV, 1934, p. 296

76. Federn, Paul : Die Ichbesetzung bei den Fehlleistungen (Ego Cathexis in Parapraxia), *Imago*, Vol. XIX, 1933

77. Federn, Paul : Narcissism in the Structure of the Ego, *Int. J. Psycho-Anal.*, Vol. IX, 1928

78. Federn, Paul : Principles of Psychotherapy in Latent Schizophrenia, *Amer. J. of Psychotherapy*, Vol. I, 1947, p. 129

79. Federn, Paul : Some Variations in Ego Feeling, *Int. J. Psycho-Anal.*, Vol. VII 1926

80. Feigenbaum, Dorian : On Projection, *Psychoanal. Quart.*, Vol. V, 1936, p. 303

81. Feldaman, S. S. : Anxiety and Orgasm, *Psychoanal. Quart.*, Vol. XX, 1951, p. 528

82. Fenichel, Otto : The Conception of Trauma in Present Day Psycho-analytical Theory of Neuroses, *Internationale Zeitschrift fur Psychoanalyse*, Vol. XXIII, p. 439

83. Fenichel, Otto : The Ego and the Affects, *Psychoanal. Rev.*, Vol. 28, 1941, p. 47

84. Fenichel, Otto : The Ego and the Mechanisms of Defense—Anna Freud (Book Review), *Int. J. Psycho-Anal*, Vol. XIX, 1938, p. 116

85. Fenichel, Otto : Ego-Disturbances and Their Treatment, *Int. J. Psycho-Anal.*, Vol. XIX, 1938, p. 416

86. Fenichel, Otto : Fruche Entwicklungsstadien des Ichs, *Imago.* 1937, bd. XXIII, p. 234

87. Fenichel, Otto : Introductory Remarks to Psychoanalysis and the Theory of Neurosis, *Yearbook of Psychoanalysis*, Vol. 3, Imago publishing Company, London, 1947, p. 149

88. Fenichel, Otto : The Motives of Defense, *Bull. of Menn. Clinic*, Vol. 6, 1945, p. 180

89. Fenichel, Otto : *Problems of Psychonalytic Technique*, The Psychoanalytic Quarterly, Inc., Albany, New York, 1941

90. Fenichel, Otto : Uber Trophae und Triumph (Trophy and Triumph), *Internationale Zeitschrift fuer Psychoanalyse und Imago*, 1939, bd. XXIV, Heft 3, S. 258

91. Ferenczi, Sandor : Introjection and Transference, *Sex in Psychoanalysis*, Robert Brunner, New York, 1950, p. 35

92. Ferenczi, Sandor : On Influencing of the Patient in Psycho-Analysis, *Further Contributions to the Theory and Technique of Psycho-analysis*, The Hogarth Press, London, 1950, p. 235
93. Ferenczi, Sandor : The Problem of Acceptance of Unpleasant Ideas-Advances in Knowledge of the Sense of Reality, *Further Contributions to the Theory and Technique of psycho-analysis*, The Hogarth Press London, 1950, p. 366
94. Ferenczi, Sandor : Restlessness towards the End of the Hour of Analysis, *Further Contributions to the Theory and Technique of Psycho analysis*, The Hogarth Press London, 1950, p. 238
95. Ferenczi. Sandor : Social Considerations in Some Analyses, *Int. J. Psycho-Anal*,. Vol. IV, 1923, p. 475
96. Ferenczi, Sandor : Stages in the Development of the Sense of Reality, *Sex in Psycho-analysis*, Robert Brunner, New York, 1950
97. Fleming, Joan : Observations on the Defense Against a Transference Neurosis, *Psychiatry*, Vol. 9, 1946, p. 365
98. Flescher, Joachim : Consequences of Fixation and Regression, *Mental Health and the Prevention of Neurosis*, Liveright Publishing Corp., New York, 1951, p. 135
99. Flescher, Joachim : Ego Defenses—The Role of the Trauma, *Mental Health and the Prevention of Neurosis*, Liveright Publishing Corp., New York, 1951, p. 349
100. Flescher, Joachim : Ego Strength, *Mental Health and the Prevention of Neurosis*, Liveright Publishing Corp., New York, 1951, p. 339
101. Flescher, Joachim : Normal and Abnormal Aggressiveness, *Mental Health and the Prevention of Neurosis*, Liveright Publishing Corp., New York, 1951, p. 37
102. Flescher, Joachim : Pleasure, Reality and the Dream, *Mental Health and the Prevention of Neurosis*, Liveright Publishing Corp., New York, 1951, p. 117
103. Flescher, Joachim : Psicoanalisi Della Vita Istintiva (Psycho-analysis of Instinctual Life), Rome, Italy : *Scienza Moderna*, 1945, p. 266
104. Flescher, Joachim : The Role of Unconscious Attitudes, *Mental Health and the Prevention of Neurosis*, Liveright Publishing Corp , New York. 1951, p. 393

105. Fliess, Robert : The Metapsychology of the Analyst, *Psychoanal. Quart.*, Vol. XI, 1942

106. Fliess, Robert : Silence and Verbalization : A Supplement to the Theory of the 'Analytic Rule', *Int. J. Psycho-Anal.*, Vol. XXX, 1949, p. 21

107. Frank, Lawrence K. : Symposium on Genetic Psychology *Amer. J. of Orthopsychiatry*, Vol. XXI, 1951

108. French, Thomas M. : *The Integration of Behaviour* Vol. I, University of Chicago Press, 1952

109. Freud, Anna : Aggression in Relation to Emotional Development : Normal and Pathological, *Psychoanalytic Study of the Child*, Vol. III/IV, Imago Publishing Co., London, 1949, p. 37

110. Freud, Anna : The Application of Analytic Technique to the Study of the Psychic Institutions, *The Ego and the Mechanisms of Defense*, Inter. Univ. Press, Inc., New York, 1946, p. 11

111. Freud, Anna : The Ego as the Seat of Observation, *The Ego and the Mechanisms of Defense*, Inter. Univ. Press, Inc., New York, 1946, p. 3

112. Freud, Anna : The Ego's Defensive Operations Considered as an Object of Analysis, *The Ego and the Mechanisms of Defense*, Inter. Univ. Press, Inc., New York, 1946, p. 30

113. Freud, Anna : The Mechanisms of Defence, *The Ego and the Mechanisms of Defense*, Inter. Univ. Press, Inc., New York, 1946, p. 45

114. Freud, Anna : Notes on Aggression, *Yearbook of Psychoanalysis*, Vol. 6, Inter. Univ. Press, Inc., New York, 1950, p. 145

115. Freud, Anna : Orientation of the Processes of Defence According to the Source of Anxiety and Danger, *The Ego and the Mechanisms of Defense*, Inter. Univ. Press, Inc., New York, 1946, p. 58

116. Freud, Anna : Restriction of the Ego, *The Ego and the Mechanisms of Defense*, Inter. Univ. Press, Inc., New York, 1946, p. 100

117. Freud, Anna : Symposium on Genetic Psychology, *Amer. J. of Orthopsychiatry*, Vol. XXI, 1951

118. Freud, Sigmund : Analysis Terminable and Interminable, *Collected Papers*, Vol. V, The Hogarth Press, London, 1950, p. 316
119. Freud, Sigmund : The Analytic Therapy, *A General Introduction to Psychoanalysis*, Liveright Publishing Corp., N. Y. 1920, p. 390
120 Freud, Sigmund : The Anatomy of the Mental Personality, *New Introductory Lectures on Psychoanalysis*, W. W. Norton & Co., Inc., N. Y. 1935, p. 82.
121. Freud, Sigmund : Aspects of Development and Regression. Aetiology, *A General Introduction to Psychoanalysis*, Liveright Publishing Corp., N. Y. 1920, p. 297
122. Freud, Sigmund : *Beyond the Pleasure Principle*, The Hogarth Press, London, 1950
123. Freud, Sigmund : A Case of Paranoia Running Counter to the Psychoanalytical Theory of the Disease, *Collected Papers*, Vol. II, The Hogarth Press, London, 1948, p. 150
124. Freud, Sigmund : *Collected Papers*, Vol. III, The Hogarth Press, London, 1948
125. Freud, Sigmund : A connection between a Symbol and a Symptom, *Collected Papers*, Vol. II, The Hogarth Press, London, 1948, p. 162
126. Freud, Sigmund : Constructions in Analysis, *Collected Papers*, The Hogarth Press, London. 1950, p. 358
127. Freud, Sigmund : The Development of the Sexual Function, *Outline of Psychoanalysis*, W. W. Norton & Co., Inc., N. Y. 1949, p. 25
128. Freud, Sigmund : A Differentiating Grade in the Ego, *Group Psychology and the Analysis of the Ego*, Liveright Publishing Corp., N. Y. 1949, p. 101
129. Freud Sigmund : The Dynamics of the Transference, *Collected Papers*, Vol. II, The Hogarth Press, London, 1948, p. 312
130. Freud, Sigmund : The Ego and the Super-Ego (Ego-Ideal), *The Ego and the Id*, The Hogarth Press, London, 1927, p. 34
131. Freud, Sigmund : Further Recommendations in the Technique of Psycho-Analysis. On Beginning the Treatment. The Question of the First Communications. The Dynamics of the Cure, *Collected Papers*, Vol. II, The Hogarth Press, London, 1948, p. 342

132. Freud, Sigmund : Further Recommendations in the Technique of Psycho-Analysis. Recollection, Repetition and Working Through, *Collected Papers*, Vol. II, The Hogarth Press, London, 1948, p. 366

133. Freud, Sigmund : The Future Prospects of Psycho-analytic Therapy, *Collected Papers*, Vol. II, The Hogarth Press, London, 1648, p. 285

134. Freud, Sigmund : Infantile Mental Life, *Collected Papers*. Vol. II, The Hogarth Press, London, 1948, p. 144

135. Freud, Sigmund : *Inhibitions, Symptoms and Anxiety*, The Hogarth Press, London, 1936

136. Freud, Sigmund : The Internal World, *Outline of Psychoanalysis*, W. W. Norton & Co., Inc , N. Y. 1949, p. 120

137. Freud, Sigmund : The Loss of Reality in Neurosis and Psychosis, *Collected Papers*, Vol. II, The Hogarth Press, London, 1948, p. 277

138. Freud, Sigmund : The Meaning of Symptoms, *A General Introduction to Psychoanalysis*, Liveright Publishing Corp., N. Y. 1920

139. Freud, Sigmund : My Views on the part played by Sexuality in the aetiology of the Neuroses, *Collected Papers*, Vol I, Inter. Psycho-Analytical Press. London, 1924, p. 272

140. Freud, Sigmund : Neurosis and Psychosis, *Collected Papers*, Vol. II, The Hogarth Press, London, 1948, p. 250

141. Freud, Sigmund : One of the Difficulties of Psycho-Analysis, *Collected Papers*, Vol. IV, The Hogarth Press, London, 1925 p. 347

142. Freud, Sigmund : On Narcissim : An Introduction, *Collected Papers*, Vol, IV, The Hogarth Press, London, 1925, p, 30

143. Freud, Sigmund : On Psychotherapy, *Collected Papers*, Vol. I, Inter. Psychc-Analytical Press, London, 1924, p. 249

144. Freud, Sigmund : The paths of Symptom-Formation, *A General Introduction to Psychoanalysis*, Liveright Publishing Corp., N. Y. 1920, p. 313

145. Freud, Sigmund : The Predisposition to Obsessional Neurosis, *Collected papers*, Vol. II, The Hogarth Press, London, 1948, p. 122

146. Freud, Sigmund ; The Psychical Apparatus, *An Outline of Psychoanalysis*, W. W. Norton & Co., Inc., N. Y. 1949, p. 13

147. Freud, Sigmund : The Psychical Apparatus and the External World, *Outline of Psychoanalysis*, W. W. Norton & Co., Inc., N. Y. 1949, p. 103

148. Freud, Sigmund : Psycho-Analysis and Psychiatry, *A General Introduction to Psychoanalysis*, Liveright Publishing Crop., N. Y. 1920, P. 217

149. Freud, Sigmund : The Psychology of the Dream-Processes, *The Interpretation of Dreams*, Random House, Inc., N. Y. 1950, p. 368

150. Freud, Sigmund : Repression, *Collected Papers*, Vol. IV, The Hogarth Press, London, 1925, p. 84

151. Freud, Sigmund : Resistance and Repression, *A General Introduction to Psychoanalysis*, Liveright Publishing Corp., N. Y. 1920, p. 253

152. Freud, Sigmund : Some Character-Types met with in Psycho-analytic Work, *Collected Papers*, Vol. IV, The Hogarth Press, London, 1925, p. 318

153. Freud, Sigmund : Some Elementary Lessons in Psycho-analysis, *Collected Papers*, Vol. V, The Hogarth Press, London, 1950, p. 376

154. Freud, Sigmund : Splitting of the Ego in the Defensive Process, *Collected Papers*, Vol. V, The Hogarth Press, 1950, p. 772

155. Freud, Sigmund : The Subordinate Relationships of the Ego, *The Ego and the Id*, The Hogarth Press, London, 1927, p. 68

156. Freud, Sigmund : The Technique of Psychoanalysis, *Outline of Psychoanalysis*, W. W. Norton & Co, Inc, N. Y. 1949, p. 61

157. Freud, Sigmund : The Theory of the Instincts, *Outline of Psychoanalysis*, W. W. Norton & Co., Inc., N. Y. 1949, p. 19

158. Freud, Sigmund : The Theory of the Libido : Narcissism, *A General Introduction to Psychoanalysis*, Liveright Publishing Corp., N. Y. 1920, p. 357

159. Freud, Sigmund : *Three Essays on the Theory of Sexuality*, Imago Publishing Co., Ltd., London, 1949

160. Freud, Sigmund : Transference, *A General Introduction to Psychoanalysis*, Liveright Publishing Corp., N. Y. 1920, p. 374

161. Freud, Sigmund : Turnings in the Ways of Psycho-analytic Therapy, *Collected Papers*, Vol. II, The Hogarth Press, London, 1948, p 392

162. Freud, Sigmnnd · The Unconscious, *Collected Papers*, Vol. IV, The Hogarth Press, London, 1925, p. 98

163. Friedlander, Kate : Latent Delinquency and Ego Development, *Searchlights on Delinquency*, Inter. Univ. Press, Inc., N. Y. 1949, p. 205

164. Fromm-Reichmann, Frieda : *Principles of Intensive Psychotherapy*, The University of Chicago Press, 1950

165. Fromm-Reichmann, Frieda ; Remarks on the Philosophy of Mental Disorder, *Psychiatry*, Vol. 9, 1947

166. Fuchs, S. H. : On Introjection, *Int. J. Psycho-Anal.*, Vol. XVIII, 1937, p. 269

167. Garma, Angel : The Genesis of Reality Testing, *Psychoanal. Quart.*, Vol. XV, 1946, p. 161

168. Gero, George : The Concept of Defense, *Psychoanal. Quart*, Vol. XX, 1951, p. 565

169. Gero, George : The Idea of Psychogenesis in Modern Psychiatry and in Psychoanalysis, *Psychoanal. Rev.*, Vol. 30, 1943

170. Gill, Merton M. : Ego Psychology and Psychotherapy, *Psychoanal Quart.* Vol. XX, 1951, p. 62

171. Gitelson, Max : The Critical Moment in Psychotherapy, *Bull of Menn. Clinic*, Vol. 4, 1942

172. Glover, Edward : *Basic Mental Concepts*, Imago Publishing Co., London, 1947

173. Glover, James : The Conception of the Ego, *Int. J. Psycho-Anal.*, Vol. VII, 1926

174. Glover, Edward : A Developmental Study of the Obsessional Neurosis, *Int. J. Psycho-Anal.*, Vol. XVI 1935, p. 131

175. Glover, Edward : Grades of Ego Differentiation, *Int. J. Psycho-Anal.*, Vol. XI, 1940, p. 1

176. Glover, Edward : Lectures on Technique in Psychoanalysis, *Int. J. Psycho-anal.*, Vol. VIII, 1927, p. 311 and Vol. IX, 1928

177. Glover, Edward : Pathological Character Formation, *Psychoanalysis Today*, Inter. Univ. Press, Inc., N. Y., 1949, p. 218

178. Glover, Edward : *Psycho-analysis*, Staples Press, London, 1949

179. Glover, Edward : The Psycho-Analysis of Affects, *Int. J. Psycho-Anal.*, Vol. XX, 1939, p. 299

180. Glover, Edward : The Psychotherapy of the Psychoses, *British J. of Medical Psychology.*, Vol. X, 1930

181. Glover, Edward : The Relation of Perversion Formation to the Development of the Reality Sense, *Int. J. Psycho-Anal.*, Vol. XIV, 1933, p. 486

182. Glover, Edward : Symposium on the Theory of the Therapeutic Results of Psycho-Analysis, *Int. J. Psycho-Anal.*, Vol. XVIII, 1937, p. 125

183. Glover, Edward : The Therapeutic Effect of Inexact Interpretation : A Contribution to the Theory of Suggestion, *Int. J. Psycho-anal.*, Vol XII, 1931, p. 397

184. Glover, Edward : Unbewusste Wunsche im Alltagsleben (Unconscious Wishes in Everyday Life), *Psychoanalytische Bewegung*, Vol. V, 1933

185. Glover, Edward . The 'Vehicle' of Interpretations, *Int. J. Psycho-Anal.*, Vol. XI, 1940, p. 340

186. Harnik, J. : The Various Developments Undergone by Narcissism in Men and in Women, *Int. J, Psycho-Anal.*, Vol. V, 1924, p. 66

187. Harris, Arthur : The Prognosis of Anxiety States, *British Medical Journal*, Sept. 24th, 1938, No. 4055 p. 649

188. Hartmann, Heinz : Comments on the Psychoanalytic Theory of the Ego, *Psychoanalytic Study of the Child*, Vol, V. Inter. Univ. Press, Inc., N. Y., 1950, p. 74

189. Hartmann, Heinz : Ich-Psychologie und Anpassungsproblem (Ego Psychology and the Problem of Adaptation), *Internationale Zeitschrift fuer Psychoanalyse und Imago*, 1939, Bd, XXIV, Heft 1/2, S 62

190. Hartmann, Heinz : Notes on the Theory of Aggression, *Psychoanalic Study of the Child*, Vol. III/IV, Imago Publishing Co., London, 1949, p. 9

191. Hartmann, Heinz : Psycho-analysis and the Concept of Health, *Int. J. Psychoanal.*, Vol. XX, 1939, p. 308

192. Hartmann, Heinz : Psychoanalyse und Weltanschaung (Psycho-analysis and "Weltanschauung" *Psychoanalytische Bewegung*, Vol. V, 1933

193. Hartmann, Heinz : Technical Implications of Ego Psychology, *Psychoanal. Quart.*, Vol. XX, 1951, p. 31

194. Hendrick, Ives : The Discussion of the 'Instinct to Master," *Psychoanal. Quart.*, Vol. XII, 1943

195. Hendrick, Ives : Early Development of the Ego : Identification in Infancy, *Psychoanal Quart.*, Vol. XX, 1951, p. 44

196. Heudrick, Ives : Instincts and the Ego during Infancy, *Psycho-anal Quart.*, Vol. XI, 1942

197. Hendric, Ives ; The Objective Evaluation of Psychotherapy, Round Table Conference, *Amer. J. of Orthopsychiatry*, Vol. XIX, 1949, p. 463

198. Hendrick, Ives : Pregenital Anxiety in a Passive Femine Character, *Psychoanal Quart.*, Vol. II, 1933

199. Hendrick, Ives : Work and the Pleasure Principle, *Yearbook of Psychonalisis*, Vol. I, Inter. Univ. Press, Inc., N. Y., 1945, p. 95

200. Hermann, Imre : The Giant Mother, the Phallic Mother, Obscenity, *Psychoanal Rev.*, Vol. 36, 1949, p. 302

201. Hermann, Imre : The Instinctual Cathexis of the Ego and Super-Ego, Paper read at the First Scientific Session, Fourteenth International Psycho-analytical Congress at Marienbad, August 2-9, 1936, Vide report, *Int. J. Psycho-anal.*, Vol. XVIII, 1937, p. 76

202. Hermann, Imre : A Supplement to the Castration Complex. The Sphere of Phantasies Relating to the Os Priapi, *Int. Psycho-anal.*, Vol. XX. 1939, p. 322

203. Hermann, Imre : Zur Triebbesetzung von Ich und Uber-Ich (Instinctual Cathexis of Ego and Super-Ego), *Internationale Zeitschrift fuer Psychoanalyse und Imago*, 1940, Bd. XXV, Heft 2, S. 131

204. Hinsie, Leland E. : *Concepts and Problems of Psychotherapy* Columbia University Press, New York, 1937

205. Hoffer, Willie : Development of the Body Ego, *Psychoanalytic Study of the Child*, Vol. V, Inter. Univ. Press, Inc., N. Y. 1950, p. 18

206. Hoffer, Willie : Mouth, Hand, and Ego-Integration, *Psychoanalytic Study of the Child*, Vol. III/IV, Imago Publishing Co., London, 1949, p. 49

207. Horney, Karen : The Problem of the Negative Therapeutic Reaction, *Psychoanal Quart.*, Vol. V, 1937

208. Huxley, Julian : Knowledge, Morality, and Destiny, *Psychiatry*, Vol. 14, 1951, p. 129

209. Issacs Susan : Criteria for Interpretation, *Int. J. Psycho-Anal.*, Vol. XX, 1939, p. 148

210. Jacobson, Edith : The Effect of Disappointment on Ego and Superego Formation in Normal and Depressive Development, *Yearbook of Psychoanalysis*, Vol. III, Imago Publishing Co., London, 1947, p. 109

211. Jekels, Ludwig and Bergler, Edmund : Ubertragung und Liebe (Transference and Love), *Imago*, Vol. XX, 1034

212. Jelgersma, G. : Projection, *Int. J. Psycho-Anal.*, Vol. VII, 1926

213. Johnson, Adelaide : Sanctions for Superego Lacunae of Adolescents, *Searchlights on Delinquency*, Inter. Univ. Press, Inc., New York 1949, p. 225

214. Jones, Ernest : Cold, Disease and Birth, *Papers on Psychoanalysis*, Bailliere, Tindall & Cox, London, 1948, p. 320

215. Jones, Ernest : The Concept of a Normal Mind, *Papers on Psycho-analysis*, Bailliere, Tindall & Cox, London, 1948, p. 201

216. Jones, Ernest : The Criteria of Success in Treatment, *Papers on Psycho-analysis*, Bailliere, Tindall & Cox, London, 1948, p. 379

217. Jones, Ernest : The Ego and the Mechanisms of Defence—Anna Freud (Book Review), *Int. J. Psycho-Anal.*, Vol. XIX, 1938, p. 115

218. Jones, Ernest : The Genesis of the Super-Ego, *Samiksa*, Vol. I, 1247, p. 1

219. Jones Ernest : The Origin and Structure of the Superego, *Int. J. Psycho-Anal.* Vol. VII, 1926

220. Jones, Ernest : Psycho-Analysis and Modern Medicine, *Papers on Psycho-Analysis*, Bailliere, Tindall & Cox, London, 1948, p. 341

221. Jones, Ernest : Psycho Analysis and Psychiatry, *Papers on Psycho-Analysis*, Bailliere, Tindall & Cox, London, 1948, p. 365

222. Jones, Ernest and Burt, Cyril : Verstand und Gefuehl (Reason and Emotion), *Psychoanalytische Bewegung*, Vol. V, 1933

223. Kaiser, Hellmuth : Probleme der Technik, *Internationale Zeitschrift fuer Psychoanalyse*, 1934, Bd. XX, S. 490

224. Katan, Maurits : On the Development of Freud's Conception of the Attempt at Restitution, Read at the meeting of the *New York Psychoanalytic Society, February 27, 1951*

225. Kaufman, M. Ralph : Projection, Heterosexual and Homosexual, *Psychoanal. Quart.*, Vol. III, 1935, p. 134

226. Keiser, Sylvan : Body Ego During Orgasm, *Psychoanal Quart.*, Vol. XXI, 1952, p. 153

227. Klein, Melanie : Early Stages of the Oedipus Conflict, *Contributions to Psycho Analysis*, The Hogarth Press, London, 1948, p. 202

228. Klein, Melanie : The Importance of Symbol-Formation in the, Development of the Ego, *Contribution to Psycho Analysis*, The Hogarth Press, London, 1948, p, 236

229. Klein, Melanie : The Oedipus Complex in the Light of Early Anxieties, *Contributions to Psycho-Analysis*, The Hogarth Press, London, 1948, p. 339

230. Klein, Melanie : The Psychotherapy of the Psychoses, *Contributions to Psycho-Analysis*, The Hogarth Press London, 1948, p. 251

231. Kluckhohn, Clyde : The Limitations of Adaptation and Adjustment as Concepts for Understanding Cultural Behaviour, *Adaptation*, Cornell Univ. Press, Ithaca, N. Y. 1949, p. 97

232. Knight, Robert : Application of Psychoanalytic Concepts in Psychotherapy, *Bull. of Menn. Clinic*, Vol. 1, 1937

233. Knight, Robert : A Critique of the Present Status of the Psychotherapies, *Bulletin of the New York Academy of Medicine*, Vol. XXV, Second Series, 1949

234. Knight, Robert : Determinism, Freedom and Psychotherapy, *Psychiatry*, Vol. 9, 1946

235. Knight, Robert : An Evaluation of Psychotherapeutic Techniques, *Bull. of Menn. Clinic*, Vol. 16, 1952, p. 113

236. Knight, Robert : The Evaluation of the Results of Psychoanalytic Therapy, *Amer. J. of Psychiatry*, Vol. XCVIII, 1941

237. Knight, Robert : The Relationship of Psychoanalysis to Psychiatry, *Amer. J, of Psychiatry*, Vol, CI, 1945, p, 777

238. Kris, Ernst : The Development of Ego Psychology, *Samiksa*, Vol. 5, 1951, p, 153

239. Kris, Ernst : The Ego and the Mechanisms of Defence—Anna Freud (Book Review), *Int. J. Psycho-Anal.*, Vol. XIX, 1938, p. 136

240. Kris, Ernst : Ego Development and the Comic, *Int. J. Psycho-Anal.*, Vol. XIX, 1638, p. 77

241. Kris, Ernst : Ego Psychology and Interpretation in Psychoanalytic Therapy, *Psychoanal. Quart.*, Vol. XX, 1951 p. 15

242. Kris, Ernst : Notes on the Theory of Aggression, *Psychoanalytic Study of the Child*, Vol. III/IV, Imago Publishing Co., London. 1949, p 9

243. Kris, Ernst : The Objective Evaluation of Psychotherapy *Amer. J. of Orthopsychiatry*, Vol. XIX, 1949, p. 463

244. Kris, Ernst : Preconscious Mental Processes, *Psychoanal. Quart.*, Vol. XIX, 1950

245. Kubie, Lawrence S. : A Critical Analysis of the Concept of a Repetition Compulsion, *Int. J. Psycho-Anal.*, Vol. XX, 1939, p. 390

246. Kubie, Lawrence S. : The Fallacious Use of Quantitative Concepts in Dynamic Psychology, *Psychoanal. Quart.*, Vol. XVI, 1947, p. 507

247. Kubie, Lawrence S. : The Neurotic Potential and Human Adaptation, *Adaptation*, Cornell Univ. Press, 1949, p. 77

248. Kubie, Lawrence S. : The Objective Evaluation of Psychotherapy, *Amer. J. of Orthopsychiatry*, Vol. XIX, 1949, p. 463

249. Kubie, Lawrence S. : The Ontogeny of Anxiety, *Psychoanal. Rev.*, Vol. 28, 1941, p. 78

250. Kubie, Lawrence S. : The Role of Symbolic Distortion in Neurosis and Psychosis, Paper read at the New York Psychoanalytic Society, December 19, 1950

251. Laforgue, Rene : *Clinical Aspects of Psycho-analysis.* The Hogarth Press, London, 1938

252. Laforgue, Rene : Les Resistances de la fin du traitement analytique (The Resistances at the End of Psychoanalytic Treatment), *Rev. Francaise de Psychanalyse,* Vol. VII, 1933

253. Lampl-DeGroot, Jeanne : On the Development of the Ego and Super-ego, *Int. J. Psycho-Anal*, Vol, XXVIII, 1947, p. 7

254. Lampl-DeGroot, Jeanne : On Masturbation and Its Influence on General Development, *Psychoanalytic Study of the Child,* Vol. V, Inter. Univ. Press, Inc , New York, 1950, p. 153

255. Landauer, Karl : Some Remarks on the Formation of the Anal-erotic Character, *Int. J. Psycho-Anal.*, Vol. XX, 1939, p. 418

256. Lantos, Barbara : Work and the Instincts, *Int. J. Psycho-Anal.*, Vol. XXIV, 1943, p. 114

257. Leuba, J. : Psycho-analysis and Psychotherapies, *Meeting of European Psycho-analysts,* Amsterdam, May 24, 1947

258. Lavine, Maurice : *Psychotherapy in Medical Practice,* Macmillan, New York, 1942

259. Lewin, Bertram D. : Counter-transference in the Technique of Medical Practice, *Psychosom. Med.*, Vol. VIII, 1946, p. 195

260. Lewin, Bertram D. : Some Observations on Knowledge, Belief and the Impulse to Know, *Int. J. Psycho-Anal.*, Vol. XX, 1939, p, 426

261. Liddell, Howard S. : Adaptaion on the Threshold of Intelligence, *Adaptalion,* Cornell Univ. Press, 1949, p. 53

262. Little, Margaret : Counter-Transference and the Patient's Response to it, *Int, J. Psycho-Anal.*, Vol. XXXII, 1951, p. 32

263. Loewald, Hans W. : Ego and Reality, *Int. J. Psycho-Anal.*, Vol. XXXII, 1951, p. 10

264. Loewenstein, Rudolph M. : Conflict and Autonomous Ego Development During the Phallic Phase, *Psychoanalytic Study of the Child,* Vol. V, Inter. Univ. Press, p 47

265. Loewenstein, Rudolph M. : Ego Development and Psychoanalytic Technique, *Amer. J. of Psychiatry,* Vol. CVII, 1951, p. 617

266. Loewenstein, Rudolph M. : Notes on the Theory of Aggression, *Psychoanalytic Study of the Child*, Vol. III/IV, Imago Publishing Co., London, 1949, p. 9

267. Loewenstein, Rudolph M. : The Problem of Interpretation, *Psychoanal. Quart.* Vol XX, 1951, p. 1

268. Low, Barbara : The Psychological Compensations of the Analyst, *Int. J. Psycho-Anal*, Vol XVI. 1935, p. 1

269. Macalpine, Ida : The Development of the Transference *Psychoanal. Quart.*, Vol XIX, 1950, p. 501

270. MacNaughton, Dorothy and Rank, Beata : A Clinical Contribution to Early Ego Development, *Psychoanalytic Study of the Child*, Vol V, Inter. Univ. Press, Inc., p. 53

271. Masserman, Jules H. and Carmichael, Hugh T. : Diagnosis and Prognosis in Psychiatry, *J. of Mental Science*, Vol. LXXXIV, 1938, p. 893

272. Masserman, Jules H. and Siever, Paul : Dominance Neurosis and Aggression, *Psychosom. Med.*, Vol. VI, 1944

273. Menninger, K. A., Waelder, R, Zilboorg, G. : Present Trends in Psychoanalytical Theory and Practice. *Yearbook of Psychoanalysis*. Vol. I, Inter. Univ. Press, Inc., N. Y., 1945, p. 79

274. Miles, H. H. W., Cobb, S. S., Harley, C. : *Case Histories in Psychosom. Med.*, W. W. Norton & Co., Inc., N. Y., 1952

275 Money-Kyrle, R. E. : *The Development of the Sexual Impulses.*, Routledge & Kegan Paul, Ltd., London, 1932

276. Muller-Braunschweig, Carl : The Genesis of the Feminine Superego, *Int. J. Psycho-Anal*, Vol. VII, 1926

277. Nacht, Sacha : *De La Pratique a la Theorie Psychanalytique* (Psychoanalytic Practice and Theory), Paris : Presses Univ. de France, 1950

278. Nacht, Sacha : Reflections on Transference and Counter-Transference, *Int. J. Psycho-Anal.*, Vol. XXX, 1949, p. 199

279. Nunberg, Herman : Ego Strength and Ego Weakness, *Practice and Theory of Psychoanalysis*, Nervous and Mental Disease Monographs, N. Y., 1948, p. 13

280. Nunberg, Herman : The Feeling of Guilt, *Practice and Theory of Psychoanalysis*, p. 137

281. Nunberg, Herman : Homosexuality, Magic and Aggression, *Practice and Theory of Psychoanalysis*, p. 150

282. Nunberg, Herman : Limitations of Psychoanalytic Therapy, *Practice and Theory of Psychoanalysis*, p. 199

283. Nunberg, Herman : Problems of Therapy, *Practice and Theory of Psychoanalysis*, p. 105

284. Nunberg, Herman : Psychological Interrelations between Physician and Patient, *Practice and Theory of Psychoanalysis*, p. 174

285. Nunberg, Herman : The Synthetic Function of the Ego, *Practice and Theory of Psychoanalysis*, p. 120

286. Nunberg, Herman : Theory of the Therapeutic Results of Psychoanalysis, *Practice and Theory of Psychoanalysis*, p. 165

287. Nunberg, Herman : Transference and Reality, *Int. J. Psycho-Anal.*, Vol. XXXII, 1951, p. 1

288. Nunberg, Herman : The Will to Recovery, *Practice and Theory of Psychoanalysis*, p. 75

289. Oberndorf, C. P. : Results of Psycho-analytic Therapy, *Int. J. Psycho-Anal.*, Vol. XXIV, 1943, p. 107

290. Oberndorf, C. P. : Results with Psychoanalytic Therapy, *Amer. J. of Psychiatry*, Vol. XCIX, 1942

291. Obers, Samuel J. and Beres, David : The Effects of Extreme Deprivation in Infancy on Psychic Structure in Adolescence : A Study in Ego Development, *Psychoanalytic Study of the Child*, Vol. V, Inter. Univ. Press, Inc., p. 212

292. Odier, Ch. : Une Nevrose sans Complexe d'Oedipe ? (Neurosis without an Oedipus Complex ?), *Revue Francaise de Psychanalyse*, Vol. VII, 1933

293. Orgel, Samuel Z. : Reactivation of the Oedipus Situation, *Psychoanal. Quart.*, Vol. III, 1934, p. 128

294. Payne, S. M, : Notes on Development in the Theory and Practice of Psycho analytical Technique, *Yearbook of Psychoanalysis*, Vol. III, Imago Publishing Co., London, 1947, p. 159.

295. Payne, Sylvia M, : Some Observations on the Ego Development of the Fetishist, *Int. J. Psycho-Anal.*, Vol. XX, 1939, p. 161.

