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No. 51

PROBLEMS OF
HUMAN PLEASURE AND
BEHAVIOUR

Michael Balint

M.D., Ph.D., M.Sc., L.R.C.P., L.R.C.S.

THE HOGARTH PRESS
AND THE INSTITUTE OF PSYCHO-ANALYSIS

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(The Hogarth Press Ltd., 1952)

THE DOCTOR, HIS PATIENT AND THE ILLNESS

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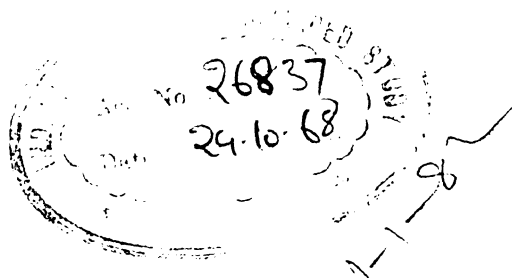
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M. B.

CINCINNATI, OHIO, *Sept.*, 1956.

Contents

Acknowledgments	5
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PART ONE

THE INDIVIDUAL AND THE COMMUNITY

1	Sex and Society (1956)	11
2	The Problem of Discipline (1951)	34
3	The Adolescent's Fight against Masturbation (1934)	49
4	The Psychological Problems of Growing Old (1933)	69
5	On Punishing Offenders (1951)	86
6	Notes on the Dissolution of Object-Representation in Modern Art (1952)	117
7	Individual Differences of Behaviour in Early Infancy and an Objective Method for Recording Them (1945)	125

PART TWO

CLINICAL PROBLEMS

8	Contributions to Reality Testing (1942)	153
9	A Contribution on Fetishism (1934)	171
10	A Contribution to the Psychology of Menstruation (1937)	174
11	Perversion or a Hysterical Symptom? (1923)	182
12	Notes on Parapsychology and Parapsychological Healing (1955)	188
13	The Doctor, His Patient and The Illness (1955)	198

PART THREE

MEN AND THEIR IDEAS

14	I. P. Pavlov (1927)	223
15	Dr. Sándor Ferenczi as Psycho-Analyst (1933)	235
16	Sándor Ferenczi (1948)	243
17	The Life and Ideas of the Marquis de Sade (1954)	251
18	Géza Róheim 1891-1953 (1954)	256
19	On Szondi's 'Schicksalsanalyse' and 'Triebdiagnostik' (1948)	261
20	Pleasure, Object and Libido (1956)	281
	Index	292

Part One

THE INDIVIDUAL AND THE COMMUNITY

I
SEX AND SOCIETY¹
(1956)

I

IT is taken for granted nowadays that psycho-analysis deals with and has something to say about the sexual problems of man. This assumption is rather surprising, considering that psycho-analysis was originally, and still is, a method for the treatment of certain so-called psycho-neurotic disturbances. How did it happen that this psycho-therapeutic method came to investigate the instinctual life of man? Neither hypnotism, nor suggestion, nor any of the other numerous methods of treatment for neuroses and psychoses have been concerned with this field of research. And what, after all, has a therapeutic method to do with instincts? Text-books of general medical therapy or of pharmacology do not contain a chapter dealing with instincts; but psycho-analytic therapy led inevitably to this field of research.

The method used in this treatment is called 'free association', that is, we analysts ask our patients to tell us everything, without exception, which comes into their mind. A natural consequence of this technique was that patients began to report about their troubles, worries and complaints, and then it emerged—amongst other surprising facts—that in reality no one is fully satisfied with his or her sexual life. While feelings of general frustration and privation with regard to other instincts, e.g. eating, drinking, etc., are comparatively rare, discontent with one's sexual life is the rule. All of us, it appears, are living in sexual privation; the overwhelmingly greater part of our sexual desires must remain for ever unsatisfied. The contrast between this feeling and those relating to other instincts is really striking.

The statement that we all suffer from sexual privation is a

¹ Address read before the Universities of Heidelberg and Frankfurt, during the Freud Centenary Celebrations in 1956.

12 PROBLEMS OF HUMAN PLEASURE AND BEHAVIOUR

very bold one, and a ready answer to it will be that while it may perhaps be true of neurotics, it is certainly not so for us, healthy men and women. This answer may appear a strong argument against my thesis, and for the time being I intend to leave this issue undecided. As the controversy is about a false problem which will be the subject of my address anyhow, I trust that you will be able to decide it for yourselves without further discussion at the end of my lecture.

My plan is to review a number of unquestionable facts. None of these facts has anything directly to do with psycho-analysis, so that there is no need for methodological discussions. On the other hand, it is true that before psycho-analysis the facts which I am going to put before you had not been connected with each other, neither had they been seen in their proper relation as cause and effect, and still less were the natural inferences arising from them drawn.

Let us then return to my thesis, that all of us live in a state of more or less severe sexual privation. The cause of this unsatisfactory state of affairs is that society demands of us a great number of sacrifices and restrictions. These restrictions are imposed on us; they are enforced by society and defended by tradition, law, customs, institutions, and so on. Let us discuss some of them in greater detail.

The first restriction is well known and universal. There is no society which is not subject to it in some form. Although this restriction has often been bitterly attacked, it has just as often been fiercely defended and declared to be indispensable. You will certainly have guessed that the restriction I am speaking of is marriage. What does marriage mean? What are the underlying suppositions connected with it? We can see three main aspects: (1) no sexual life before marriage; (2) after a more or less elaborate ceremony society permits the sexual union; (3) after that ceremony sexual satisfaction is restricted for life to what can be provided by the socially recognised partner. We find none of these restrictions in any other living creature apart from man.

The second institutional restriction is much less well known in modern society, though it is similarly universal: I mean initiation. Again, the three main aspects are: (1) children have

no sex life in its proper sense, or if they have it is not to be taken seriously; (2) at a certain age a more or less elaborate ceremony is performed by which society admits the individual as one of its full members; (3) after this ceremony, society acknowledges the sexual rights of the individual, whereas before the ceremony no such rights were recognised. The ceremony of initiation differs in form in the various societies, but in general we meet the following two main elements: (1) a fair amount of knowledge has to be acquired, mainly traditions that concern adult men only; (2) in a rather severe trial the candidate has to prove that he is up to the expected standard (knowledge, character, manners, qualities such as courage, etc.).

These ceremonies can best be studied in primitive societies because there is little class stratification, the adolescents have all to undergo the same procedures at about the same age. Similar ceremonies are held in some primitive societies for girls as well, but they are less elaborate and less universal.

These initiation rites can also be observed in modern civilisation. In our culture, especially in democratic England, there are numerous classes and a highly elaborate stratification. Each class of course has its own rituals. In our own, i.e. the professional, class, the initiation is graduated into several steps. The many rituals and trials are disguised as examinations; all the steps, however, show the three identical factors: (a) one has to learn a good deal; (b) then one has to go through a more or less severe trial; (c) after the successful trial new rights and privileges are granted to the individual.

What are these steps? First, the general certificate of education, after which the young man is officially allowed to smoke, even in the presence of his tutors, and may have a latchkey. The next step is being enrolled as an undergraduate at a University. There sex life is tolerated though not officially admitted, e.g. female visitors are not allowed in the bedrooms, but only in the common rooms downstairs, or if allowed in the studies they have to leave, say, at 7 or 9 or 10 p.m. And, lastly, the graduates, though free from sexual supervision, are not supposed and certainly not encouraged to marry and to have children till long after graduation. For girls the restrictions are similar or even stricter.

Two important consequences result from these restrictions: first, in our civilisation complete or partial sexual abstinence both for male and female is enforced by society till long after sexual maturity. Second, the more the individual has to learn, the longer the period of this enforced abstinence. In the working classes it is not unusual for a man of about twenty-two years of age to be married and to have children, while with students this is very exceptional.

If we compare different forms of culture we find that, in general, the higher, i.e. the more complex, the culture is, the more has to be learned by the child and the adolescent. In consequence the period of abstinence is prolonged *pari passu*. Nothing of this kind can be observed in animals. When an animal reaches the stage where it is sexually excitable, it is then sexually excited, and only irresistible brute force can hinder it from having the proper outlet: intercourse.

Apart from the two restrictions just mentioned—marriage and initiation—we have to consider yet another form of restrictive influence, equally universal, though hardly ever openly discussed. This restriction concerns the free choice of a partner. Certain individuals are strictly prohibited, and if anyone should trespass against these laws, automatically he will be persecuted, ostracised, or severely punished by society.

Every human society on earth unconditionally forbids sexual intercourse between some persons, although the forbidden persons vary from society to society. The punishment for breaking this law is always very severe, varying from expulsion to death. In Britain an elaborate list in the Book of Common Prayer, containing about twenty-four items, enumerates the forbidden persons; they are called blood relations. But even in this list we find some uncertainty; for instance, by the laws of the church marriage with the deceased wife's sister is forbidden, while the state permits such unions. Other societies have similar though not identical lists.

The main idea is that persons of common descent shall not mate; the breaking of this law is called incest and is considered as one of the gravest sins or crimes, abhorrent, abominable and disgusting. Sexual life outside marriage is objectionable to society, it is called immoral; sexual life before puberty

appears to us strange and unnatural, but trespassing against the incest taboo provokes disgust and horror. No sympathy is felt with the lawbreaker; we feel that some hideous, repulsive outrage has been committed. While abstinence before marriage has to be enforced by an external authority, we consider the incest taboo an internal law which needs no external sanction.

No such restrictions exist among animals. On the contrary, it is common practice for breeders to mate brothers with sisters, parents with children and even grandchildren. Curiously enough, our myths and legends tell us that the gods enjoyed similar privileges. Gaia and Uranos are mother and son, so are Isis and Osiris; Jupiter and Juno are brother and sister, and even some kings—regarded as divine beings—had the same privileges, as for instance the Pharaohs in Egypt. But it is still more curious that our own children are allowed the same rights, although only in fantasy. According to most family chronicles each boy is in love with his mummy and wants to marry her, and each girl is eager to marry daddy and no one else. It is true that this is only reported of children up to the age of about three to six years.

A fourth class of restriction which is similarly universal is shame which is provoked by sexuality, especially by sexual excitement and of course by the sexual act itself. Nothing like this can be observed with animals, but human beings are ashamed of almost every one of their sexual activities. This connection between sexuality and shame is so strong and universal that one can be almost certain that if someone is extremely ashamed of his actions they must have some sexual implication.

Everything sexual must be kept secret and hidden. In consequence, we are also ashamed of our own bodies. Here again we find the same inconsistency; different societies have very different rules about the various parts of the body of which one ought to be ashamed, and even within the same society these rules vary with the times. Changes of this type can be easily observed in fashions, e.g. in bathing-costumes, length of skirts, etc. Furthermore, the rules vary with the occasions: a bathing-costume, though perfectly proper on the beach, would be impossible in an office. On the whole, it may be said that in

our Western society almost every part of the body is permitted to be shown at certain times and occasions with the exception of the genital organs and the women's breasts. Even this custom is not always and everywhere the same; there were times not so long ago when it was considered decent for a woman to have a décolleté reaching just below the nipples, whereas in the same epoch the skirt had to cover even the feet. While anthropologists tell us that primitive children are frightened by our dolls which have no sex organs, we can observe that our children after a certain age show strong anxiety if they see primitive wood-carvings or statues showing the sex organs openly. No such fear can be observed in animals; on the contrary, they are most interested in those parts which are forbidden to us civilised people, as is demonstrated every day in the street by dogs.

Although I have mentioned so far only a few restrictions, this may be sufficient to prove that there are laws which limit fundamentally our sexual gratification. These limitations make it understandable why everybody is dissatisfied with his or her sexual life. Too much is forbidden to us which is natural to all other animals.

2

This leads us to the question: Is it right that there should be so many and so severe restrictions on our sexual life? With this question we leave the fields of pure, and enter those of applied, science, in our case, unfortunately, ethics, education and politics. It is very difficult to remain objective in these fields, everybody has his own subjective and biased opinion. I shall try, as far as I can, to discuss facts only. I propose that as a first step we examine the two answers which are usually given to our question; the two answers, of course, contradicting each other in every point.

Answer A demands that we abolish all restrictions altogether or at least reduce them to a minimum; it advocates free sexual life before marriage; some form of marriage on approval; easy divorce, especially if there are no children of the marriage; free use and sale of contraceptives, even obligatory training at schools in their use; equality of rights for both sexes;

abolition of prostitution; no distinction between legitimate and illegitimate children; and so on.

Answer B demands a tightening and reaffirmation of all the existing restrictions, and so advocates: complete chastity before marriage for both sexes, but especially for girls; no divorce at all or only in quite exceptional cases; no contraceptives; prohibition of immoral, i.e. openly sexual, books, shows, pictures, etc.; no décolletage, 'decent' clothes even for sports; possibly no mixed-bathing facilities; and so on. The B side admits tacitly that with boys one cannot take everything quite so strictly; perhaps some sort of prostitution must be reluctantly tolerated, although under firm control by the authorities.

Both sides have grave arguments in favour of their opinions: the progressive side emphasises the importance of biological needs, the respect for human freedom and everyone's right to happiness.

The conservative side points out that our culture will be certainly endangered if we weaken those restrictions which form the very foundations upon which our ancestors have built up all our spiritual values, such as morals, ethics, religion, social traditions, arts, learning, etc. Although admittedly the restrictions demand effort and moderation from everyone, yet religion, decency and culture, which depend on these restrictions, are certainly more valuable than the petty pleasures of the flesh.

In passing, it is worth noting that whenever and wherever problems concerning sex are under discussion, these two types of argument are invariably produced.

It would be quite natural to ask which side is right. But that would amount to taking part in a political discussion. Instead, let us first enquire into the true reasons for those restrictions. Is there biologically any difference between man and other animals which makes it necessary for us to endure all this while the animals may remain free? The answer is not too difficult. Most animals perform the sexual act only once in their life and then die. It is true that vertebrates may perform the sexual act several times, but with them there is a marked periodicity in their sexuality. For the greater part of the year

the animals live peacefully together and show no excitability at all. It is only for a few weeks, once or twice a year, that they are sexually exciting and excitable; this time is characteristically called heat. At such times the animals are quite mad, almost unaware of external dangers, they are intoxicated and violent, they do not seem to care for their own welfare or that of others. Man knows about this sudden change of behaviour and exploits it. Herrings, salmon, grouse, deer are caught and hunted during this period.

Man is quite different. From puberty at least till sixty or even much longer, man is permanently excitable and certainly desirous to be exciting; but he is hardly ever quite as mad as the animals. He has learned to control himself. And what happens if he cannot control himself? He becomes mad of love and neglects his duties to society; he is likely to cast everything aside, respect for authority, love for his country, consideration for his honour or for his duties; he may cease to be a law-abiding citizen, he may cheat, bully, defraud, or commit adultery and even murder. This means that *a man in love* may become a danger to social order unless he has learnt to control his excitement. It is only natural that society should have developed some defensive, self-preserving measures against this danger.

One of these defences is ostracism. Individuals in love are suspicious creatures, just as are great reformers or great geniuses. Any of these people is a likely candidate for the role of a tragic hero; in this respect there is no difference between Romeo, Caesar, Coriolanus, Richard III and Prospero. Every one of these has to stand up for himself and accept that he is on his own against the whole united community. (A closely related problem is, why does society admire and glorify these individuals after having brought about their downfall?) The fact is that these persons mean danger for the community, and they must therefore be rendered harmless without mercy. Tragedy is the ultimate measure, but ridicule may be just as efficient for achieving ostracism.

In order to avoid the pains of the tragedy, some preventive measures were instituted. First it must be arranged that people should not get too excited. Everything which is really exciting is banished: no complete nakedness, no real sexual scene, is

allowed on the stage or on the screen; the length of a kiss in the movies is measured and prescribed; pornography, exciting pictures, photos, plays, novels, are forbidden, and so on.

Then people have to learn how to control themselves. Education viewed from this angle is an unceasing, consistent training to keep control. Emotional outbreaks are stigmatised and consistently suppressed. In normal cases this education succeeds, and most of us are brought up so well that we do not like to get highly excited; something within us is against it, and if we lose our temper we feel remorse and are ashamed. This institution within our own mind is the result of persistent training. It speaks at times to us as the voice of the conscience, it causes remorse, it criticises us and makes us dislike the forbidden things. This institution is a privilege of mankind; psycho-analysis has called it the super-ego. It has less spectacular functions as well; it spoils for us the joy in childish pleasures and makes us ashamed of them, as is the case with nakedness. A child jumps around happily when naked, while we adults would feel self-conscious; either we cannot feel any pleasure in nakedness at all or the pleasure is limited to very special circumstances.

We can now understand these restrictions better. Society would approach a danger-point if any of its members were to fall victim to a violent excitement; against this threat society has recourse to preventive measures. It ostracises any violent emotion; it prohibits everything which might provoke such emotion; and lastly by consistent training it brings about that man becomes ashamed of his own excitement.

Of these, ostracism is an *ad hoc* measure never fully to be relied on; moreover, being too personal it is unpleasant and dangerous, as it might lead to friction and fighting among the members. Restrictions and prohibitions are permanent institutions, they are general and impersonal. This means that they are always there, and need not be invoked as an emergency measure in one particular case or against one particular individual. Thus, while more reliable, they still need the help of laws, traditions, institutions, to enforce them.

Training results in establishing a new internal authority: the super-ego. From the moment when this comes into exist-

ence, our mind is no longer a unit, it is split into two parts, one characterised by the desires of the flesh, the instincts, our biological needs, etc., and the other by self-control, higher moral values, attempts to adapt ourselves to the conventions and standards of our community. From then on, for the whole of our life, every one of our external or internal actions is a compromise between these two militating instances.

As we have seen, both impersonal laws, traditions, conventions and personal self-control have to be learned. One aspect of education consists in teaching *what is forbidden*. The wording is always: 'Thou shalt not.' But not only has the prohibition itself to be learnt, we are trained also to learn how strict it is, whether it is unconditional as in the case of the incest taboo, or only to be respected, as the prohibitions concerning nakedness, or whether it is merely a pretence and thus falls under the eleventh commandment: 'Thou shalt not get caught or found out.'

Conversely, this means that the actual forms of sexual life, of society and of education are intrinsically interdependent; it is impossible to change one without changing all three. By this we have arrived back at politics. There are naturally many who will say: 'All the better, let's change all three.' Present education is no good, present society is rotten and unjust, and our sexual life is unhealthy, unsatisfactory and unhappy. Unfortunately, the situation is not quite so simple. It is true we have lost much through these restrictions, but on the other hand we have gained a good deal. First we are able to live together and—what means very much—to work together. Let us suppose that all our women colleagues here were not only attractive, but unrestrictedly sexually exciting, and we males unrestrictedly susceptible to their stimulation, no scientific meeting could take place under such conditions. In fact no meeting, whether social, for entertainment, or industrial, for work, would be possible at all. That means that there could be no social collaboration; in short, without sexual restrictions there would be no civilisation.

These restrictions have brought about, furthermore, a very important change which I shall only briefly outline. While genital sexuality is a union exclusively between two people,

there is another form of love which is not limited to one partner only; this is the tender, gentle form of love. It could easily be proved that higher civilisation, sexual restrictions and the evolution of gentle forms of love are parallels. Only in societies where there exist polite conventional forms and sexual restrictions can we find love songs, love stories and courting. One gets the impression that the energies which bind men and women together to form a society are dependent on suppressed genital sensuality.