296. Pfeifer, Sigmund : A Form of Defense, *Int. J. Psycho-Anal.*, Vol. XI, 1930. p. 492.

297. Piaget, J. : La psychanalyse et le Developpemen Intellectuel (Psychoanalysis and Intellectual Development). *Revue Francaise de Psychanalyse*, Vol. VII, 1933

298. Rado, Sandor : The Economic Principle in Psychoanalytic Technique, *Int. J. Psycho-Anal.*, Vol. VI, 1925, p. 35

299. Rank, Beata : Aggression, *Psychoanalytic Study of the Child*, Vol. III/IV, Imago Publishing Co., London, 1949, p. 43

300. Rank, Beata and Mac Naughton, Dorothy : A Clinical Contribution to Early Ego Development, *Psychoanalytic Study of the Child*, Vol. V, Inter. Univ. Press, Inc., 1950, p. 53

301. Rapaport, David : The Autonomy of the Ego, *Bull. of Menn. Clinic*, Vol. 15, 1951, p. 113

302. Rees, J. R. : The Art of Adjustment, *The Health of the Mind*, W. W. Norton & Co., N. Y. 1951, p. 194

303. Rees, J. R. : Instincts and the Personality, *The Health of the Mind*, p, 49

304. Rees, J. R. : Mental Breakdown : Its Cause and Its Cure, *The Health of the Mind*, p. 93

305. Rees, J. R. Mental Health, *The Health of the Mind*, p. 13

306. Rees, J. R. : Mind and Body, *The Health of the Mind*, p. 55

307. Rees, J. R. : The Physical Machine, *The Health of the Mind*, p. 32

308. Rees, J. R. : Psychological Mechanisms, *The Health of the Mind*, p. 76

309. Reich, Annie ; On Counter-Transference, *Int. J. Psycho-Anal.*, Vol. XXXII, 1951, q. 25

310. Reik, Theodor : Aggression from Anxiety, *Int. J. Psycho-Anal.*, Vol. XXII, 1941, p. 7

311. Reik, Theodor : Some Remarks on the Study of Resistances, *Int. J. Psycho-Anal*, Vol. V, 1924, p. 141

312. Rickman, John : The Development of Psychological Medicine, *British Med. Jour.*, 1950

313. Rickman, John : *Index Psychoanalyticus, 1193-1926*, Institute of Psycho-Analysis and the Hogarth Press, London, 1920

314. Rickman, John : The Role and Future of Psychotherapy within Psychiatry, *Jour. of Mental Science*, Vol. XCVI, 1950, p. 181

315. Riviere, Joan : A Contribution to the Analysis of Negative Therapeutic Reaction, *Int. J. Psycho-Anal.*, Vol. XVII, 1936, p. 304

316. Riviere, Joan : Jealousy as a Mechanism of Defense, *Int. J. Psycho-Anal.*, Vol, XIII, 1932, p. 414

317. Robbins, Bernard S. : Escape into Reality : A Clinieal Note on Spontaneous Social Recovery, *Psychoanal. Quart.*, Vol. VI, 1937, p. 353

318. Rosenfeld, Herbert : Notes on the Psychoanalysis of the Super-ego Conflict of an Acute Schizophrenic Patient, *Int. J. Psycho-Anal.*, Vol. XXIII, 1952, p. 111

319. Rothenberg, Simon : Transference Situations in an Hour of Analysis, *Psychoanal. Rev.*, Vol. 32, 1945, p. 340

320. Sachs, Hanns : Behaviour as an Expression of Mental Processes During Analysis, *Int. J. Psycho-Anal*, Vol. XXI, 1940, p. 231

321. Sachs, Hanns : Metapsychological Points of View in Technique and Theory, *Int. J. Psycho-Anal.*, Vol. VI, 1925, p. 5

322. Sachs, Hanns : The Prospects of Psycho-analysis, *Int. J. Psycho-Anal.*, Vol. XX, 1939, p, 460

323. Schmideberg, Melitta : 'Error' and 'Proof' in Analytic Conclusions, *Samiksa*, Vol. 3, 1949, p. 254

324. Schmideberg, Melitta : Infant Memories and Constructions, *Psychoanal. Quart.*, Vol. XIX, 1950, p. 468

325. Schmideberg, Melitta : The Mode of Operation of Psycho-anrlytic Therapy, *Int. J. Psycho-Anal.*, Vol. XIX, 1938, p. 310

326. Schmideberg, Melitta : On Reality and Phantasy, *Psychoanal. Rev.*, Vol, 35, 1948, p. 314

327. Schmideberg, Melitta : Reassurance as a Means of Analytic Technique, *Int. J. Psycho Anal.*, Vol. XVI, 1935, p, 307

328. Schneider, Ernst : Neurotische Depression und Stehlen (Neurotic Depression and Stealing), *Zeitschrift fuer Psychoanalytische Padagogik*, Vol. VII, 1933

329. Scott, W. Clifford M. : The 'Body Scheme' in Psychotherapy, *Brit. J. of Med. Psychol.* Vol. XXII, 1949, p. 139

330. Scott, W. Clifford M. : A Problem of Ego Structure, *Psychoanal., Quart.*, Vol. XVII, 1948, p. 71

331. Searl, Nian : Danger Situations of the Immature Ego, *Int. J. Psycho-Anal.*, Vol. X, 1929
332. Searl, Nina : The Flight to Reality, *Int. J. Psycho-Anal.*, Vol. X, 1929, p. 33
333. Searl, Nina : The Roles of Ego and Libido in Development, *Int. J. Psycho-Anal.*, Vol. XI, 1930, p. 125
334. Searl, Nina : Some Querieson Principles of Technique, *Int. J. Psycho-Anal*, Vol. XVII, 1936, p. 471
335. Sears, Robert R. : Symposium on Genetic Psychology, *Amer. J. of Orthopsychiatry*, Vol. XXI, 1951
336. Servadio, E. G. : Notes on Oral and Phallic Elements in a Single Analytical Hour, *Samiksa*, Vol. 1, 1946, p. 31
337. Shakow, David : The Objective Evaluation of Psychotherapy, *Amer. J. of Orthopsychiatry*, Vol. XIX, 1949, P. 463
338. Shands, H. C.; Cobb, S.; Miles, H. W. : *Case Histories in Psychosomatic Medicine*, W. W. Norton & Co., Inc., N. Y. 1952
339. Sharpe, Ella : Technique of Psychoanalysis, *Collected Papers on Psychoanalysis*, The Hogarth Press, Ltd, London, 1950, p. 3
340. Siever, Paul and Masserman, Jules H : Dominance, Neurosis and Aggression, *Psychosom. Med.* Vol. VI, 1944
341. Sigerist, Henry E : Health, *Medicine and Human Welfare*, Yale Univ. Press, New Haven, 1941, p. 53
342. Sigerist, Henry E : The Historical Approach to Medicine, *A History of Medicine*, Oxford Univ. Press, 1951, p. 3
343. Sigerist, Henry E : The Physician, *Medicine and Human Welfare*, Yale Univ. Press, New Haven, 1941, p. 105
344. Smith, Homer W : Organism and Environment : Dynamic Oppositions, *Adaptation*, Cornell Univ. Press, 1949
345. Sperling, Melitta : A Contribution to the Psychodynamics of Depression in Women, *Samikso*, Vol. 4, 1950, p. 86
346. R. A. : Ein Beitrag Zum Problem der Wandlung der Neurosenform. Die 'Infantile Frau und ihre Gegenspieler (The Problem of the Change of Neurotic Forms. The Infantile Woman and her Foil), *Imago*, Vol. XIX, 1933
347. Spitz, R. A. : Tagtraum und Schuldgefñhl (Daydream and Sense of Guilt), *Psychoanalytische Bewegung*, Vol. V, 1933
348. Stæreke, August : Psychoanalysis and Psychiatry, *Int. J. Psycho-Anal.*, Vol II, 1921, p. 361

349. Stephen, Karin : Introjection and Projection, Guilt and Rage, *Brit. J. of Med. Psychol.* Vol. XIV, 1943

350. Ster]a, Richard : A Case of Brief Psychotherapy by Sigmund Freud, *Psychoanal. Rev.*, Vol. 3, 1951, p. 75

351. Sterba, Richard : Character and Resistance, *Psychoanal. Quart.*, Vol. XX, 1951, p. 72

352. Sterba, Richard : Das Schicksal des Ichs im Therapeutischen Verfahren, *Inter. Zeitschrift fuer Psychoanal*, 1934, Bd. XX, p. 66

353. Sterba, Richard : The Dynamics of the Dissolution of the Transference Resistance, *Psychoanal. Quart.*, Vol. IX, 1940

354. Sterba, Richard : The Fate of the Ego in Analytic Therapy, *Int. J. Psycho-Anal.*. Vol. XV, 1934, p. 117

355. Sterba, Richard : The Formative Activity of the Analyst, *Int. J. Psycho-Anal.*, Vol. XXV, 1948

356. Sterba, Richard : Narcissim, *Introduction to the Psychoanalytic Theory of the Libido*, Nervous and Mental Disease Monographs, N. Y. 1947, p. 59

357. Stern, Adolph : Transference in Borderline Neuroses, *Yearbook of Psychoanalysis*, Vol. V, Inter. Univ. Press, Inc., p. 84

358. Stone, Leo : Psychoanalysis and Brief Psychotherapy, *Psychoanal. Quart.*, Vol. 1951, p. 215

359. Strachey, James : The Function of the Precipitating Factor in the Aetiology of the Neuroses : A Historical Note, *Int. J. Psycho-Anal.*, Vol. XII, 1931, p. 326

360. Strachey J. : The Nature of the Therapeutic Action of Psychoanalysis, *Int. J. Psycho-Anal.*, Vol. XV, 1934, p. 127

361. Tausk, Victor : Compensation as a Means of Discounting the Motive of Repression, *Int. J. Psycho-Anal.*, Vol. V, 1924, p. 130

362. Thomson, Clara : Transference as a Therapeutic Instrument, *Psychiatry*, Vol. 7, 1945, p. 273

363. Waelder, R. ; Meninger, K. A. ; Zilboorg, G. : Present Trends in Psychoanalytical Theory and Practice, *Yearbook of Psychoanalysis*, Vol. I, Inter. Univ. Press, Inc., p. 79

364. Waelder Robert : The Principle of Multiple Function, *Psychoanal. Quart.* Vol. V, 1936, p. 45

365. Waelder, Robert : The Problem of Freedom in Psychoanalysis and the Problem of Reality-Testing, *Int. J. Psycho-Anal.*, Vol. XVII, 1936, p. 89

366. Waelder, Robert : Problems of Ego-Psychology, *Int. J. Psycho-Anal.*, Vol. XVI, 1935, p. 507

367. Weiss, Edoardo : Bodily and Mental Pain, *Int. J. Psycho-Anal.*, Vol. XV, 1934, p. 1

368. Weiss, Edoardo : Emotional Memories and Acting Out, *Psychoanal. Quart.* Vol. XI, 1942

369. Weiss, Edoardo : La parte Inconscia dell'io (The Unconscious Part of the Ego), *Revista Italiana di Psicoanalisi* Vol. III, 1934

370. Weiss, Edoardo : Projection, Extrajection and Objectivation, *Psychoanal. Quart.*, Vol. XVI, 1947. p. 577

371 Weiss, Edoardo : Regression and Projection in the Super-ego, *Int. J. Psycho-Anal.*, Vol. XIII, 1922, p. 449

372. Weiss, Edoardo : Sense of Reality and Reality Testing, *Samiksa*, Vol. 4, 1950, p. 171

373. Weiss, Paul : The Biological Basis of Adaptation, *Adaption*, Cornell Uuiv. Press, 1949, p. 1

374. Symposium on Genetic Psychology. *Amer. J. of Orthopsychiatry*, Vol. XXI, 1951

375. Winnicott, D. W. : Hate in the Counter-Transference, *Int. J. Psycho-Anal.* Vol. XXX, 1949, p. 69

376. Wittels, Fritz : The Ego of the Adolescent, *Searchlights on Delinquency*, Inter. Univ. Press, Inc., N. Y. 1949, p. 256

377. Zilboorg, Gregory : Anxiety without Affect, *Psychoanal Quart*, Vol. II, 1933, p. 48

378. Zilboorg, Gregory : Certain Aspects of Mental Illness, *Mind, Medicine and Man*, Harcourt, Brace & Co., N. Y. 1943, p. 126

379. Zilboorg, Gregory : The Emotional Problem and the Therapeutic Role of Insight, *Psychoanal. Quart.*, Vol. XXI, 1952, p. 1

380. Zilboorg, Gregory : The Fundamental Conflict with Psychoanalysis, *Int. J. Psycho-Anal.*, Vol XX, 1939, p. 480

381. Zilboorg, Gregory : Instincts and Their Manifestations, *Mind, Medicine and Man*, p, 72

382. Zilboorg, Gregory : Normal Neuroses and Personality, *Mind Medicine and Man*, p. 109

383. Zilboorg, Gregory : On Certain Misconceptions, *Mind, Medicine and Man*, p. 3

384. Zilboorg, G. ; Waelder, R. ; Menninger, K. A : Present Trends in Psychoanalytical Theory and Practice. *Yearbook of Psychoanalysis*, Vol. I, Inter. Univ. Press, p. 79

335. Zilboorg, Gregory : The. Problem of Constitution in Psychopathology, *Psychoanal Quart*, Vol. III, 1934, p. 339

386. Zilboorg, Gregory : Psychology and Culture, *Psychoanal Quart*, Vol. XI, 1942, p. 1

387. Zilboorg, Gregory : Psychopathology of Social Prejudice, *Psychoanal. Quart.*, Vol XVI, 1947, p. 303

388. Zilboorg, Gregory : Psychosomatic Medicine : A Historical Perspective, *Psychosom. Med.*, Vol VI, 1944

389. Zilboorg, Gregory : Some Observations on the Transformation of Instincts, *Psychoanal. Quart.*, Vol VII, 1938

390. Zilboorg, Gregory : The Struggle For and Against the Individual in Psychotherapy, *Amer. J. of Psychiatry*, Vol. 104, 1948

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FORMATION OF GARO CLAN*

T. C. SINHA

COMPOSITION OF THE GARO SOCIETY

In my previous paper** on the Garos, communicated to the Indian Science Congress I mentioned in short the composition of the Garo society. I shall only mention here a few important features.

In the Garo society mother is the owner of the property. After her death the property is inherited by the daughter, so selected by the mother, and not by the son as in patriarchal societies. Matrilineal descent is followed by the Garos. The major portion of the property goes down from mother to a daughter selected by the mother in consultation with her husband. Other daughters, if any, are given only some movable properties during their marriage.

While the father practically manages the property and teaches the children of their manners and customs, the maternal uncle has a better voice over the general management of the household and property of his sisters, particularly over her children. In case of any family dispute the maternal uncle assumes the position of the judiciary and is obeyed.

The maternal uncle brings to his house one of the nephews (sister's son), selected by his daughter, to be her bridegroom, and gives her in marrige with him. In case of more than one daughter in a family the parents select one amongst them to inherit the property who is kept in the family even after her marriage. Such a daughter is known as *Nokna*. This Nokna is not necessarily the eldest daughter of the family. Other daughters after their marriage usually go away from their mother's house and start their own family lives either in the same village or in some other village of their choice.

Before marriage, girls live with the parents, but the boys from about 6 or 7 years of age go to live in the bachelors' house of the village called *Nokpanthe*. In smaller villages where there is no *Nokpanthe*, the boys live in the same house with the parents.

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Boys always take their meal in the parents' house and help them in their cultivation and household work. Broadly speaking, the Garos, inspite of their many clans and sub-clans, feel as members of one and the same society.

The Deputy Commissioner is the executive and judicial head of the district of Garo Hills.

There are *Laskars* who decide disputes and deal with cases complained against. There is one Laskar over a group of villages and a few *Sardars* to assist him. This office of Laskarship is generally inherited by the son-in-law if not otherwise decided by the people of his area or the Government.

Nokma is the headman of the village. He helps the Laskar in deciding disputes and himself decides petty disputes occurring within his 'elaka' or jurisdiction. There are three kinds of Nokmas :

(1) *Akhing Nokma*
(2) *Songni Nokma*
(3) *Gana Nokma*

Akhing Nokma is one who is the land-lord of the village and has the apportioned hill area (also land) under him. He distributes these lands amongst the villagers for cultivation. Villagers do not pay him anything as rent but it is customary to pay something to the Akhing Nokma according to one's financial strength. The Songni Nokma is only the headman of the village and is obeyed as such. The Gana Nokma is the acclaimed wealthy person of a particular locality who assumes this honour of distinction after the necessary ceremony is performed by him. This ceremony is very expensive. The Gana Nokma wears a red turban on his head and metal bangles above his elbows.

LANGUAGE

The dialects used by the Garos is called Garo Language. They have no alphabets. There are different groups living in different parts of the hills using slightly different dialects. They have a common language, which in Garo is called 'Hatchik' literally meaning hill-language.

Group dialects take their name from their group. The following are the names of such groups which are commonly found.

1. Abeng (From the name of a noble man Abeng Noga Silmidokka)
2. Atong (Mai = Atong = what ?)
3. Gara (Garu = a variety of metallic water vessel)
4. Ganching
5. Matchi (Matcha = tiger)
6. Dual
7. Matabeng
8. Matjangchi
9. Hatchik
10. Chisak (From the stream of this name)
11. Awe (Persons living in the plain)
12. Brak
13. Sembu
14. Nengua
15. Chibok (Hill and River)
16. Ruga (Hill)
17. Megam
18. Khotchu
19. Ageng (or Atiagra)
20. Jari Hadong.
21. Sandong.

NAMES OF CLANS AND SUB-CLANS

Throughout the hills, among all the different groups mentioned before, there are mainly three clans, namely—1) Shangma, 2) Marak, 3) Momin.

The first two (Shangma and Marak) are more commonly regarded as the two main clans, the third, they say, came from the Marak by subdivision. Shangma and Marak are much more numerous than the Momins. The Garos take the name of their surname (title) from their mother's clan name. Such as, Rojing Shangma, Chibeng Marak and Khalifat Momin and so on.

Some people claim their own clan as the original one and think other clans originated later by division. But most people believe that Shangma and Marak represented the two clans from the very

beginning. It is difficult to find out the origin of these clan divisions now, particularly because most people do not know any thing about it and others speak of their own ideas about it when asked.

There are many sub-clans called 'Chatchi' or 'Machong' or 'Mahari' under each of these 3 clans. I have, so far, been able to collect the following sub-clans numbering—275. Of these there were 147 under Shangma group, 87 under Marak group and 41 under Momin group. It will be found that there are a few sub-clan names which can be found in two different clans. It is difficult to ascertain how this was possible.

A list of the names of the Garo sub-clans under each clan, collected by me, is given below.

(*Words within the brackets indicate the totem from which the sub-clan derived its name.*)

SHANGMA

Adami
Adapgiri (Hill)
Ado
Ajilok Khoksep
Amibang
Aruak (Hill)
Awe (Group name)
Baji
Balwari (Storm)
Bangbong Cheng
Bangbonggiri (Hill)
Boldak (Hill)
Bolsal (Tree)
Brin
Chamblo (Tree)
Choram
Cheran
Chetjongbra
Chigiocho
Chikal
Chinal (River)
Chisik (River)
Chisim
Dajil
Daju (Bird)
Dambu (Hill)
Dana
Dandaley
Dango
Dangsu
Daoa (Bird)
Darat (Hill)
Daratang
Darbot (Hill)
Daring (Hill)
Dibra
Dilsi
Dio
Doba (Bat)
Dobakhol (Cave)
Dobi Adengl(Bird)
Dofo (Bird)

Dokongshi (Bird)
Domba
Drong
Dukhumi
Fiira
Ga 'are
Gable
Gagra
Gandi
Ganneng
Gori (Horse)
Hadmai
Hagedok
Hamfang (Grass)
Hathiwara
Hawai
Jalwagra
Jambat
Jambe
Jamge
Jicham
Juri
Khasi (Hill)
Khayong
Kheban
Khobi
Khokhnal
Khonkhal
Khokshi Adubeck (Basket-muddy)
Khokshi Ashim (Basket brownish-maroon)
Khokshi Awe (Basket of the plains)
Khokshi Baloa (Wind)
Khokshi Boldak (Basket, Tree)
Khokshi Delma
Khokshi Gepok (Basket white)
Khokshi Gishim (Basket)
Khokshi Rongchi (Khokshi village)
Khokshi Thikhring (Tree)
Madari
Maji
Manda
Mandik
Mangshang
Mankhim
Micheng (Sour leaf)
Megonggiri (Hill)
Melgri (Hill)
Mijak (Cereal)
Mijolgiri (Hill)
Mikhu (Cereal)
Mikhun
Mongchongram (Hill)
Mongri (Hill)
Mri (Tribe)
Mrong
Nafak
Nengkugri (Hill)
Nengmenja
Nengua
Nengsot
Nokrek (Hill)
Nongbak Ading (Hillock)
Nongbak Chongkhala (River)
Nongbak Dosik (Parrot)
Nongbak Para (Tree)
Nongbak Rema (Cane)
Nongbak Rongma (River)
Nongbak Therimii (Tree)
Nongbak Thothmari (To cut tree to collect insense)
Nongbak Wari (Deep water)
Nongchram (Hillock)
Rema (Cane)
Rengcheng (Village)
Rengua
Richil

Rokhu
Rongbingri (Hill)
Rongbok (Rivulet)
Rongchal
Rongding (Hillock)
Rongjengsia
Rongkhuak
Rongma
Rongmadu
Rongra (Hill)
Rongrokgiri (Hill)
Ruram
Schamfal (Tree)
Shammeu
Skhow
Simsang (River)
Sinal
Songsak (Rivulet)
Songsugri (Hill)
Tera
Telsi
Thakhini
Thebonggiri (Hill)
Thigiti
Tima
Togol
Wasara (Bomboo)
Wasindal
Wathisa (Bamboo)
Wathsi (Bamboo)

MARAK

Adokgri (Hill)
Ajong (Insect)
Areng
Awe (Plains)
Banjol
Bolong
Bolwari Amak
Bolwari Dewajong
Chada
Chambugong
Chapra
Cheran
Chicham
Chigichak
Chinal (River)
Chiram
Chisik (River)
Chisim
Dadok
Dajil
Daju Doksi (Bird)
Daju Rongdu (River)
Damuk (Hill)
Dango
Dangsa
Daoa
Delshi
Deo
Dinajik
Dobokhol (Cave)
Dofo (Bird)
Dokgri (Hill)
Dotleng (Parrot)
Drong
Gara (Gpoup name)
Gabol (Hill)
Gagra
Ganching (Group name)
Gare
Hasakra
Jengcham
Jinot
Kagra
Kaji

Kama
Khubi
Koknal
Konkal
Maji
Mandik
Mangri (Hill)
Mangshan
Matchadu (Tiger)
Micheng (Sour leaf)
Mijengwata
Mrong Danil
Mrong Gishin
Nafak (Rivulet)
Nengsara (Hill)
Nengshang
Nengsot
Nokrek (Hill)
Pathang
Panthara
Pantho (Brinjal)
Piera
Raksham Domisal (Fowl)
Raksham Menkhothi
Raksham Rishing
Raksham Sithi
Rangsam Dosik (Bird)
Rangsham Gecchak
Rangsham Gippi
Rekhing (Women's loin cloth)
Richil
Rima (Cane)
Rongdi (River)
Rongma
Rongmodu
Rongra (Hill)
Ruram
Shimfang (Plant)
Shingthang
Thakkni
Thisam
Tibe Ashimgri (Hill)
Toju

MOIIN

Adokgiri (Hill)
Areng
Bangbonggiri (Hill)
Baringgiri (Hill)
Basugri (Hill)
Bol (Tree)
Cheran
Chiron
Chotolja
Dabot (Rivulet)
Dabri
Dajong
Darugiri (Hill)
Dogreng (Bird)
Dokongshi (Bird)
Eban
Gabel Bengi
Gabel Chigisil
Gabel Dabit
Gabel Tebil
Gabel Wacheksi
Gagra
Gandim
Golde
Jakgitchet
Jongshugiri (Hill)
Konchikhol (Cave)
Matchokgiri (Hill of deer)
Mrenda
Narengri Kitong (Hill)

Nongmilang
Nongsobal
Rema Gable (Cane-hill)
Richel
Rimsu
Rongdu (River)
Thiangiri (Hill)
Wadro (Bamboo)
Wathri (Bamboo)
Wathrigale (Bamboo)
Wari (Deep water)

GEOGRAPHICAL DISTRIBUTION OF GROUPS, CLANS, SUB-CLANS, ETC.

Generally speaking the different groups mentioned before have a particular area of their own where they usually live. There is no fixed place for the clans and sub-clans to live on geographical basis. As all the 3 clans with most of their sub-clans can be found in all the groups, it will be clear that no such geographical location is possible on clan basis.

HISTORY OF ORIGIN OF CLANS AND SUB-CLANS

It was extremely difficult to find out the history of origin of Garo clans and sub-clans. I had to rely fully on their story and myth. They told me different stories about such origin. Common among them was that the Brara and the Dogini the chief God and Goddess created the clans Shangma and Marak. Because, they said, there would be difficulty in giving marriage if all were members of the same clan. God created these two different clans only to get over this difficulty. According to this version necessity of clan-division came from the urge to avoid endogamy or incest marriage. Freud has clearly analysed this dread of incest among the aboriginals, in *Totem and Toboo.* From the census report it is found that the Momin clan was formed by separation from the Marak clan. This statement was corroborated by some villagers while others emphasised the existance of this clan from the very beginning. It is difficult to trace out the actual history of origin of clan formation of such a primitive people who have no records of their own, other than to depend on their own memory of what they heard from their forefathers. The possibility of distortion

of facts in such stories, coming down through generations to the present age, is very great. I have no doubt that such stories of the old, get new colouring and are greatly changed by the imagination of the story-teller. However, we are to depend on what we can get from the stories and other data.

CLAN CHARACTERISTICS

Exogamy is maintained among the members of the same clan and more strictly among the members of the same sub-clan, i. e. a Sangma cannot marry a Shangma nor a Marak may marry a Marak. Marriage usually takes place between a Shangma and a Marak, or a Shangma and a Momin or a Marak and a Momin. Any one violating this law is compelled to pay fine to the society and offer sacrifices to 'Marang' to expiate the sin committed by such violation. Corresponding English word for 'Marang' here is sin having a sense of taboo associated with it. Marriage between different groups is allowed without any restriction whatsoever. Only the Matchi group of people is looked down upon by other groups because the Matchi people eat snake and such other meat which other groups do not eat. But marriage between Matchi and other group is not prohibited.

Inspite of so many groups, clans, sub-clans and difficulty of communication from one place to another kinship is prominant and the Garos think themselves as one and are known by one name The Garo, as called by others and 'Hatchiks', i. e. hill-people, amongst themselves. In their social observances also, there is not much difference between the groups, clans or sub-clans. Rituals, names of deities myths etc. vary in details from village to village no matter whether they are of the same group or of the same clan. It appears that almost each village has its own contribution in these matters to add to the common basis. Some times these differences are very great and it becomes difficult to find out the link between them. Circumstances and situations appear to have had a great influence over these people. Some groups keep an effigy in memory of the dead, others do not. Some keep a bone of the dead for some time, while others do not keep it. There are people who do not observe any such formalities at all. During festivals they mix freely and no difference in behaviour is apparently noticeable.

TRADITION

Tradition runs that once they were independent. Garo kings (rajas) used to rule over them. The whole of the Garo land was ruled over by different rulers each having his own territory. Invasions from the neighbouring people were frequent and they had to fight battles with them. From stories and myths it is found that fight between the people of neighbouring villages under different *Nokmas* originated from a clash of one party usurping the right of shooting games within the jurisdiction of another or encroaching upon others land for cultivation or from quarrels picked up on other petty grounds, or kidnapping girls from neighbouring village, etc.

Nokmas used to lead the battle and they were obeyed by the villagers in every respect. Head hunting was in vogue among the Garos even as late as 50 or 60 years ago. It was ultimately brought under control by British domination over that part. Some of the very old people narrated to me their adventures and occasions when they secured the heads of their neighbours, with such a spirit, that it appeared to me as if they were living in that age over again. It was looked upon as a heroic deed. Greater the number of such trophy of enemy heads secured by a person better and more respected was his position in the society. Heroism was praised in the society and good marriage was the result of such heroism.

They used to live mainly in their own village area very rarely going out for some special reasons. Those defeated in a fight some times migrated to some other denser forest or to difficult places to protect themselves against the enemy.

Since the advent of the British rule in that part, the Garos gradually became docile and head-hunting had been completely discarded under threat of extreme punishment. Education and civilised manners are gradually finding inlet into their society by the help of the Christian missionaries. Closer contact with more civilised people of the neighbouring districts, with whom they have better communication now than before, are being established.

Christianity is gradually spreading. Some people are giving up their own religion and customs considering them to be primitive and out of date.

There is a tendency among some of the Garos to leave their old

village and settle in a new place. But most people want to live in their old dwelling places inspite of various difficulties. The main causes of migration are—

(1) Want of suitable hill for *jhum* cultivation. (i.e. shifting cultivation)
(2) Quarrel with villagers.
(3) Ambition for better prospect in life.
(4) Repeated damage of crops and home steads by wild animals such as, elephant, buffalo, etc.
(5) Epidemic, such as, cholera, pox, etc.
(6) Evil omen befalling on the particular village.
(7) Natural events such as landslip, etc.
(8) By marriage.
(9) Elopement.

DEDUCTION FROM MYTH

Garo myths do not enlighten us much in our effort to find out the origin of clan system. So far as I have been able to gather it appears that the Shangmas were more powerful and they defeated the Marak people on many occassions. They were better archers. Migration of people defeated in battle is very common in many myths. People are said to have also changed abode to get advantages of market places and cultivable lands, etc.

Asked as to the origin of the names of all these sub-clans I was told that the people who first made the *Khokshi*, (name of a Sub-clan) *i.e.* the basket for carrying fishes, were called *Khokshi*, those who first cooked the particular leaf of the *Micheng* plant were named *Micheng* (sub-clan) and so on. Parallel of such adoption of names could be found also in civilised societies, such as—Batliwala, Dudhwala, Jhunjunwala, Agarwla, Topdar, Talukdar etc., taking the names of their respective professions.

DEDUCTION FROM NAMES

Firstly let us consider the names of the different groups. Of the 18 groups named before, I mention below the origin of a few of the group names, according to the belief of the Garos.

1. Abeng —got its name from the name of a Garo chief named Abeng Noga Silmidokka.
2. Gara —from 'Garu' a Bengali word meaning a particular kind of water vessel.
3. Chisak —got their name from the name of the source of a stream of that name where the forefathers of this group settled.
4. Chibok —from the name of the hill 'Chibok' where their forefathers are believed to have settled.
5. Ruga —from the name of the hills called Ruga.
6. Hatchik—In general hatchik means hill. Here by this word hatchik they mean hill-people.
7. Atong —The story goes that an Abeng person enquired to another person about the name of his group. This man could not understand what the Abeng told him. So he questioned him by saying 'Atong ?' meaning 'What ?' The Abeng expression of 'what' is 'mai'. As the new-comer could not understand this interrogation, he took that word for the group name of those people. These people thence forth were called 'Atong.'

I have not been able to know the meaning and origin of other group names.

From what has been mentioned above it will be found that the groups took their names mainly from one of the following sources ;—

1. From the name of its chief.
2. From the name of some article, first used by that group of people.
3. From names of rivers, etc.
4. From names of hills, etc.
5. From some incidents.

Regarding the origin and meaning of their clan names viz., Shangma, Marak and Momin the Garos could not give me any information except telling a story about the *Shangmas*. The story goes that once a shikari (possibly a Marak) who was carrying his young son on his back, went out with his bow for hunting in the jungles. There he saw a hawk on the top of a tree. The shikari immediately took his bow and stopped to take aim at the bird. The boy from the back

exclaimed "Kha Shang'ma ?" which in Garo means nothing. From this exclamation he and his people were called Shangma. It is difficult to make out any thing from this piece-meal story. I may suggest that in Garo language 'shong' means village, ma or mai is the expressions of interrogation. From this point of view it may be concluded that the boy who was on the back of the shikari could not see anything ahead of him. When the shikari suddenly stopped at the sight of the bird on the tree top, the boy thinking that they had come to the village, exclaimed "Well—is it the village ?" But due to his wrong pronunciation the shikari could not understand what the boy actually wanted to say. In other societies as well it is not unusual to find such mispronounced words uttered by one, becoming his nick name.

We may also speculate if Marak came from Marakka which is the Garo name of the Barking deer.

Momin is the name of a new clan added to the former two clans Shangma and Marak at a later date. This name might have been taken from a particular section of the Mahamedans named *Momin*. But these are merely probable speculations. The Garos could not give me any positive information regarding these points.

If these speculations are of any value, the origin of the three clan names, we may say, came from, as have been mentioned, (1) Shangma—from an incident ; (2) Marak—from the name of an animal ; (3) Momin—borrowed from another society, as a result of cultural contact with the people of the neighbouring districts. It may be mentioned that besides the English names adopted by the Christian Garos many Bengali Hindu and Moslem names are now found among the Garos, such as,—Joynath, Durga, Salim, etc.

From the collection of names of the 275 sub-clans, I could gather the meaning of 110 names only. From these meanings it is found that the Garos took the names of their sub-clans from one of the following :—

1. The names of the hills ... Such as Nokrek, Khasi, Nenkra, etc.
2. ,, ,, ,, cave ... Dobokhol
3. ,, ,, ,, plants, grass, etc. ... e.g. Micheng, Hamfang, etc.
4. ,, ,, ,, Vegetable··· e.g. Pantho (Brinjal)
5. ,, ,, ,, some articles of use ... e.g. Khokshi, etc. (fish basket)
6. ,, ,, ,, birds ··· e.g. Dotleng, Dofo, etc.

7. The names of the river, etc. ·· e.g. Simsang, etc.
8. „ „ „ animals (rare) e.g. Matchadu
9. From the natural phenomenon e.g. Baloa (Storm), etc.
10. From some incident or action- e.g Nongback Thothmari, (To 'cut' out '*Dhup*', incense from the tree)

Other sources of naming might be found from the names of other sub-clans whose meanings I have not been able to collect yet.

Names taken from certain plants, hills and rivers are found to be more common.

The Garos say that people took their 'mahari' i.e. sub-clan names from the names of the prominent hills, rivers, etc. they had nearby or from plants they used for food or for other purposes. They admit, sometimes, that new names of sub-clans are being adoped even at the present time, though it is very rare now.

From the large number of sub-clans, it is evident that these sub-clans are growths of time. No one of them can mention even one fourth of the names of their sub-clans from his memory.

Freud in his masterly work *Totem and Taboo* says that "totemism is a necessary phase of human development through which every race has passed". If the characteristics of totemism are what he has written in that book, I must say there is faint trace of such totemism now found among the Garos. Most of their sub-clans derive names from hills, plants, caves, river, etc., whereas the other totemic clans derive names of their clan from animals mainly as are found in the tribes of Australia and other places. The Garos have neither that totemistic ambivalent feeling nor that taboo connected with the object from which they derived their names of a clan or sub-clan. They do not now either believe that they originated from certain plant, animal or hill, etc. They only say, "Well, this was from the beginning," or "this is from the old time".

This being the case, how then can we explain the formation of the Garo clan and sub-clan. We do not know if the Garos previously used to believe more in totemism or had any taboo in connection with the totem. It appears that the objects of interest or awe-inspiring happenings or some interesting incident of a particular psychological moment had impressed its stamp on some people who completely

indentified themselves with that object or incident by taking its name for their sub-clan.

In adopting a new name they had to give up their old sub-clan name. From the large number of maharis, mentioned before, and many more which possibly I could not collect, it may be inferred that the Garos have a tendency to change their old names in favour of a new one. But this does not happen under ordinary circumstances. They do not change the names of their sub-clans for a mere fun, nor I believe they do it for the sake of newness alone. This tendency of changing names, not of the clan as a whole, but of the individual is found amongst the Sanyasis. Persons severing the family relation or worldly bondage change their names when they accept 'Sanyas'. In this case also changing name stands as a symbol of a new identity and severing all old bonds of relationship, etc., though in fact thoughts of this renounced world live in the memory but suppressed.

There is still another side of this factor of changing names. When a child refuses to take the food prescribed for it, the mother always utters strange words of interest calling say one ball of rice as a crow's egg, another as heron's egg, still another as sandesh and so on. This works as a magic and the child now eats the food which he previously refused. Here also the child lost its interest in the rice and the mother roused its interest in the same food simply by changing the name of the object.

Some times people change their name to hide their indentity to avoid dangers of punisment or other difficulties.

Change of ones own religion by convertion with some objective gain in view, is another instance of such change of indentity of the individual.

There are other occassions of changing names such as during stage acting, etc., but they are not our subject for study for the present.

It has to b ascertained which of these factors caused the changing of sub-clan names in the case of the Garos. What is the unconscious motive which encouraged them to adopt new names in their case.

In most cases when people discard old name for a new one there is a memory of pain associated with the old name which one discards if the new name is not thrust upon them from outside. In my idea one of the following may be the cause of changing the sub-clan names in case of the Garos.

(1) Defeat in feud or in quarrels, etc.
(2) Social dishonour (a) By punishment, etc. due to violation of social laws.
(b) Expulsion from the village due to infectious diseases, etc.
(3) Fear of danger or of intrigues, etc.
(4) Economic pressure.
(5) Migration to a different place of a group of people from a village, under compulsion, for the advantage of cultivation, etc.
(6) To avoid infantile conflict with aggressive hostile father, particularly in relation to oedipus or the incest desires.

In all the 6 cases where active retaliation against the privileged section is possible, people do not change nameunless that is demanded to avoid risk.

But when revenge is not possible even if the pain is tormenting and unbearable, one has got to swallow the pain of aggression of the superior party, then only the question of (a) compromise (b) revolt or a symbolical renunciation comes in. Changing names of clans, etc., is an instance of renouncing old relationship in a way.

Under these circumstances, in a new environment, objects which aroused interest or impressed its stamp on the mind and inspired the sense of safety and protection, prompted the people to identify themselves with such objects. They took their sub-clan names from the names of such objects only to announce interest and association by identification with the new objects. This process also, successfully removed the painful memory connected with the old name.

Of course the selection of object in adopting names from, is conditioned by other factors, which is not the subject matter of this paper.

The unconscious motive in forming the different clans is to find out channels of fulfilling incest desire which has been rigorously suppressed in the Garo society by prohibiting marriage between members of the same clan and more strictly amongst members of the same sub-clan. It is to be mentioned again that the daughter lives in the same house with the parents, but the son goes out of the parents house to live in the *Nokpanthe*. Freud's statement "there are grounds for assuming that the totem prohibition are directed first of all against

the incestuous desire of the son" is fully justified in the case of the Garos.

The different sub-clans or mahari under the same clan are examples of so many unsuccessful attempts at gaining access over the incest barrier. Unsuccessful because in the Garo society marriage between sub-clans under the same clan is also prohibited. But occassionally such marriage takes place though both the parties are to pay fines.

A child in the oedipus situation compromises its feeling of hate against the hostile father, causing an ambivalent feeling towards him. But in the case of the Garos there is a complete identification with the object from which they assume their clan and sub-clan names. Hence the absence of emotional tone of the ambivalent feeling towards such object. There is a splitting up of this ambivalent feeling in the case of the Garos. Hate towards parents being satisfied by head-hunting from the neighbouring people, while the love-feeling towards parents helped the identification with the object from which they derived their clan names. The Garos mostly adopt their sub-clan names from hills, trees, etc., which again, from the interpretation of Garo dream, is found to be the father symbol. Female symbol such as Khokshi, etc. is also adopted as clan name.

So the formation of the Garo clans follow the same path as infantile attitude towards parents except the ambivalent feeling and that the object of identification is the symbol, the mechanism being similar to dream symbolism and wish-fulfilment. Symbolically however some clans assume the role of the active father such as 'Nokrek', 'Boldak' (hill), etc. and some clans play the role of the passive mother e.g. Khokshi, (fish basket), Dobokhol (cave), etc.

In the case of the Garos the unconscious wish that strives for fulfilment in forming new clans is to get over the incest barrier symbolically. Inspite of all the barriers, it is interesting to note how this incest desire has found a channel of wish-fulfilment in the Garo society in the custom of marrying the mother-in law after the death of the father-in-law. Also the brother's authority over the management of the sister's property and her household problems, particularly over her children, is a socialised form of the same unconscious incest desire. In the Garo society, for all practical purpose, the brother assumes the father's authority over the sister's children revealing the fulfilment of the repressed incest desire in a round about way.