Let us now return to our question: What shall be done with the sexual restrictions? We have found that if we change them, we should inevitably change our whole civilisation. Does this answer mean that we have to acquiesce in the present form, that we have to admit that the conservative opinion is right? Unfortunately, it is again not so simple. The conservative point of view is right in pointing out that any sexual reform influences the whole of our culture. But it does not mention the price the individual has to pay to get his share in this culture. It is an undeniable fact that for many of us the price is too high. You know that there are some people whose education has been too successful; they have developed a too severe super-ego while they themselves have remained weak. These are the shy, restrained, self-conscious people, inhibited especially in the company of the opposite sex. Clinically this means that there are a surprising number of impotent or frigid individuals.

The other failures are those who have had insufficient training and who have a weak super-ego, either because they were spoilt as children and not trained to endure tensions, or because their instincts are too violent. Among them are the rebels, the perverted, the criminals.

The further we go with our investigation, the more complicated our problem appears. Psychology of sex is not only an affair between the two partners, but concerns the whole community in which they live. We are faced with the eternal controversy, which is more important: the happiness of the individual or the security of the community? Conservative opinion has adopted the case of the community, progressive minds the case of the individual. Is there a third possibility

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which could take into consideration both interests at the same time?

As we have seen, even to-day, some of the restrictions are not absolute and unconditional. It means that in those cases we do not act automatically, but after conscious deliberation. We have our free choice *but* have to bear all the consequences. It is true that absolute prohibition coupled with automatic obedience, especially when it is valid throughout the whole of the society, saves a good deal of mental energy. The unconditional wording of a commandment 'Thou shalt not' is much simpler than a long deliberation which involves consideration of all the various factors, weighing up the possible risk and the ensuing responsibility against the probable gain.

A man living according to these standards is, of course, much freer, is less handicapped in his pursuit for happiness. But just because of his greater freedom his risks are greater than those of the average man of to-day. This means really that the free individual must be—or must have been—educated in a different way in order to have a less categoric super-ego, in order to see the possibility of a choice and to bear the inevitable responsibility afterwards. The question, as it appears to us now, is not whether sex should be absolutely free or rigidly restricted, but which restrictions are necessary and which may be discarded. The corollary of this problem is how to educate the future man to greater freedom without endangering the real values of civilisation.

3

This is a great problem indeed, and obviously it cannot be solved in this address. All I can do is to point out some inevitable difficulties which must be taken into account by any new form of education.

Going back now to the *Three Essays on Sexuality* by Freud, which appeared almost exactly fifty years ago, we find that he introduced, among many others, a very important new term which will help us considerably in understanding what happens—ontogenetically—in education and what possibly happened—phylogenetically—during the development of social, civilised life. This new term is the 'object of an instinct'. By

this Freud denoted that part of the external world which is needed for the gratification of the instinct in question. For the instinct of hunger, the object is food; for the instinct of thirst, the object is drink; and for the sexual instinct of a normal adult, the object is the beloved partner or, in particular, his or her genital organs.

To start with, there is a great difference with regard to relationship to objects between different individuals and different civilisations. On the whole it can be said that the more primitive a man is the more dependent he will be on the particular object. Man has a tendency to make external things responsible for any mental process happening in him. Thus, instead of admitting that our wishes are too strong to be controlled, we prefer to speak of the irresistible power of attraction emanating from the object. A good example of this irresistible attraction is the attitude of some children towards sweets: they simply must eat them up. It is impossible for them not to do so at one go, and even if they feel sick or ill while eating them, still they cannot stop. During the war when sweets were rationed in England it was surprising to find that many adults were still behaving in exactly the same way as these children. Part at least of the present economic difficulties in England—and elsewhere—is caused also by people not being able to resist spending their money immediately, i.e. responding promptly to the power of their objects. In other words: a large part of the population is unable or unwilling to 'store' a proportion of their increased earnings, and so demand tends to outstrip productivity.

Roughly the same is true of primitive societies. The more primitive the society, the more apparent are the features showing how dependent it is on the object. For instance, the Central Australian Aborigines, who live in a desert and for whom periodical famines are, so to speak, normal occurrences, have not developed any idea of storage of food and, of course, have no methods for it either. If an animal is killed it must be eaten up immediately. On such occasions, like the children just mentioned, they simply go on eating until all the food is consumed, irrespective of whether they are still hungry or not, or whether or not they feel sick from over-eating. From this

angle civilisation can be said to have started with the storage of food, i.e. by not eating up what was available. Expressed in psychological terms this means: by resisting the attractiveness of the object. Perhaps you will be amused to hear, especially as we are so near to the Rhine, that some of the earliest methods of food preservation were connected with alcoholic fermentation, such as the making of sauerkraut, the leavening of bread, the brewing of beer, and above all, the preparation of the various fruit wines, among them almost certainly wines from grapes.

Preserving food was an immensely important early step in the psychological development of human societies; it marked a fundamental change in the interrelation between object and subject. The object became less powerful; the subject, that is, man, stronger.

Resisting the attraction of the object is one method of strengthening a man; another method is to increase his ability for substituting another, acceptable, object for the original one. A third method—practically impossible in the field of self-preserving instincts, but of immense importance in the field of sexual instincts—is to substitute one form of satisfaction for another. It was again Freud who pointed out these fundamental differences. If one is hungry a most delicious wine is not tempting; and if one is thirsty, most appetising, substantial food, instead of stimulating, may be even repulsive. In the field of sexual instincts, however, kissing and all sorts of other pleasurable activities may be acceptable for considerable periods in place of the desired complete sexual union. Here is the place to mention masturbation, especially the form of it that is accompanied by free and rich fantasies. It was again Freud who realised—and was courageous enough to publish his discovery—that in Western civilisation masturbation is a normal occurrence during the stormy years of puberty and adolescence, and an ever-ready stand-by in periods of frustration in later life.

To repeat, if we want to educate a free man, not severely handicapped in his pursuit of happiness, we must aim (1) at training him to resist—if circumstances demand—the attractiveness of his objects; (2) at making him able to find

satisfactory new objects if the original becomes impossible, and (3) at enabling him to enjoy a great variety of gratifications.

This sounds simple and straightforward enough, but unfortunately there are a great number of difficulties, both external and internal. I wish to start with the internal—conscious and not-so-conscious—difficulties, because they are the true concern of psycho-analysis, and then to discuss a number of external difficulties which are, so to speak, only the precipitates of the internal ones. All the internal difficulties derive from what Freud called the Oedipus complex; even those that can be traced back to still earlier stages have to pass through the Oedipus complex and will be profoundly influenced by it. The Oedipus complex, one of Freud's momentous discoveries, was originally greeted with moral indignation, disbelief and derision; nowadays all this resistance has changed its form to a blasé indifference, as if people were saying: so much fuss about a trifle! In reality the Oedipus complex is anything but a trifle; it is the cardinal problem of every form of civilisation and of every individual human being. It is always a problem, but a problem that must be solved at one's own peril—there is no possibility whatever of escaping this task. Moreover, the structure of every society, the happiness of every individual, largely depends on the form in which the solution of this problem has been achieved.

These are strong words; let us first look at the facts. Biologically every human child is born so weak that for long years he unconditionally needs food, care and protection to be given to him; he is absolutely incapable of getting them for himself. Without efficient child care mankind would die out with the present generation. In spite of great differences in the forms of child care in various societies, there is one feature identical in all of them, and that is that during the very first stages—which may last from a few months to several years—the child is looked after by a small unit, called the family. Let us repeat what has been said so many times, by so many people, for so many ulterior purposes, that the family is the basic unit of every social structure. As you know, there have been many attempts during man's history to do away with this basic unit; all of them have failed lamentably. A very interesting,

fairly recent experiment of this kind was tried out in Russia during the early years of the great revolution—with signal failure.

Why? One important reason is economy. One woman—the mother—looking after one infant has been proved again and again to be the most efficient and the cheapest solution. The other reason is psychological. Somehow it seems that man's nature needs this intimate kind of early environment, and if it cannot be provided his emotional development will be seriously disturbed. Later we shall discuss one reason why this is so. These two reasons, the economic and the emotional, are so strong that they have defeated all attempts at interfering with the basic set-up of early child care.

This, however, does not at all mean that this kind of early life—i.e. an infant growing up within the family—is entirely good, exactly the right thing, or that everything in it is unexceptionable. On the contrary, this life is fraught with conflicts, bitter disappointments, painful frustrations, guilt feelings, abject despair and, above all, fears. This intricate mixture of extremes is exactly what constitutes the Oedipus complex; we find in it (1) extreme dependence—the child without proper care is doomed to deficiency diseases, emotional as well as physical, to starvation and death; (2) extreme bliss—the satisfied child is still the prototype of happiness; and (3) extreme swings of emotion from love to hate, from complete confidence to dire suspicion or paralysing fear. We understand without difficulty the first two—dependence and bliss; but we must ask, is it really unavoidable that every human child should be subjected to extreme swings of emotion? Unfortunately the answer is unconditionally yes; these extreme experiences are at the basis both of human development and of civilisation; we might say they make man what he is.

Now why must this be so? As I pointed out above, the best solution for child care in the earliest stages—both economically and emotionally—is the family. In psychological terms: man's first experiences happen in a triangular situation between father, mother and child. (This triangular set-up is, as a rule, complicated by the presence of brothers and sisters.) The interests of these three partners are far from being identical, even in an ideal family. All three have to learn to tolerate the

claims of the other two, both individually and—what is particularly difficult to accept—with regard to the other partner. The best-known example of this difficulty is that of a young father. In several primitive and not-so-primitive communities, husband and wife are strictly separated by taboos for some considerable time around the confinement. This may be an admirable institution for the mother and her child, but what about the excluded husband-father? There are many stories, anecdotes, or jokes about the various possibilities open to him, but I do not think we need go into them in detail. The psychological fact is that for some time he has to accept frustration by his wife for the sake of his child.

Exactly the same is true for the child, but to an incomparably greater degree. True, the child starts life in a two-person relationship; for some time mother represents the whole world for him; and almost certainly in the beginning the boundaries between the self and the non-self are extremely vague. We do not know when these boundaries begin to be experienced, already in the intrauterine existence or only later, say when binocular vision becomes established. The fact seems to be that the establishment of these boundaries is always and for ever felt as an injustice, an intolerable burden imposed upon us, an ever painful injury, and so on. The whole literature of the world, from love songs to philosophy and, indeed, theology, bears witness to the pain of tolerating this separation of subject from object, and to the supreme bliss which is invariably experienced as the disappearance of this separation and as a re-establishment of the mystic union between subject and object.

There are increasing signs that the realisation by the child of the fact that he and his mother are separate beings acts always as a trauma, giving rise to waves of hatred against her, while feeling at the same time that her love is essential for existence. I have said that empirical facts that something of this kind really happens in the infant's mind are increasingly being recognised, but there is unquestionable evidence that in a child of one or two years of age this mixture of love and hate is of paramount importance. Whenever it happens that the child cannot have immediately everything he wants, he must hate—unfortunately the same people whom he loves dearly

and on whom he depends for both his physical existence and his emotional stability. During the same period he gradually discovers that his parents have other interests and obligations, considerations and affections, besides those that concern him, above all towards each other.

The main result is that every member of this triangular situation, and particularly the child, will feel gratitude and love for the many gratifications and joys that he receives from the other two, but also jealousy, envy and hate against one or even both of the others whenever he feels excluded, which must happen inevitably time and again. Moreover, in his feelings he will make the successful rival, whoever he or she may be, responsible for any privation he has to endure.

It is easy to visualise what kinds of complications must be caused by the presence of other children in the same family.

Now you understand better why the Oedipus complex is always a problem; a problem, moreover, that must be solved by every individual through his own effort in his own way and at his own peril. Among the external problems to be solved are: how to live together with people (and ourselves) who are indispensable to us, whom we love dearly but whom at the same time we cannot help hating; how to establish a form of existence in which rival claims can be tolerated and their satisfaction accepted, even though it means accepting that our needs will not be satisfied for the time being or perhaps at all; and on the other hand how to tolerate and enjoy our own satisfaction while knowing that it will evoke in our fellows hatred and envy against us. Among the internal problems we have: how to deal within ourselves with the conflict of ambivalence and its inevitable consequences, namely, that we wish to hurt, get out of our way, and destroy the very people who are most important to us, whom we love dearly; how to love and protect the people who make us suffer, who subject us to grave humiliations; how to accept the fact that when we love we have to suppress or destroy the part of ourselves which hates, and that when we hate we inevitably fall prey to intense fears that we may inflict injuries for which we shall feel guilt and which may be followed by merciless retaliation.

The absolute necessity of finding some solution for these

problems is a most difficult and exacting training procedure, the more so as the mutual emotional involvement of trainees and trainers—child and parents in our case—is all the time very high, and consequently there is hardly any possibility of objectivity or cool detachment for anyone concerned. Perhaps now you will understand also why children who have had to be brought up outside the family are, in many ways, handicapped. However good or 'psychological' the environment was, it could not give the child the opportunity to undergo this emotional training.

It will, I hope, become also understandable why the resulting solution of all these problems will for ever colour, influence, or perhaps even determine man's relationships to his objects. I would remind you that under the heading of objects psychoanalysis subsumes people, ideas, beliefs, possessions and so on: everything that matters to a man.

As we have seen, the Oedipus complex is at the same time always a conflict of ambivalent emotions. The particular solution of the Oedipus complex will then prescribe man's behaviour in any situation that involves a conflict, whether mainly external or, after the institution of the super-ego, both external and internal. The external conflicts are easier to understand and their significance easier to gauge. On the whole these external conflicts may be divided into three groups. For the sake of simplicity I shall discuss them only from the point of view of a man. This is an intentional oversimplification, as we have some idea that our findings about man are not fully valid for the case of a woman; but to discuss these differences would be too complicated, and would lead us too far afield. The three groups of inevitable external conflicts—each having its prototype in the Oedipus complex—that an adult man has to face are (1) those with authority, i.e. father; (2) those with regard to women, i.e. mother; (3) those concerned with his fellow-men, i.e. his brothers (and sisters).

In the first part of this address we were mainly concerned with man's relation to his sexual partner, with the many limitations which hamper this relation in every society, and with the resulting partial dissatisfaction and unhappiness. We have discussed the various advantages that accrue to a man who can adapt himself to the prevailing restrictions without

much hardship. We have also seen that this kind of successful adaptation means, on the whole, a successful solution of the individual's relationship to authority. Should he be too submissive to authority these restrictions might inhibit or even crush him. If he is too rebellious he will inevitably get involved in continuous exhausting and futile struggles.

The solution for the third group of conflicts is the idea of 'fair shares'. This means that nobody is given everything that he wants, but everybody gets something. As we know from history, this 'something' has almost always been distributed so that members of the great masses get a little each, whereas men belonging to a very small minority get a lot. Looked at from this angle, all the great revolutions in man's history have amounted only to changing the methods for selecting the favoured minority; the basic social structure has remained the same. At one time the chief basis of selection was physical courage and strength, then birth, then cunning and talent, then wealth, and nowadays perhaps administrative ability.

I wanted to say all this before coming back to our main topic: sex and society. In this field, amazingly enough, society has achieved the greatest approximation to the idea of 'fair shares', although it is true that money or might can buy women—even, we might add, men too. On the whole, though, even during the periods of the greatest intensity of sexual experience, 'one man one woman' is the rule. We must add, however, that the price of this near realisation of an ideal is that general dissatisfaction with our sexual life with which we started our discussion.

From this angle the sexual restrictions which hamper our happiness so painfully are in principle fairly sensible institutions, as was pointed out by Freud in his *Totem and Taboo*. They protect the structure of society against the onslaught of sexually highly excited individuals, i.e. people 'on heat'. At the same time they protect the individual and allow him to enjoy a modicum of sexual pleasure in comparative peace and security. Any change in these restrictions, especially those securing the 'fair share', would inevitably endanger not merely the structure of society but first and foremost the individual's peace and security by giving his rivals more free-

dom. Now we understand better why it is so difficult to devise any fundamental change in this arrangement.

All these, however, are external difficulties. Although they are considerable, it is imaginable that with ingenuity, good will and persistence, perhaps also a good deal of experimenting, some fairly acceptable solution may be devised. However, as will be remembered, one problem, also originating in the Oedipus complex, that had to be solved was how to live with an object who provides us with the greatest satisfaction and at the same time subjects us to extremely painful frustrations. And the parallel problem: how to behave towards an object whom we love and greatly need and whom, at the same time, we hate and want to get rid of. This is an internal problem *par excellence*, and is closely linked to the individual's solution of his Oedipus complex and, in particular, to his resulting relationship to his important objects.

One solution is to idealise the object, to declare that there can be no fault in it, that the satisfaction originating from it is all-important, absolute and perfect, and everything that may be imperfect in the relationship is due exclusively to our own shortcomings. This is the solution adopted by most lyric poetry—Shakespeare's sonnets are only one example—or in religion, e.g. the cult of the Blessed Virgin. The result is an increased importance of the object and a weakening and self-humiliation of the subject. Man is happy, elevated and strong as long as he feels in grace and beloved; but lost, degraded and in despair if he feels his object has abandoned him.

The opposite solution is to humiliate the object, to deprive it of any power, and simultaneously to idealise one's own emotions, gratifications, pleasures. The ultimate result is prostitution in all its forms and varieties; an institution old, venerable and ubiquitous. I think it is fair to say that the first two professionals to appear in man's history were the witch-doctor—a mixture of priest, magician, scientist, physician and psychiatrist—and the prostitute.

The two solutions mentioned are extreme cases, but they are far from being uncommon. Moreover, every so-called 'normal' relationship—if examined closely enough—usually contains elements of these two. In other words, we men oscillate

in our relationship towards our sexual partner between idealising and degrading her. *Mutatis mutandis* something of the kind is true for women, too. Coming back to our special problem, we see one more reason why it is so difficult to make man independent of his object. Independence means inevitably a change in the reciprocal importance of subject and object in the direction of degrading the object, and this in turn stirs up all the painful conflicts of our past, leading to fears and guilt feelings—and something more.

To show what I mean, may I recall an historical episode. Martin Luther is reported—whether correctly or incorrectly does not matter here—as having said after the dispute at Leipzig: ‘Hier stehe ich und kann nicht anders; Gott helfe mir, amen.’ The psychological meaning of this sincere exclamation is: God must help me because I cannot help myself; in spite of all threatening dangers I can see only one way of behaviour.

This means that Luther at that moment was so dependent on his objects—the objects being certain theological theses, the future basis of the Reformation—that he had only one possible way of managing his relationship to them; any idea of changing it was unthinkable for him. This, I think, impressively shows up by contrast the possible dangers of being too independent from our objects. If the objects—whether spiritual values or beloved human beings—do not matter very much to us, what will matter is only our own gratification. Too great independence leads to a shallow egotist with no true love for anybody or anything, a type that is not very useful to any social order—or for that matter to himself.