ABSTRACTS

Dynamics in Accident-Prone Behaviour – L. L. LeShan (*Psychiatry*, Vol. 15, No. 1, 1952)

The author presents the results of his study of 54 accident-prone and 25 accident-free persons by means of the Washington Personal History which is a job application blank specially designed for use as a projective device. Of the accident prones, nine were in heavy industry, six truck drivers and thirty-nine automobile drivers. Of the accident-free persons, twenty-one were in industry and four truck drivers. The results reveal strikingly similar patterns among the accident prones. These are (1) superficial ties with other human beings, (ii) tension over their own health and the state of their bodies, (iii) an attempt at upward mobility (higher social status) which has either failed in the past or is presently being undertaken with little chance of success, (iv) hysteroid "blocking out" or distortion of stimuli, (v) aggression toward authority and (vi) poor and erratic planning for the future.

The results when examined at a deeper level, show two basic patterns for the self-destructive behaviour of the accident prone – very strong oral tendensies, particularly oral aggressive trends and very poor solution of the oedipus problem. There is marked hostility to authority figures and guilt over this hostility. The hostility to authority carries over to hostility to rules and regulations, including those of safety value. There is a tendency to get into situations of high accident potential. This patterning tends to result in the following behaviour patterns : (i) Impulsive, acting-rather-than-thinking persons with low frustration tolerance. (2) The accident prone has many acquaintances among the peer group who provide the narcissistic supplies, but there is no close personal ties with them. (3) Attempt to master and control a threatening environment tends to express itself as a struggle for upward mobility. It tends to fail because of an inability to sustain tension and to undergo careful training and self-discipline necessary for climbing the social ladder. (4) There is a strong tendency to interpret stimuli in a hysteroid fashion. The anxieties and guilt of these persons are so

strong that they cannot afford to perceive stimuli which would mobilize their aggressions. Their impulsivity and speed of reaction are so great that they perceive and act before their misconceptions are rectified. (5) There is an unusually high health rate accompanied by good deal of conscious preoccupation over the possibility of body damage. (6) There is an active drive for self-punishment to ease the pain of guilt feelings and the threatened annihilation by the super-ego. Accident temporarily satisfies the need for self-punishment as well as the dependent needs which cannot be usually satisfied. And because of bodily damage, he is now helpless and can accept authority.

Accident prones differ from masochists. The masochism starts with the sadistic fantasy and draws its energy from anal reserves, while the accident-prone behaviour starts with oral aggression which is distorted by severe oedipus stresses. There is an intermediate type which probably links the accident prone with the martyr, the ascetic and the tragedy prone. They are essentially anal-sadistically oriented, who have handled the sadism by turning it inward, and in general they conform to the masochists. When the defensive system is threatened, they retreat from all possibility of being active into dependency by means of an accident. They also place themselves to situations of high accident potential to demonstrate that punishment is not to be afraid of.

A. Datta

Hypnotherapy in the Treatment of Alcoholism—A. Paley (*Bulletin of the Menninger Clinic*, Vol. 16, No. 1, 1952)

The possibility of applying hypnosis in the treatment of alcoholic patients does not appear to be different from other forms of psychotherapy. The author starts with the hypothesis that in hypnotic treatment of such cases, there is an act of psychic surrender. This surrender phenomenon brings an approachable attitude of the patient from a hostile one. The author found marked change in the manners of patients treated individually. In one case definite improvement was noticed where the patient abstained from alcoholic leanings after hypnotic treatment. As regards group hypnotherapy the author suggests more improved methods of applications.

R. G. Chatterjee

BOOK REVIEWS

Air War and Emotional Stress—Irving L. Janis. (McGraw-Hill International Corporation, U. S. A. Pp. viii+280. Price—$ 5.00)

The volume is a consolidated report of the psychological effects of air war prepared under the sponsorship of the Rand Corporation. In Part I, the author has elaborately described the psychological effects of the Atom Bomb on the population of Nagasaki and Hiroshima. Through conversation with the survivors and observation of their behaviours he has drawn certain interesting conclusions, warning the readers at the same time however that they are based rather on a small amount of relevent data. The element of surprise, the absence of any warning probably augmented the emotional effects of Atom Bomb disasters. Acute fear lasting for various lengths of time was a dominant reaction among the survivors, though overt panic was rare. Sustained feelings of apprehensiveness accompanied by exaggerated efforts to ward off new exposures of danger were noted to be a frequent type of emotional disturbance. According to the material obtained psychoses, traumatic neuroses and other severe psychiatric disorders were rather a rare occurrence. The Atom Bombing had not much effect on the morale of the people living in and around the bombed cities. Psycho-somatic disorders increase after heavy air attacks. In Part II are described among other things the mechanisms of adjustment. Fatalistic emotional attitude, taboos, rituals, superstitions facilitate adjustment to the threat of danger. Part III suggests methods by which panics and disruptive behaviours can be avoided. In the chapter on Education for survival and through out the other chapters many practical and concrete suggestions have been made which may be usefully utilised if and when planning becomes necessary for civil defence. Of course they are not expected to eliminate all sources of subjective fear.

The book is written in a very easy, interesting and attractive style, which adds greatly to its value.

The materials presented are unique and the psychological analysis made reveals the author's insight and clarity of thought.

Not only the psychologists and psychiatrists belonging to the army but academic psychologists, psychiatrists and even layman would be benefitted by reading the book. The reviewer, however, hopes that there will not be any further opportunity of gathering psychological materials relating to Atom Bomb survivors.

S. C. Mitra

NEWS AND NOTES

The 18th International Psycho-analytical Congress will be held at Bedford College, London on July 26th to 30th, 1953.

The Congress fee is £4-4s-0d or U. S. $ 12.00.

The following is the provisional programme of the Congress :

Sunday	Registration for the Congress at Bedford College
26th July	Reception by the British Psycho-analytical Society
Monday	Opening Address
27th July	Scientific Session
Tuesday	Symposium on Schizophrenia
28th July	
Wednesday	Scientific Session
29th July	Congress Dinner
Thursday	Business Meeting
30th July	Recreational Meeting

SAMĪKṢĀ

JOURNAL OF
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PSYCHO-ANALYSIS AND CHILD PSYCHIATRY

EDWARD GLOVER

The relations of psycho-analysis to child psychiatry are about to enter into a new and interesting phase. Strictly speaking child psychiatry was itself a by-product of psycho-analysis. Up to the 1920's, there was no child psychiatry or, for the matter of that, no child psychology worthy of the name. Even under psycho-analytical auspices the development of these two branches of mental science was indirect. It was for the largest part the result of observations made during the psycho-analysis of adult psycho-neuroses and equivalent disorders; only a few direct analyses of child-neuroses were then available. In spite of this a satisfactory beginning was made with 'normal' child psychology. This took the form of a rough outline of 'stages' in the development of the libido and of object-relations, later of stages in the development of the ego. Correlations were then made between these normal stages and certain pathogenic states, between, for example, the hysterical manifestations of childhood and the infantile (phallic) genital phases of the libido. The pathogenic factors in child hysteria of excessive introjection and of identification with familial objects were also established; and the clinical relation between hysteria and faulty repression was confirmed.

From that time onward two clearly defined trends of psycho-analytical interest emerged. One of these, based on general psycho-analytic investigation of adults of all ages as well as on direct analysis of children from the age of $3\frac{1}{2}$ onwards, took the direction of theoretical reconstruction. Phases of mental development existing prior to the period when direct analysis of children is possible, i. e., up to the age of at least $2\frac{1}{2}$ years, were reconstructed with increasing freedom. This was the trend of 'normal infant psychology'. On the other hand the development of 'clinical child psychiatry', which had at first been unduly neglected, notably by child-analysts, began to receive a little more attention. In addition to sub-dividing the child-neuroses into hysterical and obsessional types, various inhibitions, exaggerations and perversions of motor, sensory, emotional and other functional

activities were described ; and the possibility of isolating child-psychoses, or at any rate pre-psychotic types of reaction in childhood, was more freely canvassed.

The progress of these two methods of approach, the analytic and the descriptive or 'clinical' has not however been equally rapid. Naturally analysts at first paid greater attention to the reconstruction of the normal mental development of children. And even yet the speculations of child-analysts, who usually suffer from the disadvantage of having neither medical nor psychiatric experience, are mainly in this direction. Perhaps because of this lack of experience and perspective, some recent hypotheses regarding early infantile stages of mental development have shewn a deplorable lack of disciplined thinking and have bordered on the pseudo-scientific if not the mystical. At the present time analysts are divided, in Britain at any rate, into two groups ; a larger group clinging, too rigidly perhaps, to the classical Freudian outline of child development, and a smaller, led by Melanie Klein, which postulates all sorts of psycho-biologically improbable views regarding elaborate mental organisations, phantasy content and economic 'positions' said to exist within a month or two of birth.

As however both Freudian and Kleinian views on the mental development of infants are based on hypothetical reconstructions, it is evident that as far as children under the age of $2\frac{1}{2}$ years are concerned, neither system can be directly verified by analytic procedures. To maintain some degree of scientific control over speculation we must therefore expand and apply corroborative tests as closely as possible. True there always have been certain considerations of psycho-biological probability which could have been applied to the more undisciplined formulations ; but in the last resort we must fall back on clinical observation regarding both the normal development and the disorders of childhood. It is a remarkable turn of the wheel. Psycho-analysis which made a rational child-psychiatry possible is in its turn dependent on child-psychiatry to establish the plausibility of its hypothetical reconstructions of early mental development.

But of course child-psychiatry must live up to its tardily recognised reponsibilities. In the first place all analytic reconstructions of infantile development must be checked by new techniques of observation. Our existing knowledge of phases of libido development

must be amplified by direct and prolonged study of the effect on ego-development of various psycho-biological stage of infancy, e. g. the development of new feeding habits, talking, walking or playing, together with the vicissitudes of object-relationships. Recently some tentative studies along these lines have been made by psycho-analytic observers, but these observations are still of too elementary a nature to act as a check on reconstructive work. Similarly, although more extensive clinical observations have been made regarding disorders of infantile function, these researches are still in their infancy.

In the second place psycho-analytic observers of the normal and disordered behaviour of infants must submit their observations to the most rigid statistical controls. The fact that psycho-analytic interpretation cannot be directly controlled does not justify the neglect of statistical control of observational data. And even in the case of the data of interpretation a great deal more could be done by statistical methods than is at present attempted. Psycho-analysis can no longer claim exemptions from scientific control.

But even if the most adequate control systems are applied, we must face the fact that as far as the earliest stages of mental development are concerned we depend ultimately on plausible reconstructions or working hypotheses. Under these circumstances there is only one satisfactory check available, namely, that the reconstructions or hypotheses should not do violence to these basic concepts of mental function which are subsumed in the master-concept of the mental apparatus. And our most satisfactory test must be that the stages outlined by hypothetical reconstruction should not conflict too violently with the state of mental development we find when at the age of $2\frac{1}{2}$ we are first able to examine children by direct analysis. Needless to add they should not contradict the clinical facts ; but, as I have suggested, we are as yet very far from having established the clinical facts.

In illustration of the method of checking such working hypotheses and reconstructions, I would refer to the 'nuclear theory' of ego-development which I have advanced during the past twenty years. Briefly this maintains that the early structure of the ego is multifocal, corresponding to the development of memory-traces of different component libidinal instincts and of their associated reactive instincts (aggression, etc). The relation between these various nuclei is

maintained by the development of object relations, which however vary according to the existing primacy of instinct. This theory is in fact congruous with and indeed an extension to structural psychology of the dynamic theory of component instincts. It affords a reasonable explanation of the phenomena of dissociation and depersonalisation and sheds some light on the structure of these fore-runners of the super-ego which we are able not only to observe in action from the time at which the various nuclei merge (from $2\frac{1}{2}$ onwards) but to uncover by direct analysis of small children of that age. In other words the reconstruction value of the theory is found later to be congruous with the clinical facts. [1]

THE MENTAL APPARATUS

With this preamble we may proceed to consider what I have described as Freud's 'master concept' of the *mental apparatus*. This he originally formulated as a codicil to his theory of dream formation [2] : and although many years later he gave a more elaborate outline of psychic structure, having particular reference to ego-differentiation, his originals concept of a mental apparatus still remains a master-concept. Although mainly dynamic it gives sufficient hint of structural beginnings to serve as an appropriate description of the state of organisation of the mind during the earliest months of life. It also provides a useful check on speculative reconstructions. Formulations that run counter to those basic concepts of mental function must be regarded with the greatest reserve. And the most elaborate descriptions of later stages of development, however much they may appear to be supported by direct analysis, must conform to the principles laid down in Freud's original description. Hence in considering the scope of child-psychiatry, both normal and abnormal, we can not do better than proceed from this simple outline.

The mental apparatus is conceived, after the pattern of the reflex arc, as a central psychic locality, institution or system (or, if temporal

1. Glover : "A Psycho-analytical Approach to the Classification of Mental Disorders," *J. Ment. Sci*, Oct. 1932 ; "The Concept of Dissociation" *Int , J. Psa.*, XXIV. pts 1—2, 1943 ; *Basic Mental Concepts.* Imago Publishing Co., London, 1947 ; *Psycho-analysis*, Staples Press, London, 1950.

2. Sigmund Freud : *The Interpretation of Dreams* (3rd Edit.), Allen and Unwin, London, 1951 ; *The Ego and the Id*, Hogarth Press, London. 1923 ; *New Introductory Lectures on Psycho-analysis*, Hogarth Press, London.

analogies are preferred, a recurring series of activities in time) the function of which is to deal with psychic stimulations. These latter are derived from instinctual energies which continually impinge on the central apparatus through its afferent systems and are discharged through its efferent systems. The functions of the central system are those of inhibition, distribution and discharge or, in more general terms, of psychic adaptation. Employing certain 'frontier' concepts, e.g., of instinct energy and of afferent and efferent systems, conceptual links can be established with somatic sources of energy and with the sensory and motor systems of the central nervous system. In accordance with descriptive needs, instinct can be regarded as a borderline concept bridging the gap between the somatic and psychic ; or, once more according to the needs of description, the mental apparatus can be conceived of as having sensory and motor ends, corresponding roughly though not exclusively with process of accumulation and discharge of energy.

During the infant's experience of instinct stimulation, records of which are laid down in the form of psychic memory-traces, the central system becomes organised and we can speak for the first time of the formation of *psychic structure*, a concept which later is capable of further elaboration in terms of ego-organisation (ego, ego-object and super-ego institutions). The processes of inhibition, control, distribution and discharge are regulated by certain unconscious *mechanisms*, which during the earliest unorganised phases represent different *movements* of libidinal and reactive energies, that is to say, are purely *dynamic*, e g. regression, reflexion, reversal and the primary phases of repression. As ego-object relations become clearer, some special mechanisms, e.g. introjection, later, identification and reaction formation, also affect the structure of the central apparatus, giving it a characteristic stamp which later is described as an ego or super-ego characteristic. Other mechanisms like projection and repression do not affect structure. Incidentally, projective characteristics are recognised not so much by study of the subject as by the observers' knowledge of the objects of the child's instruction.

In studying the normal aspects of primitive mental function, we must therefore recognise three groups of more or less permanent characteristics, i.e., instinctual or dynamic, structural and economic. Of these the easiest to observe are the structural characteristics, and

here we encounter for the first time the concept of character. In this particular respect the mental character of the child is a more or less permanent (structural) residium of instinctual experience having however an active controlling function which subserves the purposes of adaptation. This adaptation system has two facets, facing respectively *externally* and *internally*; in other words, adaptation to the instinctual stresses induced by environment (the object-world) and adaptation to stresses arising within the mental apparatus itself, i.e, of endopsychic origin.

The earliest mental organisation of the infant can therefore be surmised and described in terms of (a) its dominant instincts (libidinal, including self-preservative instincts and reactive instincts, the latter being flight and aggression), (b) its dominant mechanisms (regression, reflexion or reversal, projection and primitive forms of introjection and repression) and (c) primitive differentiations of its structure occurring in nuclear forms from which are derived later various ego, ego-object and super-ego institutions. *The personality of the infant, although most readily grasped in structural terms and in behaviouristic reaction, represents the total specific interplay of these three groups at any given stage of devolopment.* Variations in character are due to essential variations, permutations and combinations of these three groups of factors. Behaviour is actually only one of the measures of character and is mostly a discharge product.

As has been indicated the personality of the child must also, and always, be specified in terms of the *stage of development* reached. Although the various factors indicated give rise to characteristic responses and when influenced either by excessive stimulation or inadequate discharge (whether the cause lie in environmental or endopsychic circumstances) give rise to what is known as 'fixation'. Strictly speaking we can use the term 'fixed character reaction' only from puberty onwards to the period of senile regression. In childhood this is not possible since the child is in process of continuous development, and, as it were, passes through a number of lives in its early years. We may surmise that during the first $2\frac{1}{2}$ years the mental organisation (and therefore the character) changes radically with each stage in the unfolding and abandonment of instincts and in the development of ego from a unclear to an organised state. Strictly speaking these years should be set off in periods of three to six months studied separately.

It is at this point in the outlining of mental development that we can incorporate the classical findings of psycho-analysis regarding (a) stages in the development and interrelation of the various components of the libido and of the reactive instincts (b) stages in the organisation and differentiation of the ego, reflecting the influence of familial environment (experience of psychic relations with parents and siblings) and (c) stages in the developed inter-reaction of various mechanisms (specific variations and combinations at different periods, e g. the relation of increasing repression to introjection, projection and the later forms of identification and inhibition). *No clinical description or hypothetical reconstruction can be regarded as satisfactory which does not correlate these three groups of factors and at the same time indicate the average age period during which their interreaction is specific.*

CONSTITUTIONAL FACTORS

Before going further it is necessary to indicate clearly the conceptual relation of what is commonly called the 'constitutional factor' to the function of the mental apparatus. Although the fact is frequently overlooked, psycho-analysis attributes great importance to constitutional factors, not only in symptom-formation but in the normal development of the mind. At the same time it is obvious that we cannot be satisfied with the usual organic type-psychologies, which in fact short-circuit the mental apparatus and thereby eliminate the psychic variations. Here Freud's second attempt to schematise the psychic apparatus and relate it to ego psychology proves of inestimable value. Instead of using borderline or frontier concepts to signalise the relations of body to mind, he adopted the concept of the *Id*, through which constitutional factors may be said to operate. The *ego* being a modified cortex of the id, obtaining its reality focus through the system perceptual-consciousness (pcpt-cs), is thus influenced in all its aspects by consitutional factors.

Although they continue to operate throughout life, constitutional factors exert their maximum influence on psychic structure and function during the first 2½ years of life. This is borne out by the refractoriness to treatment of such symptom-formations and character abnormalities as have their fixation points within this early period. At later stages constitutional influences are refracted through the already organised apparatus. Hence the constitutional factors that are

of greatest significance to the child-psychiatrist are of an elemental nature. First comes *sensitiveness to stimulation* (and therefore to *frustration*) and *anxiety-readiness* (which later shews a tendency to develop into *guilt-readiness*). Both of these factors are closely related to a third, namely, *variations in the inheritance of instinctual disposition* and in the *distribution of component and reactive impulses.* These in turn are related to *variations in affective readiness*, in particular the threshold for painful and pleasurable experience. On these variations depends the existence of *traumatic character formations* (or in the case of disorders, *traumatic symptom-formations*).

As for the inheritance of memory-traces due to specific racial traumata, a postulate to which Freud held with considerable tenacity, no ruling can yet be given ; and in the meantime it seems desirable to subsume these uncertain elements under the more vague heading of constitutional factors. A like practice may be pursued in the case of variations in the mental tendency to give priority to certain mechanisms. *The largest part of early infant-psychology is concerned to trace in detail the influence of the constitutional factors specified above on the development of feeling, speech, thought and action from both endopsychic and environmental (object-relation) aspects.*

Summing up those concepts that are essential to clinical observation and understanding, we may start with three generalisations ; first, that study of character is the basis of clinical psychology ; second, that character is the specific mental organisation of any individual at any given stage of his existence ; and third, that stages of mental life are conveniently distinguished by the development, maturation and regression of the libido and its associated reactive instincts. The stages of childhood are characterised by the development towards maturity of a variety of component instincts exhibiting a sequence of 'primacies' during which one component takes precedence over all the others. The structural (ego) aspects of character reflect the degree of mastery of these various stages of excitation. Abnormalities of character represent fixations at or regression to earlier forms of function or to earlier systems of reaction to the objects that share in the control of the child's instincts. Apart from sensitiveness to frustration, anxiety-readiness and strength of the primary tendency to regression, the degree of *activity or passivity* of instincts is an important constitutional factor in character-formation. Estimations of

the balance of activity and passivity of instincts is consequently one of the most important diagnostic and prognostic factors in the psychological examination of children. Finally, the real test of any characterological system lies not so much in its clinical descriptive detail as in the degree to which it leads to accurate prognostication of conduct. A characterological system must explain and anticipate as well as describe. Description alone will not explain character : the data (end products) must be interpreted. We must for example be able to distinguish between excessive anxiety-readiness, the hysterical fears of middle childhood and the projective anxiety of infancy which at a later stage of life is responsible for paranoid formations.

Next to the understanding of these dynamic, structural and economic concepts, the most essential prerequisite of success in child-psychiatry is the ability to recognise and assess the child's *capacity for reality proving* at different stages of its development. This is essential to the estimation not only of functional disorders, neuroses and psychoses of childhood but enables us to assess the general progress of normal mental development, an assessment which in turn involves close understanding of the relation of the child's ego to its objects. *A normal reality sense depends in fact on the capacity to maintain affective psychic contact with the objects of the individual's instincts,* in the case of young children mainly familial objects. As will be seen later psychic contact with inanimate objects is also important but in the first instance this is a derivative of relations to animate (instinctual) objects. In short, study of child character in its various aspects, constitutional, instinctual, structural and economic, is the key to child psychiatry. Great clinical discrimination must however be exercised. *The reality sense of the child, like its character, changes from one stage of development to another.* Many normal trends of child behaviour are akin to the psychotic behaviour of adults, yet they are not true infantile psychoses. Also the degree of significance to be attached to variations in a standard reality sense depend to a large extent on the variations in the reactions of environment to the child's behaviour, e.g., the degree of parental acceptance of difficult behaviour. The abnormality of one child may thus be the normality of another. Hence the developmental factor is of supreme importance for all clinical assessments.

FUNCTIONAL DISORDERS

The progress of child psychiatry has been too long hampered by the clinical standards and clinical classifications of adult mental disorder. Freud's classical outline of the processes of psycho-neurotic symptom-formation was based mostly on the study of the neuroses of adult life ; and when in addition it came to be realised that there is 'no adult neurosis without an infantile neurosis', it was natural that early investigations of the mental disorders of childhood should take the form of seeking to establish the 'spread' of psycho-neuroses during that period. The discovery of hysterical phobias and of obsessional systems of a ritualistic type in childhood encouraged other observers to seek during the same period for psychotic manifestations comparable with those of the adolescent and adult psychoses. This move did not however meet with the same degree of success, and indeed led to many false conclusions regarding the disorders of childood. We are still too much influenced by clinical pre-conceptions derived from the study of the adult psychoses. These latter conditions are finished products and to a large extent localised and organised from adolescence onwards. No doubt the fact that they are associated with early infantile fixations gave rise to the mistaken view that the earliest disorders of childhood must have a psychotic form. And indeed the Klein group in Britain has been responsible for maintaining in the face of all psycho-biological probability that within the first few months of life there exist central 'positions' in mental development, e. g. the 'paranoid position', the 'depressive position', the stage of 'manic defence', etc, etc. But this is not only to misunderstand the dynamic functional nature of early mental activity but to neglect the obvious conclusions to be drawn from the basic concept of the mental apparatus. *In short the first step in establishing a sound child-psychiatry is to recognise 'functional disorders' of the mental apparatus and to correlate them with the normal processes of mental excitation and discharge.*

The term 'functional' is here used in a more fundamental sense than that usually accepted in psychological and organic medicine, where it is applied to clinical syndromes affecting bodily function which are not capable of classification either as psycho-neurotic symtoms or as true organic disorders. The adoption of the term 'psycho-somatic disorder' has not altogether eliminated these difficulties of classification. It seems clear that if we postulate a mental apparatus

whose function it is to control the processes of psychic excitation and discharge, and further, if we indicate certain dynamic, economic and structural consequences of these processes, we are entitled to describe certain inhibitions or exaggerations of these functions as *functional disorders of the mental apparatus*, not just 'somatic functional disorders.'[3]

It should be clear therefore that early functional disorders of the mental apparatus can affect any and every form of instinctual derivative, and are not merely to be looked for in the form of physical 'symptoms' and 'nervous' disturbances. *'Functional' disorders are essentially disorders of excitation and of discharge* and can be expressed through any of the 'end-results' of normal psychic activity—affective, behaviouristic (including the 'behaviour' of the bodily organs) and later ideational. The dynamic situation is one of over-charge of psychic excitation; the central apparatus being unable to secure adequate (adapted) discharge of dammed up excitation, must have recourse either to inhibition or to exaggeration of function. This is a view which is intuitively grasped by the simple-minded child-nurse. Sudden and excessive inertia or passivity or, on the other hand, screaming that exceeds the apparent psychic necessities of the situation, indicate to the understanding attendant that 'something is wrong' with the infant. In the same way what is called 'naughtiness' (early anti-social conduct) is frequently recognised as a sign of psychic disorder, a view which is slowly gaining currency in criminological circles. *In short the psychiatry of early infancy and childhood is even more concerned with abnormalities of character (disturbed behaviour patterns including the consequences both of inhibitions of development and of precocious development) than with what are commonly regarded as clinical symptoms.*

Even so it is by no means to be presumed that such 'clinical' symptoms as exist are to be rated at the same ætiological level as early psycho-neurotic manifestations. Granted that child neuroses are frequently built on a foundation of earlier psycho-somatic

3. For discussion of this position see Glover: *Psycho-Analysis*, 2nd Edition, Staples Press, London, 1949; also "Functional Aspects of the Mental Apparatus", *Int. J. Psa.*, XXX1, 1+2, 1950; "On the Desirability of Isolation a 'Functional' (Psycho-somatic) Group of Delinquent Disorders", *Brit. J. Delinq.*, I, 2, 1950.

disturbance and equally frequently accompanied by psycho-somatic symptoms, yet in only one group may we regard the psycho-somatic symptoms as having a level rating with the psycho-neuroses. As we shall see these organic-functional disorders of childhood are sometimes prodromata of more serious mental disorder, some times equivalents of serious mental disorder; and the differential diagnosis of later child disorders (inhibitions, perversions, psycho-neuroses and pre-psychotic conditions) often turns on the seriousness or scatter of functional disturbances.

CLASSIFICATION OF DISORDERS

We are now in a position to outline the main groups of mental disorder in childhood, to indicate the principles on which this classification is based and to consider the main problems of differential diagnosis.

Broadly speaking it is convenient to distinguish two main groups (1) *disturbances of function and development and* (2) *symptom-formations*[4] which in some respects resemble the psycho-pathological states observed in adults. Each of these groups can then be sub-divided. Disturbances of function are either in the nature of inhibitions or exaggerations (perversions); disturbances of development can be divided into regressions, fixations and precocious advances; symptom-formations can be classified as psycho-neurotic, pre-psychotic and psychotic respectively.

Clinically speaking symptom-formations are easier to classify and assess than disturbances of function. Indeed before it is possible to assess the latter group it is essential to keep in mind the following considerations: first, disturbances in function should be regarded from the point of view of excitation and discharge and second, manifestations of frustration and of damming up of excitation vary with the sources of instinct and the somatic channels of stimulation and discharge (organs and zones). From this point of view interferences with oral, gastric and intestinal function, which at first

4. To avoid confusion the term *symptom-formation* is used throughout to indicate those manifestations which represent compromises between the opposing elements in unconscious conflict and which dramatise in concealed form the identical content of the conflict. Where these conditions do not hold the term *symptom* is used.

carry the main load of libidinal excitation, and with motor activities, which discharge the reactive (aggressive) instincts, form the basis of clinical classifications. Difficulties in suckling, varying degrees of anorexia, diarrhœa or constipation, screaming, kicking or convulsive seizures are the most obvious indications of disorder. At the same time either inhibition or prolonged exercise of pleasure activities is significant.

This immediately raises the question of early signs of fixation and reminds us that too rapid regression and contrariwise, precocious abandonment of an early function in favour of a more advanced function are perhaps the most fundamental signs of mental disorder. This applies particularly to the disorders of sleep, e. g. too rapid falling asleep. prolonged or disturbed sleep or undue wakefulness. Inertia and hyperactivity are also significant and can be traced in various forms of retardation or early compulsive habit formation. It is also essential to follow the development of co-ordinated skills as regards both functional adaptation and early forms of play. At this point we are able to speak of *characteristic behaviour*, and to observe its social aspects very closely. This is essential to the assessment of positive and negative reactions to familial objects, a study which merges with the assessment of reactions to inanimate objects, toys, etc. Pronounced signs of aversion to objects may be regarded as pathognomonic of functional disorder.

To these detailed observations it is necessary to add some consideration of constitutional factors. Exaggeration of instinctual need, manifestations of greed and clinging, inhibitions of natural instinctual outlets, including the auto-erotic forms, and restriction or exaggeration of emotional expression, constitute reliable indications of disorder. At the same time the manifestations of primary anxiety as indicated by reactions to noise, to being left alone, or in the dark, and to strange objects (animate or inanimate) should be carefully observed.

Although the above list does not by any means exhaust the forms of functional disorder in infancy, it enables us to indicate the lines on which examination should proceed. It goes to suggest that the old-fashioned assessment of the baby's health was not far off the mark : viz. that if an infant sleeps peacefully, eats, digests and excretes without difficulty, sits up at the appointed time, is robustly destructive of small objects, is reasonably curious about animate objects and

combines friendly reactions to its mother with occasional explosions of rage against her, it is as well as can be expected.

Naturally the outline of functional disorder must be amplified and expanded with each stage of development, but in every case the aim of the examination is to assess the child's capacity to endure stress, to master anxiety, to make fresh adaptations to new and stressful situations, to establish new object relations and to maintain effective contact with these objects. All these observations enable us to estimate that most important of all mental capacities, *reality-proving*.

The developmental spread of functions gives rise however to a degree of specialisation or canalisation of disorders; specific clinical forms begin to emerge from the original composite picture. Aversion may take a distinctly negativistic form and be directed towards specific objects; aggression may become excessive, auto-erotic activities may become specialised and compulsive play activity may be inhibited in certain well-defined directions; tantrums may be followed by loss of contact with objects; speech and phantasy activity may be grossly retarded; anxiety reactions may become acute; over-sensitiveness may develop; difficulties over excretory function, bed-wetting, soiling, overcleanliness and a number of idiosyncracies of behaviour may appear; general inhibitions of thought and learning may become more specific; behaviour habits develop a distinct anti-social (familial) tendency. Needless to say each of these varieties of functional disorder is influenced by the expansion of ego-skills, sitting-up, crawilng, talking, walking, etc. Crawling is, as it were, the first step towards independence and later increases in locomotor freedom bring to a head the problem of 'separation anxiety'; hence by the time the child has reached the age of $2\frac{1}{2}$ to $3\frac{1}{2}$ the ground is prepared for the development of true symptom-formations as distinct from functional disorders. It is at this point, too, that we may begin to distinguish between *transient or sporadic functional disorders* and those more *canalised forms which constitute the core of true psycho-somatic disorder*, and bring about recognisable sequelae, either in later childhood or in adult life. In short the functional disorders of early childhood constitute a breeding ground from which may spring the psycho-somatoses, the psycho-neuroses, the psychoses, delinquent states and a great variety of characterological, psycho-sexual and reactive peculiarities.

Before proceeding to consider the true symptom-formations it is well to take stock of the psychiatric situation. In the first place although the outline sketched above suggests a psychological progress from a general state of functional disorder to more precise and localised symptom-formations, it should not be thought that after a certain age-period the functional type *gives place to* the symptom-formation type. Transient and scattered forms of functional disorder continue throughout life, and indeed up to a point may be regarded as almost normal. Hence it is essential to apply clinical standards of intensity and duration before applying the label 'psycho-pathological'. This capacity to distinguish between primary functional disturbances and true pathogenic states constitutes one of the hall-marks of psychiatric skill. It follows that accurate estimations of the seriousness of functional disorders is essential to the differential diagnosis and prognosis of later childhood disorders, particularly the child psychoses. Here standards of intensity may prove not altogether reliable ; a clinically 'slight' disorder may be of grave import while on the other hand apparently gross disturbances may have a favourable prognosis.

Accurate diagnosis depends also on a careful assessment not only of the total clinical picture but also of the degree of environmental stress to which the child is subjected. In this connection some of our existing clinical classifications are in need of revision. The significance of bed-wetting is perhaps the best example. There is a tendency particularly amongst psycho-analytical psychiatrists to regard bed-wetting either as a neurotic equivalent, or as a neurosis in itself or again as an isolated symptom of neurosis ; and to attribute it mainly to 'separation-anxiety'. This was never a satisfactory rating of a functional disorder which in chronic cases may merit the designation of a psycho-somatic state or which on the other hand, may be an early indication of a pre-psychotic disposition. In any case bed-wetting has a complex ætiology and the main causal factor must be isolated before any prognosis or classification is attempted. The fact recorded by Michaels [5] that chronic bed-wetting is

5. Michaels, J. J. : "The Incidence of Enuresis and Age of Cessation in 100 Delinquents and 100 Sibling controls," *Amer. J. Orthopsychiat.* 8, 460-5, 1938 ; "Psychobiologic Interpretation of Delinquency," *Amer. J. Orthopsychiat.* 10, 501-9, 1940 ; Michaels J. J. and Steinberg, A. : "Persistent Enuresis and Juvenile Delirquency," *Brit. J. Delinq*, III, 2, 1952.

characteristic of many types of delinquency is in itself sufficient to render an exclusively 'neurotic' rating of the habit more than dubious. In short it is essential to distinguish as early as possible between functional and psycho-neurotic disturbances, and to regard the former as having widely varying significance.

SYMPTOM FORMATIONS

Turning now to the *symptom-formations* occurring in childhood it should be observed that although these are more liable than the corresponding disorders of adult life it is just as important that they should be clearly differentiated. In general they are distinguished from functional disorders by the operation of well-defined characteristics, i.e, frustration, introversion, regression, reactivation of of earlier fixations, faulty repression, return of the repressed and compromise-formations. These stages are most clearly defined in the case of the *psycho-neuroses* but can be observed also in other conditions. Even in the early psycho-somatic states the more dynamic of these factors also operate. Hence it is frequently difficult to distinguish between a psycho-somatic state and a *conversion hysteria.* The operative distinction lies in the fact that whereas in the psycho-somatic state the damming up of instinctual excitations is decisive and although this damming up process can be reinforced by endopsychic conflict, *the symptoms themselves have no psychic content.* The psycho-neuroses on the other hand have occult meaning.

This distinction also applies to the differential diagnosis between primary phobiac reactions of early childhood and the true neurotic *phobia-formations* that begin to appear from about $3\frac{1}{2}$ years onward. The former are the result of traumatic states of tension ; the latter constitute attempts to resolve pathogenic conflict. It should be remembered however that during childhood there is a much closer connection between conversion and anxiety-states than appears to be the case with adults. Eating disturbances and intestinal upset may indicate the existence of deep primary anxieties or they may be somatic expressions of temporary frustration-anxiety. Neurotic digestive disturbances may appear as early as the third year and become organised by the fifth year. On the other hand conversion symptoms may disappear about the 4th year to give place to anxiety

phobias ; although during unusual states of stress the symptom picture may again alter, taking once more a somatic form. This alternation is sometimes observed in the 'mixed neuroses' of adults.

Between the phase of primary phobiac reaction and the development of true phobias, i.e., between 2 and 4 years of age, it is usually possible to detect an *obsessional phase,* which determines the quality of the regressions that give rise to more or less fixed obsessional symptoms during the later pre-pubertal period. The early obsessional phase is frequently expressed in forms that escape diagnostic attention because they are regarded too simply as 'behaviour' disorders. Ritualistic and compulsive behaviour becomes a marked feature ; bed-wetting, nail biting, stammering and other habits, transient spasms and tics, touching ceremonials and cleanliness compulsions are common. Difficulties in dressing and undressing, washing, going to the lavatory, eating at table, going for walks are most frequently obsessional in type, particularly when accompanied by shyness or aversion in familial contacts. No doubt some of these manifestations can be rated also as hysterical equivalents, but this is by no means a standard rating, although it is frequently so regarded by child-psychiatrists. In fact all symptoms during childhood which do not belong to the symptom-formation groups have a variable rating.

For this reason it is important to study with care some of the manifestations occurring in later childhood which in the symptomatic sense are not well-classified, e.g. inhibitions of the intellectual faculties, particularly of curiosity, also psycho-sexual inhibitions and perversions ; for although the child's sexuality is normally polymorphous, the mechanisms of perversion formation can operate at any time between three and five years of age. The nature of those perversions often gives a clue as to whether the underlying disposition of the child is hysterical, obsessional or psychotic in type. The social difficulties of childhood can also be divided into inhibitions and 'perversions.' They can exist from about two years of age onward but are not usually recognised until the fourth year when opportunities for social contact rapidly increase. As in the case of psycho-sexual disorders and behaviour habits these have to be rated at different levels. Anti-social behaviour can be remarked from the age of three, including destructive tantrums, calculated acts of violence and stealing within the family. They are frequently equivalents of psycho-somatic

disorder but like pseudologia phantastica can function also either as hysterical or as obsessional equivalents.

Without question the most difficult and responsible task with which the child-psychiatrist is confronted is the recognition of psychotic reactions in childhood: it is indeed the acid test of psychiatric competency. The diagnostic signs of an adult psychosis are of relatively little value in the diagnosis of what is sometimes called a *child psychosis* but might with more accuracy and elasticity be termed a *psychotic pre-disposition.* Although normal children have at all stages of development a reality sense which is perfectly adequate for the circumstances in which they find themselves, they take more frequent refuge in regressive behaviour than do adults. Quite gross interferences with reality sense may be masked; or on the other hand, even when manifest can often be disregarded as fluctuations in an otherwise normal adaptation to environment. Moreover it is at all times difficult to determine whether the abnormal reactions of children are due to disturbances of functional development, to psycho-neurotic mechanisms, to psychopathic reactions or to a psychotic disposition. Even the manifest exaggerations of infantile sexuality sometimes encountered in childhood are difficult to estimate in ætiological terms.

When approaching the problem of child psychoses two considerations must be borne constantly in mind. The first and more general of these has already been emphasised in this paper. It is that the early mental disorders of infancy are functional in type reflecting what might be called the *primary traumatic factor* in mental development. Fanning out, as it were, in different directions from this basic psycho-pathological layer, we can trace the psycho-somatic disorders, psycho-pathic reactions, sexual perversions and pre-psychotic reactions with at a somewhat later date psycho-neurotic types of mechanism of varying intensity. It follows therefore that diagnostic examination should not be limited to a search for reactions of a 'psychotic type' resembling the true psychotic symptoms of adult life but should follow from infancy onwards the total spread of mental disorder from early functional forms to later true symptom-formations.

The second consideration is more specific. Since the main criterion of all psychoses, whether of childhood or of adult life, lies in the degree of maldevelopment of or injury to the sense of reality-

proving, diagnosis of the psychotic child must involve not only a careful assessment of all disordered functions in so far as these may have affected the sense of reality-proving but a detailed and consequent scrutiny of the child's object relations from birth to the time of examination. For, as has been pointed out, the maintenance of these relations is the crucial test of reality-proving.

Following this line of approach it is evident that the history of the first eighteen months is all important from the point of view of psychotic pre-disposition. In particular signs of incapacity to endure stress and a rapid tendency to regression or inertia are significant, indicating as they do the existence of constitutional predisposition. Persistent disturbances of sleep, excessive anxiety reactions of a primary type, constant disturbances of body function, especially of oral and gastro-intestinal processes, marked skin sensitiveness[6], violent muscular crises of the tantrum type or persistent inertia are also significant. Violent concentrations of anxiety on familiar objects, and morbid inhibitions or outbursts of violence (screaming, kicking) following delay in gratification (delay in feeding or difficulties in swallowing), or rapid diminution of an existing capacity for emotional enjoyment are specially important and portend inadequacy in the development of object relations. Needless to add, the very greatest attention should be paid to the nature of the infant's emotional relations to parents and nurses. Incapacity for rapport or for transference (either to animate or inanimate objects) is pathognomonic.

Pursuing these general lines, attention should be paid to later inhibitions of motor function (talking, walking, play, etc). Excessive reactions of aversion from or aggression against familiar objects becomes increasingly significant. Contamination anxiety, food idiosyncracies, incontinence especially of faeces, anti-social behaviour and compulsive masturbation are also important. The last should however be carefully distinguished from normal masturbatory activity : nor incidentally should perverse formations be confused with normal polymorphous manifestations. Also at these later stages the importance of family relations becomes much more obvious. *In fact one of the best tests of psychotic reaction is the degree of regression in object*

6. Ida Macalpine (*Lancet*, I, 65, 1951 and I, 278, 1952) has drawn attention to the fact that later psychosomatic skin disorders can often be rated as psychotic equivalents, particularly of the depressive group.

relations following the infant's transition from one phase of instinctual primacy to another (oral to excretory, excretory to phallic genital). Adaptation during these crises is difficult and the character may develop an enduring pathological stamp. In particular pathogenic introjections and identifications may occur ; and when these affect both father and mother imagos simultaneously the possibility of a subsequent psychotic process is increased. It should be observed that no one of these manifestations is necessarily a psychotic indication. *When however a considerable number is present, we are entitled to diagnose a psychotic predisposition though not necessarily a child psychosis.* The diagnosis of psychosis calls for clear evidence of active and persistent regression on a broad basis. In practice it is desirable to distinguish the *psychotic predisposition* of the first infantile stage (up to $2\frac{1}{2}$ yrs.) from the later *pre-psychotic formations*, the forerunners of adult psychoses.

DIFFEENTIAL DIAGNOSIS

Finally, regarding *differential diagnosis* : as a rule infantile neuroses are not difficult to detect, but hysterical phobias must be distinguished on the one hand from primitive anxiety-readiness and on the other from pre psychotic projective fears of a paranoid type. Neurotic character formations, especially strong reaction formations, are also easy to detect, but the earlier stages of psychotic predisposition often complicate the picture. The hysterias and the child psychoses must also be distinguished from non-psychotic psychosomatic states (early exaggerated discharges of a functional nature). Some of the more acute psycho-somatic discharges are however in the nature of psychotic equivalents.[7] Gross exaggerations or retardation of early symbolic thinking are in favour of psychoses. By observing the predominant mechanisms we can surmise the nature of early disorder. The hierarchy of mechanisms from birth onwards is regression, projection, introjection, identification, reaction-formation, repression and sublimation. Predominance of the first three in pathogenic form suggests psychosis, of the last four neurosis. Final diagnosis should rest on the degree and spread of regression which will be signalised in the degree of unreadiness to form transferences.

7. See Macalpine. *loc. cit.*

In some instances, particularly where a degree of backwardness is present, differential diagnosis between psychotic and neurotic types is by no means easy. Nevertheless there are some forms of anxiety which, both quantitatively and qualitatively, suggest a psychotic reaction of a persecutory type. The same is true of the infant inertias which correspond to the depressive reactions of the adult. It is however difficult to distinguish depressive from schizoid reactions except where cyclothymic types of behaviour are present. The regressive characteristics of a child schizoid state are widespread ; in the depressive predisposition they are more localised, still more so in the paranoid predisposition. It is this point that the examination resembles most closely the investigation of an adult psychosis. To be sure one does not expect to find organised delusional systems but it is useful to observe the prevailing type of defensive mechanism ; e.g. whether regression is severe and widespread (schizoid type), whether projective mechanisms are overworked (paranoid type) or whether severe emotional inertia develops (depressive type). The *spread* of functional disturbance is also useful in distinguishing a psychotic predisposition, for although functional disturbances can give rise later to neurotic formations, they are not usually so extensive, acute or persistent as in pre-psychotic types. Finally in obscure and difficult cases, it is essential to study the nature of phantasy products. This can be done in three ways, by observing the range of imaginative play and talk, by noting the response to a standard set of stimulating ideas and by analysing such dream material as exists. It has been pointed out that gross exaggeration or retardation of symbolic thinking is in favour of psychosis, but in difficult cases the examination must also include an assessment of the capacity for reality thinking. It should be remembered however that the existence of primitive phantasy products is not in itself pathognomonic ; the content and bearing of the phantasies on object relations is the essential point to determine. Primitive phantasy is a normal accompaniment of child life ; hence the object of the examination should be to surmise the nature of potential transferences and to single out the mainly ambivalent transferences which may give rise to neurotic reactions from those persistent negative transferences that are the hall-mark of the psychoses.

Although it is impossible within the compass of a short paper to give anything approaching a complete account of clinical symptoms, or even the details of clinical classifications, it is possible to indicate some of the main principles that should govern psychiatric diagnosis. In the case of child psychiatry more than in adult psychiatry it is obvious that clinical diagnosis and prognosis depends in the first instance on knowledge of normal function and of the mechanisms and stages of development of the mental apparatus. It is also clear that diagnosis of the mental disorders of childhood is an exercise in the valuation and interpretation of the total function of the child's personality, including his somatic-functional characteristics. This includes not only the current total function but the *function in depth*, in other words, the total function at different stages from immediate post-natal life down to the time of examination.

This second consideration applies with equal force to the examination of adult cases. The belief is still too prevalent in psychiatric circles that the anamnesis of a patient is effected in order to establish the existence or otherwise of earlier predisposing tendencies, traumatic factors, precipitating causes and the like. This assessment overlooks the important consideration that earlier modes of reaction, however much they may be screened by later and more complicated patterns, still play a part in the current function of the mind, a conclusion which in any case might have been arrived at from the study of dream activities. In this sense understanding of child psychiatry is seen to be a prerequisite of success in adult psychiatric practice.

SOME FACTS OF PSYCHOANALYTIC INTEREST OF GANDHIJI'S LIFE*

NIRMAL KUMAR BOSE**

One can perhaps make the best attempt to understand Gandhiji's attitude towards womankind by a consideration of his relation with his own mother. It is well known what a deep influence this devoutly-religious woman exercised over her son in his boyhood days. The love for saintliness, for hard vows and an unflinching adherence to them even in the midst of severe trials, in other words, a heroic devotion to high ideals, were all apparently imbibed by Gandhiji from the example of his mother's life. For these very traits in this mother's character had evoked the deepest admiration within his soul while he was very young. [1]

It is also well known that before he started on a voyage for studies in England, it was at the instance of his mother that Gandhiji took a solemn vow before a Jain monk saying that he would never touch "wine, women and meat". It was only then that he could secure the blessings of his mother in undertaking a journey which was still considered taboo to members of his caste. [2]

Besides this, Gandhiji's relations with his wife whom he had married even at the age of thirteen, also exercised a profound influence upon his life and opinions on the question of sex. An event of very great significance had taken place during the illness of his father, when he was sixteen years of age. A little while before his father breathed his last, Gandhiji had retired to his own room where his wife lay asleep. He woke her up, and within a few minutes,

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* The present study forms a chapter of the author's unpublished book *My days with Gandhi*. The quotations from the *Harijan* are through the courtesy of the Navajivan Trust, Ahmedabad.

** The author is a Lecturer, Calcutta University. He was for some time a private Secretary to Mahatma Gandhi and came into intimate contact with him. The facts recorded here would afford valuable material for psychoanalytical interpretation of a complex and interesting personality and also throw light on certain social problems.—Ed.

1. *Autobiography*-2nd edition 1940, pp. 12-13
2. *Ibid.* p.56

a servant knocked at the door to announce that his father was no more. In profound sorrow he wrote later on how deeply ashamed and miserable he felt. He ran to his father's room. He saw that if "animal passion had not blinded him, he should have been spared the torture of separation from the father during his last moments." Commenting on the event, he wrote again :

"This shame of carnal desire even at the critical hour of my father's death...is a blot I have never been able to efface or forget, and I have always thought that, although my devotion to my parents knew no bounds and I would have given up anything for it, yet it was weighed and found unpardonably wanting because my mind was at the same moment in the grip of lust. I have therefore always regarded myself as a lustful, though a faithful husband. It took me long to get free from the shackles of lust, and I had to pass through many ordeals before I could overcome it".[3]

It was in the year 1906, when he was 37 years of age, that he took the vow of continence or *brahmacharya*. Ever since that date, his relation with members of the other sex has been more and more 'purified' and he felt that he was becoming a fitter instrument for the practice of the highest virtues of non-violence. We may be permitted to assume that the repression of the sexual instinct was not only a means to lofty end, but it was also the penance Gandhiji had voluntarily imposed upon himself for having proved untrue to his father during the last moments of the latter's life.

Long afterwards, the question of Gandhiji's relationship with the other sex came up for some amount of hostile criticism ; and, in order to explain his stand, he wrote several articles and also made some public statements, a few of which bear reproduction and analysis. In the *Harijan* of September 21, 1935, there was an article entitled "A Renunciation", which is reproduced below in full.

"In 1891 after my return from England I virtually took charge of the children of the family and introduced the habit of walking with them—boys and girls—putting my hands on their shoulders. There were my brothers' children. The practice continued even after they grew old. With the extension of the family, it gradually grew to proportions sufficient to attract attention.

3. *Ibid.* pp. 45—46

I was unconscious of doing any wrong, so far as I can recollect, till some years ago at Sabarmati an inmate of the Ashram told me that my practice, when extended to grown-up girls and women, offended the accepted notions of decency. But after discussion with the inmates it was continued. Recently two co-workers who came to Wardha suggested that the practice was likely to set a bad example to others and that I should discontinue it on that account. Their argument did not appeal to me. Nevertheless I did not want to ignore the friends' warning. I, therefore, referred it for examination and advice to five inmates of the Ashram. Whilst it was taking shape a decisive event took place. It was brought to my notice that a bright university-student was taking all sorts of liberties in private with a girl who was under his influence, on the plea that he loved her like his own sister and could not restrain himself from some physical demonstration of it. He resented the slightest suggestion of impurity. Could I mention what the youth had been doing the reader would unhesitatingly pronounce the liberties taken by him as impure. When I read the correspondence I and those who saw it came to the conclusion that either the young man was a consummate hypocrite or was self-deluded.

Anyway the discovery set me athinking. I recalled the warning of the two co-workers and asked myself how I would feel if I found the young man was using my practice in his defence. I may mention that the girl who is the victim of the youth's attention, although she regards him as absolutely pure and brotherly, does not like them, even protest against them, but is too weak to resist his action. The self-introspection induced by the event resulted within two or three days of the reading of the correspondence in the renunciation of the practice, and I announced it to the inmates of the Wardha Ashram on the 12th instant. It was not without a pang that I came to the decision. Never has an impure thought entered my being during or owing to the practice. My act has always been open. *I believe that my act was that of a parent and had enabled the numerous girls under my guidance and wardship to give their confidences which perhaps no one else enjoyed in the same measure.*[4] Whilst I do not believe in a brahmacharya which ever requires a wall of protection

4. All italics are author's unless otherwise indicated,

against the touch of the opposite sex and will fail if exposed to the least temptation, I am not unaware of the dangers attendant upon the freedom I have taken.

The discovery quoted by me has, therefore, prompted me to renounce the practice, however pure it may have been in itself. Every act of mine is scrutinised by thousands of men and women, as I am conducting an experiment requiring ceaeless vigilance, I must avoid doing things which may require a reasoned defence. My example was never meant to be followed by all and sundry. The young man's case has come upon me as a warning. I have taken it in the hope that my renunciation will set right those who may have erred whether under the influence of my example or without it. Innocent youth is a priceless possession not to be squandered away for the sake of a momentary excitement, miscalled pleasure. And let the weak girls like the one in this picture be strong enough to resist the approaches, though they may be declared to be innocent, of young men who are either knaves or who do not know what they are doing."

If anybody questioned Gandhiji's purity in respect of sex, he could fly into an anger ; and an article within almost in an angry mood appeared in the *Harijan* of November 19, 1939. It was entitled "My Life" and is reproduced below.

The following from its Allahabad correspondent appears in *The Bombay Chronicle.*

"Startling revelations have come to light ragarding what has been going round the House of Commons about Gandhiji. It is reported that Mr. Edward Thomson, the British historian who visited Allahabad recently, threw some light on the curious mentality prevailing in England. Mr. Thomson, who met some political leaders here, is repoted to have told them three things going round the House of Commons regarding Gandhiji.

1. Gandhiji was for unconditional co-operation with the British Government.
2. Gandhiji could still influence the Congress.
3. There were various stories about Gandhiji's sensual life, it being the impression that Gandhiji had ceased to be a saint.

Impressions about Gandhiji's 'sensual life', it appeared to Mr. Thomson were based on some Marathi papers. He spoke about them, I understand, to Sir Tej Bahadur Sapru who repudiated them.

He spoke about them to Pandit Jawaharlal Nehru and Mr. P. N. Sapru also, who strongly repudiated them.

It appears Mr. Thomson, before leaving England, had seen several members of the House of Commons. Mr. Thomson, before leaving Allahabad, sent a letter to Mr. Greenwood, M. P. on the suggestion of Pandit Nehru pointing out that the stories regarding Gandhiji were absolutely baseless."

Mr. Thomson was good enough to visit Segaon. He confirmed the report as substantially correct.

The 'Unconditional Co-operation' is dealt with in another note.

The country will presently know the influence I have over the Congress.

The third charge needs clearing. Two days ago I received a letter signed by four or five Gujaratis sending me a newspaper whose one mission seems to be to paint me as black as it is possible for any person to be painted. According to its headline it is a paper devoted to 'the organisation of Hindus'. The charges against me are mostly taken from my confessions and distorted from their setting. Among many other charges, the charge of sensuality is most marked. My brahmacharya is said to be a cloak to hide my sensuality. Poor Dr. Sushila Nayyar has been dragged before the public gaze for the crime of giving me massage and medicated baths, the two things for which she is the best qualified among those who surround me. The curious may be informed that there is no privacy about these operations which take over 1½ hours and during which I often go off to sleep but during which I also transact business with Mahadev, Pyarelal or other co-workers.

The charges to my knowledge began with my active campaign against Untouchability. This was when it was included in the Congress programme and I began to address crowds on the subject and insisted on having Harijan at meetings and in the Ashram. It was then that some Sanatanists, who used to help me and befriend me, broke with me and began a campaign of vilification. Later, a very high-placed Englishman joined the chorus. He picked out my freedom with women and showed up my 'saintliness' as sinfulness. In this chorus there were also one or two wall-known Indians. During the Round Table Conference, American journals indulged in cruel caricatures of me. Mira Bai who used to look after me was the target

of their attack. As far as I could understand Mr. Thomson, who knows the gentlemen who have been behind these charges, my letters to Premaben Kantak, who is a member of the Sabarmati Ashram, have also been used to prove my depravity. She is a graduate and worker of proved merit. She used to ask questions relating to brahmacharya and other topics. I sent her full replies. She thought they might be of general use and she published them with my permission. I hold them to be absolutely innocent and pure.

Hitherto I have ignored these charges. But Mr. Thomson's talks about them and the importunity of the Gujarati correspondents who say the indictment sent by them is but a sample of what is being said about me, impel me to repudiate them. I have no secrets of my own in this life. I have owned my weaknesses. If I were sensually inclined, I would have the courage to make the confession. It was when I developed detestation of sensual connection even with my own wife and had sufficiently tested myself that I took the vow of brahmacharya in 1906, and that for the sake of better dedication to the service of the country. From that day began my open life. I do not remember having ever slept or remained with my own wife or other women with closed doors except for the occasions referred to in my writings in *Young India* and *Navajivan*. Those were black nights with me. But as I have said repeatedly God has saved me in spite of myself. I claim no credit of any virtue that I may possess. He is for me the Giver of all good and has saved me for His service.

From that day when I began brahmacharya, our freedom began ; My wife became a free woman, free from my authority as her lord and master, and I became free from my slavery to my own appetite which she had to satisfy. No other woman had any attraction for me in the same sense that my wife had. I was too loyal to her as husband and too loyal to the vow I had taken before my mother to be slave to any other woman. *But the manner in which my brahmacharya came to me irresistibly drew me to woman as the mother of man. She became too sacred for sexual love. And so every woman at once became sister or daughter to me.* I had enough woman about me at Phoenix. Several of them were my own relations whom I had enticed to South Africa. Others were co-workers' wives or relatives. Among these were the Wests and other Englishmen. The Wests

included West, his sister, his wife and his mother-in-law who had become the granny of the little settlement.

As has been my wont, I could not keep the new good thing to myself. So I presented brahmacharya for the acceptance of all the settlers. All approved of it. And some took it up and remained true to the ideal. My brahmacharya knew nothing of the orthodox laws governing its observance. I framed my own rules as occasion necessitated. But I have never believed that all contact with woman was to be shunned for the due observance of brahmacharya. That restraint which demands abstention from all contact, no matter how innocent, with the opposite sex is a forced growth, having little or no vital value. Therefore natural contacts for service were never restrained. *And I found myself enjoying the confidences of many sisters, European and Indian, in South Africa and when I invited the Indian sisters in South Africa to join the civil resistance movement I found myself one of them. I discovered that I was specially fitted to serve womankind.* To cut the (for me enthralling) story short, my return to India found me in no time one with India's woman. The easy access I had to their hearts was an aggeeable revelation to me. Muslim sisters never kept purdah before me even as they did not in South Africa, I sleep in the Ashram surrounded by woman for they feel safe with me in every respect. It should be remembered that there is no privacy in the Segaon Ashram.

If I were sexually attracted towards woman, I have courage enough, even at this time of life, to become a polygamist. I do not believe in free love—secret or open. Free open love I have looked upon as dog's love. Secret love is besides cowardly.

Sanatanist Hindus may abhor my non violence. I know many of them think that Hindus will become cowards if remain under my influence. I know of no man having become coward under my influence. They may decry my non-violence as much as they like. But they ill serve themselves or Hinduism by indulgence in palpable lies.

It is also interesting to observe in this connection how Gandhiji regarded the slightest trace of sexual excitement on his own part as a fall from the vow of *brahmacharya**, and how he considered public

* The reader may perhaps remember how Gandhiji on one occasion referred to the fact that his aspiration was to become a eunuch not through operation but to be made such through prayer to God. (Prayer meeting 1-2-1947)

confession as the proper means of punishing himself for the act and also for relieving him of the burden of a feeling of sin which oppressed him. During a convalescence in 1936, there was an occasion when while asleep, he had felt momentarily excited. This forthwith led to a confession entitled "Nothing without Grace" in the *Harijan* of February 29, 1936, a part of which is being quoted below.

He wrote :

> "I have been trying to follow *Brahmacharya* consciously and deliberately since 1899. My definition of it is purity not merely of body but of both speech and thought also. With the exception of what must be regarded as one lapse, I can recall no instance during more that thirty-six years' constant and conscious effort, of mental disturbance such as I experienced during this filness. I was disgusted with myself. The moment the feeling came I acquainted my attendants and the medical friends with my conditions. They could give me no help. I expected none. I broke loose after the experience from the rigid rest that was imposed upon me. The confession of the wretched experience brought much relief to me. I felt as if a great load had been raised from over me. It enabled me to pull myself together before any harm could be done. But what of the Gita ? Its teaching is clear and precise, A mind that is once hooked to the Star of stars becomes incorruptible. How far I must be from Him. He alone knows. Thank God my much vaunted Mahatmaship has never fooled me. But this enforced rest has humbled me as never before. It has brought to the surface my limitations and imperfections. But I am not so much ashamed of them ; as I should be of hiding them from the public. My faith in the message of the Gita is as bright as ever. Unwearied ceaseless effort is the price that must be paid for turning that faith into rich infallible experience. But the same Gita says without any equivocation that the experience is not to be had without divine grace. We should develop swelled heads if Divinity had not made that ample reservation."

This violent reaction against any physical expression of sex and his psychological effort to become as pure as his mother, led Gandhiji into a profoundly significant attitude in public life.

He was the fashioner of the instrument of non-violence in public life. All social evils need remedies ; and the remedy can be either violent or non violent. The essence of violence consists in inflicting suffering upon the wrong-doer, which may eventually lead to his destruction if he does not correct himself. The essence of non-violence, on the other hand, consists in resisting the evil of the wrong-doer as that he is forced to shower punishment upon the non-violent man for his resistance or non-co-operation with evil. If the latter does not bend, then his heroic suffering in a just cause evokes respect for him in the heart of the wrong-doer and the process of conversion begins. If it fails, the non-violent man takes more drastic steps, intensifies his non co-operation, invites more suffering ; and eventually this may lead to his own destruction in contrast to the destruction of the evil-doer under violence. The way of non-violence thus becomes the way of heroic self-suffering in which he never surrenders his respect for the personality of his opponent and aims at his conversion rather than destruction. He tries to bring about a cessation of evil even with the co-operation of the erstwhile evil doer.

This deep respect for human individuality, coupled with infinite capacity for self-suffering was regarded by Gandhiji as a characteristic specifically associated with the nature of woman.

In 1940, he wrote :

> "My contribution to the great problem lies in my presenting for acceptance truth and ahimsa in every walk of life, whether for individuals or nations. I have hugged the hope that in this woman will be the unquestioned leader, and, having thus found her place in human evolution, will shed her inferiority complex.
>
> I have suggested that woman is the incarnation of ahimsa. Ahimsa means infinite love, which again means infinite capacity for suffering. Who but woman, the *mother of man,* shows this capacity in the largest measure ? She shows it as she carries the infant and feeds it during nine months and derives joy in the suffering involved. What can beat the suffering caused by the pangs of labour ? But she forgets them in the joy of creation. Who, again, suffers daily so that her babe may wax from day to day ? Let them transfer that love to the whole of humanity, *let her forget she ever was or can be the object of man's*

lust. And she will occupy her proud position by the side of man as his mother, maker and silent leader. It is given to her to teach the art of peace to the warring world thirsting for that nectar. She can become the leader in satyagraha which does not require the learning that books give but does require a stout heart that comes from suffering and faith."—*Harijan*, 24-2-1940

"Woman is more fitted than man to make explorations and take action in ahimsa. For the courage of self-sacrifice woman is any day superior to man, as I believe man is to woman for the courage of the brute."—*Harijan*, 5-11-1938.

It follows from all this that, according to Gandhiji, progress in civilization consisted in the introduction into human life and social institutions of a larger measure of the law of love or self-suffering which woman represented best in her own person. This was a profoundly transformed projection on the broad canvas of social life of an attitude which had come into being in the privacy of his personal life.

In private life too, Gandhiji's relation to individuals was deepened and modified in the same direction in which it moved in public. Thus we read in Manu Gandhi's *Bapu—My Mother*, how he said to her :

"Have I not become your mother ? I have been a father to many but only to you I am a mother. A father does pay attention to the bringing up of his children but the real education of girl comes from mother." (p. 3).

"Ever since then," writes Manu Gandhi, "Bapu began to bring me up just as a mother would bring up her own daughter of 14 or 15. A girl of that age is generally near her mother and her development requires the company of her mother. Bapu also began taking interest in the minutest details of my life, such as my food, attire, my sickness, my visits and companions, my studies, night down to whether I thoroughly washed my hair every week and he continued to do so till his last moment." (p. 8)

We may also recall for a moment the letter written by me on 3-1-1947 to Gandhiji. In that letter there is a report from Dr. Sushila Nayyar that she had never experienced any feeling for Gandhiji except what she felt for her mother.

Gandhiji used to sleep under the open sky or in an open room if the weather happened to be cold. There was no privacy about him because other men and women also slept near him and some even on the same bed. At an age bordering on eighty, his circulation became poor, his feet had to be massaged every day with clarified butter, otherwise it tended to crack. On cold nights, he had occasional tremors which were difficult to control. These fits might continue for several minutes, and then it was the practice of his attendants to hold him tightly clasped to their bodies so as to restore the warmth of his shivering frame.

On other occasions too, Gandhiji's body might have come in contact with other persons ; and it is curious that he tried to ascertain from them if any impure feeling had, even momentarily, assailed their minds. It was his belief that if he was not wholly free from sensation, it would not fail to evoke a kindred feeling in those who attended him. He held firmly that if his mind was completely free from sensualism, such an experience would spiritually prove elevating to both parties. He made a referenc to this in his letter to me dated the 17th of March, 1947.

Personally, I have had the *feeling* that the question which he asked was whether the persons did not feel the same about him as they did in respect of their mother. In such experiments, sex, which had so long acted as a barrier to that complete identification which exists between a mother and child, was laid low and the experimenter became free to enter into a new plane of relationship with men and women which was completely 'pure', and therefore spiritually elevating.

Gandhiji's concern about the private, personal life of individuals whether men or women, sprang from the same attitude of mind. This had repelled me originally and made me leave him for the time being ; but it was a deep, spiritual attitude on his part which was the bye-product of his attempt to conquer sex by becoming a woman.

The intense concern which Gandhiji evinced in the lives of men and women, and his ceaseless efforts of manipulating them whether in the case of individuals or of communities is therefore comparable to the manipulative technique exercised by Leonardo da Vinci after the sublimation of his sexual impulse. Only, in the case of Leonardo da Vinci, it was exercised in respect of physical material, while in the

case of Gandhi, it was in respect of human lives whether in the private or the public spheres.

Saints have lived in India who also tried to conquer the impulse of sex by identifying themselves with those belonging to the opposite sex. In the case of mystic Sree Ramakrishna, it is said that this psychological identification reached such a high pitch that physiological changes followed, and discharges of blood through the pores of the shin appeared periodically during one phase of his life, as in the case of women.*

But Gandhiji, even within the secret recesses of his heart, never gave himself up to such an absolute abandon to an intensity of feeling. He was less of an introvert, more closely bound to the world of sense-experience to have developed such total exclusiveness of certain experiences as we observe in the case of Sree Ramakrishna. The bridge which held him on to the world of common men remained unbroken till the end of his days. If he had given way to an abandon as in the case of Sree Ramakrishna, we would have lost a leader of men, and the world would probably have been poorer thereby.

In spite of that, this mother-cult of Gandhiji's boyhood days remained throughout his life a very strong element in his character, and he tried to enlist men and women in private as well as in public life to this cult of purity, love and self-suffering. The mission of civilization, which was Gandhiji's greatest contribution to modern life was thus, in the last analysis, an external projection on the larger canvas of the world's life of the saintliness which was embodied in that noble woman who shone like a pole star over her son's great life.

This projection again had become possible only because the son was a genius of action and organization, and retained to the end of his days the deep influences he had imbibed from the West during the formative period of his life. A typical Indian, without Gandhiji s history of western contact, would have given way to individual exclusiveness. He would undoubtedly have risen higher in the spiritual plane than Gandhiji, but would have done so by the sacrifice of his beneficial influence upon the lowlier lives of mankind near by.

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* *Sree Sree Ramakrishna Leelaprasanga, Sadhak Bhava*, pp. 216, 250, 259, 261, 266, 352.

The above analysis does now however mean in any way that Gandhiji's cult of non-violence can be dismissed as the idle fancy of a private individual. The world has profited immensely by the physical investigations of Leonardo da Vinci even though they sprang from the humble depths of his personal history. In a similar manner, even though the origin of Gandhiji's desire to purify and civilize mankind lay within the depths of his personal relation to his mother, or to certain events of his boyhood days, yet the objective results do not lose any value thereby. His gift to mankind in the shape of a civilized form of warfare in Satyagraha to replace the brutal form of warfare which is helplessly looked upon as the last resort for the resolution of conflicts of interest between men, will have to be experimented upor and judged on its own merits and not dismissed on account of its humble, personal origin.

INCOGNITO EXHIBITIONISM

EDMUND BERGLER, M. D.

As a term, 'incognito exhibitionism' seems contradictory at first glance : personal display is automatically included in exhibitionism. How, then, can self-display be executed in absentia ? It can be, and it is ; the popular characterization, "he hides behind his work," corresponds to a specific type of 'shy' individual, who uses his work—artistic, scientific, architectonic or technical—as a screen for his own personality.

In such cases, one simply says that the exhibitionism is shifted from the person to the product—a very sympathetic attitude. But these people are simply publicity-shy ; they *prefer* to demonstrate the products of their labours rather than themselves. There are other individuals, however, who are entirely *unable* to accept the limelight, unless they are under pressure of specific inner camouflaging conditions. It is to the latter that the neologism, incognito exhibitionism, refers. The difference between the two types, between those who 'prefer not to' and those who are 'incapable of', is more than merely quantitative ; it is qualitative as well.

The genetic basis, to be described, covers four completely dissimilar phenomenologic types :

1. The function (any direct display of oneself) is fully impaired ;
2. The function, though not quite impaired, can be performed under penalty of severest fear ;
3. The function is seemingly unimpaired, but is performed under 'peculiar' inner prerequisites, manifested in bizarre external conditions ;
4. The function is not only not impaired, but seemingly exaggerated ; it contains, however, specific restrictions on other parts of the ego, e. g., inability to do anything but work in a highly restricted field.

Let us adduce clinical examples

TYPE I : SELF-DISPLAY FULLY INHIBITED

A once famous French photographer (fractionally analyzed many years ago in Vienna—he had to interrupt treatment repeatedly)

went into a state of panic every time he had to attend a gathering or party, or deliver a speech or lecture of an informal nature about his specific field of endeavour. His explanation that "he had absolutely nothing to say" was easily reduced to absurdity ; when it was pointed out that he was obviously better informed on his own subject than his listeners were, he had to admit that he "simply couldn't do it." He practically lived in fear of testimonial dinners, lectures, celebrations of any kind and even of social gatherings.

His analysis brought to the fore a massive layer of exhibitionism which he could show *only in substitution* : in his work, in his choice of strikingly attractive women, in the splendour of his studio. Personally, he was extremely shy, as if apologizing for his mere existence.

He was an inveterate experimentalist, never satisfied with what had already been achieved, always on the lookout for a new slant. This attitude, advantageous as it was for his professional career, resulted in constant and severe personal unhappiness. It was this self-torture, combined with masochistically self-constructed 'women troubles', that pushed him into sporadic treatment.

Contrary to the general assumption in our literature, my experience has been that exhibitionism is *not* the direct counterpart —with equal rights—of voyeurism, but merely a defense mechanism. For practical clinical purposes, as summarized in *The Writer and Psychoanalysis* (Doubleday, New York, 1950), massive exhibitionism imposes, in my opinion, the obligation to search for more deeply repressed voyeurism, whereas voyeurism itself is a direct drive, a subdivision of orality (the latter first suspected by Simmel).

After the end solution of the individual infantile conflict has been established, both ingredients of scoptophilia can be used as defense : voyeurism against exhibitionism, and vice versa, exhibitionism against voyeurism, as first stated by myself in collaboration with Eidelberg in 1935[1]. One must guard, therefore, against confusion between the *genetic* and the *clinical* picture.

When this particular patient had to deliver a speech or even appear in public, his exhibitionism was forced into the open, and could no longer be hidden behind a model ('*she* exhibits'), a photograph, or a situation. In short, bereft of his defensive cover, he was helpless.

1. "The Mechanism of Depersonalization", *Int. Ztsch. fuer Psa.* 21 : 1935

Undoubtedly, a good deal of the patient's voyeurism was sublimated in his work. How had he been able to convince the inner conscience that infantile peeping was no longer involved, aside from the obvious argument, the deliverance included in social approval (sublimation) ?

First of all, what he found most offensive in infantile peeping at others (mother) was the element of passive dependence : whether or not anything would be displayed was another's decision and not his own. In his work, he acted out the *active* reversal : he transformed his models into his *creations.*

Second, one could also say that in looking at his artistically 'arranged' models, he was making use of a subterfuge, and actually looking at—*himself*, his work. Thus, in a roundabout way, he re-established the infantile narcissistic position which precedes peeping at others.

Third, the very nature of his work provided a constant and unfailing unconscious excuse : "I am not peeping ; the model is exhibiting, and therefore forcing me to peep !"

These three subterfuges, added to the guilt-resolving sublimation, made it possible for that man to be 'all eye'. Superimposed on this was the exhibitionistic defense. Here, however, he was confronted with difficulties : he could exhibit in substitution only. In spite of its superficiality, it was to the exhibitionistic defense that he had fastend his inner guilt. As pointed out in my books *The Basic Neurosis* and *Neurotic Counterfeit-Sex*, everybody tries to fight his inner battles on a spurious front. This patient had made the rescue attempt typical for every boy in the sphere of scoptophilia—"I don't want to peep, I want to display myself"—a denial prompted by the mother's ban on sexual peeping at her. It worked poorly in his case, an outcome which can be explained by his *oral regression.* It seems that the pre-requisite for the success of this scoptophiliac defense mechanism is *the boy's acceptance of his penis as full narcissistic restituion for the breast envy.* If the shift is not accepted, or is only partially accepted, the child beeomes masochistically attached to the enshrined mother image, and its pattern becomes that of masochistic 'injustice collecting'. As the typical defense, pseudo-aggressive mechanisms are brought into play.

In the case of the photographer, a series of such mechanisms could be detected. In his work, he treated women contemptuonsly ;

as a rule, he made caricatures of them. For example, he would 'deprive' them of their breasts by shooting pictures at an angle which concealed all contours. One of his recollections was particularly revealing. At the age of $3\frac{1}{2}$, when at the beach with his mother, he came out of their cabin stark naked. His mother reprimanded him, telling him to cover himself. The boy obeyed and fastened a towel around his neck. Here we still see his attempts at compensatory penis exhibition, later brought to nothing.

The decisive proof that he was still running away from the disappointing *living* subject for peeping—mother—was found in his poorly developed ability to photograph mass scenes. A 'mass' scene, for him, meant more than two people. In photographs of this kind, he had to deal with *real* people, whom he could not manipulate at will as he did his models. His elaborate inner hoax, therefore, could not be used to hoodwink conscience, and his work consequently suffered. This was also a clue to his compulsion to 'experiment'. Hidden behind rational factors was the old reproach : "*Mother* didn't *show* every part of her body, everything there is to look at." This was shifted to the reproach : "*I* didn't *create* anything new for some time !"

With only slight exaggeration, one could say that the photographer, although he worked with *living* people, treated his models as if they were *inanimate objects* (*'Petrification tendency'*) [2]. Besides its fear-diminishing effect, amounting almost to negation of mother's very existence, this expedient also served to correct another childhood disappointment : instead of infantile *furtive glances*, he could now impose on others the *'hold still'* attitude.

The amazine string of compensatory narcissistic and pseudo-aggressive recompenses made this man a great photographer.

Of interest, also, is the fact that on rare occasions the man did not mind being exhibitionistic—as long as he played the witty clown. telling of an amusing experience. Here the defense would run as follows : "I'm only joking ; don't take me seriously."

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2. According to Webster, 'petrification' has two meanings : to change into stone, and to fix in silent fear. The patient changed his living subjects into 'stone' (immobility), and did that to overcome his own horror of the female subject (originally mother). Hence the word fits—he *actively* petrified, in order not to be *passsively* overcome by—petrifaction. A good example of Freud's "unconscious repetition compulsion."

TYPE II. SELF-DISPLAY PARTIALLY INHIBITED, PERFORMED UNDER SEVEREST FEAR

H. L. Mencken defined self-respect as "the secure feeling that no one, as yet, is suspicious." Applied to 'incognito exhibitionists' : the mechanisms are identical with those of group I, with a slight quantitative lessening of tension. This means that the function of self-display can still be performed, but is paid for with extensive production of fear.

Fear, as pointed out in *The Basic Neurosis*, in my opinion pertains exclusively to psychic masochism. Two subterfuges are used. Inner fear of conscience is shifted outside ; the fear sufferer is seemingly afraid of an external danger. Second, the guilt which belongs, re vera, to psychic masochism, is fastened to pseudo-aggression, which takes the form of overstepping educational commands. This shift to the outside, plus the trick of "taking the blame for the lesser crime" of pseudo-aggression, constitute the maximum assistance which the 'inner lawyer' (unconscious ego) can provide for his "client in distress".