Does this mean that a compromise solution should be aimed at; that in small matters we should have a possibility of great elasticity, that is not much dependence on our petty objects; but in serious matters when highly valued objects are involved, our loyalty to them should be at least as important as or perhaps even more important than our loyalty to ourselves? This leads us to the eternal question of all civilisation which we have met already: which should be the more important, the subject or his objects? Man or cultural values? In the present context we see this eternal question from the point of view of educational techniques and aims. Our present problem asks

which educational methods are likely to lead to which results in this field.

Unfortunately, the answer that psycho-analysis can give to this most important problem is painfully incomplete. The first reaction of some enthusiasts to the discovery that frustrations in early childhood, i.e. during and before the Oedipus period, may lead to serious inhibitions in later life, was to conclude that children must be given absolute freedom, and to try to carry this out in practice. The result was fairly disastrous; the children educated in this way were, as a rule, not free but undisciplined and wild; in adulthood they had great difficulties in finding a stable partner, and were generally unhappy. The reason is simple; the average child gets trained to endure tensions while renouncing some petty pleasures such as staying up late, having another sweet, etc. So-called 'free' education deprived the children of this opportunity, while it still had to demand ultimately the incomparably more strenuous task: the acceptance of the incest restrictions, the adaptation to the prevailing sexual order and conventions of the community. Without proper previous preparation this obviously could not but lead to strain and failure.

So we psycho-analysts must admit that we cannot offer solutions, but at least we can formulate some problems which may be solved by proper research. We would like to know what is the optimal intensity of conflict which young children should be able to master or bear, and what are the possible consequences of such conflicts in terms of mental health, stability and human happiness. Closely linked to this is the technical question: How can we establish and maintain this optimal intensity? What means have we to increase or to reduce it when thought desirable? Or expressed in very simple terms: What is the right amount of love and hate that a healthy human being should possess or should be able to sustain, and what are the educational methods that develop a healthy human being, who can sustain enough love and hate to enable him to make free, and at the same time stable and satisfying, human relationships?

I think I have offered you problems enough. It is for the next generation, that is: You, to find some of the answers.

II

THE PROBLEM OF DISCIPLINE¹

(1951)

I

A FRIEND of mine, who had been giving some lectures at a conference on children's behaviour problems, was attacked by a teacher: 'You child guidance people talk a lot about giving the child security. Well and good, but I wish you would give us teachers a little of that security too. Even in the most modern schools there must be some order—we must restrict the children's freedom in some way or other; and these days we can do so only with a guilty conscience.'

Now let us contrast this hesitant and worried teacher with the happy, vociferous and confident sergeant whom I saw recently drilling the boys of an A.T.C. squadron. He had no guilty conscience, no qualms whatever about imposing arbitrary restrictions, the methods chosen for imposing them, and so on, all of which apparently caused so much worry to our conscientious teacher.

Here we have two quite different attitudes to teaching and discipline. That of the sergeant, and the older school method, is obviously the simpler. They have a firm-set and safe pattern to aim at: for the sergeant a 'smart soldier', for the traditional Public School a 'Christian gentleman' or a 'leader of men'. They are not worried by the problem of whether the pattern is right or wrong. They are convinced that their pattern is right, and they have the same unshakable confidence in their method. It is certainly arbitrary, but does that really matter? They know it is the *right* method.

What is this method? It certainly does not entail much individual treatment of the children, or much consideration for their individual likes or dislikes. A whole group is set the same task, and everyone is expected to achieve it. The educators admit quite freely that they wish to cause strain, to

¹ First published, in an abridged form, in *The New Era* (1951), 32.

burden the children almost to the limit of their capacity. They advocate a liberal use of authority, of suggestive impression, and even of force, and are not shy of employing all sorts of arbitrary restrictions, even such as have little or no relation to the real life of their pupils, present or future. I need quote only two examples out of many: rifle and marching drill for gunners or air crews, and the teaching of Latin grammar in secondary schools. It is highly unlikely that either of these will be of any use to the pupil in his later life, nor has the pupil any initial interest in the subject taught; it is merely a task imposed upon him by higher authority.

The case of the conscientious modern teacher is much more complex. First, he is rather uncertain about his aims; asked what he wants to make of his pupil, he will answer rather vaguely 'a free and happy man' or 'a well and happily adapted member of his social group'. He is uncertain also about his method and disguises his uncertainty by calling it an 'experimental attitude'. He has learnt his lesson well: before you can teach John Latin, you must know some Latin, but you must also know something about John. So all modern teachers have been at pains to study their pupils' likes and dislikes, their abilities and talents, propensities and instincts, their moods, anxieties and apprehensions, their occasional aggressiveness or neurotic dullness, etc. These studies have led to a thorough overhaul of all teaching methods, which began in the nursery schools and spread thence to the infant and junior schools, but has not yet greatly influenced the secondary schools. The avowed aim has been to adapt the teaching to the child in contrast to the old method where the pupil was expected to adapt himself to the teaching.

This new method provides separate classes for bright and for slow pupils; every care is taken not to overburden the child; time-tables are carefully planned, and the sequence of periods is arranged so as not to tire the children excessively. The old traditional set subjects tend to disappear; in fact, teaching in the old sense has become more and more disliked by the teachers. I have heard an experienced headmaster say: 'The school counts the time spent in the fifth form lost because for that whole year the boys must study for their examinations.'

And a sincerely enthusiastic headmistress said to me: 'It really does not matter much what we teach the children, the main thing is that they develop.'

Instead of teaching traditional set subjects, the aim of the new method is to bring out the child's abilities, make him ask questions and stimulate him to collaborate; the teacher, that is, has to win the child's interest, and must be very careful not to lose it by arbitrary interference. Teachers nowadays even resent the fact that they have on occasion to correct or criticise their pupils' work. They prefer, if possible, to employ self-correcting tasks, as in joinery: if a right angle has not been cut correctly, the pieces simply will not fit together, and so on. In such a case the teacher has only to show a child how to do the job and then stand by ready to give advice if needed.

The ideal of this new education is to restrict the educator's function to helping the child in his development, while avoiding any arbitrary interference with or even arbitrary direction of his development. It is implicitly hoped, or even explicitly stated, that reality will do the rest, especially that a 'free', 'natural' discipline will spontaneously establish itself.

Thus we have arrived at the formulation of our problem. The 'free', 'natural' method claims that it has abandoned all arbitrary restrictions and directions, and uses as its only method of discipline the direct influence of reality. The teacher can restrict his function to helping the child in his development, drawing his attention now and again to reality and its influence. The old 'strict' method replies that all this new fashion is stuff and nonsense, that children (or recruits) must be told in no uncertain terms what they have got to do and how it is to be done. I would add that the old, 'strict' teachers are usually self-confident, self-assured, without many problems; they know what teaching means and what children need. The new teachers, on the other hand, are usually hesitant, full of problems and worries.

2

It is obvious that the problem of discipline is fundamental in any form of education. I propose, therefore, to examine its psychological implications. Psychologically, discipline means

going against one's own immediate wishes and interests for the sake of some other, 'higher', ends. In other words, though one is fully aware of a certain desire and an increasing tension is felt, no action is taken and the tension is kept in suspense—often in the hope that a time will come for relieving the tension and satisfying the desire. The two obvious conditions for such behaviour are: (a) that the mind shall be able to bear the intensity of the tension, and (b) that the individual has intelligence enough to enable him to take into account the probable consequences. In the case of a well-disciplined individual, this latter function happens automatically, unconsciously. Later we shall have to discuss this important difference.

Seen from this point of view, a large part of education consists in imparting simple rules to the new generation, rules of 'You must' or 'You must not'. There are two classes of such rules. The first class is the self-evident variety, its prototype being: 'You must not go too near the fire.' The second class consists of rules that are not self-evident. Typical of it are the polite forms, the conventional greetings, the use of certain phrases, such as 'Please', 'Thank you', 'Sorry', 'I beg your pardon', etc. In general you must behave 'properly'. In a way these rules are nonsensical; they have no inherent logic, no patent relation to reality, as have those of the previous class. That is, harm does not necessarily follow if you do not comply with them. They are mere conventions. Yet no human society exists without them. The essential feature of all restrictions and rules of type 2 is that for the sake of others you must wait your turn, you must endure some, perhaps even great, tensions, caused by failing to gratify immediately one or more of your wishes. Moreover, the rules of type 1 are the same everywhere in the world. Those of type 2 show amazing and baffling variations from society to society; we not only see them in different forms, but are given different explanations of the reasons for their enforcement; moreover, the ages at which children are expected to learn them differ.

To quote some examples: *Frogs* are eaten by the French, who consider them a delicacy; they are not eaten by Jews because their religion forbids it; they are not eaten by the English because they are 'disgusting'. *Suckling the baby* in our society

takes place in strict seclusion, seldom for more than nine months, usually for much less, and it is practically unheard of for a woman to suckle any other child than her own unless she is engaged as a paid wet nurse. Among many primitive tribes mothers feed their babies unconcernedly in public up to the age of two, three or even four years, and a woman will give milk to any child of her own group who asks for it. *Cleanliness training* often starts in England when children are only a couple of months old; on the Continent they are generally left alone till twelve to eighteen months or even much longer. Central-Australian aborigines seem not to be very particular in this respect; for example, Róheim mentioned that his native cook would urinate unconcerned while preparing food for cooking; it is true, however, that the floor of the kitchen was dry sand and she was squatting. In New Guinea, on the other hand, there is very strict cleanliness training, but the reason for this is not hygiene but a fear that a sorcerer might get hold of one's excrement and use it for purposes of black magic. *Attitude towards religion*: Rasmussen reports that Eskimo children with great merriment performed an elaborate parody of the ceremony of the great festival planned by the tribe for the next day. When asked how they could tolerate such sacrilege, the grown-ups replied good-humouredly that they were quite certain the gods could understand the joke. It is easy to imagine what would happen if our children tried to parody a religious ceremony. *Attitude to sex* is an inexhaustible topic. I will quote only the children of Samoa, who are allowed and even expected to have a free sex life as soon as they are physically ready for it. One who has no love affairs is treated socially as a freak—a problem child.

Obviously the rules of type 1 cause few or no educational problems. All that they call for is care and supervision backed up by friendly advice. Reality is the true educator, and our role is only to draw attention in time to its working. The rules of behaviour of type 2 have hardly any relation to reality; conversely, reality has no educational influence at all on learning them. Moreover, these non-self-evident rules of 'must' and 'must not' must be enforced without any help from, or even contrary to, the child's intellectual judgment. In some

cases they must be enforced at a very early age (weaning, training to cleanliness) before intellectual judgment is possible; in other cases (religious or patriotic conventions) no intellectual criticism is permitted, or if displayed is immediately quenched, as is the case with such sexual conventions as those relating to nakedness, masturbation, etc. It is obvious that the rules of this non-self-evident type are the real problems of all education.

Our first question, therefore, must be: is it then necessary to subject our children to the strain caused by compliance with such conventions, to teach them to do certain things obediently and equally obediently to avoid others? The fact that every form of society knows some sort of discipline of this type tends to suggest that it is necessary. Moreover, the higher the civilisation, the more numerous and complicated are these non-self-evident rules and the earlier the age at which they must be imparted.

If a Central-Australian native wants to eat meat he takes his spear and boomerang and goes hunting. Certain animals, it is true, are forbidden him because of his totemistic taboos, but apart from that his problems are simple: Is it possible to find an animal? Is his skill enough? Is the meat worth the effort? etc. All these are in direct relation to his original wish. With us there is necessarily a long time-lag between the original wish and the effort, between the desire and its gratification. This time-lag is practically always brought about by a detour through money. Effort in our civilisation is in general non-specific, has no direct relation to any original wish, since it is directed primarily towards acquiring money. Money represents 'tinned' desires, and the individual must be able to resist the impulse to spend it, must be fully aware of the importance of providing for future needs. All this of necessity causes a great mental strain which must be endured throughout one's life. This unavoidable detour through money, inherent in all complex forms of civilisation, is a very important reason why our children must learn some kind of discipline.

Moreover, with our children, who live as a rule under constant supervision in highly artificial, 'civilised' circumstances, the direct influence of naked reality is not very great. In practice it is restricted to contact with fire and traffic, and

to some extent with water, gas and electricity. Under primitive conditions, on the other hand, the direct influence of reality is obviously crucial. Thus the more complex a civilisation, the more artificial or 'civilised' the early environment of the children, the greater is the importance for education of the type 2 rules of behaviour. It is a paradoxical situation: members of a complex civilisation have to endure greater mental strains, to learn many more complicated, roundabout ways for gratifying their wishes, but the direct influence of non-human reality is incomparably weaker than in primitive societies. Conversely, this means that education must resort to using reality substitutes in order to teach children how to behave under strain. A good example of such a reality substitute is the rifle and marching drill which, at the beginning of this paper, we saw our sergeant enjoying so much.

Making a different approach to our problem, we may describe the task of every educator as helping or forcing the new generation to adapt itself to given circumstances, i.e. to enjoy the enjoyable things and to avoid, or to cope with, the dangers. In every environment the dangers are partly of human origin, coming from one's fellow-men, partly from all sorts of wild, poisonous, harmful beasts and plants, and partly from natural forces such as heat, cold, rain, drought, and so on. In primitive forms of society the dangers originating from the non-human elements of one's environment are many; in 'civilised' societies, especially in towns, the non-human elements have been all but eliminated, and almost all the remaining dangers are human, i.e. self-contradictory and irrational, whimsical and conventional. Rules of type 2 are, so to speak, 'instructions for use' of this dangerous human element, and as the human element itself—the 'reality substitute'—is self-contradictory and irrational, whimsical and conventional, the rules of every society have to be so as well.

3

I think we may agree that education in a civilised society cannot do without some 'must' and 'must not' rules, and that most of these are unavoidably artificial or man-made. Here we are faced with a great number of problems. Granted that most

of the rules of type 2 are artificial, i.e. that they have to be taught by using reality substitutes instead of reality, we have to ask ourselves what sort of reality substitutes should be chosen for teaching them; how much of each should be used; how should we use them; and lastly, when, i.e. at what age, we shall start teaching them.

The first question, what sort of reality substitutes, i.e. 'school-subjects', should be used for teaching, has been in the foreground of every discussion of reform in education. It is a hotly discussed question, and one hears widely diverging opinions. For a psychologist this topic has a minor interest. From the point of view of vocational education and the economic use of the time available for teaching, as well as of the manpower engaged in it, it is, of course, a highly important question. It is not very difficult to enumerate the qualities that a subject (a reality substitute) must possess in order that it may be used for teaching discipline. It must enable the pupil to achieve some success in a not too distant future; that success should be neither too easy nor too difficult; practically every member of the group should be able to arrive with some effort at an acceptable standard in it; and for arriving at such a fair amount of self-control should be essential. Further, the need of some subordination of individual wishes to some socially 'higher' purpose should be clear to the pupil during the whole process of training. And, lastly, it is necessary that the achievement should distinguish the pupil from all those who have not undergone such training. Taking all this into consideration, we must admit that, psychologically, rifle and marching drill were not too bad a choice. The ideal, of course, is a drill which in addition teaches the pupil something that will be an advantage to him for life; obviously this will be more economical. From this angle the 'three Rs' are a really excellent solution.

The other question, when a given reality substitute should be taught, is much more complex. An embarrassingly rich observational material is available, but very little of it is reliably validated. In general we know that at certain ages pupils are very willing and keen; at others, on the other hand, rather recalcitrant and critical. I can only emphasise that there

is great need for systematic research into this problem throughout the whole age range, from cleanliness training through general and vocational education up to academic qualifications and even beyond.

The third question is, how these artificial reality substitutes should be introduced and taught. This question will be discussed under two headings: (1) What means have we to make the child accept our demands? and (2) What are the consequences of our technique? The means used by every educator are reward and punishment. They are based on the comparative weakness of the child, who is dependent on us, defenceless against us, at our mercy. His happiness, and often also his well-being, is threatened by our rewards and punishments, and thus naturally we have a great influence on him. The antithesis 'love versus punishment' has been extensively discussed, and since I could but repeat what others have said, I propose to leave this problem alone, especially as from our point of view it is not as important as it might appear in the light of the heated discussions that have taken place around it.

Let us, then, turn to the second heading, and ask what the consequences of our various techniques will be. The enforcing of any rules of conventional behaviour, i.e. any sort of discipline, must mean interference with the individual's wishes: he is expected not to yield to them at a given time, or even at all. This is why discipline is always backed up by some external force; criminal laws, religious commands, social conventions are all bound up with some penal sanction. In order to avoid the pain which threatens, in principle, every transgressor, we choose to endure the strain of our ungratified desires. Such a choice is only possible (a) after a certain age, i.e. after the necessary degree of judgment has been developed; (b) if the tempting desire and the threatening consequences are commensurable; and (c) if the mental structure of the individual is healthy enough, which means—if we exclude severely pathological cases—that his previous training must have been neither too lenient nor overwhelmingly severe. In all three cases—immature powers of judgment, disproportion between gratification and punishment, faulty previous training—the individual will be too weak to bear the responsibility of

choosing for himself, and will be driven to resort to the use of a new mental mechanism.

In a primitive phase, discipline and rules are complied with so long as the external force behind them is actively felt. If that force decreases or its immediate presence is not experienced, a relapse into an undisciplined state may easily follow. An often-quoted example of such a happening is the case of an already clean child who may become enuretic if he is separated from the person he loves or fears. At a later stage the same performance is achieved, even in the absence of any external force, on one's own. Thus in an adult, for instance, an occasional loss of urinary control is practically always followed by shame, disgust, remorse. It is the signal triumph of education, of discipline, to change a function which was originally pleasant or indifferent into one for which we have no more desire, which even causes us shame and disgust. This is achieved by the setting up of an instance within the mind which henceforth will compel us for ever to feel as our educators have prescribed. This new instance is the super-ego.

The super-ego prescribes for us standards of behaviour, of feeling and thinking, and measures our actual performance by those standards; and if we fall short of them, it causes remorse and guilt feelings in us. Most of its functions are restrictive; it inhibits the gratification of certain of our instinctual desires, and imposes a discipline on us. Obviously not all its prohibitions are equally severe. Some gratifications are forbidden though admittedly pleasant, such as cheating or taking unfair advantage of others. Some are permitted only under certain conditions, such as pleasure in nakedness, bullying or being messy and dirty. In other cases the original pleasure has been brought down to the level of indifference; in most 'civilised' people this is so in the case of cruelty or destructiveness. And, lastly, certain instinctual urges have been changed, so that they are no longer enjoyable but cause shame and disgust, as is the case with enuresis.

The stricter the super-ego, the more unconditional are its commands. But it always betrays its origin. It is not a tidy system but a chance conglomerate of motley *ad hoc* solutions, which on the one hand are formal, inconsistent, often illogical

and self-contradictory, and on the other hand rigid, inelastic, impersonal, often inhuman. Though it is true that hypocrisy is essentially a super-ego function, yet so also are decency, loyalty and fair-mindedness. A question that every educator ought to ask himself is: What sort of super-ego should I aim at, and to what functions of human life should its rule be extended? While trying to answer these questions, he should always bear in mind the consequences of his decision, both for the individual and for the community.

4

Having a strict and comprehensive super-ego enables the individual to function economically in routine situations, to achieve considerable saving in mental energy. Most problems of life have been settled for him for good; he has a ready answer for everything, there is no need to think, try, experiment. He knows that this is so, and in this way avoids the burden of deciding for himself. The disadvantages are that any new adaptation is very difficult; if the remaining pleasures (those not prohibited by his super-ego) become impossible to him through a change of his individual or of the general situation, he is threatened by a serious breakdown. Similarly, for the community it is an advantage to have members with a strict super-ego, inasmuch as it is much simpler to handle a standardised population: they have fewer individual demands, and are more easily led, more easily accounted for. The disadvantage is that it is almost impossible to interfere with their remaining gratifications without courting the danger of a rebellion or of a destructive panic.

Thus we have to ask ourselves: Shall education aim at strict discipline, at a control of instinctual wishes as complete and automatic as possible; or, on the contrary, at as much free choice as is compatible with social life? The former alternative means predetermined patterns, which cannot be chosen by the individual but are fixed by his superiors without asking him; this is the case of the rifle and marching drill. The latter alternative tolerates a much greater range of individual difference in wishes and their gratification, but must necessarily hold the individual responsible for his choice, and demand that

he bear its consequences; this is the democratic ideal. We must, however, not forget that, at least as short-term policy, automatic control is a much easier task both for the general population and for the educators, as is shown by the spectacular results of totalitarian education achieved in a few years.

5

If it is not to be automatic control, then, arrived at by super-ego education, what else can it be? And if this something else is better, how are we to achieve it?

As we have seen, discipline is absolutely necessary in every 'civilised' education, and, further, 'natural' discipline is non-existent, it is only wishful thinking. Discipline, therefore, is always artificial; the more civilised the community the more artificial must the discipline be, the more must it be taught by using reality substitutes. The aim of using such reality substitutes is that the individual should be able to learn rules of 'must' and 'must not'. Very frequently these rules will be embodied in the super-ego. But there are quite a lot of 'must' and 'must not' rules which, though essential for community life, involve little or no super-ego function. A good example is the 'keep to the left' rule. 'Keep to the right' is just as sensible; there is hardly anything to choose between the two. The only thing about them is that by general consent and for general convenience everyone should obey them practically always, although they have no relation to *right* or *wrong*. There are quite a number of such 'sensible' conventional rules, e.g. bus queues, knife in the right hand, fork in the left, etc.

All these rules have to be taught, and after training become more or less automatic, though they are neither absolutely rigid nor do they cause much guilt feeling if they are broken. Moreover, there is an important difference in our attitude while teaching these 'sensible' rules. As pointed out above, we know fairly well what the circumstances are that facilitate the building up of a strict super-ego. The commandment must be enforced before any intellectual judgment is possible, or if it has to be enforced at a later age, no intellectual criticism can be permitted. There must be a great disproportion between the gratification of the instinctual wish in question and the

threatening consequences. And, lastly, the individual must be sensitised either by much too little or much too severe previous training. In fact, to build up a strict super-ego one must make the ego weak in relation to the task put before it.

The other way of education, which aims at avoiding the strengthening of the super-ego, is to strengthen the ego by deliberate mental training. Here too we know a good deal about the necessary conditions. It is not advisable to try to spare the child by omitting tasks from his training; on the contrary, tasks should be chosen that are not too easy, that will cause a fair amount of strain; but care must be taken that although the strain may be considerable (there is even no harm if at times success should appear unattainable) the tasks must never be quite hopeless, the situation never quite desperate.

Obviously this needs very careful planning and cautious weighing up of all the relevant factors. Individual treatment is crucially important in this way of teaching discipline: the same task may be easy for one child, yet almost hopeless for another. Examples are easy to quote: sitting still for an over-active child, getting on with the work and being punctual for a dreamy child, standing up against criticism and asserting himself for a submissive child, giving in for an argumentative child, etc.

To build up a strict super-ego there is no need for such individual treatment; on the contrary, the more impersonal, inconsiderate, intolerant, irresistible the treatment is, the stricter, in general, will be the resulting super-ego. This may be the explanation for the effectiveness and the quick results of totalitarian education. To build up a strong ego, a critical but cooperative mind, is a much more difficult task for education. Above all it needs a very searching and minute control of our own ideals, methods and behaviour while dealing with our pupils. There are many reasons why such control is necessary. Here we will discuss only one of them.

As we have seen, in all communities the behaviour of the adults has been built on the vestiges and scars of their own childhood suffering. This, of course, is true also for ourselves. This means that we are not free, that our behaviour also is partly determined by automatic super-ego functions, our

general behaviour in the same way as our behaviour while training our children. Thus education consists in the first instance in inflicting sufferings on our children, determined by those which we ourselves had to suffer in our childhood. If we are not too dissatisfied with our upbringing, we shall certainly choose ways of educating our children similar to those we had to experience in our own childhood. If we are dissatisfied we are likely to try to find something different. In both cases, however, our behaviour will be strictly determined. To overcome the limitations caused by one's own upbringing is the most difficult task for any educator. From this point of view, traditional education means handing on the suffering that was sanctified by our own pains. But in the same way anti-traditional, reformist education means an attempt at sparing the child that kind of suffering which caused the greatest pain to us. There is danger in both, in that they may become blind towards anything but their main concern.

6

Summary

There is no society which is not based on some sort of discipline. Free, 'natural' discipline is an illusion, a result of wishful thinking. In every civilised community discipline is always artificial and must be taught by using reality substitutes. Psychologically it is not very important what those reality substitutes, the 'school subjects', are—though admittedly their choice has important economic consequences.

The resulting adult behaviour is mainly determined by the methods through which the rules 'must' and 'must not' are imparted to the children. In general one may aim either at the building up of a rigid unbending super-ego or at the building up of a strong, critically minded ego. The former trend allows the use of carefully planned, general, wholesale methods; the latter requires considerable individual treatment of the children and a constant, never-relaxing self-control on the part of the teacher; consequently it will be more expensive.

Super-ego education results in an inelastic, but under normal conditions stable, communal life which is easily directed; it requires only little individual responsibility, but

considerably restricts the possible ways to individual happiness. Ego education, on the other hand, leads to a varied elastic but critical community life which is not so easily dirigible; the choice of individual pleasures is more extensive but must be paid for by much greater individual responsibility.

We may choose, but whatever our choice we must bear in mind that we cannot have something for nothing. A price must be paid by all those who take part in education: by the community, by the teacher, and above all by the children.

III

THE ADOLESCENT'S FIGHT AGAINST MASTURBATION¹

(1934)

I

It is undeniable that in the last two or three decades it has become possible to deal with sexual problems far more frankly than was formerly the case. This change from a hypocritical glossing-over of facts to an open approach is to a considerable degree due to the influence of psycho-analysis. All the same, it is still almost impossible to obtain reliable data about masturbation. This kind of pleasure, arrived at through self-gratification, appears to present a greater and more dangerous secret than all the rest of the sexual life. For an understanding of the situation we must briefly recapitulate what is known of man's sexual development.

As we have learnt from Freud, the Oedipal period in human sexual development, which occurs from about the third to the fifth year of life, is brought to a conclusion by a powerful impulse of repression, which he describes as the passing away (Untergang) of this golden age. Although much has been written on this 'passing away' in the last fifteen to twenty years, our knowledge of it is still far from satisfactory. So much, however, is certain: that before the setting in of this process the child was, in the truest sense of the phrase, in love; the son with his mother, and the daughter with her father. This state, however, is never a happy one, firstly because it brings the child into rivalry with the other parent; secondly because it can never lead to a state of complete satisfaction in which all strain is relieved; and thirdly because it involves the child in a disorderly throng of anxieties and fears.

What the child actually fears remains sometimes uncertain, as though shrouded in obscurity. Often, however, one gathers

¹ Written for the *Zeitschrift für psychoanalytisch Pädagogik* and published there in Vol. 8 (1934). First English translation.

from him that he fears for his life, or for some part of his body; in the latter case the threat is directed against the genital parts. The origin of these fears—summed up by psycho-analysis under the heading of ‘castration anxiety’—has not yet been sufficiently cleared up. This being so, I shall refrain from enlarging on this point further than is necessary to our argument. These fears are not always of the same intensity; they increase and then diminish. A closer examination, however, reveals that their intensity almost always runs parallel to that of the sexual impulses, emotions and acts of the child. If the feeling of jealousy and the sense of rivalry increase, if the sexual desires become more powerful, and especially if the child gives himself the sexual satisfaction vainly hoped for from his environment, the fears correspondingly increase till they become almost unbearable.

Then, about the fifth year, this phase is brought to a conclusion and is followed by a somewhat quieter one: the latency period. This is characterised, above all, by a strongly marked development of the functions of the ego. Knowledge, physical strength and various abilities grow by leaps and bounds, so that out of the helpless child there emerges an almost fully adult man. Parallel with this development the functions of the super-ego, such as shame, sympathy, pride, conscience and moral ideas, begin to take shape. During this period conscious sexual behaviour is seldom to be observed in the child, and even in the comparatively rare cases where sexual activity is present, it can usually be proved that this was far stronger both before and after this phase (hence the name: Latency period). Freud suggested that education uses up the energy of the overtly inactive sexual instincts in completing its civilising work.

At the onset of puberty the whole picture alters. With the growth of the sex glands, the sensual needs gain both new strength and sharper objectives. At first this sensual flood attempts to follow the old paths towards the former infantile objects of desire, but meets with newly erected barriers: above all the incest prohibition. The former objects—father and mother—may now be loved only in idealised asexual ways, and sensual desires are incompatible with them. As a result, the tension increases until finally an outlet is found through

masturbation. It is in this instance immaterial how this is discovered, whether through seduction by one of the child's elders, instruction from a contemporary, or experimentation on his own. In some cases the old, abandoned form of infantile masturbation is revived; in others, a specific personal form of masturbation is developed along more or less intricate lines. All this—however important for the development of the person in question—cannot be dealt with here.¹

This pleasurable activity of puberty—masturbation proper—is possibly the most remarkable phenomenon of civilised sexuality. It is beyond doubt to the highest degree pleasure-giving—coitus has even been called a poor substitute for masturbation; it is always readily available, is independent of external help—and in spite of all this is seldom if ever an unmixed pleasure. This is undoubtedly partly due to society's hostility to sexual pleasure in general, and more specifically and with even greater bitterness to masturbation. The very terms that are used reveal the effect of this social resistance. As is well known, Onan's offence was 'coitus interruptus' and not the onanism to which he gave his name. The word masturbation is derived from *manu-stupratio* and has nothing to do with either 'mas' or 'turbation'; moreover, it is an act in which the hand need play no part. The social condemnation appears even more openly in the once popular terms 'self-abuse' or 'self-pollution'. The present, rather vapid, scientific term 'self-satisfaction' is a compromise, in which the sexual nature of the act is only shamefacedly implied and not explicitly stated.

All this puts us on our guard, and forces us to conclude that there is something not quite straightforward when no one dares to call this phenomenon by its proper name. All European sects and religions actually consider masturbation one of the greatest sins and forbid it most strictly. There were even times when the civil authorities imposed severe penalties on convicted onanists. Traces of this mentality remain to-day in the so-called 'scientific pamphlet' in which the possible consequences of, one might almost say the punishments for, masturbation are enumerated, such as softening of the brain,

¹ For the various kinds of masturbation, see *Zeitschrift für psychoanalytische Pädagogik*, Vol. 2.

idiocy, diseases of the spine, consumption, and so on. Even present-day literature that deals freely, perhaps even too freely, not only with normal sexuality but also with perversions, betrays a certain embarrassment and makes use of vague and timid hints when it has to deal with masturbation.

In society masturbation is practically unmentionable. Among men it can at most be spoken of with contempt, somewhat in the sense: He who admits it, has come off it; he who denies it, still indulges in it! It is only at the beginning of puberty, in the rapture, so to speak, of excitement at the discovery, and then only with the most intimate friends, that it is openly discussed. As, generally speaking, society forces girls much more than boys to resort to repression, they are, in this respect, compelled to even greater secrecy. I will only add that it quite often happens that whole classes of schoolgirls suddenly, as if seized by an epidemic, begin to masturbate, though, as far as my observations go, this can happen almost without a word being said, simply through example.

Masturbation comes directly in conflict with education and the school. Especially during secondary or grammar-school years, during puberty proper, self-satisfaction is looked upon as the original sin, and is perhaps even more severely punished than sexual intercourse. It is well known that in boarding-schools special precautions are taken to discover any attempts at masturbation and the homosexuality to which it could lead.

To sum up: Society is determined to banish masturbation by all possible means. It adopts towards it, then, much the same attitude as it does to perversion, with the one difference, that, knowing masturbation to be generally much more prevalent, it is considered far more important. The origin of, and reason for, this rigorousness remain uncertain, and, from a medical point of view, we have absolutely no credible explanation for it.

2

More information may possibly be forthcoming from adolescents themselves. Here too, however, one learns by experience that the answers given to our questions are not honest ones. This is partly because of the condemnatory and forbidding attitude of all those in authority, so that the forced secrecy

and justifiable suspicion cannot all at once be overcome. There is, however, one exception. In psycho-analytical treatment we are never satisfied until the patient comes to speak freely about his onanistic experiences also. Against this it may be argued that facts learnt during treatment are true only of neurotic patients. This objection, however, is unfounded. Psycho-analysis has long since demonstrated that there is no fundamental difference between the mental structure of neurotics and that of so-called healthy people, and this assertion is fully borne out by experience in the training analyses which, as is known, are obligatory for each candidate, whether 'healthy' or not.

What, then, do we learn from this? First, that during puberty almost everyone, over a more or less prolonged period, obtains sexual pleasure in this fashion. The very few who do not masturbate and who can be proved not to have done so are, in general, very inhibited people. One has the impression that they become neurotic more easily than others, if they are not already so during puberty. A point of very great importance is that these inhibited people regularly go through a period of masturbation before starting on normal sexual life. In the case of so-called normal people, masturbation sooner or later ceases, being rendered superfluous by normal intercourse. But so long as masturbation continues, those who practise it have to struggle against a quite oppressive sense of guilt. Not only from outside but also from an inner voice comes a condemnation of this satisfaction. The temptation, however, is too powerful, the forbidden pleasure too great to be successfully withstood. Thus there breaks out an inner conflict which follows a very eventful course.

The picture presented to us by masturbation during puberty is, clinically considered, a varied and manifold one. It is no exaggeration to assert that there are scarcely two persons who satisfy themselves in this respect in the same way. One can go farther. Even when the outward masturbatory act appears almost identical in the case of two different individuals, we find, should a thorough, frank discussion be possible, that the same action has a totally different significance for each of the persons in question. Two of my men patients, for example,

practise almost the same form of masturbation. They fetter themselves more or less symbolically and satisfy themselves with the fantasy of being defencelessly delivered up. On deeper analysis it has become clear that one of them imagines himself as a young schoolboy forced to wear tight shorts and ashamed because he wants to look far more grown up. In this position he has, with ever-growing excitement, to submit to the caresses of an older youth or adult till finally ejaculation takes place. The other imagines himself as a slave sold to a queen, who has now to fulfil all her cruel commands and adapt himself to all her moods. The picturing of these half-painful, half-lustful scenes is followed by self-satisfaction. For girls, too, the very common clitoris masturbation can assume quite remarkable significance. One patient pictures the stimulation as coming not from her own but from a stranger's hand; she herself takes no part in it, but remains completely passive, as she must if her secret is not to be discovered.

From this we see that it is not sufficient to learn the manner in which masturbation is carried out; in order to appraise the true meaning of the entire situation, we must also be informed of the inner meaning given to the act. This is by no means as easy as might be imagined beforehand. The fantasy or fantasies interlinked with masturbation which illuminate the individual details of the act are mostly guarded as secrets far greater than the pleasurable act itself. He must be an already proven confidant to whom these stories and pictures are recounted without distortion or omissions. But because it is only these that can provide the explanation of the feelings of guilt and anxieties connected with masturbation, I will here describe such a fantasy in detail, as well as giving a part of its analysis.

A patient, a girl of about twenty, told me during her treatment about a phase from her fantasy life. She called it 'the three experiments'. In 'the first experiment' she wants to educate a child to be the kind of being that she should herself have been. For this a man has to be found, gifted, spirited and active, so that the child may inherit these qualities; the ethical and moral ones she will herself instil into the child. She goes to the man and makes her demand. As men frequent brothels, it can hardly be too much to grant her this. After-

wards she will have nothing more to do with him. This goes on until she is twenty-four. Then comes 'the second experiment'. The child no longer interests her. Her object is now to get to know men, and to receive from each of them what he alone is capable of giving her. With each she only remains long enough to arrive at her goal, a couple of hours, a few days, a week, or at most a month. And because there is only something to be got from men when one lives with them, she accepts this condition too. By the time she is twenty-eight there follows 'the third experiment'. Her final goal is an ethical, moral one, but this can be reached only through a purification that comes from having experienced all earthly filthiness. Therefore she enters a brothel, the most frightful thing to which a woman can expose herself. If she endures this for four years without being ruined by it, she can say of herself that she has fought her way through to a true morality.

I can here give no more than the principal points of the analysis of this fantasy. It was soon elucidated that the third experiment was chronologically the oldest, somewhat later came the first, and only then—to fill up the gaps, so to speak—came the second. Thus in the third the sensuality is only thinly disguised by a veneer of ethics. This fantasy—stripped of its moral disguise—is exceedingly frequent in girls, and is known as the prostitution fantasy. The undefined number of men always signifies, as we so often see in analyses, a definite man. The reason why I mention these 'experiments' is the circumstance that an individual man makes his appearance (in the first experiment) which is far rarer, and further, his identity could fairly easily be established. This man was at first a well-known political leader who wrote fiery articles which were the cause of lively discussion in the patient's home. The father, who adhered to the same party, was especially enthusiastic, idealised him greatly, and took his daughter to a lecture given by his hero. Later, as my patient became more independent in her judgment, her interest in this man cooled off, and in his place she chose as hero a world-renowned scientist. The latter's sympathy, however, for the political movement of which the first man was a leader, was widely known, and she also was aware of it. It is clear that the individual here—just like the

indefinite number of men of the later fantasies—was really the father from whom she found it so difficult to free herself.

I cannot here prove the extremely important proposition that the masturbation fantasies of puberty always retain, without exception, the sexual objects of infancy (father and mother) in disguised form. Anyone who has conducted analyses needs no convincing, because each person and each fantasy is a proof; others must be content with the bare assertion. Even should I report and analyse many more such fantasies here, it could be answered that while the principle may hold true of the few cases in question, it cannot be taken as generally proved.

Apart from its theoretical importance, this proposition has a great current significance. Only through it can the powerful, ever-present sense of guilt during masturbation be understood. This struggle with one's conscience is only partly due to the act itself. Far more important in this respect is the accompanying fantasy which concerns itself with the forbidden, incestuous objects of love. The reason for the inimical attitude of society towards masturbation also becomes understandable. Our whole civilisation was, and is, built upon the banning of incest, and the onanist, defying this ban, is looked upon as a dangerous rebel to be got rid of as quickly as possible. There is in particular the fear that he may seduce others to imitate him, and so the strictest measures are to be taken against him, particularly at an age when civilised standards are still in process of being formed in him, that is at school.