Sometimes a peculiar compromise is inwardly reached : the function is performed, but instead of emotions, coldness and detachment appear on the surface. The performer 'freezes up' ; his 'act' is lifeless.

I once analyzed a man of that type[3] – a politician, amusingly enough. His friends objected to the coldness of his speeches, and suggested that he use more 'oomph', and more gestures. In his pre-political days, when he was a practising lawyer, he had used a specific gesture : he would spread the second and third fingers of his raised right hand apart, the space between the fingers pointing at the imaginary enemy. In analysis it became clear that in this gesture he identified with a mathematics teacher he had studied with as a child. This teacher's reputation had been rather shady : he had been tried for fraud, and acquitted because of insufficient evidence—a mercy sentence. The second finger of this teacher's right hand had been amputated as the result of some accident. The patient was also able to recall the occasion on which, to his amazement, he had for the first time made use of this gesture: when he had feared, despite his innocence, that he was going to be accused of embezzling a client's

3. The case is described in *Tha Battle of the Conscience*, pp. 203 ff.

funds. The gesture, therefore, signified both half-admission *and* defense—for the teacher had been acquitted. There was a further complication, since the gesture had an inner connotation of masturbation. "Look, I'm using my hands for gestures, not for masturbation." Though defensive in scope, the gesture also included a good deal of self-indictment and self-punishment (the empty space between the fingers also signified castration), and consequently became too compromising. Bereft of his gesture, the man became even more completely prey to his own fears.

The patient, of course, had no idea of the reasons for his original impulse to use the gesture, or for his subsequent feeling that he should abstain from it. The complexity of the problem could be reconstructed only during his analytic treatment.

Patients of this type are never free from the inner fear that conscience will see through and unmask their disguise of defensive exhibitionism. This fear is shifted to the spectator or the audience. Superficially, these patients seem to be labouring under castration fear ; underneath lies the whole pandemonium of the 'breast complex' with its 'septet of baby fears.'

TYPE III. SELF-DISPLAY MADE POSSIBLE BY ADHERENCE TO SPECIFIC 'IMPOSSIBLE' CONDITIONS

Paradigmatic for this category was a patient in whom I first observed 'incognito coitus,' as described in my study "Some Special Varieties of Ejaculatory Disturbance Not Hitherto Described."[4] This man would request the girl to recount to him, *during coitus*, the detailed story of her sexual performance with another man, including their exact behaviour, the phrases they used, her own sensations, etc. All this was to be described in "popular terms"—in other words, in obscene language. If the girl did not accede to his request, the man either was altogether impotent, or was unable to achieve ejaculation. He would perform the sex act incognito, therefore ; on the occasions when he attempted to do without this crutch, when he performed 'in person', so to speak, he would fail completely.

4. *Int. Zeit. fuer Psychoanalyse*, 20 : 253-260, 1934. English translation in *Int. J. of Psa.* 16 ; 84-95, 1935.

This symptom was highly over-determined (see original publication), and only one phase of it interests us in this connection. The patient was rather shy, and could exhibit (even undressing in the girl's presence was repudiated) only on condition that he slipped into someone else's 'skin.' Via Oedipal identification (both positive and negative parts of the Oedipus complex), he seemingly repeated a sex act which he had observed his parents performing ; even at puberty this scene had been the conscious content of his masturbatory fantasy. The question arose : why was all this retained in his conscious memory and not repressed ? The explanation was that the memory served as a defense against more deeply repressed oral components. These oral components were visible in his attitude towards his sperm, and in the 'injustice collecting' pattern of his professional and personal life, and of his personality in general. He would scrutinize his sperm closely after every ejaculation ; originally he had believed that masturbation caused bleeding. More deeply repressed was the fantasy that he had 'fed' the girl with his heart's blood, so that she was bleeding him to death. When his real and not his fictitious personality was involved, he would refuse sperm : when attempting intercourse without the 'incognito,' he suffered from 'psychogenic aspermia'.

This peculiar prerequisite for sex pointed to strong voyeuristic components ; the defensive exhibitionism was poorly developed (See Type I). Of interest, also, were the patient's highly moralistic notions regarding exhibitionism : one of the reasons, for example, for his constant quarrels with his fiancee was his recurrent accusation that *she* exhibited by giving friends and acquaintances chance but generous glimpses of various parts of her body. He could exhibit, therefore, only via feminine identification ! In his other personality traits, he was a typical 'injustice collector.'

TYPE IV : HYPER-EXHIBITIONISM AS DEFENSE

In a paper, "On Acting and Stage Fright" (*The Psychiatric Quarterly Supplement*, 23 : 319-319, 1949), I pointed out a unique factor in connection with the psychology of acting : popular and psychoanalytic interpretations coincide. This seems highly suspicious, for in general these two 'explanations' are at odds—a discrepancy which contributes a good deal to the popular misconception that analysis is a science of spite and sophism, concerned only with

confusing the layman. But the macroscopic view of acting is virtually identical with the microscopic one. Stripped of its technical terminology, analytical 'interpretation' does not differ from the popular stereotype of the actor. Both agree that the actor bubbles over with exhibitionism—allegedly the basis of his talent, and the reason for his choice of calling. Both agree that the actor is a show-off and a 'ham.'

Is popular opinion so perspicacious in this instance, or is the accepted analytic interpretation so naive ? In my opinion, the latter is the case.

Acting represents a sublimation—a highly complex phenomenon in which the original repressed wish never comes directly to the fore. Far from being direct, the 'end product' is the result of a series of psychic detours, compromises and counter-compromises achieved in the course of the "battle of the conscience." In my opinion,[5] what is sublimated is neither the original id wish, nor the defense against the id wish, but *the defense against a conflict which originated, historically, in an id wish.* In other words, sublimation is not the child but the grandchild of the original conflict—and a grandchild made unrecognizable by plastic surgery. To see in sublimation a direct expression of repressed tendencies is as misleading as it would be if, confused by the effects of plastic surgery, one mistook a grandchild for his grandfather's brother.

The "five layers" in sublimation are as follows, Layer I, *end result* of an infantile *pregenital* and *libidinized* conflict ; Layer II, first super-ego reproach and veto ; Layer III, first defense put forward by the unconscious ego ; Layer IV, rejection of the defense, and second veto by the super-ego ; Layer V, second defense put forward by the unconscious ego, this one irrefutable because it is couched in terms of the socially approved and accepted.

The power behind this victory over the super-ego is derived from the individual's inner aggression. Neurotics are poor sublimators : in them the distribution of aggression is unfavourable, for nearly all of it is concentrated in the super-ego, by which it is used to torture the

5, First stated in "On a Five-Layer Structure in Sublimation." *Psa. Quart.* 14 : 1, 1945. Reprinted in *The Battle of the Conscience*, Chap. VIII, Washington Institute of Medicine, Washington, D. C., 1948.

ego. In a state of inner health, or of the artificially produced health which is the result of successful analysis, the balance of power is different, and the ego possesses—or procures—a good-sized store of aggression. In this situation, aggression is used for two purposes: to fight "the battle of the conscience" more successfully, and to achieve reality aims in connection with the individual's attempt to take "his place in the sun."

When entering sublimation, the actor's wish is *not exhibitionism at all*; it is a modified end-product of the opposite tendency—*voyeurism* (peeping). I have repeatedly stressed[6] the fact that one part of the scoptophiliac instinct can be used as defense against the other. As already pointed out, it is my opinion that voyeurism alone is a derivative of an original drive, while exhibitionism is but a defense; after both have been established, the one is used as defense against the other.

The material entering Layer I of the actor's (or actress') sublimation is *not* the 'original' voyeurism. There is agreement in the literature that voyeurism begins as narcissistic peeping at oneself, and that other objects are included only secondarily. The voyeurism of Layer I (the desire to peep at mother's breast, body and later father's penis) is in itself, therefore, a concession to the taboo placed by reality on narcissistic self-concentration. This bears out the previous statement that the material entering sublimation is *not* a direct id wish.

Schematized, the actor's sublimation in acting reveals five layers in slow motion under the analytic microscope. Layer I, "I want to be a voyeur of mother, father" (and later of intimacies between them); Layer II (first super-ego veto), "You have no right to peep at mother, father"; Layer III (first defense by the unconscious ego). "I am not a voyeur or interested in being one; I want to exhibit my body"; Layer IV (second super-ego reproach), "To transgress educational commands by exhibiting is forbidden, too"; Layer V (second defense by the unconscious ego), "I am neither aggressive in exhibitionism nor am I a voyeur. I want to be a good boy (girl), be social-minded and give

6. First stated in "Der Mechanismus der Depersanalization," (In collaboration with L. Eidelberg) l c. Continuation in "Further Studies on Depersonalization." *Psychiat. Quart.* 24: 268-277. 1950.

other people pleasure." This fifth layer, and *only* the fifth layer, is sublimation.

In reality, therefore, the actor's 'ham-like' exhibitionistic behaviour is *defensive*. Unconsciously, he is glad to attract attention to himself (even to the point of being ridiculous) because exhibitionism is his inner shield and defense against more deeply repressed voyeurism. Again unconsciously, he gladly accepts the "blame for the lesser crime." [7]

What does the actor rescue from his earlier wishes ? He wanted to be a voyeur ; he found himself palmed off with a 'bargain' in the form of exhibitionism. There is a small saving grace to the substitution, however. We know, from Freud, that every exhibitionist enjoys double pleasure—that of direct exhibitionistic gratification, and of voyeuristic enjoyment achieved by unconscious identification with the spectator. Through his voyeurism, the exhibitionist peeps at himself.

One contradiction remains unclarified. Unlike other kinds of sublimation, the sublimation of acting seems to preserve remnants of the original wish, narcissistic self-peeping, which preceded even Layer I, for the actor, through his unconscious identification with the spectator, looks at himself. This contradiction vanishes, however, when a necessary distinction is pointed out : *the actor does not represent himself, but rather the part he is playing*. His vicarious voyeurism (by way of the spectator) is therefore not self-voyeurism ; he is peeping at others.

This ties in with the genetic aspects of the problem. One specific situation was present in the childhood of each of the round dozen male and female actors whom I have analyzed. The evidence, although too small to generalize from, is large enough to justify the suspicion that this is a pattern rather than a coincidence. *This situation involved peeping at some sexual scene, after which these children were so guilty and so bewildered that, to diminish their feelings of guilt, they concluded that "all this is not real, but a play."* Instead of escaping into depersonalization, they escaped into active repetition of the passively-experienced 'unreal'. *The unreal—the*

7. Acceptance of guilt for the "lesser crime," thus resulting in an inner shift of guilt is in my opinion typical for every neurosis See *The Basic Neurosis.*

guilt-diminishing alibi—became the guiding pattern. Even that was not enough; the alibi was reinforced by exhibitionism, which was substituted for the original peeping at *others.*

This explains the usual 'unproductivity' of actors, who do not create, but merely play, the characters they impersonate. The alibi means, "I am not guilty, the author is." The productivity of the actor is manifested only in the re-creation (and there is originality in different versions) of a character. Still, the re-creation allows the actor to appear guiltless before his inner conscience : "*Others* did it."

There is irony in the statement that "for the actor the world of make-believe is real." The irony is that this 'game' is a false front, which conceals the whole terror of the child who rescued himself from an "*unbelievable*" fear, the result of peeping, into the devaluation of a 'play'. In my opinion, the analysis of an actor stricken with stage-fright is nor complete, nor is he secure from later, and repeated, re-emergence of the symptom, unless that infantile voyeuristic terror has been worked out. This means that at least the 'cover memories' must be retrieved.

To cite an instance : At the age of three and one-half, an actress had been caught, by her mother, peeping through a keyhole at the intimacies of a couple who were guests of her parents. The mother severely reprimanded the child, who recoiled, but then replied, "Why, what's wrong ? I just wanted to see how *they* played—don't you watch *my* play with blocks ?" Of course, a secondary 'cover memory' is involved ; the original voyeuristic scenes go back to the oral stage, which can be reconstructed only from oral fears.

Generally speaking, it is relatively seldom that we are in a position to state *specifically*, with reference to a particular profession or occupation, what *specific* situations forced individuals to choose that *specific* work. It is my suspicion that we are in precisely that position in the case of the actor. Two specific experiences, with their appropriate elaborations, are encountered : The child is confronted with specific voyeuristic experiences ; scoptophilia increases, and there is a subsequent traumatic effect. To counteract that effect, the observed scene is declared 'unreal'. That 'unreality', which has been passively experienced, is later actively repeated, transforming the little peeper into a big exhibitionist with the inner alibi, "I am not guilty."

When does stage-fright set in? It is present, in good sized quantity, in *every* actor. Superficially, the fear pertains to exhibitionism, to forgetting lines, to being 'stuck', to making a fool of oneself. Deeper analysis proves that this is a superficial mirage, and a defence.

Experience with all types of fear sufferers has convinced me that *neurotic* fear pertains exclusively to *psychic masochism.*[8] Under pressure of a veto of conscience, an intrapsychic 'sleight-of-hand' is executed by the inner lawyer, the unconscious ego, to help his "client in distress." The *guilt* is accepted, but only for *pseudo-aggression* the 'lesser crime,' and the *scene is shifted outside.* Consequently, the neurotic sufferer from fear behaves as if he were guilty of 'aggression', and as if the danger were external. All this, of course, 'manipulated,' without his conscious knowledge.

The neurotic suffering from stage-fright is apparently in dread of exhibitionistic dangers; basically, of *exhibiting* defeat (in forgetting his lines, making a fool of himself, etc.). According to the table of sublimation given above, exhibitionism in acting corresponds to Layer III, the first aggressive defense. If, then, the super-ego retaliates in neurosis, it is quite appropriate for the ego to attempt to fight this battle, not in the inner fortress, but on the outer walls —on the remote line of defense. This is what actually happens.

In other words, by taking the blame for *pseudo-aggression*,[9] the main danger, the 'mortal danger', which is the need to account for psychic masochism, is avoided.

One can only discover what lies at the bottom of these masochistic fears if one has some knowledge of infantile fears. The whole "septet of baby fears"[10] can be mobilized: fear of being starved, devoured, poisoned, choked, chopped to pieces, drained, castrated.

All this may sound more or less far-fetched, but it corresponds with clinical facts. I once analyzed an inhibited radio actor who was afraid to face the microphone. He had given up his profession, and was working at an underpaid position in a different field when

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8. See *The Basic Neurosis*, Chap. III, "The Nine-Point Basis of Every Neurosis, and Chap. VII, pp. 87-97.

9. In my opinion, the neurotic has only pseudo-aggression at his disposal within the neurotic sector of his personality.

10. See *The Basic Neurosis*, pp. 19 ff.

his wife forced him into analysis. His flight from the microphone, i developed, had been preceded by a flight from the stage. The patient' career had begun on the stage, and his switch from the stage to radi had been made for neurotic and not for realistic reasons. In th theatre, he had developed pathologic stage-fright, and was afraid o forgetting his lines ; he entered radio, where parts can be read allegedly to avoid that danger. He dreaded the advent of television a medium in which that advantage would be lost. Many elements ir his neurosis, besides the obvious scoptophiliac ones, pointed in the direction of oral regression ; these cannot be mentioned for reasons of discretion, For present purposes, two of the patient's statements are important. The first was a recollection pertaining to the beginning of his stage-fright, or rather what the patients called a flash of an 'impression'—still important enough to be repressed. This was his thought : "It occurred to me one night, while on stage waiting for my cue, that if you look at the two galleries in the dark, they remind you of an open mouth ready to 'swallow you up.' "The other statement, this time not repressed, came during that phase of analysis in which he was able to take up his radio career once more. Said the patient : "While studying my part, I had the impression that somebody wants to force something down into my throat, and I resist violently." The patient did not connect that observation with the fact that 'digesting' his part was his 'bread and butter', *forced* upon him by the 'cruel' analysis in the transference repetition.

The shaky basis of the actor's sublimation explains why *every* actor and actress suffers from stage-fright, or at least traces of it. The actor of either sex is *one of the most easily scared people* one can encounter in any profession. Even his defensive exhibitionism is performed *incognito* ; he has never fully recovered from his infantile terror, and is *never sure that his inner conscience will accept the defensive hoax*. The allegation that actors "have no personality," that they are 'empty bags' which can be moulded into any shape by means of hysterical identification, is common, but is thoroughly unjustified. True, they are constantly hiding behind someone else's personality, but this is their main inner defense ; their ability to reassure themselves via 'incognito exhibitionism' is a rather heroic example of whistling in the dark—or, more precisely, in the dim light of the stage. Even the peeping situation is re-enacted in reverse : the

spectators are in the dark, as the peeping child was, once upon a baby time. Thus the guilt is shifted : "Others, not I, peep."

In my opinion, acting and stage-fright have been incorrectly interpreted as referring both to exhibitionism and Oedipal castration. Again in my opinion, equally faulty interpretations have been applied to three typical circumstances in the lives of some actors of both sexes: homosexuality,[11] masochistic marriages,[12] and psychopathic trends.[13] All three are orally conditioned. Especially grotesque is the constant flight into divorce and 'affairs'. Like all psychic masochists who live under 'public supervision', the masochistic actor or actress get into greater difficulties in this way than are ever caused by the stage-fright which is their 'private hell'.

The amazing subterfuges used in 'incognito exhibitionism' prove that more attention should be paid, and more study devoted, to the so far neglected sector of scoptophilia. A series of clinical pictures connected with scoptophilia has already been described, of which some have been generally acknowledged, and some not. Among the former are agoraphobia and erythrophobia ; among the latter are depersonalization,[14] boredom (alysosis),[15] and certain types of 'writer's block',[16] as well as acting.[17] But even where the generally acknowledged and long established neurotic entities based on scoptophilia are concerned, there are differences of opinion.[18]

In any case, one specific element has been consistently overlooked: *penis exhibitionism plays an important part in overcoming the breast complex in the man* (see Type I). The problem warrants further investigation[19], perhaps preponderantly directed at *how* penis exhibitionism has been actually inhibited by mother. This much is already clear: penis exhibitionism in the boy is also an attempt to

11. See *The Basic Neurosis*, Ch, VI, No. 12-13, "Male Homosexuality and Lesbianism." 12. See *Divorce Won't Help* (Harper, 1948), and *Conflict in Marriage* (Harper, 1949). 13. See *The Basic Neurosis*, Ch. VI, No. 1, "The Oral Character Neurosis." 14. "The Mechanism of Depersonalization," 15. "On the Disease Entity Boredom ('Alysosis') and its Psychopathology", *Psychiat. Quart.* 19 : 38 51, 1945. 16. *The Writer and Psychoanalysis*, 17. "On Acting and Stage Fright," *Psychiat. Quart. Supplement*,

18 "A New Approach to the Theory of Erythrophobia," *Psa. Quart.* 13 : 43-52, 1944.

19. In the present paper, I have concentrated on specific defenses relating exclusively to male exhibitionism ; the female variety will be described separately.

negate, autarchically, the loss of the maternal breast, the child having found a 'substitute' on his own body. On the other hand, the culture *must*—and of necessity—inhibit penis exhibitionism. But some children take this unavoidable prohibition, not as part of the culture's set of decency regulations, but as a deprecation of their private 'substitution'—breast equals penis. If this happens, the masochistic solution is only too frequently chosen. The educational dilemma, while hopeless, is by no means responsible for the neurotic or non-neurotic outcome for the child. It is the mysterious elaboration of the *unconscious* ego which decides the issue.

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SEX AND ANXIETY*

G. BOSE

Ever since Freud separated the group of disorders called by him anxiety neurosis from neurasthenia, the attention of psychologists and psychiatrists has been drawn to the relation that exists between sexual tension and anxiety. The first formulation of Freud that anxiety was transformed libido was made in the year 1895. Since then a vast amount of work has been done to determine the mechanism that leads to the development of pathological anxiety. It is unfortunate that even now no definite solution has been arrived at regarding the problem of anxiety. In his book *Inhibition, Symptom and Anxiety*, Freud modified his previous position to some extent. It is not my intention here, to go into the details of the different views regarding anxiety. I shall simply mention that at present two types of views are current among psychologists regarding the genesis of anxiety, The first view corresponds to Freud's older conception that anxiety is transformed libido, the other view, one of the earliest exponents of which was Ernest Jones, is that anxiety is no derivative of the libido but is an original fear reaction of an instinctive type requisitioned by the ego to fight against an inner danger. Freud has accepted this view in his later writings to explain the anxiety states in phobia and in other forms of psycho-neurosis. He has worked out the parts, played by the super-ego, the ego and the id respectively in the production of anxiety. He seems to believe that the anxiety in anxiety neurosis may be libido converted in contra-distinction from the psycho-neurotic anxiety which is a defence[1]. The problem of anxiety has also been sought to be tackled from the physiological and the biological standpoints but nothing very fruitful has evolved out of this type of work.

The German word 'Angst' has often been translated into English as 'anxiety.' Objection has been taken to this as it has been pointed

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1. Freud—*Inhibition, Symptom and Anxiety*, p 30.

out that the word 'anxiety' has lost much of its original connotation and is now used to denote states of mild fear even, *e. g.*, anxiety to catch a train, while the German word 'Angst' is associated with intense fear states, *e. g.* 'Todesangst' meaning 'pangs of death', 'mortal dread' or 'agony.' As most of the earlier work on anxiety had been done by Freud, the translation of Freud's writings into English and the substitution of anxiety for the word 'Angst' in the original led to certain misunderstandings. Effort has been made to set things right by retaining the word 'Angst' in English but the perusal of the literature on this subject abundantly makes it clear that workers have felt the difficulty in distinguishing between 'Angst' and 'mild anxiety' on the one hand and 'Angst' and 'fear' or 'Furcht' on the other. Some have thought that fear or 'Furcht' only refers to the emotional situation in the presence of an actual object of danger whereas anxiety is manifested as anticipatory reaction to threatened danger. Freud is of this view[2]. Jones tries to limit the use of the word 'anxiety' to denote only pathological fear states. There is no justification, however, to draw any fundamental distinction between the states denoted by 'Angst' and 'anxiety' on the one hand and 'fear' and 'Furcht' on the other as I shall presently indicate.

In typical cases of anxiety neurosis, dammed up sexual tension and anxiety often go together. It has been assumed by many that physiological factors are at work in the production of anxiety in anxiety neurosis. When sexual tension accumulates in the system, some form of toxic sexual metabolite is supposed to be liberated which produces a heightened excitability of the nervous centres, particularly of the sub-cortical and sympathetic ones and brings about vasomotor, secretory and visceral disturbances. These disturbances are apprehended by the organism as anxiety. The anxiety thus developed is at first of the free, floating type and has no relation to any external situation. Later on, it may be attached to some specific object whose presence serves as a signal for its appearance in consciousness. Freud has pointed out a close resemblance between the bodily manifestations of the sexual act and an anxiety state. That the physiological explanation of anxiety is not an adequate one is proved by the fact that physical manifestations of anxiety may occur without the mental counterpart and that anxiety

2. *Ibid*, p. 95.

symptoms may be present in great intensity even when sexual relief is frequent and quite adequate in consciousness. Repressed sexuality of the infantile type is not incompatible with conscious hetero-sexual gratification; so instead of a physiological concept of dammed up sexual tension we might more profitably assume the existence of a psychological repression of the libido to explain anxiety states. In accepting a psychological causation of anxiety we have to indicate the exact relationship that exists between sex and anxiety and it is not an easy task to accomplish. Further, we have to explain normal fear and indicate how it differs from morbid anxiety. The line of demarcation between the two is not at all sharp and there is no reason to believe that normal anxiety and abnormal differ in quality and have different genesis. What is true of one should be applicable to the other as well. To assert that all anxiety states are but revivals of the birth trauma or the castration fear or of the fear of separation from mother, as has been done by some, does not carry us far. It may be that the manifestations of anxiety under different conditions follow a definite pattern and show the same symptom complex ; but to say that the first experience of anxiety is renewed in all subsequent experiences merely on the ground of similarity of manifestation is certainly absurd.

The relation between fear and anxiety requires elucidation. Fear has been described as "the emotion of pain or uneasiness caused by the sense of impending danger by the apprehension of evil". Since fear is the emotion associated with a danger situation, it is necessary to understand what constitutes danger. A biological description of a danger situation will not help us to understand the psychology of danger and that of the associated fear. Freud describes a danger situation as an essentially "economic disturbance through the increase of the mass of stimulation demanding discharge". The relation of pain to fear is too well-known to need any elaboration. If we analyse the various types of danger situations, we shall find that they may be conveniently placed under two different categories, *viz* those in which the possibility of a more or less permanent interruption of an *accustomed* pleasurable situation becomes prominent and those in which some form of physical pain is likely to be experienced. It will be noticed that what we call mental pain arises really out of an interference with an accustomed pleasure situation. It is precisely the two types of occurrences that evoke theemotion of fear in us under

normal conditions. The element of expectation is an indispensable factor in all fear reactions. Expectation only ceases to exist when the worst has happened, *i e.*, when the danger is already past ; pain and grief then replace fear. To say that the expectation factor is present only in anxiety and not in fear is not correct. When the danger is already in operation, the resultant pain and the expectation of further suffering owing to the continuance of the danger get mixed up and the element of expectation may not be easily differentiated. There is no doubt that the mere expectation of danger also produces pain. The mechanism of the production of this pain deserve notice. When the expectation element is marked and the actual danger situation is somewhat remote, the emotion is ordinarily called anxiety ; otherwise there is nothing to distinguish between fear and anxiety. Freud is of opinion that there are two kinds of modes of origin of fear ; "one involuntary, automatic, always economically justified whenever a danger had been produced ; the other produced by the ego when such a situation is only threatened, in order to further its avoidance. In this second case, the ego submitted to the fear like an inoculation, in which through a weakened outbreak of disease one escapes an unweakened one".[3] Freud's second type of fear is what I have just described as anxiety ; the expectation element is the prominent feature of this state while the actual pain is comparatively milder. According to Freud, the pain attached to the expectation is really a signal to call forth defensive measures against the impending danger or in other words an anticipation of danger, which is itself felt as mild danger, serves as a warning for the mere serious condition that is to follow. The protective function of the anticipatory fear stage does not serve to give any indication of the actual nature of fear just as a previous attack of vaccinia or mild small pox, although in may serve to abort a future attack of the more serious form of the disease, gives us no information of the origin of the disease process itself in any case. To explain the genesis of a greater fear in terms of a milder one is futile. Both have essentially the same mechanism.

To understand the nature of the anticipatory fear state or anxiety, it is profitable to turn our attention to other anticipatory emotional states. The anticipation of a future state is really an

3. *Ibid*, pp 91-92

imaginary reproduction of it on the basis of past experience. When the state is mentally reproduced there is an arousal of the appropriate emotion also to some extent. Thus the anticipation itself becomes a mild pre-production of the future state. When the attached emotion is one of pleasantness, it serves as an earnest of the more intense pleasure that is to follow and when the accompanying emotion is an unpleasant one, the anticipatory stage may serve as a signal to call forth defenses. The distinction between an anticipatory state and a real state is just like that between an imaginary wish-fulfilment and a real satisfaction. We enjoy feasts in anticipation as also other pleasurable experiences like those of sex. The anticipatory pleasure in sex is not the same thing as the sexual pre-pleasure. The pre-pleasure is not an imaginary pleasure but is dependent on actual satisfaction of those subsidiary sex cravings that are linked to the principal one. In the domain of hunger, the pleasure that one derives from the sight and smell of food is of the pre-pleasure type. The anticipatory fear or anxiety may thus be said to be an imaginary reproduction of the future danger state. It is not likely that the anticipatory mechanism should be different in pleasant and in unpleasant situations. The purposes it serves on the two different occasions are however entirely distinct ; in one case it gives us an earnest of the pleasure that is to follow and in the other it is supposed to warn us of the danger that is to come. In the case of danger, it may be a signal for protection, but what purpose does it serve by providing us with a foretaste of a future pleasure ? Obviously it cannot be a defense. Can the anticipatory state be explained in terms of wish-fulfilment ? Can we say, for instance, that the anticipatory state in a danger situation is determind by an unconscious wish which, but for a repression, would have apprehended the situations as pleasurable ? The anticipatory fear state should then have other functions besides providing the ego with a danger signal. We know that the female washing-maniac unconsciously does the very act she is anxious to avoid. Touching dirt is dangerous only from the standpoint of the ego ; it is a pleasurable activity to the id. I know of a psycho-neurotic patient who was in constant mortal fear of being assaulted by ruffians but who hired a rickshaw and went to see a Hindu-Moslem riot where passers-by were being indiscriminately assaulted. He was brought back home in a swoon. Such cases could be indefinitely repeated.

The concept of danger therefore, at last in psycho-neuroses, should be replaced by one of a situation that is at the same time pleasant to the id and painful to the ego. Is the same statement also true of what we call physical danger ? Can we assume that the repressed masochism in the id craves for situations that are considered unpleasant by the ego and that it is the id that provides the motive force for anticipatory imaginary wish-fulfilment activities that evoke defensive measures in the ego ? I think such a statement is fully justified. Had there been no masochistic repression there would have been no necessity to recognize any situation as physically dangerous. From this standpoint it would be right to say that anxiety and fear are indications of struggle between the ego and the id irrespective of the fact whether it is started by external or internal factors. In this struggle are to be found evidences both of avoidance of the particular 'dangerous' situation and of participation in it. This is also true of those situations where the ego is supposed to put up a fight with the super-ego. Anxiety and fear are therefore to be looked upon as repression products. This statement is in opposition to Freud's later views.

In his *New Introductory Lectures on Psychoanalysis* (pp. 113-118), Freud writes :—

"We have recently investigated the manner in which anxiety comes about in certain phobias, which we class with anxiety-hysteria, and we have chosen for investigation cases in which we have to deal with the typical repression of desires proceeding from the Oedipus complex.....

It is not the repression that creates the anxiety, but the anxiety is there first and creates the repression. But what sort of anxiety can it be ? It can only be fear of a threatening external danger ; that is to say, objective anxiety. It is true that the boy is afraid of the demands of his libido, in this case of his love for his mother ; so that this is really an instance of neurotic anxiety. But this being in love seems to him to be an internal danger, which he must avoid by renouncing his object, only because it involves an external danger-situation. And in every case we have investigated we have obtained the same result.....

We have, however, not yet said what the real danger is that the child fears as a result of his being in love with his mother. It is the punishment of castration, the loss of penis.....

It is not primarily a matter of whether castration is really performed ; what is important is that the danger is one that threatens from without, and that the boy believes in it.....

Fear of castration is naturally not the only motive for repression,.....

In its place, for the other sex, is found fear of the loss of love, obviously a continuation of the fear of the infant at the breast when it misses its mother.....

There is no need to reject the idea that these conditions for anxiety fundamentally repeat the situation of the original birth-anxiety, which, to be sure, also implied separation from the mother.....

How can we picture the process of repression carried under the influence of anxiety ? I think this is what happens : the ego becomes aware that the satisfaction of some nascent instinctual demand would evoke one among the well-remembered danger-situations.....

In such a contingency, the ego calls to its aid a technique which is, at bottom, indentical with that of normal thinking.

In this way, the ego anticipates the satisfaction of the questionable impulse, and enables it to reproduce the painful feelings which are attached to the beginning of the dreaded danger-situation. Thereupon the automatic mechanism of the pleasure-pain principle is brought into play and carries through the repression of the dangerous impulse."

I have quoted Freud somewhat in detail to bring out the difference between his views and my own. It will be noticed that Freud postulates a biologic, dangerous situation. The prototype of this fear reaction is experienced by the child during the trauma of birth. Freud further assumes that the painful fear reaction is capable of setting the pleasure-pain mechanism in operation in such a way as to bring about a repression of the œdipus libido. It is ultimately the fear, then, of an actually dangerous situation that is responsible for the repression. As I have already pointed out before, the biological fear may itself be a product of masochistic repression. Repression, according to my view, is not caused by fear but by the influence of a wish of the opposite type. It is the tussle between two opposite wishes that gives rise to unpleasant effects like anxiety. The fear of assault in the case cited by me was the outcome of a conflict between the wishes to play the active and the passive homo-sexual roles, as the analysis proved clearly. Both the active and the passive homo-sexual situations are

originally pleasant and it is only the conflict that is responsible for the unpleasant effect. In dealing with œdipus cases, I have repeatedly been able to find out that behind the castration threat lies a castration wish. In fact, it is the unconscious castration wish that makes the threat effective. The child is often physically punished by its parents in other ways. It is curious that these different types of punishment threats do not play any role in causing repression and even when they do, they are always found to be linked to the castration fear. Then again, the unconscious castration wish is really a modified form of the desire to play the part of the opposite sex. So the primary conflict in the œdipus situation is that between the male and the female types of sexual cravings or, to be more specific, between the desires to play the roles of the father and the mother respectively. The anxiety is a by product of the conflict. The œdipus desire is adjusted not by any threat of punishment but by the setting free of the unconscious component of the pair of opposite wishes. We may safely assume that it is dammed up libido of the unconscious component that is felt as anxiety. This is going back to Freud's original position.

There are several other lines of evidence to show that anxiety is transformed libido and sexual tension and anxiety are but the different manifestations of the same psychological process. Freud himself was the first to show that a close resemblance exists between the physical manifestations of anxiety and those of the sexual act, suggesting a common origin for both. If anxiety were a defence called forth by the ego to keep back undesirable sexual wishes, one would expect different types of manifestations for the two states. It seems highly improbable that the policeman who has been called in to apprehend a criminal should be dressed in the garbs of the latter. According to Freud, the ego scents danger first and then calls forth the anxiety mechanisms to deal with it. There are many persons who are able to take precautionary measures against a coming danger without having recourse to anxiety. In fact, anxiety interferes with the efficiency of defence. It will not do to say that the ego can deal with an internal instinctual danger only by the production of pain through anxiety. The ego develops anxiety both in the presence of an inner and an outer danger and since an outer danger can be dealt with without anxiety in many instances, anxiety must have its root in some factor other than the need of defence. Anxiety for an inner danger

and fear of an external object are not different mental processes. Language bears ample testimony to the essential unity of the two. Angst, Furcht, anxiety and fear are all more or less interchangeable terms and are used to denote both mild states of anxiety and of intense fear. 'I am anxious to catch a train' has its exact counter part in 'ich habe Angst den Zug nicht zu bekommen' meaning 'I feel anxiety lest I miss the train.' In 'mir wird Angst' meaning 'I am getting uneasy' Angst refers to a mild fear state. 'Todesfurcht', 'Todesangst', 'mortal fear' are all identical expressions. The strongest proof against the protective function of fear or anxiety is to be found in the phenomenon of paralysis that supervenes in extreme fear states. A person or an animal paralysed with fear falls an easy prey to the danger. This paralysis can only be satisfactorily explained from the psychological standpoint on the basis of a wish factor in fear. The psycho-neurotic need for punishment, the unconscious courting of the very danger which one is afraid of in compulsion neurosis, the progressive irradiation of inhibition in phobia formations and lastly the paralysis of fright and the resemblance of anxiety attack with libido discharge are strong presumptive evidences in favour of the statement that anxiety is inhibited transformed wish or libido. Here again linguistic evidence can be quoted in support In such expressions as 'I am anxious to get the book' the word 'anxious' can easily be replaced by the expression 'eagerly desirous.' In German the verb 'bangen' means 'to be afraid of' but 'bangen nach' (nach-after) means to long for.' The interchangeability of fear and wish is best illustratrated in the two corresponding English and German expressions :— 'I am anxious to catch the train' and 'ich habe Angst den Zug nicht zu bekommen' meaning literally 'I have anxiety *not* to get the train' in the sense of 'I am anxious to catch the train'. So also in English we say 'I am anxious to get the book' but 'I am anxious to avoid him.' That fear is not always an undesirable emotion is proved by such colloquial expressions as 'furchtbar freundlich' meaning 'frightfully friendly' in the sense of 'very friendly', 'awfully good', etc. Similar expressions are to be found in all languages.

There is yet another series of fact that would go to prove the essential identity of fear and libido. In extreme states of fear and anxiety there is an involuntary discharge of fæces, urine and even semen. It is exactly by these means that the anal, the urethral and

the genital libidos discharge their respective tension. In execution by hanging there occurs almost always a seminal discharge. Psychologically we may consider these phenomena as anxiety discharge through a libido channel. My observations among students have proved that the frequency of masturbation definitely increases during periods of examination anxiety. Quite a number of examinees have reported to me that when they could not finish writing answers within the allotted time and their answer books were snatched away from them at the end of the period in the examination hall, they felt great anxiety and had a simultaneous seminal discharge. I had a railway block-signaller as my patient. He told me that while in charge of a shunting yard he had once manipulated a wrong lever by mistake, allowing a shunting engine to get into a track where a few goods wagons were standing. Owing to an automatic interlocking arrangement, a wrong lever cannot be usually worked even intentionally when the corresponding line is not clear ; but on this particular occasion the machine was defective and the wrong lever was actually set in operation by the patient. He realized the gravity of the situation at once and knew that a collision was inevitable. He felt an intense attack of anxiety and had an immediate orgasm. Just as in anxiety neurosis we find that inhibited sexual tension comes out as anxiety so conversely in this series of cases we find that an anxiety which is apparently of non-sexual origin may be accompanied by an open libido discharge. We are therefore justified in saying that anxiety and sexual tension are mutually convertible states and that they are essentially identical in nature.