Here, then, we have the explanation of the aggressively hostile attitude of society to masturbation, and, at the same time, of the inner conflict in those who practise it. These two tendencies, which together have their origin in the Oedipus complex, aim at a banning of the entire sexual life until it takes cognisance of the incest prohibition and never again transgresses it in the slightest degree. This general inhibitive tendency is only directed against masturbation because in the fantasies, admittedly in a disguised form, the incestuous objects are still adhered to. It might be expected that masturbation would disappear the more rapidly as the prohibition against it grew stricter and the inner conflict stronger. This, however, is not the case.

On the contrary, the greatest sense of guilt is found among those who are still much given to masturbation, while those who gave it up fairly early had a far less guilty conscience during puberty and later. There must therefore be another powerful influence at work here. One often hears that masturbation is only fully satisfying when achieved in the face of the strongest feelings of guilt. On those for whom this is the case, no prohibition, no matter how severe, will have any effect. The greater the threat, the greater the pleasure and, correspondingly, the temptation.

In many cases this situation degenerates into complete self-neglect and crime, giving rise to offences such as housebreaking and robbery. It is undoubtedly one of the driving forces behind the so common thieving gangs of adolescents. These delinquent activities very often end in masturbation in common, or other sexual excesses, which give all the more satisfaction because the feeling of guilt has been increased by the crime. Even more common are more or less criminal onanists, especially among boys. I will only point to the well-known stories of Mark Twain, such as *Tom Sawyer* and *Huckleberry Finn*. To give another example from my own practice: one patient's customary fantasy during many years of puberty was that he breaks into a rich man's house and purloins his treasures; then on the way out he notices the sleeping daughter of the house and rapes her.

In this fantasy it is already clear that the criminal impulse and the paradoxical consciousness of guilt draw their strength from the castration complex. The rich man, who not only possesses wealth but also women, is the father. The youth must first break his power—steal his treasures—and render him harmless before he dares approach a feminine being. In general this is the unconscious mechanism of all robberies and other crimes in the years of puberty. The fantasies of these youths—whether they are linked to masturbation or are only apparently harmless daydreams—are almost always built up on this pattern. At first there is a struggle against a powerful enemy, against giants; almost inhuman tasks have to be fulfilled, and only at the end does it become clear that all this is for the sake of a girl or woman. Analyses of these imaginations reveal that at the back of the struggle there lies, always concealed, a

rebellion against authority, and this authority can be reduced to one prohibition: You must not play with your sexual organ or something bad will happen to you. Fantasy triumphs over this prohibiting power.

Childbearing fantasies play almost the same part in the case of girls (see the 'three experiments' mentioned above). These are mostly connected with the overcoming of a wicked woman rival. Here, analyses show the unloosened bonds to the father. It is quite unbelievable how many adult women are convinced that they can become pregnant through excessive masturbation, and even bear a child, though it will be a monster. In very many diseases of women one can discover similar mechanisms, and thus leucorrhea and dysmenorrhea often appear to them as punishments for, and sterility as the result of, these guilty fantasies.

Thus we see that the force which has such a fatal effect on the first, or infantile, period of sex, is at work in a similar way during puberty. The incest prohibition seeks to make the originally longed-for sexual objects inaccessible, and sensual thoughts or desires which refer to these are made for ever impossible and painful. Castration anxiety follows each prohibited sexual act, and there is ever present the threat of mutilation and serious bodily injury in the case of disobedience. Both these prohibitions are threats to every act of masturbation and make it appear dangerous, and they sometimes succeed after a short time in suppressing the satisfaction. But soon masturbation finds another enemy with which to contend.

An important development has meanwhile taken place. Originally sex meant bi-sexuality, and only after Freud's researches did we learn to generalise from this. Wherever we can observe the world of living beings we find one sex attracted to the other. This attraction is masturbation's greatest enemy. To all those who are reasonably healthy and normal, sexual intercourse gives far more pleasure than self-gratification. In general, in the case of young men the giving up of masturbation comes about gradually. For a while they indulge in it, then try coitus, and even if the first attempt may not be altogether satisfactory, one of the next succeeds better, and thus masturbation gradually ceases.

Masturbation in puberty has, therefore, a very important place in normal sexual development. By means of it, the primary importance of the genital region is finally established, and, indeed, it unites in a single genital act all the sensual currents that have been seeking for an object on which to focus themselves. While the act in its actual form is undoubtedly auto-erotic, from the point of view of the accompanying fantasies it is—with a very few exceptions—directed towards external objects. These objects are, it is true, still the original, incestuous ones, as a thorough, properly conducted analysis will show; but they already reveal features that come from other, non-incestuous objects. Thus we see why masturbation is an almost general phenomenon of puberty, and also why the very few who during this period can be proved not to have practised it are mostly neurotic or carry in themselves a disposition to develop a neurosis later. (I cannot be so positive in the case of girls; but at the same time I should point out that the few cases that have given rise to this uncertainty could not be satisfactorily observed.)

To sum up: the cessation of puberty masturbation always means a struggle. On the one hand there is the readily available pleasure, demanding no exertions for its attainment and offering the never-failing fantasy object, while on the other hand we find the attraction to the opposite sex, the guilty conscience, the various fears, foremost among them castration anxiety.

3

The following histories are mostly taken from my analytic practice, but, as I have already stressed, there is no fundamental difference in this respect between the sick and the healthy. The same phenomena may be observed in the latter, although, in their case, the conflict is almost unnoticed by the outside world, and only when difficulties emerge, and not always then, does one get to know something about it. One has the impression with them that everything goes more smoothly; but this does not mean that these later normal people did not experience disturbances and desperate struggles in puberty which might also have been observable at the time.

For an easier presentation of my case it will be necessary

when speaking of this struggle to give up masturbation to schematise somewhat. With the first type, which I shall call the 'obsessional', it seems as if the conflict were, to some extent, already decided. While the act of masturbation remains still free to them, the fantasy becomes ever poorer, and is reduced to only the weakest suggestions. There occur remarkable gaps and deficiencies in these which quite escape the person concerned and are only revealed in the light of analysis. Thus, for instance, in the case of the above-mentioned woman patient, the whole fantasy was reduced to the idea of a stranger's hand. With boys it is quite frequent for the imaginary female partner to be only very vaguely defined, the head being especially affected by this tendency (a patient called the mistress of his fantasy 'the lady without head'), and it may be only the genitals that are at all clear, the rest remaining in a haze. This process, the repression, going ever further, sometimes completely separates the fantasy from the act of masturbation, so that the person concerned gives himself up to daydreaming at one time and masturbation at another. It even happens sometimes that all conscious fantasies are suppressed, and thus occurs a purely physical masturbation devoid of pleasurable stories or images. Characteristic of this process is the fact that it takes place unnoticed, that is to say, unconsciously, and the person in question knows nothing about it.

Now, however, the final struggle breaks out. This time it is waged directly against the act of masturbation. Usually it begins with no more than the 'simple resolve'. Then follows the 'determined resolution', the self-given word of honour, and so on. It slowly becomes clear that things are not going to be so simple. There follows the fixing of a last day. From the beginning of the month or from New Year onwards there will be no more masturbation. A new era begins, all former habits will be cast aside and a new leaf turned over. As time goes on, however, it becomes obvious that these are only bombastic words, and the much more modest resolve to avoid masturbation as long as possible takes their place. Thus one patient makes a diary and marks on it the eventful days with private hieroglyphics quite incomprehensible to others, which make a betrayal of the secret absolutely impossible. The events are

coitus, masturbation and wet dreams. He reckons how long he has refrained from masturbation and whether he has meanwhile indulged in sexual intercourse or wet dream—once, twice, or not at all. Averages and records are noted down. His frame of mind is naturally influenced by whether he beats the record or, on the contrary, falls below even his average standard.

Another method to help to keep the rule is to impose self-punishments. Different ones are decided on, according to whether or not ejaculation took place, and these are more or less strictly kept to. Another method is a system of avoidances or, one might say, a series of taboos. Certain acts that might give rise to masturbation are forbidden. Thus one female patient must, before going to sleep, lie quite quiet for a time without doing anything, neither reading nor speaking nor even thinking. But because this ceremony is not entirely to be relied on, it is constantly being added to. Finally, she set herself to begin this absolute inactivity at six and even at five o'clock in the afternoon. Another method, with opposite characteristics, is that of positive injunctions: certain acts are to be carried out in a certain order or so many times. The object is to thus make masturbation impossible by crowding it out. In this category comes the compulsion to touch only what is symmetrical (the sexual organ is obviously a single object). A similar displacement explains the importance of even numbers in all acts. Thus one patient developed a very complicated system for his daily ablutions, which was actually based on the number four. Washing is a province of activity that is very much in use when it is a matter of these positive or negative rules. Not infrequently one can here observe real text-book examples of the return of the repressed: one woman patient developed during puberty one of these symmetrical touch-compulsions, united to a strict prohibition against touching the genitals. Masturbation then completely ceased. Not long after that purity became very important for her, as revealed by her analysis, partly as atonement for the past period of masturbation. She thought much about how she should wash in order to gain a feeling of complete purity. Various systems were laid down, all keeping to this prohibition about touching the genitals. Thinking it over,

however, she came to the conclusion that this could not be right, because just this part of her body was actually the dirtiest, and especially liable to being soiled with excrement and urine. It had therefore to be cleansed with particular care, so the prohibition was raised and washing extended to the genitals. Differently coloured flannels and towels had, however, to be used to make absolutely sure that they were not mixed up. As time went on she came to wash the genitals with special thoroughness, until finally a morning and evening bath was not sufficient, because at each urination or passing of faeces there was the danger of being again soiled. Things went so far that she had, after each visit to the lavatory, to give herself a very thorough wash as well as an irrigation. It thus came about that by the time she came to me for treatment she was almost the whole day concerned with her genitals, that is to say, unconsciously masturbating, simply in order to avoid the conscious act.

The other type of struggle to give up masturbation I may call the 'hysterical'. Here the primary attack is made on the act itself, while the flights of the imagination are allowed, or at least tolerated, for a long time. It is well known how much hysterical subjects enjoy fantasies and daydreams. Here, too, the early success of the repression is almost unnoticed; genital masturbation disappears or loses its importance, one does not know how or when. What can be clearly observed, however, are the enormous number of Protean substitutes for genital masturbation. There is no part of the body which cannot be made to serve the purpose of self-satisfaction, or to which, scientifically speaking, the act of masturbation cannot be displaced.

Perhaps the best order of description will be according to the distance by which the substitutes for masturbation are removed ever farther from the actual genital act itself. At first the part played by the hand is suppressed. Other forms, in which masturbation proper is still recognisable, such as pressing together the thighs, rolling on the stomach, squatting on the heels, take its place. Rather more disguised is the method of fidgeting with the feet, crossing the legs, and so on. Another is that of using the hand but avoiding the genitals; such as

rubbing or scratching, perhaps through the clothes, the perineum or the pubic hair; the hand is put in the trouser pocket and jingles with money or keys. Then come the neighbouring zones of excitability. Many cases of constipation can be traced back to the fact that this may cause ejaculation without the accompanying sense of guilt. It can, furthermore, by means of the most varied tricks (such as introducing the hand in extreme cases of constipation) lead to actual anal masturbation. Harmless forms belong also to this category, reading in the lavatory, for instance. The urethral zone can also be the object of this holding back. The urine is held back, and in this way erection and often ejaculation brought about. Women are also very adept at holding back urine or excrement, ostensibly from modesty, which usually ends in a very exciting situation. It is remarkable that the focus of shame is often shifted in this way from one part of the body to another. One woman patient described during analysis, without special difficulty, how she had once been medically examined through the vagina, but it was only after a week of severe struggle that she could bring herself to admit that at the same time she was also examined through the anus.

Still further displacements produce the most varied forms of substitutes: playing with the lips, with the mouth, pencil-chewing, putting the fingers in the nose, nail-biting, and so on. Scratching is especially important in this respect. In earlier times various instruments were, as we know, made for this purpose, crooks for scratching, gimlets included in pocket-knives for the ears, picks for the teeth, etc. These are all acts which teachers prohibit as vices, and they are naturally very common during puberty. What is remarkable is that a completely refractory boy whom nothing in the world can affect suddenly feels himself very humiliated when caught at any of these. Without the above-mentioned connection this would be inexplicable, but, as it is, it affords one of the best examples of how the unconscious of one man understands that of another. Educators are aware that these naughty habits are closely connected with masturbation and are therefore to be prohibited, and the adolescents react just as if they had been caught in the act itself.

4

At about this point comes the parting of the ways. What has been described up to now can still end either in a normal sexual life or in illness. With one difference, however, in the case of those for whom the way to normal sex remains open, and who have not too intensive a fixation either on the forms of infantile satisfaction or on the incestuous objects, the struggle seems from the first to be less severe. The ego is probably more developed and better organised, and after a short wavering obtains the upper hand. The individual strategic points, over which only a short time previously there was such a battle, lose their importance, and sex finds other possibilities for an outlet, above all by entering into relationship with its real objects. And then we have no longer a clumsy uncouth youth who bites his nails or must pay great attention when washing himself so as not to spend more than a seemly amount of time on any part of his body, and so on. In the same way the teen-age girl no longer sits in a corner chewing her pencil or with a finger in her nose, but finally trusts herself to touch her sexual parts when washing, etc. And, what is most important, the two sexes no longer avoid each other, but on the contrary seek each other out, and there begins the time of kisses, flirtations and love.

The dominance of the ego is, however, seldom fully complete, not even later at the time of full sexual development. Although the characteristic phenomena of puberty—the symptoms of the struggle to give up masturbation—disappear from the foreground, and although the organised ego has conquered the previously unsure territory, small enemy groups can still exist in isolated redoubts and lead their own withdrawn lives. Here, as always, the ego plays the part of mediator. To itself the ego tries to make excuses for what remains of the masturbation phase: That whole business is not important, it seems to say; let us speak of something else. From the external world the ego strives to disguise these habits and bashfully hides them from appearing too obvious. These survivals are quite familiar, although such pleasures are usually indulged in at safe times when there is no danger of discovery. To them belong the very frequent and obstinate sleep and washing habits, picking the

teeth after meals, or the nose or ear, scratching, rubbing, as well as the many ways of playing with watch-chain, stick, key-ring, the hair, the rolling of breadcrumbs, etc. All these are, so to speak, safety-valves, allowing as they do a small amount of masturbation and in this way assuring a normal sexual life.

This is not the place to deal with the extremely interesting relation between individual forms of masturbation and individual neurotic symptoms. Nor can I enter into a discussion on how to define the frontiers between neurosis and normality, as seen from our point of view. In general, it can be said that in normal cases masturbation is after a time abandoned, whereas the neurotic is incapable of doing this and has, therefore, to continue defending himself against temptations towards it. This defence either takes the shape of taboos (in the obsessional type) or in the replacement of pleasurable acts by unpleasurable ones (in the hysterical type). There is also a third way out, that of continuing to masturbate.

Those people who choose the latter—the so-called masturbation characters—have many features in common, although the roots of their illness can be very different. The essential fact in this type is that he can never abandon this kind of satisfaction however much he tries. The most frequent cause of this inability is the powerful and unloosened bonds binding him to the incestuous objects. Such a person tries, indeed, to fall in love, but quickly comes to the conclusion that it is not worth while and turns back to his habitual self-satisfaction. He mostly lives with his mother or another female relative. (One of my patients, after the death of his mother, took a room in the house of a married couple who were old friends of his and for years faithfully followed them to each new dwelling.) A girl often experiences a great love, 'the love of her life', is disappointed, and remains as a spinster in the family. Not rarely the love ends in a liaison, without anyone, even those who are closest, knowing any more about it than about the life-long, more or less disguised, masturbation. These people usually manage to create, and hold on to, a fairly satisfactory kind of life for themselves, though they are mostly full of whims and are excellent examples of the solitary eccentric.

The second root-cause of continuing masturbation is the fear—the castration anxiety—of the opposite sex. This is not only an effective, but often the most important, cause. Such men desire love affairs, it is true, but do not trust themselves. The self-given reason is mostly fear of infection, a V.D.-phobia, but it can also be the undisguised castration anxiety, in the form of fear of vaginismus, fantasies of *penis captivus*, and so on. In the case of women the reason they give for their anxiety is: bleeding at defloration, the fear of pain during coitus, and especially fear of the labour-pains.

The consequence of perennial masturbation is the strengthening of secondary narcissism, the specific characteristic of this type. They cannot find a place for their libido in the outside world and so turn it to their own ego. Everything in any way connected with them seems of the greatest importance and value, which is, incidentally, also a characteristic of puberty. Thus one patient carefully preserves every scrap of paper, every memento, that has to do with himself; he expects to become a famous man, and then these things will be of great value. The same high value is set on all the excreta, by men on the semen above all. Naturally this valuable fluid cannot be entrusted to the first woman who turns up; thus is the incapacity for love subsequently rationalised. On the other hand, the capacity to endure unpleasurable strain is considerably reduced. At each unpleasant event there is always a way of escape to the ever-ready, faithful masturbation. Thence the outward interests continually lessen, the person has no power of endurance, becomes weak-willed, yielding and defenceless. In the presence of the opposite sex he or she is incapable of normal behaviour, becomes upset, clumsy or, to compensate, over-aggressive. Moreover, he must continually fight against pangs of conscience about wasting his life, being a good-for-nothing, and so on. There come times of a sharp rise in spirits, masturbation is given up, some undertaking embarked on with enthusiasm, until, at the very first obstacle, all collapses again. These people are the type of the eternal, pathetic Peter Schlemihl!

5

We are drawing to a conclusion. We have seen what masturbation during puberty means for sexual development, how it arises and how it passes away, or, as the case may be, remains a fixation. We can now answer the two questions: Is it harmful, and What is to be done against it? Because everyone, as we have seen, goes through a phase of masturbation, it cannot in itself be harmful. Whether excessive masturbation is bad for the body at all we do not yet know for certain. It can be mentally detrimental when frequently practised after puberty. We have shown the effect this has, on the one hand, causing a fixation on the infantile sexual objects and on infantile forms of satisfaction, while on the other it decreases the maximum strain that can be borne.

The question of treatment can also be answered in the light of the above considerations. Since everyone masturbates during puberty, those few who are accidentally discovered should not be punished; not even under the name of medical treatment—with hard beds, meagre fare and cold baths. When necessary, the parents may simply be informed of the harmlessness of masturbation. In this case it is advisable to speak to them singly; without witnesses they are far more approachable and are often ready to admit that they also, once upon a time, were guilty of something of the kind themselves.

The situation is quite different if further disturbing symptoms are also present, such as secretiveness, and inhibition as regards learning, unsociability, lack of interest, etc. This has just as important a significance as when masturbation is preponderantly or completely dominant after puberty. Only in these two cases is treatment indicated. But one must not forget that self-satisfaction, even when excessively practised, is in itself not a disease but merely a symptom that the sexual development is in some way disturbed. Our first task is to discover the source of this disturbance.

To sum up, then: *Never prohibit masturbation*, because such a prohibition is useless; it would be just the same as forbidding someone with a stomach complaint to vomit, with an intestinal illness to have diarrhoea, or a tuberculous person to cough.