ABSTRACTS

Making the Environment respond to Basic Emotional Needs : A Challenge to the Mental Health Movement—Dallas Pratt (*Psychiatry*, Vol. 15, No. 2. 1952)

The author discusses the tendency for evolving institution, e.g. educational, industrial, social, etc. He points out that "environmental manipulation" has fallen into disrepute and attention has been focussed on adapting the individuals to institutional setting however traumatic that may be. Mental health workers have begun to talk about "mental health" as if it were qualitatively different from good human relations in all the various social and institutional settings. The author sugges's that there is another possible concept of mental health and its cultivation. Mental health is promoted only when basic emotional needs are met, and it is partly in order to respond to these needs that institutions have developed. It can therefore be defined as the growth towards maturity which occurs in an individual's personality as his environment responds or as he makes it respond to his basic emotional needs. Mental hygiene would, accordingly, be the science of interpreting the environment in terms of how it ought to respond to basic emotional needs and how to make it respond, the word environment being used in the broadest sense including interpersonal as well as material influences. The author presents a list of basic emotional needs :—(1) To be the object of affection. (2) To protect oneself and those with whom one identifies from harm. (3) To assert oneself as an individual—independent in thought and action. (4) To love others and to have others dependent on one. (5) To identify with and to be like others ; to be part of a group. (6) To match oneself intellectually and physically against the environment and to master and comprehend it. (7) To live within defined limits, to seek order and structure in life. (8) To clothe reality in illusion, to create symbols, abstractions, art forms and romance. (9) To be understood as one whose behaviour is the result of many complex environmental forces, and not to be stereotyped.

The author says that there are at present in our culture abundant potentialities for mental health, laying emphasis on those within

institutional settings, such as the school. Need-response can also occur through the medium of less organised types of institutions—that is, through any "established custom or practice"—such as advertising, recreation, marriage, friendship, even owning pets.

The mental hygiene movement has generally disregarded the raw material of human experience and has been indifferent both to the creative and destructive potentialities in the ordinary stuff of modern living. Instead it has attempted to instill minute homeopathic doses of so-called mental health education with a psycho-therapeutic orientation. The results have been ineffective and have encouraged a divorce from reality.

What is urgently needed is a new effort which will bring to the public a vivid interpretation of what the basic emotional needs are, and, concurrently, a demonstration of how these needs can be responded to in our culture and how they can and are being frustrated. The object of this effort should be the entire public, both professional and lay, but with special emphasis on those lay citizens who are in strategic positions in our more organised institutions. The mental health movement instead of being an agent of frustration, becomes a tool through which emotional satisfaction becones possible.

As the patient's behaviour patterns are interpreted by the psychiatrist as objectively as possible, something of this sort should characterize the mental hygiene approach to institutional modification and social action. The purpose of mental health movement would be to play a positive role in delineating a truly creative environment—an environment which men would continually refashion in their struggle to achieve a happier way of life.

A. Datta

Application of Group Therapy Principles to Hospital Adinistration —P. Weitz and C. N. Baganz, (*International Journal of Group Psychotherapy*, Vol. II, No. 3, 1952)

The authors advocate introduction of the "Conference System" in hospital management in order to improve the efficiency of administration and the quality of service given to the patients. These conferences should be informal discussions that must not violate the

dignity of superior members of the staff. Employees should be encouraged to present their problems, to ventilate their hostilities and aggressions, and to offer suggested solutions to pertinent problems. The basic tenets of group psycho-therapy should be adhered to in such informal conferences, i.e. promises made should be kept, no individual should be exposed to riducules. Suggestions and comments of all should be considered in a dignified manner. The need for group acceptance, group identification, self-esteem, recognition in the eyes of management and the basic drive for self preservation are well known to psychiatrists. They can provide the personnel with useful and socially acceptable outlets for these drives by the practical application of the basic principles of psychiatry in hospital administration. The hospital administrator cannot personaly administer all treatment to his patients. Therefore the aim is achieved by three main functions of the administration, viz. deputizing, authorizing and supervising. Deputizing people to perform functions and giving them sufficient authority to accomplish these functions, are mechanical acts after all skills have been used in the selection of the proper person to perform these functions. The real problem is one of supervision. The task of appropriate supervision may be considerably lightened by these conferences. Group therapy directed towards personnel results in a change of their attitude and a change in hospital atmosphere thus providing direct benefits to a large number of patients.

B. Bose

OBITUARY

PARS RAM

On July 29th, 1952 Dr. Pars Ram, an eminent member of the Indian Psycho-analytical Society passed away owing to sudden failure of heart. Born at Fateh Ghar—Panjtur in 1905 he was about forty-seven at the time of his death. Full of patriotism his whole career was devoted to the cause of social welfare in his country. He began his work as a social welfare worker in Malabar, as early as 1927 to do uplift work amongst the so-called 'Untouchables'. This work proved to be the stimulus for his interest in Psychology. He took his B.A. degree from D.A.V. College, Lahore, with Philosophy and Sanskrit as his elective subjects in 1927 immediately preceding his Malabar work. He took his M. A. degree in Psychology from Calcutta University in 1930. In the following two years he completed his training in Psycho-analysis. His connection with the Indian Psycho-analytical Society dates from this period onwards. With his pleasing manners and charming personality he earned a reputation in all his spheres of activity whether as a teacher, an administrator of a teaching institution or as an editor. It is however in the field of research work that he showed his merit best. He showed great zeal and care in organizing complex research projects and survey works involving group psycho-pathology and community relations. He has contributed nearly 28 technical papers covering the fields of General Psychology, Industrial Psychology, Psycho-analysis, Social Psychology and Child and Educational Psychology. Besides these he had also contributed a large number of papers of popular nature as well as writings in the capacity of an Editor.

B. Bose

SAMĪKṢĀ

JOURNAL OF
THE INDIAN PSYCHOANALYTICAL SOCIETY

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INDIAN PSYCHO-ANALTICAL SOCIETY—AUDITED ACCOUNTS AND ANNUAL REPORT

Editor
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COUNTER-TRANSFERENCE*

CLARA THOMPSON**

Many aspects of the doctor-patient relationship are pertinent to the subject of counter-transference. Every analyst has to consider two aspects of his attitude towards patients : (1) How far shall he trust his reactions to the patient as normal indices of what is going on ? (2) What are the dangers he can expect to find rising from his own personality in the analytic situation ?

The boundary between the analyst's normal reactions to the patient and his reactions based on his own problems (counter-transference) is difficult to evaluate. For example, does one have a slight feeling of annoyance because of some personal prejudice about something the patient is doing or does one feel slightly annoyed because making you annoyed is the unconscious motive of the patient ? On one occasion I found myself getting annoyed with a patient who frequently used the wrong form of the pronoun after a preposition. He would say, "from Frank and I." Here I am sure the annoyance was my problem and not his, i e., it was counter-transference. On the other hand, if one finds oneself getting annoyed at a patient who consistently finds it hard to leave, this can be an indication that something is wrong and the matter should be more thoroughly discussed Whatever is going on in the patient is not clear to him or to the analyst. It is very important to distinguish between these two motives which provoke annoyance. In the first case the analyst must look into his own difficulties. In the second situation he must investigate the motives of the patient. Of course, it may happen that an analyst's reaction contains a combination of the two things in which case the problem is more complicated and requires working to separate the two aspects from each other.

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* Based on a paper whioh was read as part of a symposium on counter-transference, held by the William Alanson White Association, New York, December 6, 1950

** Ralph M. Crowley, *This Journal*, p. 212 and Edward Tauber, *This Journal*, p. 220

It is clear that not all feelings experienced by the analyst in relation to his patient are in a strictly technical sense, counter-transference. Counter-transference proper should be carefully defined as the transference of irrational aspects of the analyst's personality to the relationship with his patient. This invariably makes for difficulties, and it is in order to eliminate as much of this as possible that the personal analysis of the analyst is required. The analyst, as participant observer, should be as free from anxiety and defensive attitudes as it is humanly possible to be. However, because he is human he will sometimes be tired or ill. Tragedies may happen in his life and all of these things are likely to have some repercussion on his relationship with the patient. Tiredness may merely lower his efficiency in observing or it may increase his irritability so that he may lose patience at some difficult moment. Illness or a personal tragedy adds the complicating factor of worry or preoccupation with oneself. This may lead to such thoughts on the part of the analyst as "I am worse off than the patient. What is he complaining about ?" This may be experienced by the patient as "the analyst is angry with me" or even "the analyst has contempt for me." It is harder at such times for the analyst to accept with understanding and detachment the aggressions and hostilities of patients. He is himself in need of comfort and may consciously or unconsciously long for it from the patient. These hazards in the situation can never be entirely ruled out in the best analyzed analyst. Such disturbances can happen to anyone. It is important for the analyst himself to be aware of these difficulties and frankly acknowledge them if the patient is reacting to the situation. By this I do not mean burdening the patient with his difficulties, but rather that the analyst recognize that his lowered efficiency is in the picture. Many patients react to frankness about this with an increased effort to co-operate. There have been numerous reports of how such disturbances in the analyst's life have had a favourable effect on the analysis. Feigenbaum reported many years ago such a situation.[1] During an analytic hour he received a telephone call that a close friend had suddenly died. His spontaneous reaction of grief brought a completely natural human response from the

1. Dorian Feigenbaum : "Analysis of a Case of Paranoia Persecutoria, Structure and Cure," *Psa. Rev.*, 17, 1030, p. 159

patient and the analysis took a turn for the better. I, myself, reported the reaction of a schizophrenic patient to my grief at the death of Ferenczi. This convinced him as nothing else had that I was not a cold, aloof, indifferent person as the rest of his world had been. [2]

These hazards in analysis are not really problems of counter-transference in that they are produced by reality and not by distorted attitudes on the part of the analyst although they must be taken into consideration in the same way as counter-tranference for they represent the impinging of the analyst's problems on the analytic situation. They can easily become counter-transference, however, if there is anything remaining in the analyst of an excessive need to be loved. He may then long to be free from his responsibility and desire to have the dependent role himself. If this happens with a patient who has solved his or her problems by assuming a protective mothering role toward others, a symbiosis will be set up which leads to indefinite acting out. The patient will become protective of the analyst ; the analyst, because he needs it, will fail to see this as a neurotic power manipulation on the part of the patient, and the analysis comes to a standstill.

I will now consider some of the counter-transference attitudes frequently encountered in analysis. Because of Freud's early emphasis on sex, one immediately thinks of falling in love with the patient as one type of problem. Is it possible for an analyst genuinely, i. e., non-neurotically, to fall in love with a patient ? I think that, theoretically at least, this could be the case. If so, one may ask, what is wrong with that ? The nature of the situation and the analyst's responsibility for the best interests of his patient are factors that make such a reaction unsuitable. The patient has come for help, not love, no matter how much he or she may think love is the answer. The analyst who is in love with the patient cannot remain a detached participant observer and therefore cannot help the patient analytically. Moreover, the patient, because of the dependency, is not free to make a choice or is she in a position to return a mature love, and thus may easily confuse the feeling of over-evaluation and dependency felt towards the analyst with love. A consumation of such an unequal love situation usually means keeping the patient in a dependent relationship, and in

2. Clara Thompson : "Development of Awareness of Transference in a Markedly Detached Personality," *Int. J. Psa.*, XIX, 1933, p. 299

the long run, this will not be satisfactory to either of them. If an analyst should find himself in this situation, he should always assume he is reacting irrationally unless it is proved otherwise by further analysis of himself. If he finds his attitude is not neurotic, he should insist on the patient's leaving him and going to another analyst. Only after the patient has had further analysis should he consider her in a position to make a choice. In describing this situation I have assumed the situation to be one of a male analyst responding to a female patient because this is the most frequent combination where such a reaction can happen. However, it can happen with a female analyst and a male patient, in which case the same advice holds.

The analyst may be confused about his own love feelings. There could be some irrational factors in falling in love with patient. The analyst might feel sufficiently insecure about his personal attractiveness so that he only dares fall in love with someone helplessly tied to him. Another possibility is that his vanity is stimulated by the patient's extravagant evaluation of him. A third possibility, perhaps often overlooked, is that the analyst may be afraid of the patient. He cannot withstand her aggression and feels he has to submit and appease her. There are men who are attracted to unhappy women and there are men who are fascinated by the seductive, manipulative woman. There are also women who feel secure only with helpless men. These women are not lacking among female analysts. All of these situations may produce what looks like falling in love. Of course, loneliness or unhappiness in his own love life makes an analyst more susceptible to the charms of his patient.

A subtle and therefore more dangerous form of this kind of counter-transference occurs when being attracted to the patient erotically is not fully conscious. One may then be tempted to humour her, overlook her aggression, try to win her favour or admiration. One is then no longer sticking to the business of analyzing, and the analysis becomes an acting out of the patient's and analyst's problems without insight.

At the other extreme is the problem of some dislike of the patient. This may be conscious or only vaguely perceived. If this feeling is present from the first interview, the patient often senses in and moves on. More serious from the point of view of therapy is a slowly developing dislike as the patient's problems unfold. In

short, it sometimes happens that what the patient fears most, i.e., that when you know him you cannot like him, really is the case. Granted that there occasionally is a patient it is difficult for anyone to feel kindly towards, more often the growing dislike is due to the patient's problems stirring up in some way the analyst's problems. For example, an analyst who is unaware that he tends to be appeasing towards people having some authority over him, may gradually develop a contempt for a patient showing a similar problem, and he may over-urge the patient to assert himself thus trying to overcome his own timidity as well as that of the patient. Many violent reactions of patients in their homes and elsewhere during analyses are results of such blind spots in the analyst. On the other hand, because of his own blind spots he may not even be aware of the patient's appeasing attitude, but react to it blindly with annoyance.

If the patient has coped with a particular tendency in the opposite way from the analyst's method in handling the same problem, contempt or annoyance may develop in the analyst without insight. Thus an analyst who takes satisfaction in his adaptability may be annoyed at or contemptuous of his rebellious patient. Or the opposite may happen ; he may secretly admire the other's rebellion. In either case, he does not make the patient analyze it.

Another set of counter-transference difficulties has to do with the analyst's having a professional stake in the patient's recovery. Here, often, the influence of another person comes into the picture. The patient may have been referred by someone on whom the analyst wants to make a good impression. The temptations here could be either to over-support the patient, which might cause the latter to make glowing statements about the progress of his analysis or to become angry if the patient does not move as rapidly as the analyst wishes or as he imagines the outside observer expects. The analyst's relation to his supervisor can produce such a reaction if there is a neurotic need to be the bright student.

Deeper problems of the analyst may also figure in the need to have the patient make spectacular improvement. If the analyst secretly thinks that he, and only he, is a great therapist, every failure is a personal blow generating resentment. The temptation is to rationalize at the patient's expense, i.e. ; that he wasn't worth working with. I am sorry to say that perhaps we sometimes pass that idea on

to our colleagues in self justification. At any rate, we are in no position to help the patient because we are protecting our own grandiosity.

This leads into what is the most difficult counter-transference problem of all—the handling of the unresolved residues of the analyst's defensive system. It has been touched upon in what I have already said, but I want to talk of it in its own right. The analyst who still tries to avoid coping with hostility in others by somehow avoiding provocative occasions will have this problem in analysis. He will either not see the hostility in his patient or somehow will prevent its occurring or in trying to overcome his difficulty he will be too sadistic. The patient who fears his own hostility will be attracted to the analyst with the blind spot, if he has a choice.

The analyst with still some hangover of self-esteem may fail to point out a patient's derogatory attitude towards him because to some degree he thinks he deserves it. The analyst with remnants of sadistic or authoritarian attitudes will somehow intimidate his patient without realizing it, and what looks like improvement in the patient may turn out to be compliance out of fear. Only constant self-analysis can finally weed out the last of our neurotic character trends These subtle expressions of counter-transference are among the most difficult to detect. In general, they should be suspected whenever the analysis seems blocked.

There is one practical warning which may serve as an indication that counter-transference is in the picture and that is—beware of the patient who, after the first interview, insists that you are the only analyst for him. Don't think that means you are an especially fine analyst or that you have special ability to understand the patient. It usually means the patient's neurotic defenses are comfortable with you and he anticipates a pleasant symbiosis. In my own experience I have seen over and over again that when a powerful 'positive' transference develops in the patient after the first hour of analysis, one can look forward to a difficult time ahead. Part of the difficulty is due to the fact that this reaction happens most frequently (although not always) when the analyst's personality problems in some way complement the patient's. To take a very simple and obvious example : an aggressive, manipulative woman will find a somewhat passive, masochistic analyst—the one who really 'understands' her. If you

know this you may accept him or her for treatment, but you can expect to have transference and counter-transference problems from the beginning. However, you may end by learning something new about yourself if you really keep your ear tuned to trying to understand what is going on between you and the patient. There is probably no perfectly analyzed analyst and a healthy humility on this score is the best safe-guard that I know of against the Jehovah complex and an authoritarian attitude.

inappropriate, irrational or transferred from somewhere in his past[3]. Some of these reactions are quite germane to the actual analytic situation and to the actual behaviour or character of the analyst. In other words, the reactions are products of rational judgment and rational attitudes and emotions and correspond to the reality of the person of the analyst. Thompson distinguishes these attitudes and reactions from transference. The latter term she reserves for irrational attitudes.

Similarly, an analyst may have rational and reality based feelings and attitudes toward his patient, which I do not include in my use of the term counter-transference.[4] Some authors use that term to include these appropriate, unexggerated non-defensive, and non-anxious reactions of an analyst to patients[5]. These responses, however, are neither counter, that is, provoked only by the patient, nor are they transference reactions in the sense of being unanalyzed and irrational. They are much neglected. Their significance is belittled and their usefulness to therapy is not realized[6]. Although in practice it is difficult to separate them from counter-transference reactions, I think there is a scientific advantage in so doing. There is also a practical advantage in that such a distinction emphasizes the existence of rational reactions especially when irrational reactions are mixed with them. Since the literature is liberal with illustrations

3. Clara Thompson: "Transference as a Therapeutic Instrument," *Psychiatry*, VIII, 1945, p 273

4. There is wide variation among psycho-analysts in their definition and use of the term counter-transference. *loc cit*, Mabel Blake Cohen; Leo Berman: "Counter-Transference and Attitudes of the Analyst in the Therapeutic Process," *Psychiatry*, XII, 1949, p. 159; Maxwell Gitelson: "The Emotional Position of the Analyst in the Psycho-analytic Situation," *Int. J. Psa*, XXXIII, 1952, p 1; Edith Weigert: "Contribution to the Problem of Terminating Psycho-analysis," *Psa. Quart*, XXI, 1952.

5. P. Heiman; "On Counter-Transference," *Int. J. Psa.*, XXXI. 1950, p, 80. Here the term counter-transference is used "to cover all the feelings which the analyst experiences toward his patient," p. 81

6. The following recent papers are exceptions to this statement and stress the unavoidability and usefulness of the analysts' emotional reactions. Izette deForest: "The Significance of Counter-Transference in Psycho-analytic Therapy," *Psa. Rev.*, 38, 1951, p, 158; *loc. cit.*, P. Heiman; Margaret Little: "Counter Transference and the patient's Response to it," *Int. J. Psa.*, XXXII, 1951, p. 32; *loc. cit.*, Maxwell Gitelson; *loc. cit.*, Edith Weigert

of the irrational counter-transference responses of analysts, I shall not add more here[7]. I shall, however, illustrate the other types, namely, mixed counter-transference-appropriate reactions and the more or less totally appropriate reactions.

Analysts, like others, do have emotional reactions that are almost entirely rational and appropriate. For example, during a session in which a patient is telling a story about himself and his wife, the analyst notices he, himself, is irritated and impatient. He next asks himself why, and he discovers he would like to know the significance the story has for the patient. This leads the analyst to observe the patient's story was wordy, circumstantial and unduly prolonged. This is something that is normally productive of annoyance in most people, and is an example of a reaction appropriate to the stimulus. As we shall see later, it can be easily utilized to advance therapy.

The following example illustrates a partially appropriate and partially counter-transference reaction. An analyst finds that he has not been listening to the patient and, in fact, feels quite angry, and is thinking, "what a stupid story" or "how can anyone be so boring ?" Being an analyst, he realizes that he is not understanding something, and remembers that he often listened to long winded tales from his father with mounting rage and inability to extricate himself. He sees this is something he has frequently done with this patient, feeling angry, withdrawing, and saying nothing, and that his reaction to him has become in many respects like that he had toward his father and to anyone who tells circumstantial tales. Irrational elements are plain here—the transference from the father to the patient, the character defenses of submitting and becoming enraged, and blaming and belittling the other person. It is these elements that make for the analyst's exaggerated anger. Nevertheless, there was also a real provocation. The patient was being long-winded and pointless, and this fact should not be overlooked to the detriment of therapy and to unwarranted loss of self-esteem on the part of the analyst.

To return to the rational reactions of analysts, I wish briefly to illustrate a number of these. An analyst feels sorry for a patient,

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7. Annie Reich : "On Counter-Transference," *Int. J. Psa*, XXXII, 1951, p 32 ; *loc. cit.*, Maxwell Gitelson ; *loc. cit.*, Margaret Little

and discovers from examining his feeling that the way the patient operates with many people is to make them sorry for her as a helpless victim of circumstances. An analyst feels afraid of a certain patient, and a Rorschach shows active homocidal tendencies. An analyst notices sexual phantasies about a patient, who, it turns out, was behaving in coyly seductive ways and having sexual phantasies herself, without mentioning them Another analyst wonders why he especially liked a certain patient and discovers this patient is the only one in his practice who is really moving in his analysis while all the others are sitting passively waiting for him to get them out of it. Is the analyst's liking for this patient irrational ?

An analyst becomes amazed at continued dramatic demands, and discovers that the patient is expressing his impatience at not being able to get over a lifelong problem in a few weeks. It is not counter-transference when an analyst feels astonished at a tale of unrealistic self-damaging aggressive behaviour toward a superior, nor when he is surprised at hearing from a sociologist, who is studying racial relations, of feeling rage against a Negro who held on to the same subway strap with him on a crowded subway. The patient who feels at home with anger will certainly find ways of provoking his analyst to anger.

Several remarks can be made about these rational emotional reactions. First they not only include simple likes and dislikes, and feeling well disposed or angry, but also a great many reactions such as amusement, astonishment, disgust, dismay, pity, fear, tenderness—in fact, all the wonderful possibilities in the varied gamut of human feelings. While I have mentioned mainly emotions and attitudes, appropriate reactions include as well, ideas, opinions, judgments, and phantasies about patients.

Second, many of these reactions have to do with a patient's motives. Theodore Reik states in *Listening with the Third Ear*, that "the nature of an individual's unconscious motives is revealed by the effect of his actions and behaviour on others."[8] I think it is also true that what a person is like generally, not only his unconscious motivations, is revealed by his effect on others. This would then be especially true of his effect on an analyst who is a person trained to

8. Theodore Reik : *Listening with the Third Ear*, Farrar, Straus & Co., New York, 1949, p. 487

observe himself and others. It follows, then that from noticing at any given moment our own reactions with patients, we, as analysts, can learn much about what our patients are really like and what they are doing with us in the analysis.

This brings me to the question of the utilization of rational emotional reactions in psycho-analytic therapy. Since studying this topic I have begun to notice how seldom we and our supervisees seem to use our own emotional reactions in therapy. We are perhaps not aware of them sufficiently, or we may belittle them, or we may not be admitting their existence due to what has been called a paranoid reaction toward one's own counter-transference.

Let me return to one of the examples of appropriate emotional reactions, namely, the irritation in response to the circumstantially told tale. This irritation is valuable in therapy in helping make the analyst aware of what the patient is doing at the moment, namely, being circumstantial. Not only this, the therapist may become aware that this is something the patient does often, that it is a manifestation of his character stucture. It can inspire him to go further and wonder 'why' this pointless storytelling—perhaps even ask the patient about it. In this way his attention and that of the patient is called to the fact that the patient does not know why he tells pointless stories and, further, attempts to evade knowing. He does not wish to take responsibility for the meaning of what he says, but leaves all this up to the analyst. With the help of other material, still further exploration of the various facets of the patient's character structure is made pssible, in fact, I believe analysis cannot be done successfully in any other way than by use of the analyst's own personal reactions to the material—otherwise his comments and interpretations are bound to be mediocre.

Similarly, any counter-transference feeling can be so used, including those exaggeratedly irrational and defensive reactions. In these, it is tremendously important for the analyst to burrow through the exaggerated parts of his reactions to the healthy rational substratum, and not to be distracted from doing this by the conventional evaluation of his personal reactions as valueless, useless, harmful, or as a reflection on the completeness of his analysis. For example, the irrational anger at aimlessness must not be dismissed as foolish and inappropriate. The anger may be inappropriate in

great part. This must be recognized, and then the anger must be used to detect what the patient did to provoke it and exactly why, as one would in a reaction that was entirely rational and appropriate.

So far I have discussed utilizing emotional reactions to one's patient only in terms of revealing something about the patient or his part in the emotional climate of the analysis. Another possibility is that of revealing to the patient something about the analyst and his part in the analysis at the moment. Heiman states that the analyst's feelings should not be communicated to the patient on the basis that they would constitute a burden to him.[9] This, however, is not always the case. Often the patient is aware, at least dimly, of his analyst's feelings, whether communicated or not, and it is helpful for the patient to know that the analyst knows these feelings, too. Such revelation may be a help in reassuring the patient as to his power of testing reality, leading to the reassuring feeling, "I am not entirely crazy." It can help make real the fact that complete rationality is a phantastic goal and that an analyst is human, not superhuman.[10]

Another type of appropriate feeling for patients that is not directly provoked by what patients are or what they do or by how they are currently motivated toward the analyst (although it is not unrelated to these) is the interest in people which analysts bring to their work, if it has not been too trained out of them. Healthy analysts are naturally interested in people. Discussion arose in a small group as to what makes for a person's choosing the discipline of analysis rather than, for example, dentistry. There was much learned discussion and then one of the group asked, "Is my conception too naive ? I always thought people went into dentistry because they were interested in teeth, and that they went into analysis because they were interested in people." And 'people' include analysts' patients.

This interest in patients is not unrelated to what the analyst can perceive of the actual character of his patient. For example, an

9. *loc. cit.*, P. Heiman, p. 83

10. For a more detailed discussion of indications for such revelations and the dangers involved : *loc. cit.*, Mabel Blake Cohen ; *loc. cit.*, Izette deForest ; *loc. cit.*, Maxwell Gitelson ; *loc. cit.*, Margaret Little ; *loc. cit.*, Edith Weigert.

analyst who sees his patient as basically aggressive and destructive, and, at times, with good reason, cannot be interested in helping that patient. If he sees in this aggression a fearful, trapped child who, when he has a chance to be uninvolved, is really a warm person, the analyst's interest is aroused. Now that we have established that analysts do have an interest in helping their patients, would it not be natural that, in some instances, analysts will not only discuss helpfully patients' problems, but also take appropropriate action when necessary? Yet taking action is often belittled as an evidence of counter-transference just as a patient's action in giving his analyst a gift is belittled as transference when it often expresses, at least in part, an appropriate sentiment of regard for the analyst's helpfulness.

This helpfulness may be simply that of the analysis itself or may also include extra-analytic help. There are indications for an analyst's helping a patient extra-analytically. It is not irrational counter-transference which makes an analyst call his patient's attention to behaviour destructive to himself, and even forbid it. An extremely anxiety-ridden patient who had been involved in a homo-sexual incident, could not, himself, deal with a blackmailer to whom the patient, between two analytic hours, had given $800. Although the analyst ascertained it was personally safe for the patient to go to the district attorney's office, the patient was too afraid to go. The analyst refused to continue analysis unless either the patient or himself went to the district attorney. The patient finally allowed the analyst to go, the blackmailing was nipped in the bud, and the analysis began, for the first time, to take shape. The patient's tremendous anxieties lessened to the extent that he became able to take some charge of his own life.

There are other less dramatic ways in which one may wish to help patients; for example, to have an hour in the home during illness, to carry a patient through an unemployed period without fee, to demand that the patient consult a doctor about his health, to bring a doctor to a physically ill patient or to suggest that he stay home from an analytic hour when he has a cold. There are countless other examples which any analyst may recall from his own experience.

I wish now to mention another situation—that of the analysis of a patient who has been a friend prior to analysis. While for good reason one may not have any social relations with certain patients, it is not irrational counter-transference if, in appropriate situations,

one has social relationship with a patient and gives concrete evidence of one's attitudes toward him such as what one likes or does not like about him, what interests one shares with him and which ones are not shared. This real relationship some patients cannot stand, but in many instances it can serve as an immense help both in reducing the analyst to his proper proportions in the eyes of the patient and in increasing his stature when the patient harbours irrational belittling and negative attitudes toward his analyst.

It has been pointed out that transference is the chief means available for making the patient conscious of his unconscious trends. I should like to point out that study of the analyst's feelings and attitudes toward his patient is a much neglected means of achieving the same purpose. I find it valuable to ask a patient to become aware of my attitudes and feelings about him. I ask him this : "Now what do you think I really think of you ?" or "How do you think I regard you ?" This calls the patient's attention to hitherto unnoticed aspects of his personality which are affecting other people, including his analyst. It may also call attention to unnoticed tendencies in the analyst which are affecting the patient.

Emotional reactions of analyst to patients are shown to be ever present and as little to be avoided as are transference reactions of patients to analysts. Their study promises to shed much light on such questions as the nature of analytic cure, and how an analysis ends, if it does.[11] Their precise utilization in practice leaves much room for clinical and technical exploration. Both types of study should lead to a more rational and scientific attitude on the part of analysts and their students to their counter-transference phenomena, and eventually, to the disappearance of a paranoid attitude of avoidance and condemnation.

11 *loc. cit.*, Edith Weigert. Weigert makes just such use of study of counter-transference phenomena to throw light on problems of terminating analyses.

OBSERVATIONS ON COUNTER-TRANSFERENCE PHENOMENA*

The Supervisor-Therapist Relationship

EDWARD S. TAUBER**

These observations on counter transference phenomena contain for the most part, material derived from the personal experience of the author. This article is not a review of the literature. Its purpose is to set forth issues which still require further contemplation and understanding.

The term counter-transference has been defined in various ways, and in order to avoid ambiguity, the way in which it is used in this article will be defined. As the term is used here, counter-transference constitutes the irrational and unconstructive attitudes of the therapist in his collaboration with the patient. This definition is also applicable to the attitudes of the supervisor in his collaboration with the therapist. Transference and counter-transference are dynamically identical phenomena. Traditionally the word 'counter-transference' has been used when the referent was the therapist ; in this paper the term is used also to refer to the supervisor.

There are strictly four possible sets of counter-transference reactions in operation exclusive of the transference reactions of the patient toward his therapist. They are : the counter-transference reactions of the therapist toward the patient and the supervisor, and the counter-transference reactions of the supervisor toward the therapist and the patient (indirectly).

The term counter-transference then represents as mentioned above, those emotional attitudes which are irrational and which presumably operate to interfere with the effective goals of therapeutic procedure, irrespective of the setting in which they occur.

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* Based on a paper which was read as part of a symposium on counter-transference, held by the William Alanson White Association, Naw York, December 6, 1950

** Ralph M. Crowley, *This Journal*, p. 212. and Clara Thompson, *Thi Journal*, p. 205.

First let us turn our attention to that aspect of the problem which involves the supervisor. As we all know, the counter-transference reactions are often completely out of awareness or are only considered to be in existence when difficulties in forward movement are recognized. Sometimes the supervisor, through repeated experiences with therapists, may observe a certain type of pattern in himself which can operate as an interference. On the whole, for various reasons, partly rational and partly irrational, there has been insufficient attention to the counter-transference reactions of the supervisor. To begin with, it is assumed that the supervisor will probably have fewer emotional problems to project into the atmosphere than the other two members of the triangle. In the second place, more conscious attention is focused on the activities of the patient than elsewhere. In the third place, some supervisors do not even agree that there is a point to focusing attention on the counter-transference reactions of the therapist and using the supervision primarily to instruct the therapist in the technical problems of treatment. Thus it would seem likely that with these conditions prevailing the supervisor's operations could easily escape serious consideration.

The growing trend in psychoanalytic psychotherapy has been one in which serious concern is directed at the therapist's emotionally useless attitudes. Without labouring the point, there is no doubt that an appreciation of the finesse and delicacy required to psychotherapeutic collaboration has made us tremendously sensitive to the need to correct the counter-transference reactions. The accepted attitude is that the counter-transference phenomena so defined hinder effective psychotherapy. Before examining counter-transference phenomena in the supervisor-therapist relationship, it is extremely important to recognize that there are counter-transference reactions which on deeper exploration are only apparent counter-transference reactions, i. e., these reactions have all the appearance of being unconstructive, but actually are beneficial to the treatment setting. This important area cannot be explored in the present article, however, a brief illustration can be given.

Because of his so-called needs, a therapist had responded subtly to a female patient's unconscious seductive manner. It turned out subsequently that the patient, whose father could not dare to express affection for fear of its incestuous implications, experienced the

therapist's attitude in a positive sense. It meant to her that a man could dare to like her. The therapist was, for a moment, worried over his attitude. Fortunately the therapist's supervisor, not knowing exactly what the deeper message was, at least sensed that the therapist's attitude toward his female patient was not simply a personal problem of the therapist. Thus the therapist and supervisor had unconsciously collaborated usefully in terms of the patient even though the apparent situation presented itself adversely. One can easily speculate that a real error would have been committed if the therapist had become frightened by his own reaction and had started to undo his apparent error. If added to this the supervisor had 'misunderstood' the meaning of the situation, there would have been a compounding of errors, all of which would have blocked the patient's progress. One could also foresee increasing difficulties in supervisor-therapist collaboration if the supervisor could not sense the difference between constructive and unconstructive trends in the therapist.

It is highly improbable that successful therapy is simply due to the therapist's not revealing as much of his counter-transference attitudes as his colleagues would tend to observe in him out of the analytic setting. The apparent lack of transparency of the therapist's counter-transference reactions does not shield the therapist from the patient's observations. Neither can one say that the successful therapy is due to the fact that the therapist's emotional problems are in a different area from those of the patient and that therefore very little conflict develops. Such an explanation is unsatisfactory because, as experience shows, even oblique unconstructive attitudes are eventually sensed by the patient. Because we do not know how to account for the patient's improvement despite the analyst's counter-transference, we rationalize the explanation by the two above mentioned devices. What applies to the therapist in the therapist-patient relationship also applies to the supervisor-therapist relationship. Just as the patient's appraisal of the therapist must be explored both for transference and real reactions, so the supervisor and therapist might usefully explore their transference and real attitudes toward each other. Even if the patient fares well, the mutual exploratory process in the supervisor-therapist relationship should be in operation.

Providing the counter-transference of the supervisor to the therapist does not too seriously challenge the therapist, we can observe

that the collaboration may be constructive. As far as I can gather, my own approach in the role of supervisor has been to discuss with the therapist his counter-transference reactions and to encourage the therapist to make his observations of the supervisor. This procedure is not carried out too differently from that which I, in the role of therapist, use with a patient although obviously the circumstances are much more limiting in the supervisor-therapist relationship. It should not be a strain on the therapist to examine the nature of the supervisor-therapist relationship. In fact, since the therapist must have come a good way in his own analysis by the time he enters supervision, more could be expected of him in the way of participant observation than of a patient. Furthermore, it seems to me to be valid that if the patient is encouraged to examine the real and assumed aspects of his relationship with the therapist, it would follow that the therapist should be encouraged to explore the contributions of the supervisor.

Needless to say, an examination of the supervisor-therapist counter-transference reactions should be carried on with tact and pertinence, and where it seems mutually advisable not to discuss some transference problem, it should be possible to recognize the rational advantages of by-passing the discussion and permitting the therapist to work out the problem with his analyst.

All of us have varying degrees of conviction about the extent to which a supervisor may fail the therapist and thus the patient at various junctures in the collaboration, An investigation of the collaboration is difficult to carry on unless the participants concerned see the validity in it and can tolerate the developments. Unfortunately, as we know, the culture does not encourage criticism of one's teachers. However, unless these criticisms can be aired, we stand to lose by such an attitude. Criticism is not meant exclusively in the negative, but also in the positive sense. The therapist must learn to appreciate what is really useful to him in his work with any particular supervisor, and he must also learn to define for himself where the supervisor's attitudes become unproductive.

What are the types of counter-transference reactions observed in the supervisor and how is this material obtained ? Beginning with the second part of the question, these data come to my attention, in part, from my own supervision of students, but they also come to my

attention through chance or intentional remarks which therapists make about their work with other supervisors. I have also often asked a therapist to comment on his experiences with another supervisor when a topic comes up which seems to have been handled somewhat differently by different supervisors. This type of inquiry occasionally throws light on unexpressed difficulties which the therapist is having with the supervisor in question.

The following is an illustration of how a supervisor has caused subtle tension in the therapist : Therapist relates case material to supervisor B indicating that his patient is experiencing anxiety regarding a forthcoming challenge of some kind ; therapist happened to remark somewhat earlier that a similar situation in a different case was discussed by supervisor A, and lead to a cautious permissive approach by the therapist. Supervisor B, unwittingly reacting to data about supervisor A, urges therapist to a rather aggressive attack on the anxiety. Supervisor B's assistance turns out to contain components which were not altogether constructive to the therapist. The therapist's tension has alerted supervisor B to the possibility that something was not going right and mutual exploration elicited the probable answer. In hearing alternative ways of handling the particular problem, the supervisor can sense that a procedure other than his own might be more appropriate for the therapist to use. Thus the supervisor will avoid impressing the therapist with a feeling that his own method is the only one to pursue. In addition, the therapist in feeling freer, is less likely to introduce some subtle difficulty he might be having with the supervisor into the treatment situation with his patient. This approach can aid the supervisor in his educative efforts so that what is preferable for a particular therapist can be realized. In this way I get some feeling of whether my own approach is satisfactory and when it is unsatisfactory, where it could be improved. For example, I have become aware of my tendency to press the patient, and this comes out in the way the therapist tells me how he handles a case under supervision with someone else who does not find it necessary to push, and in fact, gives the patient more breathing space than I might tend to feel is indicated.

An inexperienced therapist can allow the supervisor an opportunity to over-supervise the therapist's case because of the fact that the supervisor might have some need to feel anxious about the former's

therapeutic capabilities. The supervisor's irrational doubts about the therapist's competence can be definitely detrimental to the therapist because the therapist not only has to deal with the patient's troubles but then is confronted with the supervisor's manipulation. I am sure that there are circumstances where an inexperienced therapist could do better under his own steam than under supervision. The fact that the supervisor is more experienced does not justify an expression of irrational lack of confidence in the therapist. Any burdening of the therapist with the supervisor's unconstructive nuances can rarely be of service to the patient.