One should try to speak to the adolescent strictly in private and endeavour to win his trust. Our aim must be to make it possible for him to confide in us fully, to talk to us frankly not only about the act itself but also about his feelings during it, including both the pleasure and the ever-present fears, and in particular about his whole attitude towards masturbation. When we succeed in this we are already well on our way to our goal; we have, that is, considerably lessened the castration anxiety, because, although persons in authority, we have listened sympathetically to all this without sermons or any mention of punishment. We can then try to get him to tell us about the accompanying fantasies. This is by far the most difficult task and will not—as a simple pedagogic measure—always succeed. I can assure my readers that even in a proper analysis it is a very hard task.

I advise teachers, therefore, not to proceed too energetically in this and, where necessary, to content themselves with only a partial success. I must especially warn them against making too quick an interpretation based on theory and not on the material to hand. Otherwise it can easily happen that adolescents who can open up only gradually are once and for all frightened off and thus lose badly needed help.

Should these methods have no success, it is a sign that the disturbance is too far-reaching and thus cannot be resolved pedagogically at all. Instead of further unsuccessful attempts, the teacher should then recognise that his own means are insufficient, and he should persuade the parents to have the child analysed.

Finally, we must always be aware that whatever approach we choose, it must be carried out frankly and honestly. The adolescent must be convinced by our behaviour that we want to understand him, and also that we are striving to help him. Neither we nor those under our care should for a moment forget that masturbation is natural, but only for a time; and that it is merely a step in sexual development and not a final solution. The best solution is love, and in order to arrive at this it is worth while to be ready to learn much and to endure temporary discomfort.

IV
THE PSYCHOLOGICAL PROBLEMS OF
GROWING OLD¹
(1933)

IN a short lecture I cannot, of course, review the problem of growing old under all its aspects. I shall have, for instance, to omit all questions relating to constitution, if only because any such analysis would necessarily include the time-honoured question of the connection between body and mind, which I wish to avoid. Again, the time at my disposal will not permit me to discuss even all the relevant psychological problems. My field must therefore be narrowed to include only a few points. Like everything else, the selection of these has inevitably been to a great extent subjective. I have chosen the points which appeared important to me as a psycho-analyst. I have not, however, based my evidence directly on my analytical experience. That would have been to invite the old criticism that data derived from the examination of neurotics do not apply to so-called normal human beings. As I wish to avoid broaching this complicated question, I have drawn my material almost exclusively from two sources: the life-histories of famous men, and well-known social phenomena.

The argument whether youth or age is the happier and more worth-while state is as old as human thinking; and the two sides are in fundamental opposition. The exponents of the first school of thought are the 'Sturm und Drang' followers of the Romantic Movement, or in ancient times men like Alcibiades. In their opinion youth alone is worthy of honour. The old are *passé*, mouldy, decrepit and Philistine. For the old, except perhaps in theory, the days of love are over; the most they are capable of is to concentrate on their digestion. Consequently old age is sad and despondent, full of wintry longings for a vanished youth. The only advice to give the old

¹ Paper read to the Budapest Medical Society in 1933. Printed in *Gyógyászat*, 73 (1933). First English translation.

is: Stay quiet until you die. This mood is reflected in most college songs, as for instance in *Gaudeamus igitur juvenes dum sumus*, or *Fein, fein schmeckt uns der Wein . . .*, etc.

The other point of view is the direct antithesis of this one. Let me cite Cicero's famous *De Senectute* as an illustration. Here youth is portrayed as clownish, foolish and rash. It does not see farther than its own needs, nor can it marshal its thoughts in an orderly fashion, because it is constantly confused by its own sexual desires. Indeed, only the old are capable of savouring pleasure soberly, thoroughly and with complete absorption. Coming to more modern times I might mention Schopenhauer, who repeats these arguments word for word.

Opinion has fluctuated between these two extremes, but there is no doubt that to-day youth is in the ascendant in Western civilisation. The adolescent boy or girl has become our ideal of beauty. Since our aim is to appear as young as is physically possible, sport and cosmetics have become of great importance. Similarly we try to shape our way of life so as to try to appear young. The most highly rated qualities are agility, adaptability, readiness to take risks, the power to make rapid decisions, and an adventurous spirit. As against these, cool deliberation, organising ability and a gift for seeing problems from every angle win only comparatively slight appreciation. Let me emphasise that I do not wish to pronounce judgment, but only to depict the present situation.

Such a situation inevitably gives rise to certain developments. For one thing, the border-line of youth has been pushed upwards. We speak about boys and girls even if those in question have been married for a long time, are well over 30 or perhaps even 40. The frontier between youth and maturity has become blurred, things which would have been unimaginable a few decades ago are taken as a matter of course to-day; parents go to dances or even frequent the same night clubs as their children. Another consequence is that the epithet 'old', which used to be a term of respect, is now almost an insult.

Every age has its own psychological problems which it must be able to tackle. Our civilisation confronts the ageing with two major difficulties. The first is that young people cannot adjust themselves easily to life, and consequently depend for

a long time on the help of their elders; the second, that the privileges of old age have markedly decreased. We are therefore justified in saying that *it is particularly difficult to grow old to-day*.

The first problem to force itself on people as they grow old is the decline in their physical powers. I shall deal with this only very briefly, as it is fairly generally known. This deterioration begins early. The short-distance swimmer is past his prime between the ages of 20 and 25. The sprinter and boxer may perhaps go on until 25 to 30. It is true that in certain other branches of sport perfection is reached only in the prime of life, as, for instance, long-distance running, tennis, mountaineering, etc. But it is clear that in old age one is no longer capable of the maximum effort which is primarily tested in any competition.

The decline in physical powers means a diminution in self-esteem and self-love. Such a strain, however, rarely entails greater evils. One reason for this is that the deterioration is so slow as to be obvious only to those in whose life sport and athletics have played an important part. Moreover, the fact that this change takes place early gives ample opportunity for compensations to be found. Only on comparatively rare occasions is it followed by depression, pathological self-indulgence, or possibly by the subject's making exaggerated demands on himself.

Mental deterioration is an entirely different phenomenon. It is probably true that this, too, begins early, but the more serious changes—loss of memory, lack of concentration, and diminishing powers of observation—appear only at an advanced age, seldom between 60 and 70 and generally only after 80, and even then not in every case. Goethe completed the *Wanderjahre* at 80 and was working on *Faust* virtually until his death. Titian, who did his best work after 70, painted the huge canvas of the Battle of Lepanto at 94. Voltaire at 84, barely three weeks before his death, was drawing up an elaborate plan for a comprehensive new French dictionary, subsequently approved by the Academy. Such examples could be multiplied. This phenomenon therefore does not fit into the framework of the present lecture, which deals with the problems of growing old but not with old age itself.

Returning to our main topic, we find that the first injury to self-love, that is to say, failing physical strength, is only in exceptional cases responsible for marked disturbances. The exact opposite is true of the second sort of trauma, failing sexual power. Women generally complain that their charms (sex appeal) have diminished, men that they no longer have the same sexual potency. Normally, sexual power and sexual desire decrease at about the same rate. If this does not happen, the result is a serious psychological strain. This problem inspired one of the most beautiful poems in any literature. Voltaire, who had to face it at the abnormally early age of 46, described the struggle in his poem to his mistress, Madame de Chatelet:

*Si vous voulez que j'aime encore,
Rendez-moi l'âge des amours;
Au crépuscule de mes jours
Rejoignez, s'il se peut, l'aurore . . .*

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On meurt deux fois, je le vois bien :
Cesser d'aimer et d'être aimable
C'est une mort insupportable,
Cesser de vivre, ce n'est rien . . .*

These two symptoms, the slow decline in sexual power and in physical attractiveness, are not of course an invariable accompaniment of old age. Among women I need name only Ninon de Lenclos, and among men Goethe, who constantly refers to his returning adolescence. It is common knowledge that at the age of 74 he solemnly asked the Grand Duke to act as his intermediary in requesting the hand of Ulrike von Levetzow, who was then 19. One of his most beautiful love poems, *An den Vollmond*, was written when he was 79. And there is Disraeli, who, during the last eight years of his life, wrote so many love-letters to the two sisters, Lady Chesterfield and Lady Bradfield, who were the objects of his devotion from the age of 69 to 77, that more than 1,600 of them are still in existence.

Perhaps the most important consequence of the decline in

sexual power is that it alters the relationship to the partner. If the man's sexual power decreases, he frequently blames the woman for being less beautiful and attractive because she is getting old. If the woman has no longer any confidence in her beauty, clearly the man is at fault for neglecting her; X and Y are much more beautiful because their husbands (or lovers) court them.

Another reaction is jealousy. Those who cannot hold or satisfy their partners have to be increasingly watchful in case others should supersede them. This is such a general phenomenon that an illustration is hardly necessary.

There is another result to which I should like to refer because it is not readily spoken of. Let me illustrate it by a poem of Goethe's which is characteristically omitted from the usual editions. Its title is *Tagebuch*. In it he describes how on his way home he began to flirt with a little waitress who brought supper to his room. The girl was responsive, but the efforts made by our poet were in vain. He had no success . . . for his thoughts were fixed on home. We doctors are comparatively often consulted about this symptom. The sexual act takes place easily with the accustomed partner, but in the case of the new and greatly desired object performance is meagre and satisfaction unattainable.

I should like to mention yet another consequence which perhaps more than anything else endangers the hitherto undisturbed harmony of the home. This is the precise opposite of the previous one. Those who are growing old may leave their partners for new ones. The latter are generally younger, often less valuable as human beings, but—they are sexually stimulating. The woman is not frigid any more, the man is once again sexually potent, so long as the new partner is there. This, in outline, is the theme of Hauptmann's last play, *Before Sunset*. World history provides many such examples. I shall content myself with naming Julie de l'Espinasse, d'Alembert's mistress, who at the age of 40 fell in love with a good-looking but otherwise good-for-nothing young man of 30, who barely returned her love. I mention this because Julie's are perhaps the most beautiful of all love-letters. This is the reason for many seemingly incomprehensible second or late marriages. The

ageing man becomes, as it were, sexually dependent on one particular woman with whom he is still sexually potent, and the woman on the man who is still able to give her pleasure. A case in point is the marriage which took place a few years ago between the ageing sister of Kaiser Wilhelm and a Russian adventurer.

It is no new discovery that human beings at this age feel an increased need to prove to themselves that they *are still able and are still attractive*. The Germans have given this a special name: *Torschlusspanik*. The theme has inspired many literary works, among them Balzac's *La Femme de Trente Ans*; Michaelis' *Das gefährliche Alter*; Wassermann's *Der Mann von vierzig Jahren*. Even Goethe has a novel dealing with the subject: *Die Geschichte des Mannes von fünfzig Jahren*, which is included in the *Wanderjahre*. Doctors are often consulted about complaints of this nature—as might be expected, however, by the family and not by the patient himself. A great deal of help can be given in this frequently distressing situation by a frank talk along human, and not narrowly moralising, lines.

The psycho-analyst may justly be asked what becomes of sexuality after the decline, or entire cessation, of genital power. As is common knowledge, we follow Freud in attributing a wider meaning to sexuality than the *genitality* of adults, which is only one of its manifestations. To all intents and purposes sexuality can be observed from birth. It passes through a long period of development during which the originally independent components are organised. In favourable cases, the final result of this organisation is the genital sexual activity of healthy adults. We know that it is this genitality which ceases in old age. It is theoretically probable that this complicated organisation resolves itself into its component parts, which then assume great importance as previously in childhood. Both clinical observation and everyday experience lend support to this idea.

Pornographical books and pictures are in great demand from a certain age on. As this applies equally to adolescence and to old age, it suggests that the position is similar. Equally much pleasure is derived from obscene jokes, and it is in this connection that the difference between the two ages may best

be studied. Adolescents are under the sway of a longing for something unknown, mysterious and even terrifying. They feel embarrassed, awkward and uneasy on hearing obscene jokes, or they may behave affectedly *blasé*. Old people are bitter, contemptuous, disillusioned and often cynical. Adolescents are more especially interested in genital jokes, the elderly very often in jokes with scatological implications. It is less usual to come across anybody capable of sexual renunciation in a good-humoured though sad way. Hungarian poetry provides an excellent example of this in the person of Arany who, as an old man, spent a great part of his time in translating Aristophanes, the latter being, as is well known, the most obscene of the, in any case, very free Greek classics. He himself wrote many scatological limericks, partly to relieve the tedium of dull academic meetings and partly out of self-derision at his own wretched physical state. These poems are not, of course, included in the standard collections. His son, who edited his works himself, mentions that certain of his father's later poems are not publishable.

To the same category belong the widely recognised *voyeur* tendencies which are equally strong in adolescence and in old age. The adolescent tends to satisfy his longings in secret, using any odd cracks or keyholes, and is keen to exploit any opportunity as it presents itself. The ageing are great *connoisseurs* of the ballet, and take boxes or sit in the front rows of the stalls at revues and musical shows. The type has been caricatured on innumerable occasions, but we have to recognise that in some cases he has a real value in fostering art.

I must also mention a subject frequently described—the increased desire for physical tenderness which gets hold of the ageing. Jókai has described it admirably in the character of the ageing Mihály Apafi, the ruling prince of Transylvania, who experienced a great need for women, ‘but by then merely for his chest’.

It cannot be denied that we meet more often with so-called perversions in old people than in those in their prime. By perversion in adults we understand any irregular sexual development which is really a manifestation of an arrested infantile form. In old age, in the same way as in adolescence,

perversions play a greater part than in the prime of life. The transition is perhaps always by the way of masturbation, which once more assumes great importance in old age. Exhibitionism, certain forms of homosexuality, are fairly frequently encountered. Criminal assaults on young girls are more often than not committed by men who are growing old, a fact which always creates great moral indignation. There is less publicity attached to this perversion in the other sex, but there are, in fact, just as many instances of ageing women seducing young boys. In some cases even serious deviations from normality may develop.

Parallel with the phenomena just described, the importance of the enjoyment of the body's vegetative functions increases in old age. Appetite, digestion and sleep become surprisingly rich experiences, and the wealth of pleasurable detail with which some people can elaborate these themes is indeed amazing. In connection with this phenomenon, certain changes in character take place. Psycho-analysis has shown that character traits are largely derivatives of primitive sexual functions. In the field of oral trends a good example is the ageing Lucullus, of whom very few people know to-day that in his prime he was one of the most gifted military commanders and efficient colonial administrators both of his own generation and perhaps of the whole history of man.

Derivatives of the pleasure in excretory functions which may luxuriate in old age are 'collector's mania' and exaggerated love of order and cleanliness. In men, another frequent character change which takes place in old age is a tendency towards avarice. Literature teaches us that the true miser is to be found only among old men (Père Goriot, Harpagon, etc.). A very frequent syndrome in women is the *Hausfrauen neurose*; round about the climacteric, a woman who usually has been particular all her life may be seized with a frenzy of cleaning and tidying. One of my acquaintances insisted at this age that the fringes of all the carpets should be arranged in parallel lines. No one was allowed to go into her flat wearing outdoor shoes. Another, in her campaign against dust, banished all carpets, curtains, pictures and table-cloths from her flat. All the furniture had to stand one to two feet away from the

wall, so that the dust could be swept from behind it every day. Let me mention an illustration from history. Queen Victoria, at this time of life, forbade that anything belonging to herself or connected with her family should be thrown away. Dresses, furs, coats, sunshades, hats, toys, knives and forks were labelled and placed in cupboards in exact chronological order, and a careful inventory had to be prepared. No changes in the royal castles were tolerated. Everything remained where it had always been. When the upholstery or curtains became too shabby for use, they were replaced by others of the same pattern. Photographs from every possible angle were taken of each *objet d'art*. These were then pasted into large albums, together with exact descriptions of their location, origin, history and so forth.

The elderly have their compensations for the pleasures of genitality which gradually cease. These are extra-genital, and there is a great difference between the two. Genital pleasure—lust—is sudden, tempestuous and very intensive. Beforehand (during the process of conquest) there is a sense of privation, pain and longing; afterwards one of exhaustion and even of life ebbing away. 'Post coitum omne animal triste.' These oscillations are characteristic of genitality, whereas the pleasures of extra-genitality are much less extreme. The anticipatory pain and subsequent depression are also less. The elderly are generally more tranquil and content with small pleasures, from which they extract the fullest enjoyment so that they make the most of their opportunities in a way generally impossible to the young who are always racing ahead. On the other hand, the elderly do not like, and are often incapable of, going from one extreme to the other. As I mentioned before, the forms of pleasure favoured by public opinion vary according to the type of civilisation; in some civilisations it is difficult to grow up, in others difficult to grow old. Not only civilisations but human beings, too, differ from each other in how much and what kind of extra-genital pleasure they allow themselves. There are innumerable types, but I shall simplify and mention only two outstanding ones. All education, in fact, pivots round these extra-genital pleasures, forbidding some of them and permitting others only in certain circumstances. The morose type, of which I shall speak first, strengthens these prohibitions in old

age. Such a man is likely to be puritanical, obstinate, aloof, reserved, despotic, respectable, and mindful of his own authority. Horace calls him *Castigator censorque minorum*. The second type allows himself everything and consequently breaks away from these prohibitions. Its representatives are talkative, genial people, who smoke chibouks, like to spin a yarn, enjoy good wine and a pipe, are fond of companionship and especially of an audience. One of their prototypes is Polonius in *Hamlet*.

From both types gradual steps lead to the extreme psychiatric forms. The first is apt to become aloof, suspicious, ascetic and paranoid; the second easily influencible, weak-willed and ever tearful, verging on the picture of *dementia senilis*. Generally, of course, the subject combines the characteristics of a number of types. I may cite King Lear as an example of a man in whom all the characteristics of old age are merged in a masterly fashion.

Women follow largely the same pattern. They may develop into insufferable grumblers, while at the other extreme we find the old woman with an endless flow of conversation, who is for ever in search of a listener. A very interesting type is the woman who during her youth had no qualities other than sexual ones, but who, after a sometimes rather stormy and crazy past, becomes under the impact of the climacteric a wise, intelligent, understanding and truly valuable person.

The task of adjusting themselves to the decline in physical strength and sexual power is primarily the personal affair of the ageing. The problems now to be considered are social ones. One of these is the difficult problem what they are to do with their remaining love. The elderly find themselves gradually deprived of the people whom they once cared for. Every year there are fewer and fewer people who can still be loved. There are many reasons for this: in the disappointments inseparable from human life, the inexorability of time which parts friends and makes a man's children independent, and finally the saddest thing of all, death. Goethe says: '*Lange leben, heisst viele überleben*' (To live long means to outlive many). And last, not least, human beings unfortunately change and become less lovable as the years go by. It is true that even at 84 Voltaire

did not fail to visit Susanne de Livry, the love of his youth, but he returned completely disillusioned, and was not at all surprised when the next day the Marquise returned his youthful portrait which she had kept beside her with deep affection until they met.

At this stage in their lives old people cling with increased tenacity to every trifle. Bismarck, when he had to resign the office of Chancellor at the age of 75, said, according to the testimony of persons who were present: 'Now I have nothing more to do. For twenty-eight years my work both in good times and in bad consisted in dealing with the day's post. That is now finished. I do not know what I am going to do, although I feel better than I have felt for years.' And, in fact, the last official with whom he shook hands and to whom he gave a present, was the 'Schwarze Reiter', who had been his orderly ever since Versailles. This fear of what will happen if they are deprived of their daily work has a marked effect on elderly people when they retire.