At times supervisors convey to the therapist the idea that the patient is an exquisitely fragile, intricate masterpiece who is about to be inhumanly and stupidly trampled upon by the therapist. Such an attitude makes the therapist feel that he cannot make any mistakes without having it on his conscience that he is making the patient's life more intolerable than anything to which the patient has ever been subjected. Another supervisor's vice is that of giving the therapist the impression that had the therapist said such and such at a particular moment, the gates of success would have opened at that moment, and here he has failed at the crucial time. There is also the exaggeration of the evil effects of letting the patient in on so-called irrelevant personal matters pertaining to the therapist. I have repeatedly seen that many important clinching forward steps have been made when just such matters, ordinarily classified as extra-curricular, get into the analytic session. This is not intended to indicate that one should not appreciate the value of a minimum of interference with the analysis by the therapist's personal activities and interests, but the therapist can convert one of those so-called mistakes into a genuinely constructive move providing he is not overpowered by conventional criticism and is encouraged to approach some of his unconventional moves more creatively. Many patients establish a very subtle incognito to match that of the analyst. This unconscious incognito protects them from discovering useful things about themselves. The analyst may not suspect that this is going on because of the restricted conditions of the analysis. It is to the great credit of psycho-analysis that light has been shed on the important role played by the therapist's non-intrusiveness, actual and unconscious, in the treatment situation. However, as we all know, the patient

often counters with unconscious resistance the most rational and scientific requirements for analytic progress. Just as dream material, free association, past history, symptomatic complaints, etc., can all be used defensively to resist analysis, so the analyst's incognito can be deftly countered by the patient's analytic isolationism. Sooner or later the therapist may come to recognize the situation for what it is, but may be quite hampered despite the discovery. In addition, the patient is often quite comfortable with his undefined and unverbalized appraisals of the therapist. One can then spend a great deal of time getting nowhere while the analyst's scientific rules and the patient's private rules combine to turn the analysis at best into an amusing costly sport. These comments indicate that we must learn more about the way in which a most valuable asset, the analyst's incognito, can become a deficit. We must search for an answer to this problem.

We all know that there is no precise rule book which tells exactly where an infringement exists even though we may be able to sense the errors in any particular doctor-patient relationship, but the supervisor should not, under the guise of improving the therapist's craftsmanship, fail to encourage the therapist in some of his own ways of handling a situation even if they are at times questionable. One of the criticisms one can level against any therapist is in the direction of a failure to use ingenuity and resourcefulness with the patient. These attributes seem more desirable than to find the therapist psycho-analytically correct but stifling in procedure. It is at such a point that the supervisor can help the therapist to open up and to use his resources rather than to accept these so-called unconventional activities as plain errors in technique which are going to doom the patient.

An observation which some therapists made has been partly covered above but deserves independent comment. The therapist is made to feel that one has to be a tremendously gifted and unusually sublime personage to carry on psychotherapy. Such an exaggerated appraisal of the obligatory characteristics of the therapist is not only unrealistic and undermining but forces the therapist to infer that the supervisor wishes to call attention to his own very special endowments.

Let us now consider the therapist's counter-transference reactions to the supervisor. In the first place, my own impression has been that transference data are more usually representative of

emotional difficulties the therapist has toward the patient rather than toward the supervisor although one also meets transference reactions toward the supervisor. For example, some therapists show a tendency to over-politeness and over-gratitude which is out of keeping with the needs of the situation. This fictional requirement that one must be very grateful, etc., to the supervisor may force the therapist into omitting data from the treatment situation in order to maintain the fantasy of the supervisor's helpfulness. This deception eventually makes the patient the one to lose out.

Another counter-transferene difficulty of the therapist toward the supervisor is one in which, for reasons that do not become disclosed, the therapist uses very little of the assistance of the supervisor and tacitly acts as if supervision were an intrusion into his personal efforts. As one possibility, this phenomenon might be an expression of an unconscious rivalry process. This is important to bring out because there may be occasions where the therapist really needs the help of the supervisor but cannot permit this to happen. Occasionally one runs into the type of counter-transference reaction toward the supervisor in which the therapist acts as if he, the therapist, is much more incompetent and needs much more advice and assistance than he realistically should require. Again the specific nature of this as well as any other countet-transference has to be explored in its own rights, but it often appears as if the therapist needs to create for himself the role of the conscientious acolyte. Another important counter-transference reaction occurs when the therapist becomes afraid of having any definitive feelings about the patient's behaviour lest the supervisor accuse him of having emotional needs which get projected into the treatment situation. This is unfortunate since the therapist then cannot dare to be sufficiently human himself and therefore, a great deal of his work will be wooden and without value. Because of his assumed or real appraisal of the supervisor, the therapist is on guard about his own feelings and attitudes towards the patient. This particular problem then is an expression of a counter-transference reaction not only toward the patient but toward the supervisor.

Still another problem is the concern which the therapist may have over being acceptable to the supervisor so that he presents his material in such a way as to gain the supervisor's applause. One can see quickly that such collaboration would not be conducive to a

clarification of the patient's problems in living because the therapist's needs would become more important than the patient's welfare.

In closing let me make one more observation which was hinted at further back in my discussion, namely, the matter of a mutual examination by therapist and supervisor or therapist and patient of the genuine appraisals by the participants. For example, let us say that the therapist wishes to explore counter-transference attitudes toward the patient with his supervisor or his own analyst. This can be carried just so far, but in the final work with the patient the counter-transference in operation with that patient must be clarified by the patient and the therapist. The therapist cannot validly learn all about his own counter-transference difficulties through supervision or personal analysis but must establish an atmosphere where he can learn something about himself from his patients. One does not show all of one's personality to any one person and one has to solve each so-called me-you relationship within its own domain. As in all human relations, a serions relationship involves the wish to understand the other person and the willingness and wish to be understood by the other person. Thus one encourages oneself to take each significant relationship seriously and does not expect that one has to be understood only by one's analyst. In fact, if the therapist does not seek to develop further insight in all serious human relationships, it is doubtful whether his own personal 'analysis was a geniune collaboration.

OBSERVATIONS OF THE ANALYSIS OF A MUSICIAN*

C. V. RAMANA

This paper deals with certain aspects of the treatment of a paranoid schizophrenic and some of the psycho-dynamics of the musical processes as observed in the development of this patient. No attempt at completeness has been made and data *is* limited to pertinent aspects of musical activity and *is* presented in broad general outlines.

Friends and relatives of the patient, observing the increasing isolation and withdrawal of the patient from his musical activity, approached the author and his colleagues to explore the avenues of therapeutic potential. The patient could not be hospitalized owing to certain social and environmental problems. The patient was 41 at the beginning of the treatment which, subsequently, was carried on over a period of $4\frac{1}{2}$ years.

For the entire first year I made daily visits to the patient's home, and on the average spent 6 to 8 hours a week. The duration of the interviews were dependent on the patient's responsiveness and the patient's and therapist's ability to relate themselves to each other. The initial period of contact was one of mutual suspicion and apprehension. Stated differently, neither I nor the patient knew at this phase of the relationship what to expect from each other. If one can view this relationship of two individuals without or beyond the conventional frame of reference—the 'doctor-patient' relationship—it is easy to observe that a number of defenses[1] are mobilized and maintained in an effort to preserve the identity of 'the patient' and

* Based on a paper read before the San Francisco Psychoanalytic Society on February 14, 1949

1. It is my impression that the conscious and unconscious attiudes of the analyst, especially towards the initial interview, (and certainly throughout the therapeutic relationship) determine the sequential order of the defenses that later appear in the transference relationship. While the attitude of the patient towards therapy is generally recognized, the analyst's attitudes and expectations and feelings, the impact of the patient on the analyst, etc, are all areas that present an opportunity for investigation. In spite of its importance we seem to be on the defensive.

'the doctor'. Of necessity the patient remains suspicious and distrustful until the therapist can provide (or at least make the first to provide) an environment safe enough for the 'prospective patient' to relinquish his identity as a 'patient'.

Many hours were spent listening to the patient's music. By so doing I anticipated establishing some contact with the patient since music was the patient's way of communicating, however vague such a mode may be. Frequently after these musical sessions I would leave a note saying that I would like to come back the next day in order to see him and to listen to more of his music. It was reported by friends of the patient that he occasionally enquired about the analyst. He is reported to have commented that he recognized the analyst as one of his audience at the patient's concerts a year before. The patient did not manifest any other interest until about two weeks later when he felt the sudden need to have me come over to his place. The only comment that the patient made was that he would like to play and sing for me and that he felt understood. Contact on this level was repeated for the first few months without any pressure being exerted on the patient to talk about anything in particular. Gradually the relationship between the patient and therapist developed to the point where the patient manifested interest in exactly what I did do to make a living. Questions relating to my work, the function of a psychoanalyst, my background, training, etc., were answered in a simple straightforward manner. Often the very same questions were asked and I endeavoured to answer them within the patience and limitations of my own ability.

The patient's feeling of not being understood and appreciated by society were the predominant themes on which the patient would labour continuously, sometimes with a ruthless and stubborn persistence and other times very casually as though it really did not matter what answers I gave him. The patient had isolated himself completely from all social obligations and lived alone. When this continued for over a period of two years friends of the patient sought psychiatric aid.

I felt that any work with this patient could be done only after educating the patient that he was not too well and that he was potentially capable of leading a better life in which he could find greater security. My own skepticism regarding the outcome of the 'non-analytic' relationship with the patient, and also my 'therapeutic

ambition', certainly hindered the understanding of the patient's needs for some time. Until I realized this, obviously and rightly the patient remained an observer rather than a 'participant' in the development of the relationship. It was impossible to discuss any other problem with him other than those that were directly related to his music.

At one point in the early interviews the patient expressed his fear of feeling threatened by people and of having lost his ground completely, thus hindering his desire to function as a musician. For weeks the patient would go without eating any substantial diet but would subsist on fruits and milk. He could not sleep at night and would continuously pace the room, occasionally exhibiting a tendency to jump from the terrace. However, an unusually co-operative group of friends provided excellent environments for the patient where constant vigilance prevented the petient from hurting himself.

The patient had to be accepted and treated as a psychotic child with whom one first has to establish a relationaship based on the knowledge of the unconscious conflicts and the way in which the conflicts are symbolically expressed. Until the patient or the child realizes and is able to admit the fact that the analyst is there only to accept him en toto, one cannot hope to establish any sort of a relationship[2].

The following brief history has been arranged chronologically for the sake of continuity and readability.

The patient was the youngest of 17 children (all of the same mother). As a child the patient had contact with only two sisters and one brother because the other siblings were living with two uncles and he saw them only occasionally when there was a family re-union. The patient recalled that since his childhood he had felt insecure in his relationship to the other siblings as he could not relate himself to the father's relatives as the other siblings did. The patient felt that he was too close to his mother and made a special point of impressing this on me.

The patient was brought up in a very religious and orthodox home where there was very little contact with his father. The father was authoritarian and remained inaccessible to the young children

2. Helen Sheehan-Dare : "On Making Contact with the Child Patient," *Int. J. Psa.*, XV, 1934, p. 435

except when they had to attend festive occasions or be shown off to relatives and friends. The patient was very emphatic in expressing his rage against his parents by repeatedly saying, "My parents never consulted me before they took on the responsibility of bringing me into this world After all, who am I to them ? I am just a by-product of a forced conjugal and lustful union. I am sure that my parents never desired me but they couldn't do anything else if they wanted to get the brutal sexual pleasure. I suppose that I can't blame my mother too much since she could not resist a man who was all powerful."

With conscious effort the patient consistently attempted to suppress remembering any event from his childhood. On the occasions he did talk about his early years it was as though he was talking about someone else. He had been left alone to his own resources and as long as he made no demands and did not get into 'trouble' with the neighbours' children or the school, he had no 'trouble' whatsoever. On occasions when the patient got into difficulties with the school authorities, he would receive a severe beating from his father and would be locked up in the bathroom for various lengths of time ranging from 10 minutes to 2 days. During this isolation the patient would not receive any food as long as the father maintained strict supervision over the servants. When the opportunity presented itself, however, the mother would sneak food in to him. On some occasions the patient ate the food but on others he rejected it owing to the fact that his mother was only sneaking in something to him but did not have the courage to come in and get him away from the room.

One of the ways in which the patient (as a child) could cope with the bitter and frustrating parents was to exercise complete control over the parents by introjecting the 'bad' parts of his parents and thus maintain at least some internal security. Any security that the patient could achieve was obviously depedent on the amount of available narcissistic supplies which were reinforced through fantasies of omnipotence.

For long periods of time he would refrain from either urinating or evacuating his bowels as he felt that by so doing he could control his parents. On other occasions he would evacuate his bowels and play with the fæces. When he became disgusted and tired of this he would spread the fæces on the walls of the room. This only helped to provoke the patient's father who locked him up for longer periods of time.

The patient vividly remembered the quarrels between his mother and father. The mother would protest hysterically to the father that she would commit suicide or run away from home if the father continued to treat this child in such a bad way. The patient's sisters, who witnessed all this, joined the mother in her protests and would isolate themselves in a room voluntarily and pray to God to help the mother in her attempts to get their brother away from the room.

At the age of nine, after being beaten by the father, the patient ran away from the home. The patient did not have any specific place to go but just kept walking on a highway with the fantasy that someone would pick him up and adopt him as their child. One significant fantasy was that of a gang of robbers kidnapping him and all of them petting him. He fantasied growing up into a gangster and thus take revenge upon his father and his associates.

In school the patient felt that all the other children had better parents and he always wanted to be the younger brother of the girls in the class. On one occasion the patient purposely jumped into a swimming pool and attempted to drown himself, but he was noticed in time by some of the neighbours who protected him.

The patient had some independence when he was in college but still had to depend on his parents for financial help. The father would send funds to the college authorities directly and not to the patient. The patient could not tolerate this and once again he ran away and refused to enter any college if his father would not provide him with sufficient funds directly. After considerable difficulty, through the efforts of the mother and the sisters, this was accomplished.

The patient never felt secure in his inter-personal relationships and always felt that there was something definitely wrong with him. He could never associate with his fellow students but kept to himself.

It was at this point that the patient first developed interest in music. He utilized music as a protective field which nobody else could invade. Whatever he did in music belonged to him and no one else, and it was in this musical activity that he found his security and protection against his parents and society.

At the age of 14 he attached himself as a disciple to a famous musician and wandered around the country with his master. He had no other interests other than his music. When he discovered that through his music he could make a very meager living, he took

advantage of this and left home permanently, never returning to his parents except for occasional contact after he had made a name for himself in the musical field. These later contacts were very formal and in these contacts the patient made the parents pay homage to him as a great musician. His relationship with the siblings was also of a similar nature, in fact, the patient constantly made efforts to avoid any contact with his relatives or his early friends.

The earnings that he made through his music were spent on alcohol and prostitutes. He had no realistic evaluation of money. The moment he had money in his hands the first object he would reach for was alcohol—usually alone, but when he could not avoid other musicians, he took them along.

He spent hours and days in the rooms of prostitutes, singing for them and composing music for them. His first sexual experience was at the age of 16 when he was crying in the night because of a nightmare and one of the prostitutes in whose home he was staying, came to him and mothered him. This mothering provided sexual excitation and the woman cajoled him and petted the patient's sexual organs. She utilized this technique of comforting the patient and finally ended up by masturbating the patient.

From this period onwards the prostitutes were a part of the patient's life. He lived with these women when he was not giving a performance. He was usually passive in his sexual relationships. Often he preferred fellatio and cunillingus to intercourse.

After sex activity the patient would get into a frenzy of short temper and would usually isolate himself by locking himself up in a room and practising his music. During some periods he would insist on some of the prostitutes just sitting naked before him and then the patient would sing and compose songs for these women, but would take care to dedicate his musical creations to some Greek god or goddess of mythology who represented musical and educational activity.

During concerts the patient would fantasy a woman who had the ideal traits—'a woman who would do everything' for him and protect him from everyone, but, at the same time, would be sensuous enough to 'make him have' sexual relationships. He used to call some of the prostitutes by Grecian names, and for long periods of time would just stand and admire the women in the nude. Suddenly, in a fit of temper, he would rush like a hurt child to the terrace and sing. After he had

exhausted himself physically he would expect that the woman would come to him and protect him and give him the necessary comfort. This continued for a period of over 20 years. Later the patient gradually began losing interest in women completely and isolated himself in his musical activity.

It was at this period he had very severe depressions, and attempts on the part of his prostitute friends to contact him were fruitless and usually ended up by the patient's physically beating the woman. The patient had no contact with reality except through his musical activity. Here he felt the need to exhibit his work to people, but even this did not last and he finally came to a stage where he was not interested in sharing his musical activity with people. He felt that music was not a thing to be prostituted to a public that paid money just as one pays money to a prostitute, and then has the opportunity to listen to him.

He constantly made efforts to go to new places where nobody would know him but such attempts were futile as the patient was too well known and could not isolate himself from the public. The patient used to curse himself by saying, "What do these people want from me ? If they want me why don't they take me and kill me ? Who am I ? Why don't they go to my parents ? After all, it was they who created me. I did not create myself."

It was over a year before the patient, in great anger, related his first dream. (He had been coming to my office for two months.) He introduced the dream by saying that he would like to kill the therapist and then kill himself and thus save the trouble for two people. The dream : "I am somewhere. It's like a river. I am with the river and I am flowing. I can't hold myself. I see that all the water in the river is endlessly flowing without an end or a purpose. I suddenly realize that I am in the process of being drowned. I see a boat with no one in it and I struggle for help. I attempt to swim faster but I am just unable to do it. It was as though the boat itself was condemning me and the river wanted me. I did not want to end my life in this very insignificant manner. I suddenly began remembering that all my music, all that was me, was being destroyed, today, in this river which was God's creation. I cried for help and I am amazed that all the people who want me do not come and help me.

I finally drown but I do not die and I wake up perspiring, and I am grateful that this was only a dream."

After relating the dream the patient again experienced during hour the threat that the dream might be a reality and vested in me the power of being able to make the dream a reality to the patient. He could not sit or relax in the office but had to keep pacing the room in a frenzy. After some time, however, he remarked that perhaps the dream may mean something and thought that the dream could be the focal point from which one could foresee the future. He was very apprehensive that his death would come in a similar way. He expressed his fear of being unable to sleep the coming night. He wanted explicit reassurance from me that nothing would happen to him, and that if something did happen he could call upon me.

He associated to his mother and remembered that she often left him alone. Suddenly the patient thought of the river in the dream and of the river in the city and said that the real river is the one that gives him comfort and peace and enables him to carry on his musical work.

He continued and said that unless there was some strong sense of insecurity which resulted in actual suffering, one could not create, but that it was the opposite in childbirth in that the mother got the pleasure first and the pain later. He felt and reasoned elaborately, quoting philosophy and mythological literature which stated that pleasure in the beginning can never end in anything fruitful. During the last two minutes of the hour the patient once again became very restless and went to a corner and began singing. The summary translation of the song is of his being restless and his soul longing to touch the skirt of the dim distance.

Oh great beyond,
Oh the keen call of thy flute !
I forget, I ever forget that I
have no wings to fly,
That I am bound in this spot evermore.
I am listless, I am a wanderer in my heart.
Oh Farthest end,
Oh the keen call of thy flute, *

* R. Tagore: *Collected Poems and Plays*, The Macmillan Company, N Y, 1946

After the patient finished singing he looked at me and commented that the song, if I understood it properly, would give me the clue to his personality. He then walked out of the office.

Even with very scant free associations this dream gives us an understanding of one of the problems with which the patient was groping. To the patient it meant either continuing on the same level as he did previously and living in his music (this had definite social implications in that the patient's activity brought him social recognition) or accepting his music on a reality level and continuing in his activity. The patient's struggling and seeing the boat and not being able to reach it, yet accepting the fact that the boat was there, was the analyst who was there to help him, but the patient could not reach him. The remarks of the patient on pain being essential seemed to refer in part to the analytical process and to the development of awareness made possible through analytic interpretation.

The main theme of this dream had its course of variations during the treatment. Basically it came to mean that the patient needed to have some unreal object—music—to attach himself to since he felt threatened in relating to any real object. At times, with great difficulty and reluctance, the patient was able to tolerate or accept the therapist as a real object or person. He would resist facing any reality problems by remarking, "What does this great reality that you speak of give me ? Reality has never given me anything. It's my musical reality that has given me and everybody something." The patient consistently fantasied that everyone else would fit into his musical world where he could play and toy with the objects, but where he could always discard the objects when he wanted to.

During the analysis it was found that the patient equated music with the same type of figure that he conjured up in his musical performances—the ideal mother who, at the same time, was a prostitute. At one point the patient openly expressed the feeling of being inside the mother and groping for something, and this groping was his music.

There were many hours when the patient would refuse to lie on the couch or even sit in the therapist's office, but would prefer to stand in the office or outside and talk at considerable length about certain immediate reality problems. On one occasion the patient attempted to secure the approval of the therapist regarding a musical performance. He could not decide whether it would help him to

give a musical concert or if it would be better for him to withdraw from the public. He could not withdraw completely from his musical activity since that made him guilty and lead him on to a depression, yet if he did participate in the musical activity it made him feel like a naughty child who was doing something that was forbidden by the parents. In this particular situation the attention of the patient was drawn to the specific guilt patterns and the immediate reality problem. The realization that music was not 'bad' and that he needed no one's 'blessings' to function as a musician, and most important of all, the acceptance of the right to enjoy his role as a musician, were all factors contributing to the patient's ability to relinquish his guilt. When the patient understood how he was distorting reality on account of his own unconscious infantile needs, he was able to grasp his conflict and make a decision in the solution of the problem.

Music can also be seen as an exhibitionistic activity with a strong urge to communicate. The urge to communicate in this case was satisfied through music, which permitted him to expose and exhibit what he could not exhibit as a child. This exhibition in the sublimated form was a way in which he could deny the existence of the 'bad' parents. The distant and impersonal love of the audience was acceptable.

In his paper, "Exhibitionism and Exhibitionists"[2] Hans Christoffel shows very admirably the part guilt plays in exhibitionism. He states that the urge to exhibit provides a channel of communication giving the patient the feeling that he is loved. The moment the patient realizes that he has received the love he has sought, he feels guilty. In other words, the act of accepting love itself becomes an instrument whereby the guilt is also satisfied and this is achieved by receiving appropriate punishment. This can be seen very clearly in the fact that exhibitionists take particular care to exhibit themselves in situations where there is a *guarantee* that they will definitely receive punishment for what they have done. In other cases where the punishment cannot be received directly, the patients end up by punishing themselves through masochistic suffering or as in our case, through depression and withdrawal from activity.

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2. Hans Christoffel: "Exhibitionism and Exhibitionists" *Int. J. Psa.*, XVII, 1936, p. 321

In musical activity as in other fields of artistic creation, one is able to project one's deepest wishes in symbolic form and thus make the wishes acceptable to the ego. It is in this projection that the artist is able to participate in what he, himself, is creating. Here we face the problem of restitution; for instance, in our patient we see that he was able to gain possession of his mother by symbolically gaining access to the mother constantly through his musical productions. Without the objections of the ego and the fear of the super-ego, the patient could relate himself to the early infantile mother. The infantile mother was his and fitted into this structure of musical productivity. Just as he had to depend on the mother and wait for her to breast feed him, now in his music he can be independent and the musical *woman-mother* can breast feed him, and thus he can retain the 'good' breast forever within himself. Brown's comment, "The artist creates symbolically that which he has forbidden himself but which he still unconsciously desires," [3] seems appropriate to our understanding of the symbolical processes. But for the patient's musical productivity the patient would not have had anything to cling to. He had said of music, "It's the ghost between me and the public,"—the ghost that was both tempting and seductive but one which always remained aloof.

Another main unconscious factor regarding musical activity is that of the repetition and rhythm in music. As is well known, repetition is one of the basic mechanisms with which the infant's ego protects itself from pain and injury. [4] To an infant it is essential in the growth of its developing ego to devise a way by which it can tolerate and guard itself from seeking the unknown and the untried which may be injurious and painful. Repetition thus assists the infant in mastering its instinctual conflicts, and tends to pave the way for learning and integration.

The variation of musical repetition of a theme seem to be a means for the ego to ease the tensions that the developing and growing infantile super-ego imposes. The punishment that the super-ego inflicts on to the ego is lessened through fantasy construction of a musical

3. J. W. Brown: "Psychoanalysis and Designing in Plastic Arts," *Int. J. Psa.*, X, 1929, p. 7

4. Rene Spitz: "Wiederholung, Rhythmus, Langeweile," *Imago*, IX, 1923

theme. Further, music seems to serve the highly narcissistic object relationship where the object conforms to the primary narcissistic needs of the musician. The fantasy object relations in music are constantly changing or fluctuating thus maintaining an external union with 'all that is good', and the milk from the mother's breast is constantly flowing. It is my impression that the phenomenon of musical repetition is an echo from the very early oral components of the libido coupled with the pre-genital sources which constitute the growth of sublimations. (The problem of the pre-genital stimulus in sublimation is far from being clear.)

Music also served as a recapitulation of the libido, a means of escape from reality with the added advantage that the musical process served as a stabilizing instrument in the psychic economy. The compulsive pleasure through repetition releasing the unconscious content is manifest in musical productivity. The musical content lacks a real object for the libido to reach, and remains on a more or less objectless level retaining its auto-erotic character. The narcissistic identification that the patient made with the musical objects served the purposes of regaining and mastering the threatening introjects.

Music seems to me to be one of the purest artistic expressions that can reach the unconscious with the minimum of resistances even though the conscious ego utilizes certain immediate reality events and situations as stimuli to appreciation or composing. Wagner expressed this in one of his letters : "The stream of life was not flowing from without, but from within."

The 'incubation' period that a musician undergoes when he is struggling to find a musical means of achieving an end, corresponds to the childhood situation in which a child is passive and has to achieve its ends through fantasies. and thus copes with the bad parts of the introjected objects. The frustrations that a musician experiances in reality correspond to a child's frustration in reference to its parents when it is completely helpless and dependent on the mother in particular.

In some ways musical production can be compared with the dream process with its similar mechanisms of condensation, displacement, symbolization and transformation. Just as the dreams are the instinctual expression in the service of the pleasure principle, the music serves a similar purpose.

It was not the purpose of this paper to go into the psychodynamics of musical inspiration, but I want to say that generally inspiration stems from the complicated web of latent unconscious thoughts. Further, music seems to neutralize the unconscious anxiety and tension that the ego faces in its contact with reality and the super-ego.

I have tried to present within a very limited space some of the dynamics of musical processes as they appeared in the treatment of a paranoid schizophrenic patient. As in child analysis, I was faced with a very weak ego that had become fixated in its development and had to be helped through showing the ego, by means of constant education, that it could advance further and that reality was, after all, not such a great threat as was fantasied.

One of the main factors in the treatment of this particular case seemed to lie in the fact that the patient's object—music—still remained an object in however distorted a form. Working with this identification—the musical object—the patient slowly learned to relate himself to the person of the analyst and eventually to society.

BIBLIOGRAPHY

Coriat, I. H. : "Some Aspects of the Psychoanalytic Interpretation of Music," *Psa. Rev.*, XXXII, 1945, p. 408.

Ganguly : *Raga and Raginis*, Calcutta, India.

Glover, E. : "Sublimation, Substitution and Social Anxiety," *Int. J. Psa.*, XII, 1931, p. 263.

Heinman, P. : "Problem of Sublimation and Its Relation to the Process of Internalization," *Int. J. Psa.*, XXIII, 1942.

Plato Symposium

Read, H. : *Art and Society*, Faber and Faber, London.

Rinaker, C. : "Some Unconscious Factors in the Sonnet," *Int. J. Psa.*, XII, 1931, p. 167.

Roheim, G. : "The Evolution of Culture," *Int. J. Psa.*, XV, 1934, p. 381.

Schmideberg, M. : "On Sublimation," *Samiksa*, 1, 1947.

Schmideberg, M. : "The Role of Psychotic Mechanisms in Cultural Developments," *Int. J. Psa.*, XI, 1930, p. 387.

Sharpe, E. : 'Certain Aspects of Sublimations and Delusion," *Int. J. Psa.*, XI, 1930, p. 12.

Sharpe, E. : "Similar and Divergent Unconscious Determinants underlying the Sublimations of Pure Art and Pure Science," *Int. J. Psa.*, XVI, 1935, p. 186.

Sorkin, P. : *Social and Cultural Dynamics,* George Allen and Unwin Ltd., London.

Sterba, R. : "Toward the Problem of the Musical Process," *Psa. Rev.*, XXXIII, 1946, p. 37.

Waelder, R. : "Schizophrenia and Creative Thinking," *Int. J. Psa.*, VII, 1926, p. 366.

EXPERIMENTAL APPROACHES TO PSYCHO-ANALYTIC CONCEPTS

JULES H. MASSERMAN, M. D. *

Historical Review : Until recently, psychiatry was usually defined as "that branch of medicine devoted to the study and treatment of diseases of the mind." Currently, however, many pragmatically minded thinkers and investigators are questioning this glib definition somewhat more closely. What, to begin with *is* 'the mind' ? Is it the supra-organic expression of some ineffable 'soul' vouchsafed only to human beings ? Is it a composite of 'faculties' or of psychological abstractions vaguely named 'instinct', 'emotions' or 'intellectual capacities' ? Or is it only a categorical term used to summarize the totality of a person's observable visceral and neuro-muscular *behaviour* ? But if the last definition comes closest to being operationally meaningful, how can we speak of the mind as being 'diseased'—or do we mean by 'mental disease' merely that one person judges whatever he can observe of the behaviour of another to be grossly inappropriate for the contingencies of time, place and culture ? And even so, why did the subject behave - and the observer judge—as they did ?

Questions such as these must have troubled men long before they were able to approximate them in words ; at any rate, our ancestors seem to have reiterated the same blind, groping and self-delusive answers to them down the ages. Primitive man, fearfully close to the stark realities of helplessness, loneliness and the ever-present threat of suffering and death, developed perhaps man's most deeply rooted defenses against these anxieties : first, the cherished premise of his own invulnerability and immortality ; second, a glorification of sexuality as affording him enraptured moments of trustful reunion with another human being in the deistic act of procreation ; and third, the wishful belief that he could, through magic thoughts,

* Professor of Nervous and Mental Diseases, Northwestern University ; Scientific Director, National Foundation for Psychiatric Research ; Chairman, Dean's Committee, U. S. Veterans Administration and U. S. Naval Hospital, Great Lakes, Ill.

words and rituals, assert his omnipotence over the very Gods of the Universe themselves. So basic are these fundamental self-delusions of humanity that they are immanent in nearly all of our customs, our cultures, our religions and our philosophic and psychologic rationalizations about our own behaviour. First in historical priority came the rites for controlling the Givers of Food and Shelter, such as the totemization of game animals and the worship of primal mother symbols (incidentally, we still put cocks on our spires, and arch our doorways or tack horseshoes above them to honour the cornucopic womb of Isis). Almost immediately, too, there developed both the sacred and profane adulation of the sexual orgasm and of the powers of parenthood—man's only thaumaturgy potent enough to deny suffering through ecstasy and to conquer death by engendering life anew. Finally, soon after the dawn of recorded fantasy man was already creating gods who, in the image of glorified and all-powerful parents would protect, cherish and serve him as he wished.

And here also, as man's imagery grew, were ready-made 'explanations' of his own behaviour. Obviously, he both controlled *and was controlled by* various categories of goods : those of bodily lust (Dionysos, Loki, Ahriman, Siva and all the other dark and cloven-hoofed ancestors of our Devil) ; those of reason, compassion and light (Apollo, Thor, Ahura-Mazda, Brahma and other gentle demi-gods who lived in the guise of men and helped them deal with the realities of this world as well as the next) and finally, the supreme and sublimely indifferent Givers of Universal Law : Zeus, Wotan, Yahveh and their illustrious ilk. These played with men as pawns, but even so men could alter their fate by threats or cajoling, or by bribing the divinities either directly or through their representatives on earth.

These, then, were the mystic explanations of man's conduct. But, as August Comte pointed out, sciences in general develop through two other theoretical phases ; taxonomic and dynamic. Psychiatry too, about two centuries ago, began to concentrate on the second of these phases : namely the recording and classification of human behaviour. Of course, man's first observations of the complexities of his own conduct were biased and inaccurate, and his classifications sometimes fantastically arbitrary and dogmatic ; indeed, even today we are prone to survey each other with a defensive clinical stare and

the smug appraisal, "compared to me, *he* is a 'narcissist', a 'neurotic', a 'cyclothyme' or some other deviate with a resoundingly condescending apellation.

It would be tempting to round out this fragmentary introduction by assuming that in modern times psychiatry has at last discarded such epithets and is now a truly scientific discipline devoted to a dynamic understanding of man and the application of rational methods for readjusting unhappy deviations from the golden norm. As psychiataists we wish this were completely true, and yet we must admit that all about us are *residues of mysticism and irrational dogmatisms in our field.* Without adequate diagnosis or rationale, patients are still being partially burned or suffocated to cure their 'mental illness' (*ex evilness*)—although the electrical *auto-da-fe* is now confined to the brain under the guise of 'shock therapy', whereas the Inquisitorial suffocation is now scientifically disguised as "carbon dioxide inhalation treatment". And even in the relatively enlightened spheres of psychiatry there are relics of mystical thinking : *vide* the substitution in very early Freudian metapsychology of 'Id', 'Ego' and 'Super-ego' for the oligarchy of gods that control man's 'psyche', or the misuse of Hellenic myths (Narcissus, Oedipus) not as limited poetic allegories but as supposed proofs of man's universal motivations.

Is then, psychiatry really the most backward of our medical specialties ? Perhaps so, but in all fairness we must note that in some of the fields of neurophysiology and psychosomatics it has re-established a scientific liaison with medicine, that in the modern developments of psycho-analysis (Fromm-Reichmann, Kaufman, French, et al.) it has achieved a sounder and more comprehensively dynamic rationale, and that in some of its group applications (e.g., mental hygiene, orthopsychiatry, group therapy, etc.) it has become better correlated with anthropology, sociology, political science and such other broad disciplines. Moreover, it has relatively recently begun to derive support from an heuristic source in which it has been most lacking ; namely, experimental validation of its data, hypotheses and methods by laboratory experimentation.

Experimental versus Clinical Data. In all fairness, it must be noted that the clinical psychiatrist might take exception to the validity or relative importance of experimental data. He might insist, for instance, that every human being, in Adolf Meyer's words, is *ipso facto*

an 'experiment of nature', *ready-performed* and with results open to inspection. In effect, each person's inborn energies, potentialities and propensities have already been utilized in and influenced by his special familial, educational, social, sexual and other experiences, and in this manner molded into the complex configuration of traits and action-patterns that we call his personality. This in turn is open to retrospective and reconstructive analysis, provided only that our psychologic and psychiatric methods are made sufficiently discerning and penetrating.

Taken at face value, this argument sounds attractive, although one almost immediately wonders why it is not taken seriously in other fields of medicine in which conclusions derived from clinical histories and observations alone are checked whenever possible by laboratory research. Further appraisal, however, leads to the recognition that ***sole reliance on clinical studies may be especially misleading in psychiatry for many reasons.*** Three of the most important of these may be outlined as follows.

Complexity and multidimensionality of the data : Human behaviour is perhaps, the most protean and variable of all phenomena. What observer, then,—indeed, what combination of mortals—can possibly catalogue all of its facets, changes and expressions ; anatomic, chemical, physiologic, pathologic, motivational, perceptual, conceptual, expressive, social, cultural, and others ? And if the totality of behaviour can never really be observed, let alone comprehended, in even a single individual, how can we really speak (as so many psychiatrists pretentiously do) of "the person as a whole" while at the same time myopically investigating his conduct by some narrowly constricted technique (e,g. a 'psychiatric history', a neurological examination, or a Rorschach test) picked on limited and sometimes purely arbitrary assumptions ? In short, even though we are given two billion 'experiments of nature', we do not necessarily know what particular phenomena to endow with what special significance for our field of interest.

Limitations of description : But even when we have selected our data, another difficulty arises : how shall we record them ? Is any verbal language capable of describing the infinitely variable nuances of human conduct ? And are not vaguenesses and confusions multiplied when we attempt to 'define' even first-order psychologic

abstractions, i. e., categories of 'motivation', 'emotion', 'intellect' and so on ? What, for instance, are the palpable distinctions among 'instincts', 'unconditioned reflexes', 'id-tendencies', 'latent impulses' and other such postulates as the basic motivations of conduct ? Or, at the level of symbolic evaluation, who is to say whether some pattern of observed conduct arises from 'inference', 'intuition', 'prejudice' or 'delusion' ? In short, we not only do not know what to look for in the welter of human conduct, *but our descriptions of artificially isolated phenomena are often inexact, presumptive and judgmental.*

Complexity of analysis : Further, our semantic difficulties seem to mushroom incredibly when we attempt to progress from the recording of human behaviour to its formulation in generic and causative (ætiologic) terms. Here, unfortunately, is where some psychiatrists departed furthest from the rules which govern sound scientific theory : operational definition of terms, parsimony of premise, clarity and coherence of formulation, specificity of application and validation by unprejudiced test. Indeed, until recently it seemed that the wilder or more fantastic the speculation the more it fascinated certain writers in the field. For instance, only two decades ago self-styled 'depth metapsychologists' were still promulgating oracular vacuities about 'death-instincts', the 'racial unconscious', the 'birth trauma', 'organ inferiority,' and so on while their organic-minded psychiatric colleagues were proposing 'constitutional inferiority,' 'stigmata of degeneration', 'neurasthenic diatheses', 'ionic imbalances' and other sententious but equally baseless ætiologic postulates for deviations in behaviour they could not understand. All in all, psychiatry (if I, too, may indulge momentarily in the logical sin of animism) even now seems like a child emerging from its private world of uncontrolled fantasy into the less dramatic but more substantial and orderly universe of operational reality.