Similarly, many things to which they previously paid little attention suddenly become very important. At 79, after his wife's death, Bismarck wrote the following very kind letter to his brother-in-law, of whom he had a very poor opinion and, in fact, deemed hardly worthy of a word: '*Lieber Oskar, wir sind beide so alt geworden, dass wir lange nicht mehr leben werden. Können wir uns nicht noch einmal sehen und sprechen, ehe wir abgehen. Es ist 66 oder 67 Jahre her, dass wir auf dem Gymnasium den ersten Tropfen Bier zusammen aus der Flasche tranken . . . Wollen wir nicht den letzten trinken ehe es zu spät wird?*' (My dear Oscar, We have both become so old that we won't live much longer. Could we not meet and talk to one another before we depart? It was 66 or 67 years ago that we drank the first sip of beer out of a bottle at school . . . Could we not drink the last (together) before it is too late?)

Another variation of the effect produced by this impoverishment in love is the Olympic loftiness, the withdrawal from the world which the Germans call *Entrücktheit*. This may take one or the other of two forms. One man may embrace all living creatures in the love which he had hitherto reserved for a few people. A case in point, perhaps, is Goethe, of whom Bettina

said that in his old age 'his genius changed to goodness'. Another may exile himself from a world with which he can no longer find any point of contact. This type remains virtually unaffected by external influences and proceeds along a self-appointed course. Among politicians this happened with Gladstone, who at 83 would brook no opposition from anyone, and refusing to listen to any advice, half-blind and half-deaf, again brought in the Home Rule Bill, although he knew that it had already caused his Government to fall once and would certainly be responsible for its collapse a second time. The Bill was bound to discredit his party and his whole policy for many years . . . but his convictions were too strong for him.

Another social problem inherent in growing old is that human beings are at that stage faced with an extremely serious psychological situation, caused by the rising generation—that is to say, their own children, pupils and subordinates. It happens only very rarely that this problem, the changing of the generations, can be solved smoothly. A good example of this difficulty in recent times is Queen Victoria's relationship to her son, afterwards Edward VII, whom, until her death (by which time he was 60), she excluded from all official activities. It was said that, even at the age of 50, if the Prince of Wales arrived late for a Court dinner, he hid behind a pillar sweating with terror at the thought of his dreaded mama, and did not dare to sit down at the table. This relationship is particularly interesting because it is typical. The Prince Consort had worked out the details of his son's education with the utmost love and care. What the future King was to learn had been planned with intelligent foresight and the best intentions. But the boy showed no inclination whatsoever to conform to this admirable system. All his life he detested books. He wanted to be a soldier, not a scholar, and especially not a scientist. The theatre was the only one of the arts which he enjoyed. He had no feeling at all for painting, an art in which his father would have liked to educate him. His youth was an endless struggle brought about by his neglect of his studies and his irregular behaviour.

This story illustrates the most important reason for the misunderstandings which exist between one generation and

another. The younger generation does not want to conform to the ideals of the older, because they want to reach their own goals along ways chosen by themselves. The elderly find this impossible to understand. Their treatment of the young is dictated by a desire to help them and to make their path easy by placing at their disposal the distilled experiences of a lifetime. It is remarkable how much feelings rather than reason influence human beings in this field; e.g. it was Edward VII who wrote in his manhood in a personal letter: 'The youth of the nineteenth century has lost its finer feelings. The age of chivalry is unfortunately dead. I do not understand the young people of to-day.' Or there is the ageing Kékulé, who constantly stressed his independence, and while admitting that he had learnt from many people said that he alone was his own master. He would not, however, tolerate any independence in his pupils.

One may say that the older and more important a man is, the more difficult is it for him to understand anybody else or any other way or concept of life. This explains the fierce battles which have raged between great men and their great sons. Of Frederick William and Frederick the Great, Farkas Bolyai and his son János, or the two Rathenaus, Emil and Walther, it is difficult to say who was right and who was wrong. What is certain is that both generations produced eminent men. The position is different where in one generation there is a stronger personality. Bismarck's son submitted completely to his father. His only attempt at independent action was his plan to marry Princess Carolath, and he allowed this plan to be wrecked as a result of his father's opposition. On the other hand, it frequently happens that the gifted son simply leaves his father and goes his own way, as did Petöfi. The battle is not necessarily restricted to blood relations. A typical example is the fight between Bismarck and William II, or the struggle between Haeckel and Platen.

It is rare to find the older recognising the younger generation; there was, however, the famous von Graefe, the father of ophthalmology, who used to say: 'A professor must never forget that among his audience there is always somebody who will one day know much more than he.' And there is Robert

Koch, under whom such independent men as Ehrlich, Behring, etc., could work happily. The same is true of Rutherford.

The last problem I shall speak about is death. This becomes daily more acute to those who are growing old, and it is undoubtedly the most human of all problems. According to Pascal, a man is something more than an animal because he *knows* that he must die. The attitude of human beings towards death varies with their environment. The attitude to death of Orientals, for instance, is very different from ours. In Europe, until recently, duels were fought to wipe out insults, and the aim was to kill the aggressor. In the East they commit *hara-kiri*, which is quite incomprehensible to us. I shall therefore confine myself to our own particular type of civilisation, where old people consider death from a totally different angle than the young. Schopenhauer says appositely: 'The young can die, the old must die.' This in fact explains the seeming paradox in young people's attitude to death. For a young man in love, it is not so strange to think of dying in an embrace. Death is awe-inspiring, certainly, but none the less a dear and familiar friend. Thus Hamlet in his monologue says:

'. . .—*To die,—to sleep,—*
No more; . . .
 . . .—*'tis a consummation*
Devoutly to be wish'd. To die,—to sleep;—
To sleep! perchance to dream;—ay, there's the rub.'

This wholehearted desire for death is rare among old people and can occur only exceptionally when life ends naturally after a harmonious old age. The last words of Byron's *Manfred* are: 'Old man, it's not so difficult to die.' It is characteristic that the old abbot remains lost in thought beside the dead body, wondering where the spirit may have fled.

Such is old age. The old know that they must die, but they are filled with a mournful longing to live. They have to resign themselves sorrowfully to the fact that, however desirable this may be, it is not possible. Disraeli said on his deathbed: 'I should certainly prefer to live longer, but I am not afraid of death.' Goethe, some months before his death, was moved to

tears when he read his own '*Wanderers Nachtlid*' in the wooden hut on the Gickelhahn: '*Warte nur, balde Ruhest du auch.*' And there is Goethe's mother, Frau Rath, who on her deathbed arranged everything with the greatest punctiliousness, even to the kind of funeral she would have, and the friends she would like to be invited to it. Indeed, she went so far as to give instructions that sufficient quantities of sultanas should be put into the cakes because she always hated cakes without a lot of sultanas.

But it is a hard task to reach this state of sensitive or stoical acquiescence. The way that leads to it is often one of strife, terror and indescribable suffering. Those of us who are doctors know a great deal about this struggle, since by virtue of our profession we are engaged in fighting for life—and in the end we always capitulate before the forces of death. Most old people do not like to hear about death. They do not make a will, for they shrink from the thought that other people will survive them. If it is in any way possible, they thrust aside the intolerable images of cemeteries, corpses and tombstones. They dislike jubilees, birthdays and anniversaries, and do their best to avoid them. Everything which recalls the past is sad and fraught with pain. Nevertheless, *Si vis vitam, para mortem* (Freud), which may be translated as: 'If you want to enjoy life, prepare for death.'

This fear is usually aroused by some quite trivial event. A passing illness, an unexpected note of respect in the voice of a young man, a particular date, a sudden marked decrease in one's powers of achievement, or, say, merely another X—any of these may surprise a man with the realisation that he is no longer young, and that death is drawing near. Often the reaction to this is conversion. The story of Buddha's three encounters with the old, the sick and the dead man is well known. The history of the Catholic saints, the *Acta Sanctorum*—that treasure-house of psychology—is crowded with such happenings. St. Augustine, St. Francis of Assisi, St. Antony of Padua, St. Ignatius of Loyola, St. Philip Neri, all renounced the world under the influence of some such experience. There is a vast difference between these saints and those others who, like St. Margaret or St. Emeric of Hungary, had from child-

hood onwards prepared themselves for a saintly life. Those saints who lived in the world until they started to grow old were much more human and certainly more practical. Moreover, they were often revolutionaries, who sought a new way. In the temporal world, too, such conversions take place frequently. Tolstoy's flight after he was converted at the age of 82 immediately before his death is particularly memorable. Like the saints he left his family in order to realise his ideals.

In contrast to this the reaction may be an increased indulgence in debauchery. The history of the Roman Emperors is a veritable storehouse of such transformations. In their early years Tiberius, Nero and Caligula were men of great promise; in their old age they became almost pathological libertines. Similar to this but less extreme is the compulsion some ageing people feel to keep in step with youth, never to be tired, to overdo everything, and never to show signs of being ill.

Although it belongs rather to the realm of general medicine, I should like to mention one other neurotic reaction about which people at this age often consult doctors. Its symptom is a fear which in its manifestation closely resembles genuine angina pectoris. The patients are generally well nourished and inclined to corpulence. Apart from their fears they complain chiefly of decreasing physical activity and sexual power. They seldom show signs of any more serious form of hypochondria. The outstanding symptom is anxiety. Their mental functions are completely normal. Blood pressure, too, is normal or only slightly raised. For the rest, their so-called neurasthenic complaints are of relatively small importance. These include headaches, dyspepsia, palpitations, slight dyspnoea, slight dizziness, sleeplessness, and often some constipation. This illness generally attacks people in easy circumstances, who have attained a position of eminence through their own efforts. It is probably due to two causes. The first is that those prone to it rigorously forbid themselves any enjoyment of extra-genital pleasures. As their sexual power diminishes, the extra-genital compensations which they permit themselves are insufficient to satisfy their libido. There then emerges the characteristic situation of libido accumulation which, as psycho-analysis has taught us, predisposes one to attacks of

anxiety. Moreover, one can readily understand that renunciation is especially difficult for these people who in their youth could obtain worldly pleasures only occasionally and had to work strenuously to have them in their prime. When they have finally reached their goal and can enjoy their opportunities, it is very hard for them to accept the fact that time will deprive them of all they have acquired.

This brings me to the end of my address. There are certainly many who will be dissatisfied either because they expected something different or something more, or else because they hold different opinions. This is understandable. We are all personally concerned with the problem of old age. It is our own desires, pleasures and sorrows that are under consideration and we feel: *et tua res agitur*. In such a situation it is not easy to remain objective. My own impression of the lectures which I have heard so far is that they presented in an objective guise the personal and subjective opinions of the lecturer. My intention was to be avowedly and openly subjective. For the chief problem of old age is this: as we prepare for it, so shall we grapple with it when it comes. Two lines of Voltaire, which have often been quoted, may perhaps serve as a signpost. They also are from the poem to Madame du Chatelet:

*‘Qui n’a pas l’esprit de son âge,
De son âge a tout le malheur.’*

V

ON PUNISHING OFFENDERS¹

(1951)

I

NOWADAYS it has become a platitude to say that wherever man lives, he lives in groups which are more or less strictly organised. One aspect of the organisation is some kind of binding code of behaviour which may be written or unwritten. The contents of any such code can be stated either in a negative (prohibitive) or in a positive (permissive) form. A good example of this kind of code is our Ten Commandments. To bring out clearly the uniformity of the rules I shall state all the Commandments in the prohibitive form, adding in parenthesis the permissive form.

1. Certain people, ideas, beliefs, conceptions, social customs must not be treated with disrespect. (Others may.)

2. Certain persons must not be killed or injured. (Others may.)

3. Certain persons must not be taken as sexual partners; certain methods of sexual gratification must not be indulged in. (Others may.)

4. Certain objects or things must not be used; they are someone else's property. (Others may.)

5. Certain services must not be demanded from servants, employees, subordinates. (Others may.)

A crime is an offence against any of these rules. Any such act involves three factors: the offender, the sufferer and the community. A comparatively recent development, a sign of progress and civilisation, is the appearance of a fourth factor, which may be called 'the agents of the community', such as policemen, judges, lawyers, gaolers, executioners, psychiatrists, etc.

¹ First published in G. B. Wilbur and W. Muensterberger (ed.), *Psycho-Analysis and Culture: Essays in Honor of Géza Róheim*, New York, 1951. Copyright by International Universities Press, Inc., New York, and reprinted with their permission.

Under primitive conditions there are roughly two methods of dealing with an offence. If it is a question of a 'minor' offence, the whole thing is considered as a *private affair* between the offender and the sufferer. Such an affair is regulated mainly by civil law, even if it is a question of talion, or composition (damages, blood money, etc.). The community takes but little interest in the whole affair; its main concern is to prevent any extortionate demands on the one hand, and to ensure the paying of the penalty or damages on the other. The main principle of this method is practical common sense, and the tendency is to make the process simple, quick and efficient, as it should be in a business transaction.

In the case of a 'major' crime it is felt that not only the sufferer but also the whole community, in fact the social order itself, has been injured. The crime is considered as a *breach of the peace*; the community feels outraged or shocked, and shows anger or even awe. Whereas a 'minor' offence is treated approximately as a business affair, a 'major' offence constitutes always an ethical, psychological problem. The offender is expected to show signs of guilt feelings and repentance, to admit, so to speak, that he has sinned against the community. His treatment may be lenient or cruel, but it is always a *theatrical public affair*. To show what I mean by a 'theatrical public affair' I shall quote a few examples: 'Nobody would stand him a drink,' or, as Malinowski¹ reports: 'We stood up and stared at him.' In both cases this public demonstration of disapproval resulted in the offender leaving the public place. Further examples: public penance in sackcloth and ashes, sin offering, being put in the stocks, lynching, stoning, etc. Remnants of this theatrical public show are still to be found in the public trial and the public execution.

It must be added that the division between 'minor' and 'major' offences is never sharp. Every penal system—from the most primitive to the most complex—tolerates a more or less wide overlap, where it is a matter of opinion to decide whether a particular offence should be classified as 'major' or 'minor' (indictable or non-indictable, 'fingerprintable' or 'non-fingerprintable', felony or misdemeanour, etc.). Thus, e.g. under the

¹ Malinowski, B.: *Crime and Custom in Savage Society*, London, 1940.

Roman Empire, the sufferer in quite a number of cases had the choice between starting a civil law suit (*actio ex delicto*) and criminal proceedings (*accusatio extra ordinem*). This principle is still valid. What changes is the emotional atmosphere of the community, and this results in certain offences being felt as either more objectionable or less, even in the creation of quite new 'major' offences or the complete abolition of others. But despite these constant changes, both in time and in space, every community feels that certain offences must be considered as 'major' ones necessitating the staging of a 'public drama'.

In all such instances there are, at least in theory, three acts of the public drama: (a) isolation, (b) punishment and penance, (c) readmission. In practice, especially in really 'major' crimes, there is often no need or no place for the third act. This is the case if the punishment is death, exile, deportation or lifelong imprisonment (in the literal sense). The same was true in the case of the medieval punishment of maiming or branding. The offender was isolated for ever; no decent man could ever be in doubt about the evil criminal. In these cases the community had no psychological problem with the offender, only an administrative one which could be entrusted to the police: to keep the evil elements permanently isolated and to render them harmless. The whole situation is utterly different in cases where there is a third act; i.e. where the offender must be received back into the community. All modern humane systems consider the permanent isolation of any offender as a very bad method (cf. the movement for the abolition of the death penalty), the present aim being—at least on paper—to save, or at any rate salvage, every offender and transform him into a useful and cooperative member of the community. This, obviously, is at least in part a psychological problem: to change a maladjusted individual, who has become involved in a conflict with the standards of his society, into a well-adjusted one, capable of living in harmony with those standards. Being a physician, I propose to call this process a psychotherapeutic attempt, and in what follows I shall try to examine the factors which may be held responsible for its success or failure.

Under primitive conditions the 'public drama' allows all

three principal actors to play true to the real emotions aroused in them by the offence; moreover, by satisfying the needs (or at least a large part of those needs) stirred up by these emotions, the affair is brought to a fairly gratifying conclusion. The *sufferer* is allowed to demand compensation, the punishment imposed upon the offender is partly determined by the sufferer's anger or mercy; he witnesses the offender's punishment, is often allowed to take part in inflicting it, and usually is supposed to be among those who symbolically receive the offender back into the community. The *community*, whose peace was disturbed by the offence, turns its wrath on the offender, subjects him to some humiliating treatment which clearly shows—either symbolically or in reality—the indignation aroused by the offence, while at the same time this humiliating treatment, the punishment, imposes upon the offender certain acts which—again symbolically or in reality—are intended to restore the violated peace. If the crime is too hideous and the offender cannot be received back, the severing of all relations with him and his being cast out for ever is obviously a deeply moving psychological experience, leading to gratifications of a number of important instinctual drives. If the offender can be received back after the punishment, other instinctual drives obtain their satisfaction; the psychological experience, however, is none the less deep.

The same is true for the *offender*. He is brought to realise that his deed roused the whole community against him and on the side of the sufferer; that he has now to choose between losing all his friends and accepting their verdict that he has wronged them and must repent his deed and try to repair both the material and the psychological damage. After admitting his 'sin', showing by his behaviour that he feels guilty of his misdemeanour, and accepting the punishment as a proper means for expiating his guilt, his offence is wiped out and he may assume his former place in society once more.

This process may be described also from the angle of the *covenant*.¹ Any offence is a breach of the covenant which binds the members of the community to each other and to some higher idea (divine commands, social responsibility, demo-

¹ Géza Róheim, *War, Crime and the Covenant*, New York, 1945.

cratic principles, national ideals, human rights, etc.). The offender has placed himself—so to speak—outside the covenant; his subsequent isolation is only a natural consequence of his deed. He may remain an outsider for ever; but if he wishes to return, he must go through a process of cleansing which at the same time reinstitutes and reaffirms the covenant and reconciles him with the injured higher idea. The idea of the violated covenant explains the wrath, awe, respect, envy and anxiety felt by the community toward a 'major' offender and the special, highly ambivalent, treatment given him.

This very complicated public drama, in which everybody is supposed to play a part corresponding to his psychological involvement, ensures that all three principal actors go through experiences which resolve their tensions, alleviate their anxieties, guilt feelings and anger. There is a high probability that each of them will get his fair share and the affair can be brought to a satisfactory psychological solution. In such a case the result may be called a successful psychotherapy for all three actors concerned.

2

The modern humane penal systems undermine this impressive psychotherapy from several directions. The general tendency is to exclude the sufferer from the drama as far as possible. The offence itself has to be dealt with; the question of damages is usually quite a separate affair, and often no damages, or only token ones, are awarded. The other tendency is to exclude the community altogether. Public executions have been discontinued practically all over the world, and more and more arguments are heard for restricting the publicity of trials, at least in certain cases. Punishment thus becomes more and more a staged affair between the offender and the agents of society, often well known to, and on excellent and friendly terms with, each other and often knowing well each other's weaknesses and shortcomings. Instead of primitive emotions, objectivity is supposed to be the ruling factor, which, however, results in the process losing more and more its psychotherapeutic value.

The main idea of all modern penal systems is the infliction

of the *right dose* of suffering for any offence. An unfortunate result of this tendency is the idea of *bargaining* between the agents of the community on one side and the offender on the other. A bargain is usually an irritating process; the result is as often as not a compromise with which neither party is really satisfied and which still less often has any psychotherapeutic value.