As has been indicated, however, many influences have stimulated recent progress in the field, not the least of which has been the pressure from psychiatrists themselves for better clinical and experimental validation of psychiatric theses and methods. Indeed, the studies of Ivan Pavlov, Horsley Gantt, H. A. Liddell, J. Hunt, David Levy, O. H. Mowrer, Curt Richter, and many others have indicated that certain basic tenets on which much of modern dynamic psychiatry implicitly rests are demonstrable in nearly all behaviour—

animal as well as human, and 'normal' as well as 'abnormal.' We can now state these tenets herein called "biodynamic principles" and, in the remainder of this article, describe how they are illustrated by typical experiments conducted during the last fifteen years in the Division of Psychiatry of the University of Chicago and more recently, in the Department of Nervous and Mental Diseases of Northwestern University.

PRINCIPLES OF BIODYNAMICS

These may be condensed into four relatively simple statements relative to motivation, reaction patterns, substitutive behaviour and 'neurosis' formation as follows :

Motivation : *All behaviour is actuated by the current physical needs of the organism in the process of survival, growth and procreation.*

Thus, even as the reader peruses this a physiologic want for fluids, or for warmth, or even for relief from bladder tension would, if sufficiently urgent, take precedence over his current interests or more complexly derived 'instincts' (e.g., sex or 'aggression') considered basic in some systems of psychology.

Reaction Formations : *Behaviour is adaptive to the 'external' environment not in any 'realistic' sense, but according to the organism's special interpretations (concepts) of its milieu in terms of its own perceptive-integrative-response capacities ('intelligence') and its concatenations of experience.*

In the human being these interpretations and reactions become exceedingly elaborate ; nevertheless, despite superficial cultural uniformity, each person's concepts of, and reactions to his universe are individually determined. To a literal minded farm labourer, a hammer and sickle are merely the tools of his trade ; to a Communist they herald a fanciful Utopia ; to an anti-Communist, the same insignium may represent the threat of barbarism and tyranny.

Behaviour Substitution : *When accustomed methods of achieving a goal are frustrated, behaviour becomes deviated into substitutive techniques or orientated toward ancillary goals.*

Thus, if a man's methods of wooing a girl meet with rebuff, he

tries (a) other methods (b) another girl or (c) another goal, e. g., achieving success as a religious prophet, a jazz drummer or perhaps as a clinical psychologist.

Neurotic Deviations : *When two or more accustomed modes of response become mutually incompatible and conflictual, physiologic tension ('psychosomatic anxiety') becomes manifest and behaviour becomes vacillating, inefficient and unadaptive ('neurotic') or excessively substitutive, erratic and regressive ('psychotic').*

This principle of inner conflict is expressed or implied by almost every theory of neurosis, albeit the elements supposedly in conflict vary widely in the different contexts : e. g., animal *versus* rational soul (Plato), excitation *versus* inhibition of conditioned reflexes (Pavlov) or Id *versus* Ego *versus* Super-ego (Freud). However, when formulated in biodynamic terms, this theory of conflict is amenable to more direct clinical and, as will be seen, experimental demonstration. There now remains the task of describing as briefly as possible the actual experiments from which the generalized biodynamic principles were derived.

EXPERIMENTS IN BIODYNAMICS

Animal Subjects : Any animal with sufficiently high perceptive-integrative-reactive capacities may be utilized : rat, dog, cat or monkey. The cat, an animal with easily isolated motivations and relatively high intelligence, was employed in most of the experiments described below.

Motivations : Any relatively strong physiologic want may be utilized : asphyxia, thirst, cold, escape from pressure or pain, erotic excitement, etc.—all have been tested and employed to motivate specific behaviour patterns. However, we have found that hunger for food, though a relatively complex need, is most easily worked with for a number of reasons : it is easily renewable, is satiable in easy stages, and is neither as climactic nor potentially traumatic as are sexuality, cold, pain or other physiologic tensions.

Normal Adaptive Behaviour : In a typical experiment, a cat was deprived of food for a day, then placed in a glass-enclosed experimental cage at one end of which was a food box with a hinged lid partially

open. The animal, of course, readily learned to secure pellets of food from this box by prying the lid farther open so as to make the food available. The animal was then taught (a) to wait for various combinations of sound and light signals before attempting to feed (conditional responses), (b) to manipulate various electrical switches so as to actuate these signals for itself (manipulative skills), (c) to close two or more switches a given number of times in definite sequence (space and number categories) or in response to interposed cues (behavioural contingencies). If the training of the animal was too rapid for its age and capacities—and cats seemed to vary in relative intelligence as much as humans—the animal sometimes became recalcitrant, inept and resistive. If, however, the pedagogic process was adjusted to the individual cat, the behaviour of the latter continued to be efficient, well integrated and successful ; indeed, pussy—as indicated by her eagerness to enter the laboratory, her avidity ('love') for the experimenter and the food switch, and her *legato sostenuto* purring while she worked for her rewards presented the appearance of a 'happy' animal, contented in an environment she had sufficiently mastered.

Range of Normal Adaptations: Such control experiments presented an opportunity to investigate whether certain variations in individual and social behaviour parallel to those seen in human beings could also be reproduced under laboratory conditions. Some of these studies deserve brief mention.

Habit Idiosyncrasies: If an animal was thoroughly trained to depress a disc-switch to secure food and then the switch was disconnected for several days so that its manipulation produced little or no reward the animal would develop a marked tendency to push down upon other objects in its environment : saucers, loops, boxes or even other cats. This obsessive manipulative activity took many forms : sitting on the switch or on similar small platforms rather than in more comfortable places, prying into the experimenter's clothes instead of into the food-box, etc.

Masochism : Even greater deviations in symbol-values and goal-mediation could be produced, including conduct patterns which, when seen in human beings, have been somewhat misleadingly called 'self punitive' or 'masochistic'. Thus, a cat was first trained to accept a mild electric shock as a signal for feeding, and then taught to press a switch and administer the shock to itself in order to secure

the food reward. The intensity of the shock was then gradually increased to as much as 5000 v. of a pulsating 15 ma. condenser discharge, yet the animal continued to work the switch avidly for the food. The food reward was then given only rarely or even discontinued for the long periods; nevertheless, in the interim the animal persisted in its accustomed patterns of depressing the switch, apparently solely for the substitutive experience of a 'painful' electric shock. Such observations suggest that, contrary to the biologically paradoxical postulate of a death-instinct, 'masochistic' behaviour is not basically 'self-punitive' or destructive, *but rather a seeking for survival by patterns of evaluation and response* that seem awry only to an observer unacquainted with the special experiences of the subject. Clinically, we can understand why a woman may enjoy only certain 'painful' forms of sexual intercourse when we learn that she reached her first orgasm while being beaten or raped, and that thereafter she valued all aspects of the erotic associations including those considered by others as 'painful'. Similarly, we can cease to wonder why a man marries a succession of shrewish wives if we determine under deeper analysis that what appears to his friends to be their nagging and persecution simply represents to him the security he had once experienced with his tyrannical but devoted mother.

Social Dominance or Submission: 'Social' interactions can also appear in animal groups with revealing clarity. Thus, if after a given signal two cats compete for a single food-reward they may, at first, scuffle a bit at the food box. Soon, however, all external evidences of competition abate and only one of the animals—usually the more alert and intelligent—responds to the signal while its partner, though hungry, waits patiently until the 'dominant' animal is either satiated or removed from the cage. Stable hierarchies of 'privilege' can be produced in groups of four or more animals, although in the same group the animals may range themselves in a different order with regard to precedence in playing with parts of the apparatus or chasing a mechanical mouse. In short, a stratified 'society' with fixed rankings in various activities evolved under the conditions described.

One variant of these experiments was particularly enlightening, since it seemed to reproduce in cats paradigms of "worker-parasite relationships" usually seen only in more elaborate forms of social

organization. In these experiments two cats, each of which had been trained to manipulate a switch to secure food, were placed in the cage together. This time, however, a partition was so arranged that the animal which essayed to work the switch was delayed in returning to the food-box for its reward until its less enterprising partner had eaten the pellet. Under these circumstances some pairs of cats evolved a form of cooperative effort in which, for a day or so, they alternately worked the switch to feed each other. This cooperation, however, lasted no longer among cats than it does among men : one animal sooner or later showed tendencies toward 'parasitism' in that it ate the pellets produced by its partner's efforts but refused to leave the food to manipulate the switch. The worker animal, finding its own 'cooperative' behaviour completely unrewarding, in turn ceased to produce food, so that both animals, the parasite usually near the food box and the worker near the switch, lolled about the cage for hours or days in a travesty of a sit-down strike. But as hunger increased—generally most urgently in the relatively undernourished worker—the latter, in attempting to break the impasse, would discover that if the switch were depressed 6 or 8 times in rapid succession so that as many pellets were deposited into the food box, he could traverse the barrier and get the last one or two before the parasitic partner had time to gulp them all. In most experiments the end result was that the 'worker' animal laboured hard and eagerly for a meager living while supporting its parasitic partner in leisure—a form of relationship apparently accepted by both animals. However, two workers out of some 14 studied solved the situation with a flash of technological genius not anticipated by the experimenter : viz. they learned to wedge the switch into a recess in the cage so that, with its electrical circuit closed and the mechanical feeder operating continuously, both animals could feed without further effort by either.

Social Aggression: It may have been noted in the experiments described thus far that each animal pursued its own goals with its own initiative and techniques, without necessarily becoming hostile or combative toward others even in circumstances of direct rivalry. Indeed, so infrequently did overtly aggressive behaviour occur that special experiments had to be devised to determine the specific circumstances under which such behaviour could be elicited. In general, these studies demonstrated that animals became overtly belligerent

under two sets of conditions : (a) when they were displaced from a position of social dominance to which they had become thoroughly accustomed or (b) when their goal-seeking activities were internally inhibited by neurotic conflicts. The first of these contingencies may be illustrated in a typical series of experiments as follows :

Let four cats compete for food under controlled coditions in Group *A* until *Cat A1* emerges doninant, with *A2*, *A3* and *A4* in the hierarchy of precedence below him. Let *Cats B1*, *B2*, *B3* and *B4* range themselves correspondingly in Group *B*. If *A1* is now paired with *B4*, the latter, accustomed to permit all other animals to feed before him, will offer no competition and the new pair remains peaceful. The same interactions of course occur when *B1* is paired with *A4*. But if *A1* and *B1* are paired after each had been accustomed for weeks or months to dominance in its respective group, a new contest of speed and skill in securing the food on signal occurs. As before, each animal at first strives for the reward directly and deviates none of his energies into physical attacks on the other. Once again, of course, one animal emerges dominant—say *B1*—and thenceforward secures the food pellet after each signal. *A1* now gives up his own efforts to obtain the food reward as long as *B1* is in the cage. Instead, between signals *A1* may sit on the food-box menacing *B1* with tooth and claw or may even attack him viciously, yet at no time does *A1* utilize such physical attacks as a means of securing the food-pellet himself. Other pairings (*A2-B3*, *B2-A3*, etc.) evoke less definitive reactions ranging modally between the extremes of peace or hostility here described.

As indicated previously, aggressivity also appears when a well patterned goal-directed striving in an animal is strongly inhibited by an adverse experience. For instance, if in Group *B* the dominant animal is made fearful of feeding on signal he will abandon this learned response and permit the sub-dominant *B2* to feed instead—yet attack the latter animal between feedings. The induction of such 'neurotic' deviations of energy will be more fully described below ; however, it may be emphasized here that hostility and aggression appeared in our experiments only under conditions of external or frustration or internal inhibition. These biodynamic observations therefore support the clinical and sociologic conclusions of Dollard, Horney, the author and others that hostilities among human beings also spring from the frustrations of their unconquered environment

and the anxiety ridden inhibitions imposed by their persistently barbarian culture—and not, as Freud would have it, from an inborn homo-suicidal 'death-instinct'. Nor, as the author recently pointed out in an article on the social implications of biodynamics, is this point purely of academic interest. If aggression is merely a blindly exaggerated reaction formation to perceived or conceived threat, then the hope of humanity lies in the abolition of tragic want and raging despair. If, however, aggression is the inevitable expression of a primeval and implacable 'instinct' of destruction then we must indeed resign ourselves to the impending self-destruction of mankind. But in the latter case, why bother to think, write, or treat ?

THE PRODUCTION OF EXPERIMENTAL NEUROSES

Perhaps the portion of our work most relevant to clinical psychiatry (in its older definition as a study not of the totality, but of the 'abnormalities' of behaviour) has been concerned with (a) the production of experimental neuroses in animals and (b) a study of the methods for restoring the behaviour of such animals to 'normal'. This section of the present report must of necessity be even more greatly condensed than the preceding, but possibly the following brief description of the rationale, techniques and results of the experiments will indicate their main significance.

Rationale : As previously indicated, many theories as to the causes of neurotic aberrations converge on the concept of 'conflict', whether this conflict is conceived to be between disparate "humors of the body" (Galen), 'inhibition vs. excitation' (Gantt), 'love against hate' (Karl Menninger) or other such noumena. In biodynamics this field theory is somewhat clarified by defining the conflict as occurring between or among patterns of behaviour rendered mutually exclusive because (a) they arise from incompatible needs, or (b) they cannot co-exist in space and time. This general statement can be exemplified by a relatively simple method of producing an experimental neurosis in animals.

Technique : A cat was trained to manipulate an electric device which, in the order named, flashed a light, rang a bell and deposited a pellet of breaded salmon in a food-box. The animal was permitted

over a period of months to become thoroughly accustomed to this routine of working for the food. One day, however, just as the animal was about to consume its reward for honest labour it was subjected to a physically harmless but 'psychically traumatic' stimulus, e.g., a mild air blast across its snout or a pulsating condenser shock through its paws. The animal, of course, dropped the food, beat a startled retreat from the food-box and began to show hesitation and indecision about again manipulating the switch or approaching the food-box. When it did so, it was permitted to feed several times but then subjected once more the disruptive blast or shock. After from two to seven repetitions in as many days of such conflict-inducing 'neurotogenic' experiences, the animal began to develop aberrant patterns of conduct so markedly like those in human neuroses that the two may be described in the same terms. Examples are the following :

Free-floating anxiety : This was manifested by a rapid heart, full pulse, catchy breathing, raised blood pressure, sweating, trembling, erectior of hair and other evidences of pervasive physiologic tension.

Hypersensitivities and Phobias : The animal showed extreme startle reactions to minor stimuli, and became 'irrationally' fearful not only of physically harmless light or sound stimuli, but also of closed spaces, air currents, vibrations, food pellets (or all food), caged mice and many other stimuli directly or remotely associated with its conflictive experiences.

Psychosomatic dysfunctions : Neurotic animals developed gastrointestinal disorders, recurrent asthma, persistent salivation or diuresis, sexual impotence, epileptiform seizures or muscular rigidities resembling those in human hysteria or catatonia.

Motor changes : Peculiar stereotypes of behaviour ('compulsions')emerged, such as restless, eliptical pacing or repetitive gestures and mannerisms. One neurotic dog could never approach his food until he had circled it three times to the left and bowed his head before it.

Social alterations : Neurotic animals lost their group dominance and, as indicated, cecame reactively aggressive under frustration. In other relationships they regressed to excessive dependence of various forms of kittenish helplessness.

Experiments with Monkeys : It may be added here that in more recent experiments with various species of monkeys not only has it

been possible to establish and study highly complex response patterns (for example, 'reading' behaviour, time perception, etc.) but also to use completely 'symbolic' traumata (e.g., the exhibition of toy rubber snake when food was anticipated) as means of precipitating an experimental neurosis. As might be expected, the neurotic behaviour of the monkey was then even more closely similar to that of the human in a variety of ways. Psychosomatically, individual monkeys developed asthma, functional colitis, tics, 'hysterical' paralyses and other organic or neuromuscular disturbances ; sexually, homo-erotism or persistent masturbation and auto-fellatio was substituted for previously normal heterosexual conduct ; socially, complex dominance relationship, defensive 'friendships', or generalized aggressions occured in patterns quite parallel to those observable in groups of neurotic or psychotic children and human adults.

Experimental Psychotherapy

In nearly every case the neurotic patterns described above rapidly permeated the entire life of the animal and persisted indefinitely unless 'treated' by special procedures. These, too, were worked out in experiments too numerous and varied to be recounted here in detail ; however, the techniques found to be most effective experimentally were so significantly similar to those used in the treatment of human neuroses that again the two may be outlined in parallel order. As nearly as they could be isolated, the methods were as follows :

Change of Milieu : A neurotic animal given a prolonged rest (three to twelve months) in a favourable home environment nearly always showed a diminution in anxiety, tension, and in phobic-compulsive and regressive behaviour. However, these neurotic patterns were prone to reappear when the animal was returned to the laboratory even though it was not subjected to a direct repetition of the conflictual experiences. To draw a human analogy, a soldier with severe 'combat fatigue' may appear 'recovered' after a restful sojourn in a base hospital, but unless his unconscious attitudes are altered, his reactions to latent anxiety recur cumulatively when he is returned to the locale of his adaptive conflicts.

Satiation of a Conflictive Need : If a neurotically self-starved animal which had refused food for two days was forcibly tube-fed so that its hunger was mitigated, its neurotic menifestations correspondingly decreased. Hippocrates is reported by Soranus (perhaps apocryphally) to have utilized a parallel method in human psychotherapy. Hippocrates, it seems, was called into consultation to treat a strange convulsive malady which was keeping a recent bride virginal. Discerning, after a private interview, that she was torn between strong sexual desires neatly balanced by fear of injury, Hippocrates advised the husband "to light the torch of Hymen" with or without the patient's consent. The results of the therapy are not recorded, but Soranus parenthetically comments that, in general, it is only of temporary advantage "*to substitute one fury for another.*"

Forced Solution : a hungry neurotic cat was prevented from escaping from the apparatus and instead was brought mechanically closer and colser to the feeder until its head was almost in contact with a profusion of delectable pellets. Under such circumstances some animals, despite their fears, suddenly lunge for the food ; thereafter, they need lesser degrees of mechanical 'persuasion' until their feeding inhibition disappears altogether carrying other neurotic generalizations with it. This method is a variation of the Hippocratic one mentioned above, but entails a greater degree of activity on the part of the patient. In some ways, the 'therapy' is akin to pushing a boy afraid of water into a shallow pool. Depending on his capacities for reintergrating his experiences (in analytic terms, his 'ego strength'), he may find that there was, after all, no reason for fear—or he may go into a state of abject terror and thereafter hate not only water, but pools, swimming—and all future therapists. Because of the latter eventuality ruthless force is generally considered a dangerous method in dealing with neurotic anxieties.

Example of Normal Behaviour : An inhibited, phobic animal paired for several weeks with one who responds normally in the experimental situation will show some diminution in its neurotic patterns, although never to the degree of complete 'recovery'. In like manner problem children do better when they have an opportunity to live with normal youngsters in an environment that favours normality—although more specific individual therapy is nearly always necessary to complete the 'cure'.

Re-education by a Trusted Mentor: As noted, a neurotic animal, perhaps by the very virtue of its regression to earlier patterns of relationship, becomes exceedingly dependent upon the experimenter for protection and care. If this trust is not violated the latter may then retrain the animal by gentle steps: first, to take food from his hand, next to accept food in the apparatus; then to open the box while the experimenter merely hovers protectively and finally to work the switch and feed as formerly without further 'support' from the therapist. During its 'rehabilitation' the animal not only re-explores and resolves its hunger-fear conflicts but also masters and dissipates the symbolic generalizations that spring from this nuclear 'complex', i. e., its inhibitions, phobias, compulsions and other neurotic reactions. This, indeed, may be the paradigm for the basic processes in most clinical psychotherapy. The neurotic patient channelizes his needs for help toward a therapist upon whom he transfers his dependence and other relationship. The therapist then utilizes this 'transference' with optimal patience and wisdom to guide and support the patient as the latter *re examines his conflictive desires and fears, recognizes his previous misinterpretations of reality and essays new ways of living untill he is sufficiently successful and confident to proceed on his own.* Whether this be called re-education, re-training, re-habilitation or, in its most searching and thorough forms, 'psychoanalysis' depends more on the context of the problem, the necessity for depth and breadth of anamnestic review and symbolic analysis and the form of utilization of the interpersonal relationship involved than on any differences in the essential dynamics of the respective procedures.

Physio-pharmacologic Methods: As the experiments described thus far have indicated, many of the fundamental processes of so-called functional psychotherapy can be isolated in principle and demonstrated in operation. There remains, however, the fact that various physical methods such as the use of drugs, electroshock, etc. have also proved clinically useful in the treatment of behaviour disorders. Space now remains only for the most cursory review of specific further experiments dealing with this subject.

Action of Various Drugs: Preliminary tests of the effects of various sedative and narcotic drugs on normal animals showed that, in general, such drugs disorganized complex behaviour patterns while

leaving relatively simple ones intact. Thus, in one series of experiments an animal was taught in successive stages (1) to open a food box, (2) to respond to food signals, including signs reading FOOD or NO FOOD, (3) to operate the signal switch, (4) to work two switches in a given order, and finally (5) to traverse a difficult maze to reach one of the switches. If the animal was then drugged with a small dose of barbital, morphine or alcohol, it would become incapable of solving the maze but would still work the food switches properly; with larger doses, it could 'remember' how to work only one switch; with still larger doses, earlier stages of learning would also be disintegrated until finally it lost even the simple skill required to open the food box. Conversely, as the animal recovered from its intoxication its learned responses were reconstituted in their original order. If now the animal was made neurotic by an adaptational conflict it developed a new set of highly intricate and elaborate reactions, i. e., inhibitions, phobias, compulsions, etc. as previously described. *These, too, proved relatively more vulnerable to disintegration by the sedative drugs than the simpler, pre-neurotic behaviour patterns*, so that if a neurotic animal was given barbital or morphine its anxiety reactions and inhibitions were significantly relieved. In effect, instead of crouching tense and immobile in a far corner or showing panic at the feeding signals, it could respond to the latter by opening the box and feeding (in a somewhat groggy but comparatively effective manner) as though, for the time being, its doubts and fears were wraiths forgotten.

Drug Addiction : in one variant of these studies in which alcohol was used as the nepenthic drug the animals which experienced relief from neurotic tensions while partly intoxicated were later given an opportunity to choose between alcoholic and non-alcoholic drinks. To our surprise (and, it must be confessed, subdued delight) about half the neurotic animals in these experiments began to develop a quite unfeline preference for alcohol; moreover, in most cases the preference was sufficiently insistent and prolonged to warrant the term 'addiction'. In further proof if its neurotic basis the induced dipsomania generally lasted until the animal's underlying neurosis was relieved by the non-alcoholic methods of therapy described above. It seems redundant to discuss the human analogues to these experimental observations.

Tension-relieving Effects : In still another series of experiments we observed that the administration of hypnotic drugs (including alcohol) so dulled the perceptive and mnemonic capacities of animals that they were, while thus inebriated, relatively immune to the neurosis producing effects of traumatic experiences. In this connection it may be recalled that many a human being long ere this has been, tempted, through sub-versive experiences, to take a 'bracer' before bearding the boss, getting married, flying a combat mission or facing other presumed dangers.

Effects of Cerebral Electroshock : In view of the widely broadcast and as yet scientifically questionable claims made for the efficacy of various forms of 'shock therapy' in the treatment of behaviour disorders, we also investigated the effects of cerebral electroshock on our neurotic animals. In briefest summary, we found that when the ordinary 60-cycle current usually employed clinically was passed through the brain of the animal, the resultant shock acted like an intoxicant drug to disintergrate complex and recently acquired patterns of behaviour, whether these were 'normal' or 'neurotic'. Unlike most drugs, however, electroshock produced *permanent impairment of behavioural efficiency and future learning capacity, even though this could not be correlated with pathological changes in the brain detectable by present methods.* Weaker or modified currents now being tested clinically, i.e., the direct square-wave Leduc type, produced lesser degrees of deterioration in our animals, but also had less effect on their neurotic behaviour. All in all, these experiments, supported the growing conviction among psychiatrists that electroshock and other drastic therapies may be useful in certain relatively recent and acute psychoses, but that the *cerebral damage they produce makes their indiscriminate use replete with potential tragedy.* More recent experiments in our laboratory indicate that this is *probably true also for the operations of lobotomy, lobectomy and thalamotomy.*

SIGNIFICANCE OF THE WORK

This, then, is a summary—possibly condensed beyond the limits of lucidity—of a long series of experiments designed to analyze the biodynamics of behaviour and to discern principles that would apply

alike to 'normal' and 'abnormal' conduct, to animal and human subjects, and to experimental and clinical therapy. The gap between the responses of cats, dogs or monkeys in cages and the conduct of man in society is undeniably wide ; certainly man, of all creatures, has developed the greatest facility in experiential association and integration, the highest capacity for symbolic, verbal and other imagery, and the most elaborate repertoire of 'normal', 'neurotic' and 'psychotic' behaviour patterns in a constantly changing social and cultural milieu. And yet, as elsewhere in medicine, the best way to unravel an especially complex problem is to take it into the laboratory as well as the clinic, investigate it by specially designed experiments, check their results *with a rigid self-discipline that eliminates subtle errors and cherished preconceptions*, and so advance bit by bit toward clearer formulations of general principles and more pertinent applications of them. In psychiatry, such experimental and operational approaches, when correlated with clinical practice, *may not only dissolve the verbal barriers among the various schools and methods but may also foster a needed rapprochement between psychiatry* on one hand and scientific medicine and the humanities on the other. And, indeed, such a reintegration is imperative if man is not to *perish in pompously polysyllabic ignorance of the dynamics of his own conduct—its sources, its expressions, its vicissitudes and perhaps its ultimate potentialities.*

BIBLIOGRAPHY

(These references will serve as an introduction to the hundred or so technical reports on which the above article was based.)

Masserman. Jules H. *Behaviour and Neurosis*, University of Chicago Press, 1943.

Masserman. Jules H. *Principles of Dynamic Psychiatry*, W. A. Saunders Co., 1946.

Masserman. Jules H. *Motion Pictures on Animal Behaviour*, Psychological Cinema Register, State College, Pa., 1936 to 1950.

Masserman. Jules H. "Psychological Medicine and World Affairs", *Modern Trends in Psychological Medicine*, Butterworth and Co., 1948.

Masserman, Jules H. 'Some Current Concepts of Sexual Behaviour", *Psychiatry* : 14 : 67-72, 1951

ABSTRACTS

The Genesis and Significance of Mystical Identification in Cases of Mental Disorders—A. T. Boisen (*Psychiatry*, Vol. 15, No. 3, 1952)

The sense of mystical identification with the superhuman may be regarded as the fountainhead of religion. This sense is also characteristic of certain types of mental illness. The author presents the results of an inquiry into the sense of mystical identification in mental illness and its relationship to recognised experiences.

The assumption made in this study is that functional mental illness arises when the individual is overcome by the sense of personal unworthiness due to the presence of unruly desires and tendencies which can neither be controlled nor acknowledged for fear of condemnation by the significant persons in his life. He may deal with this sense of unworthiness (i) by adapting or accepting the defect or failure or (ii) after being aware of danger by desperate attempts to do something about it. Of 78 male patients of the Elgin State Hospital included in the study, 31 adapted to defeat and failure and 47 showed acute anxiety, grappling desperately with what for them was ultimate reality. Of the second group, 8 gave expression to the sense of mystical identification, 8 gave evidence of other related ideas than mystical identification, 11 were brought to the hospital after attempted suicide, 11 were characterised by ideas of death at the hand of enemies and 9 gave evidence of suffering from externalised consciousness. Of 41 patients observed for a long period, all expressing the sense of mystical identification, 7 recovered, 18 adjusted well and 16 remained unimproved. These findings support the conclusion that disturbances characterised by mystical identification are desperate attempts at reorganization which tend either to make or break.

This sense of mystical identification found in acutely disturbed schizophrenic patients, is found also in many of the important religious leaders. The great Hebrew prophets spoke in the name of the Lord. The significance of the findings appears nowhere more clearly than in Jesus of Nazareth. According to the Gospel sources, Jesus not only thought of himself as a Messiah, but he had all the other ideas characteristic of the acutely disturbed schzophrenics.

But the striking difference between the problem on his mind and that on the minds of the eight patients included in the study, was that in his case there was no evidence of any deep sense of personal failure or of conflict with gross instinctual drives or of repressed sexuality and hostility. His problem seems to have been that of the fate of his people. He and the people of his time made a distinction which is still valid even in this mechanistic age, the distinction in terms of value. He thus passed through Sheol, as the Apostles' Creed says he did, but he emerged triumphant, The author concludes that such study should yield new and important insight, not merely into the experiences of the prophetic persons but also into the profound struggles of the human soul with which we are all concerned.

A. Datta

INDIAN PSYCHO-ANALYTICAL SOCIETY

Audited Accounts

Statement of Receipts & Payments of the Society for the year 1952

RECEIPTS		PAYMENTS	
To Opening Balance (excluding Rs. 23/7/3 lying with the Librarian)	544 2 11	By Subscription	1,093 15 0
Subscription	1,442 0 0	Printing & Stationery	249 15 0
Library Deposit	25 0 0	Conveyance	111 7 0
Admission Fees	600 0 0	Postage & Revenue	53 14 0
Lumbini Park	25 0 0	Bank Charges	34 14 6
		Library	680 4 9
		Refund of Library Deposit	75 0 0
		Salary (Ranen Bagchi)	25 0 0
		Closing Balance	311 12 8
	2,636 2 11		2,636 2 11

Calcutta
6, Hastings St.
The 7th March 1953

Examined & found correct
Sd/ G. Basu & Co.
Chartered Accountants
Auditors

INDIAN PSYCHO-ANALYTICAL SOCIETY

Annual Report for 1952

OBITUARY

The Society recorded with regret the death of Dr. Pars Ram, one of the oldest members of the Society and an enthusiastic worker in the field of psycho-analysis.

MEMBERS AND ASSOCIATES

The number of Members was 20 and the number of Associate Members was 36.

FINANCE

The total income of the Society together with the balance of the previous year excluding Rs. 23-7-3 which is lying with the Librarian, amounted to Rs. 2,615-2-11 and the total expenditure was Rs. 2303-6-3, leaving a balance of Rs. 311-12-8. (subject to audit.)

BUSINESS MEETINGS

The 30th Annual General Meeting was held on the 15th March 1952.

1. The Annual Report of the Society for the year 1951 together with the audited accounts was adopted.
2. The office-bearers*, Council of the Society, Board of the Institute and different Committees* were elected for the year 1952.
3. The Budget of expenditure for the year 1952 was passed.

The Council Meetings were held on Jan. 10, April 5, June 12, 1952. In addition, Joint Meetings of the Council and the Board of the Institute were held on June 28, Aug. 14, Sept. 11, Nov. 13 & Dec. 18, 1952.

1. Seven associate members* were elected during the year.
2. In consideration of the change in the exchange rate, the following resolution was passed :

Resolved—That from 1953 the subscription rate for Members be raised to Rs. 50/-

SCIENTIFIC MEETINGS

The following papers were read by Dr. N. N. Chatterji :

(a) "The Nature of Schizophrenic Disturbance of Personality" on 9-2-52.

(b) "Drug Addiction" on 10-4-52.

RESEARCH ACTIVITY

Dr. N. J. Kothari in collaboration with Dr. N. S. Vahia published a preliminary report of the study of 146 cases about Medical Treatment of Epilepsy in the *Indian Journal of Medical Science*, Vol. 6, No. 9, 1952.

INDIAN PSYCHO-ANALYTICAL INSTITUTE

Three candidates* were admitted to the Institute thus making the number of candidates under training 6.

Training and Control-Analysts—Dr. G. Bose, Mr. H. P. Maiti, Dr. Edith Ludowyk-Gyomroi, Dr. S. C. Mitra, Dr. N. De and Mr. T. C. Sinha.

Training-Analysts—Dr. K. L. Shrimali and Mr. M. V. Amrith.

LUMBINI PARK (MENTAL HOSPITAL)

Lumbini Park continued to maintain its all-round progress. The construction of the north block in the male ward was completed. A room in the old block was specially fitted up for Electric convulsion therapy. A new radio set with an extra speaker was installed in the male ward. A home at Modhupur was selected for Asylum purposes. The library was enlarged by the addition of 40 new books (33 Bengali and 7 English) purchased and three magazines (*Illustrated Weekly*, *Prabasi* and *Basumati*).

Among those who visited the Hospital during the year under review were—(1) Dr. Pars Ram, President of the Section of Psychology and Educational Sciences with a batch of 25 delegates of the Indian Science Congress on 5-1 52, (2) His Excellency Dr. H. C. Mukherji, Governor of West Bengal and Mrs. Mukherji on 21-3-52 and (3) Sri Atulya Ghosh, President, West Bengal Congress Committee on 5 5-52.

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* Name of Members, Associate Members, Office-bearers, etc, already published in *Samiksa*, Vol 6, No. 1, 1952

Dr. Dinesh Chakravarty, Principal, Medical College, Calcutta, Dr. Subodh Chandra Mitra, Director of the Cancer Hospital, Calcutta and Dr. Suhrit Chandra Mitra, Head of the Psychology Dept., Calcutta University on being deputed by the Calcutta University to report as to whether Lumbini Park could be made a Psychiatric teaching center for medical students, visited the Hospital on 12-4-52. The report submitted by their was accepted by the University recognising Lumbini Park as a psychiatric teaching institution for medical students. The students of the Psychology Department, Calcutta University regularly attended the Hospital for case study. Members of Sociology Seminar attached to the Post-graduate Department of Political Sciences, Calcutta University and two batches of students—one from the Education Department and the other from the Domestic Science Department—visited the Institution.

Free gifts of 144 books were received from the following sympathisers and well-wishers of the hospital—(1) Sri Saroj Kumar Chattopadhyaya—30 Bengali books, (2) Late Brojendra Nath Banerjee —69 Bengali and 2 English books, (3) Sri Sajani Kanta Das—30 Bengali books, (4) Srijukta Suchitra De—53 copies of Bengali magazine, (5) Dr. G. Bose—6 copies of *Modern Review* and (7) Sri S. C. Mitra—23 English books.

The Editor, *Sanibarer Chithi* and the Editor, *Bharatbarsha* regularly supplied the monthly magazines free of cost.

A kind contribution of Rs. 100/- was thankfully received from the Indian Foot-ball Association.

As in previous years, (i) a free gift of medicine, etc. worth about Rs. 1,200/- from Messrs Bengal Chemical & Pharmaceutical Works Ltd., (ii) the annual grant of Rs. 150/- from the Tollygunge Municipality and (iii) a kind donation of Rs. 12/- a month (i.e. Rs. 144/- a year) from Messrs Hahnemann Publishing & Co., Calcutta were thankfully received.

The total receipt of the hospital amounted to Rs. 1,66,974-6-0 and the total expenditure Rs. 1,52,537-12-9 leaving a balance of Rs. 14,436-9 9. This amount together with the opening balance brought forward in 1952 amounted to Rs. 30,911-7-7 as the closing balance of the year 1952. (subject to audit.)

Outdoor :—The total number of daily attendance in the general outdoor was 2752 of which 1153 were new cases and the total of

the daily attendance in the mental outdoor was 1063 of which 259 were new cases. The majcrity of the general outdoor cases were malaria and dysentery. Minor surgical cases like abscesses, ulcer etc. were also treated. Among skin cases scabies and ring worm cases formed the majority.

The following were the types of the mental cases that attended the outdoor :

1.	Anxiety neurosis	...	4
2.	Conversion Hysteria	...	3
3.	Dementia Præcox	...	154
4.	Depression	...	21
5.	Drug Habit	...	2
6.	Epilepsy	...	8
7.	Epileptoid state	...	1
8.	General Paralysis of the Insane	...	1
9.	Manic-Depressive Psychosis	...	21
10.	Mental Deficiency	...	11
11.	Obsessional Psycho-neurosis	...	4
12.	Paranoia	...	91
13.	Paraphrenia	...	1
14.	Problem Behaviour	...	2
15.	Psychoneurotic Symptom	...	1
16,	Senile Dementia	...	1
		Total :—	326

Indoor :—229 patients were treated in 1952 of whom 155 were males & 74 females. The following were the types of cases treated in the indoor :

1.	Dementia Præcox	...	116
2.	Depression	...	9
3.	Drug Habit	...	1
4.	Epilepsy	...	5
5.	General Paralysis of the Insane	...	1
6.	Hysteria	...	1
7.	Manic-Depressive Psychosis	...	23
8.	Obsessional Psycho-neurosis	...	2
9.	Paranoia	...	63
10.	Paranoid Dementia Præcox	...	7
11.	Senile Dementia	...	1
		Total :—	229

The results of treatment in the hospital were as follows :

Cured	...	36·8%
Improved	...	43·0%
Not improved	...	19·6%
Dead	...	0·6%

LUMBINI CLINIC

88 new cases were treated during 1952 as against 54 cases in the year 1951. The total number of daily attendance of patients was 479 only.

The total receipt of fees from the patients during 1952 amounted to Rs, 356/- only. This amount together with Rs. 90/- as contribution from Lumbini Park and Rs. 106-14-0 brought forward from the year 1951 amounted to Rs. 562 14-0 only. The total expenditure during the same period was Rs. 482-0-6 only. Thus at the end of the year there was a balance of Rs. 80-13-6 only. (subject to audit.)

The following were the types of new cases treated at the Clinic :

Dementia Præcox	...	31
Depression	...	9
Epilepsy	...	6
Hysteria	...	6
Manic-Depressive Psychosis	...	2
Mental Deficiency	...	3
Paranoia	...	24
Undiagnosed	...	5
Washing Mania	...	6
	...	88

New books added to the Library of the Society in the year 1952

Bellak	Manic-Depressive Psychosis and Allied Conditions
Bergler	Money and Emotional Conflicts
Fodor	New Approaches to Dream Interpretation
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