A further insoluble problem is the question of the 'right dose'. Even if it could be agreed that there is such a thing as a right dose of punishment, by what standard is the rightness or wrongness of the dose to be measured? The severity of the damage caused, the hideousness of the criminal act, the nature of the criminal intention, the disgust, horror, damage or annoyance caused to the community, the possibility of tempting or even seducing others to do similar acts, the possibility that the offender may repeat the offence, the personal character of the offender, etc., may be, and in fact have been, used as standards at different times and in different places. A further complication is that there has been no penal system to use only one standard, and thus not only must the 'right dose' be bargained for, but also the standard which ought to be applied in the particular case. The result is that the chances become more and more heavily weighted against the prospects of a 'successful psychotherapy' for any of the principal Actors affected by the offence.

As we have mentioned, modern penal methods have succeeded in excluding the sufferer almost completely. He can try to recover his damage by civil action, but his prospects of getting anything are usually very meagre indeed. Consequently he is almost always dissatisfied, but no one seems to care much about psychotherapy for him.

Almost the same is true for the community. The modern tendency is to dispense with its participation as far as possible. The only reason why its presence must be tolerated is the control of the judiciary; in principle justice must be done publicly. The idea of psychotherapy for the community seems to be completely abandoned; objectivity, not emotion, must lead the blindfold goddess. There is, however, a very widespread popular resistance against this policy, skilfully and unscrupu-

lously utilised by the 'gutter press'. The sensational reporting of notorious crimes, criminals and trials, the inexhaustible flood of detective stories, etc., remind us irrefutably that objectivity, though highly desirable, is insufficient; that the community is badly in need of emotional experiences whenever a startling crime has been committed, and that people simply will not do without some 'psychotherapy'. It is imaginable that at some remote future time, when improved education has succeeded in making everybody highly reasonable and objective, crime will lose its power of stirring up primitive emotions in the masses, but we must admit that we are still hopelessly far from that state of affairs. For quite a long time to come the average person will need, will demand, and will manage to get, some kind of 'psychotherapy' by hook or by crook.

The emotionally highly charged atmosphere of the periodical debates about the abolition of the death penalty (and to a lesser degree about flogging) is partly due to this same discontent. Execution and flogging are the only remnants of the once so rich theatrical equipment of punishment. Compared with their deeply dramatic effect on the community, sentencing the offender to imprisonment is a very drab affair, setting hardly any 'psychotherapeutic process' in motion. Whenever the future of the death penalty is in question, two classes of people immediately become agitated: those who need the periodical stirring-up of their primitive emotions for their own catharsis, and those who think it necessary to utilise these same primitive emotions for keeping the former class in order. In favour of the abolition are the 'objectives' and the 'humanitarians'. The institution of the death penalty has thus become a kind of thermometer showing the degree of reason and detached objectivity at which—in the opinion of the governing class—the common people have arrived.

Thus, I think, it can be agreed that neither the sufferer nor the community derives any great satisfaction from modern penal methods. The same is true, though for different reasons, for the newcomers in the public drama—the agents of the community. The situation for them is much more complex than for our first two actors, because the psychological participation of the different agents is not the same.

The chief role has been assumed—or perhaps usurped—for the last couple of thousand years or so by the legal profession who—in the true sense of the word—laid down the law. They occupy all the main roles—with one obvious exception—in the most stirring moments of the public drama, roles which have been devised and developed by themselves. (To avoid misunderstandings, I wish to repeat that I am concerned solely with the psychological aspect, conscientiously and intentionally disregarding all other considerations.) They deport themselves with studied and probably sincere dignity, in England to the extent of the most exalted of them wearing ceremonial robes marking them off from the profane laity, and all over the world guarding jealously their select ranks against any would-be intruder. Their rule over the second act of the public drama is direct and absolute.

The rule over the first act of the drama, the running down and isolation of the offender, has been entrusted to the 'Arms of the Law', the police, that queer composite formation whose ingredients are law, militarism, sound common sense, and, for the last hundred years or so, also science. They are far less dignified than their legal rulers, but they know their job fairly well, are efficient and usually ambivalently respected. Their job has often been compared to that of the huntsman, and on the whole this comparison is justified: they really behave like sportsmen following the trail persistently and with zeal, but usually without much hatred. They are feared and ridiculed by the offenders, and this usually leads to some unwritten rules of the game, tacitly accepted by both sides. As there is no difference between what they pretend to do and what they actually do, and as they have a fair number of successes, their psychological atmosphere is rather simple, straightforward and sincere. On the whole, their role in the public drama is quite satisfying both subjectively and objectively.

Just the opposite is true of the least glamorous actors among the agents of the community, those who have to administer the punishment and then prepare the offender for his rehabilitation. Some of their members have a very long history, such as gaolers, executioners, priests and ministers; others are com-

paratively newcomers: voluntary welfare workers, prison directors, governors, officers and doctors; still others are only a few decades old: the staffs of remand homes, approved schools and Borstal institutions, probation officers, psychologists and psychiatrists, and those happy-unhappy jacks-of-all-trades, the psychiatric social workers. A very mixed bag indeed, helping and hindering one another's work and until very recently almost completely under the rule of the legal profession. Although they have the most intimate knowledge of the offenders, their knowledge has hardly been utilised. This, of course, has led to deeply felt frustrations in these workers.

They have a fair idea of the efficiency or futility of each of our penal methods, but most of them belong to the silent civil service, and true to the tradition of their profession they serve silently and obediently their master, the Law. It is the Law that prescribes what has to be done with the offender and within how much time the job has to be finished, but apparently the Law needs endless time to learn from facts reported by the field workers. Thus the agents of this class who do almost the whole of the real work with the offender are perhaps the least satisfied of all. True, there is some direct gratification of primitive instinctual drives both for the sadists and the saints among them, but they do not experience the great relief brought about by real participation in the great psychotherapeutic drama.

So let us return to the stars, the legal profession. We saw them performing dignified roles in the second act of the drama, but we have not asked them about their true experiences. There is certainly some emotional participation in a big murder case where the judge pronounces the inevitable sentence that a human being may live or must die. Apart from such solemn moments the daily work of judges and recorders, and still more of magistrates, consists mainly of routine cases which stir up hardly any emotions, lead to hardly any psychotherapeutic experience. In spite of this they have to behave as if they were sincerely involved in the affair, trying to impress the offender with their dignified indignation, their merciful objectivity, with their role of the understanding umpire between the offender and the community. As no one can become

sincerely indignant every quarter of an hour or so for days on end, the result is an insincere theatrical performance, bordering on hypocrisy. Petty offences which must be dealt with in a quick and efficient way—they anyhow cost too much to the community—fare worst in this respect. Perhaps this is one of the reasons why it is so seldom that magistrates are promoted to judgeships. Magistrates, having gone through the mill of routine justice, have lost their sensitivity for a proper psychotherapy; barristers—from whom judges are generally recruited—are obviously much better material.

3

Before examining the role of the offender in the public drama, I will sum up briefly what we know of him. There are roughly two sources of our knowledge. From the first source springs the old artistic method based on sympathy, on positive and negative identifications, and fantasy as used in drama, novel and poetry. Roughly the same is true for almost all suggested penal reforms, whether they aim at a more humane, more understanding treatment of offenders or at just the opposite, by advocating firmness, severity, or even draconic harshness. All of them are based mainly—as is the artistic approach—on positive and negative identification with the offender, on subjective antipathies and sympathies, tempered by common sense and a fair dose of haphazard empiricism, and trimmed into shape by some wishful thinking about the true nature of the offender and the aims to be achieved by the punishment. As fantasy and prejudice, political convictions and blind fanaticism mixed with uncontrolled empiricism are not reliable foundations, let us turn to the second source: the scientific.

Science has developed two methods for studying delinquency: the global or statistical and the individual or psychological. The statistical method is, perhaps, more revealing, although it is a fact that criminal statistics all over the world are very primitive and allow but little detailed analysis; moreover, it is very difficult to draw well-founded conclusions from them. As an example I shall take the *Criminal Statistics* of England and Wales, certainly among the best, if not in fact the very best in the world.

The first difficulty—a very great one—is the legalistic spirit. Everyone quotes Lombroso appreciatively to the effect that punishment must fit the criminal and not the crime, but our criminal statistics apparently have not learned this lesson. They provide a wealth of data about *offences*, but it is almost impossible to discover anything in them about the *offenders*. They are so oblivious of this highly important difference that often the headings of their Tables are misleading. E.g., in Appendix II one of the headings runs as follows¹: ‘Number of Offenders per 100,000 of the Population in Each Age Group’, suggesting that the figure quoted relates to the exact number of offenders in each group, whereas it gives only the number of convictions, which is higher, as a certain number of offenders appear before a Court several times in a year.

Another difficulty, originating from the same spirit, is that the Statistics neglect to differentiate between first offenders and recidivists. The offence committed is faithfully recorded and analysed in detail according to legalistic concepts, numbering 70-odd in the class of indictable offences and almost 100 in the class of non-indictable offences, but the offender is lost sight of in this process.

A further difficulty of the same origin, which causes real headaches to the statisticians, is almost unimportant to our train of thought. This difficulty is caused by the sudden changes of legalistic definitions, abolishing certain crimes, creating new ones, or removing one or another from the indictable class or vice versa. For us such a change shows only that public opinion is changing, feeling that an offence hitherto considered as ‘major’ can be dealt with with ‘minor’ ceremonies.

Being a doctor, I propose to treat criminality as an illness. The first fact we want to know is the ‘morbidity’, the annual figure of those falling ill. According to the official figures this illness affects males more often than females; the proportion in England varies roughly between 7 : 1 and 9 : 1, although there are types of offence affecting males almost exclusively, such as arson, offences with violence, sacrilege, larceny connected with all sorts of vehicles, horses and cattle, and naturally certain types of sexual offences. (I would add that this propor-

¹ *Criminal Statistics*, 1948, pp. xxii–xxiii.

tion seems to be dependent on the particular form of the community; it is high in largely Protestant and industrial communities and falls to about 3 : 1 in mainly Catholic and agricultural ones.) The yearly incidence is highest in early years; in 1948 it was 10–20 per thousand for males, 1–2 per thousand for females under 21, the highest incidence for males being in the years between 12 and 16, for females somewhat later between 14 and 18. After 21 there is a rapid drop to 4–9 per thousand for males, 0·7 to 1·2 per thousand for females, with a further drop after 30 to 1·5 to 3 per thousand for males, to 0·4 to 0·7 for females, and a still further drop after 60.

These figures include both first offenders and recidivists; it must be added, however, that the real 'morbidity' is considerably higher than the official figures, especially in the younger age groups. It is obvious that quite a number of juvenile offenders are dealt with by the police, by cautioning and other simple methods; and still more do not get even as far as the police, but are dealt with summarily at home. It can be safely assumed that these semi- or unofficial methods are less used for higher age groups. Thus we come to the conclusion that committing offences is a very widespread illness, affecting a disquietingly large number of young males. To have a proper idea of its significance, it would be important to know its total incidence in childhood and adolescence; i.e. the number of those in any one generation—say born in the same year—who before the age of 21 were found guilty at least once. As already pointed out, the *Criminal Statistics* are useless in this respect; they are concerned only with offences and hardly at all with offenders.

To calculate this important figure we must separate the number of first offenders from that of the recidivists. In a recent paper Trenemann and Emmett¹ calculated this figure, using data relating to 1938. They found that about 77·6 per thousand of males born in the same year are found guilty of indictable offences at least once before their twenty-first birthday, and 112·4 per thousand if the time span—hypothetically—is extended to cover the whole life.

I think these figures will prove somewhat too high. The authors

¹ 'Crime—A Mass Problem?' *The Howard Journal* (1949–50), 8, 49.

calculate the number of offences committed by the 77·6 per thousand males between the ages of 8 and 21 years (i.e. during 13 years) as 110·3 per thousand, which gives a total for all reconvictions of 32·7 per thousand. Even if we assume a recidivist rate of 30 per cent—which is certainly too low for this young age group—we arrive at (30 per cent of 77·6 per thousand) 23·3 per thousand recidivists, giving 1·4 reconvictions per recidivist for the period of 13 years. The corresponding figure of the Scotland Yard analysis¹ is at least 1·7 for five years, and consequently still higher for 13 years. Moreover, the Scotland Yard figures relate to offenders of all age groups, and as we know that recidivism rather steeply declines with age, it is obvious that the number of reconvictions given by Trenemann and Emmett is too low, and correspondingly the figure for first offenders too high.

Fortunately the recently published figures for Scotland² help us to make a better approximation. The age group '8 and under 17' in 1949 committed 8,949 crimes (corresponding roughly to 'indictable offences' in the English statistics); of these 3,869 were first offenders and 1,722 were recidivists. The ratio reconviction per recidivist is approximately 2·5; unfortunately it is not stated in how many years. These figures relate to the total of males and females, but as the ratio male : female is 15 : 1 (8,393 : 556) the influence of the girls can be disregarded. Using these figures, the number of first offenders is about 45 per cent of the total crimes, and the number of recidivists happens to be equally 45 per cent of the offenders in this age group.

Assuming for males in England and Wales 30 per cent recidivists for the age group '16 and under 21', and 45 per cent for '8 and under 16'—admittedly rather uncertain and arbitrary estimates—and using very primitive calculations, I arrived at 5 per cent on the basis of the 1938 figures and 8 per cent on the basis of the 1948 figures (a year of a very high rate of criminality), giving a reconviction rate of 6 per recidivist for the period of 13 years, i.e. during the years '8 to under 21'. It is probable that my figures are on the low side, but according to my child guidance experiences with juvenile delinquents, I think that my reconviction rate will be nearer the truth than that of Trenemann and Emmett.

The corresponding figures for females, based on 13 per cent recidivists for '16 and under 21'³ and 30 per cent for '8 and under 16', are 0·5 per thousand and 1 per thousand respectively.

These figures are disturbingly high. Fortunately the recovery

¹ *Criminal Statistics* (England and Wales), 1938, p. xxi.

² *Criminal Statistics* (Scotland), 1949.

³ *Criminal Statistics* (England and Wales), 1938, pp. xxvi–xxviii.

rate is not too bad—at least in England. There are two such statistical summaries, neither of them prominently displayed. One is the justifiably reputed Appendix 10 of the *Report of the Commissioners of Prisons* (characteristically the very last Table of the Report) which after years of some mysterious mishaps was published again in 1948.¹ This covers offenders sentenced to imprisonment for the first time for a 'fingerprintable offence'. As, understandably, the totals for those under 17 are rather small, I propose to neglect them. The recovery rate—i.e. the number not again received in prison—is about 80–90 per cent where there was no proved previous offence prior to the prison sentence, and is about 60–70 per cent where was a previous proved offence. In both classes the rate is lowest in the age group 17–21 and rises steadily to '40 and over'.

Other equally important tables are the result of the 'Special Analysis of Records of New Scotland Yard for the Period 1932–37'.² This analysis relates to persons who were first recorded guilty for fingerprintable offences in the Criminal Records of New Scotland Yard in 1932 (a repetition of a similar examination of 'first offenders' of 1927). The grand total is 20,667 first offenders. Unfortunately, 'fingerprintable' is not quite identical with 'indictable', and neither the grand total of all the persons recorded in Scotland Yard in 1932, nor the relation of the figures of the Special Analysis to the figures for the whole of England and Wales relating to 1932 and published in the *Criminal Statistics* are given. Anyhow, the figures show that of male first offenders in the age group '16 and under 21', somewhat more than 70 per cent kept clear of any further offence in the following five years; this figure increased steadily with age and reached about 90 per cent in '40 and over'. The corresponding figures for women were about 85 per cent for '16 and under 21', steadily increasing to more than 90 per cent for '40 and over'. As these figures do not differ materially from those found five years earlier in 1927, they can be assumed to be fairly constant.

In America S. and E. Glueck undertook the task—which really ought to have been carried out long ago by the Law or by the State—of following up the careers of people who at some point of their lives had been sentenced to some punishment. They examined three groups: 500 criminal men, 500 delinquent women and 1,000 juvenile delinquents (boys).³ I shall restrict my very brief summary to the last group.

¹ *Report of the Commissioners of Prisons*, 1948, pp. 123–4.

² Printed in *Criminal Statistics* (England and Wales), 1938, pp. xx–xxviii.

³ Glueck, Sheldon and Eleanor: *Juvenile Delinquents Grown up*, New York, 1940, third edition, 1947.

100 PROBLEMS OF HUMAN PLEASURE AND BEHAVIOUR

The survey started when the boys finished their 'treatment' for a specific offence for which they had been brought before a juvenile court and subsequently referred to the Judge Baker Centre. Of the 1,000 boys, 703 were 11-15 years old, 294 between 16 and 20, and only two between 21 and 25. Of them 374 were first offenders, the other 626 had a total of 1,333 previous convictions between them.

During the first, second, third 5-year-follow-up periods:

	<i>Period I</i>	<i>Period II</i>	<i>Period III</i>
Inapplicable (dead, unknown, seriously ill, etc.)	61	123	154
Not arrested	190	297	356
Arrested but not convicted	16	41	44
Convicted	733	539	446
Total number of arrests	2,719	2,578	2,195

It is obvious that the recidivist rate is much higher in this sample than in the English or Scottish official figures. The same is true of the number of reconvictions per recidivist, which remained fairly constant at 3.1 to 3.3 in each of the three five-year periods, whereas the figure in the Special Analysis is about 1.7. Possible reasons for this difference are (1) that the Gluecks' follow-up method was more painstaking, (2) the difference between the circumstances in Massachusetts and England or Scotland.

Using medical terms, delinquency can be described as a very widespread illness, affecting mainly young people and causing gross symptoms in perhaps 5-8 per cent of the male and 0.5-1 per cent of the female population under 21. The total incidence is certainly much higher, as mild cases usually are treated at home, not necessitating public expense. The most dangerous age is just before (boys) and just after (girls) puberty. The illness, on the whole, is benign. The later in age gross symptoms appear, the greater the complete recovery rate. Unfortunately in about 50 per cent of the young, in 30 per cent of the adolescents, and in about 10 per cent of the adult men and women, it is followed by relapses. The illness then takes a prolonged course, but even then in most cases heals off. There are, however, some cases which—despite all kinds of treatment—remain chronic.

4

It is a commonplace in medicine that if there are many methods of treatment for any illness, none of them is worth much. Apparently the same is true of the treatment of offenders as devised by the State.

Another commonplace is that the only good basis for proper treatment is proper diagnosis. There is, as yet, no method in use by the courts which would pick out, in even a half-reliable way, those among the offenders who are likely to prove recidivists or even chronic cases. It is fair to say that scientifically founded prognostic considerations are hardly used in choosing the right treatment for offenders, and if any such considerations are used, they are based on common sense, subjective evaluation of the offender's past, tempered only by a fair dose of benevolent empiricism.

In other words: Penal systems vary as to how much freedom a judge should have in choosing the form and amount of punishment that should be applied to an offender found guilty of a particular offence. That means that punishment does not follow automatically from the facts of a case. The judge or magistrate has several possible sentences from which to choose. What guides him in his choice? Very likely the answer given will be that the courts have sufficient experience to estimate what sentence will be most suitable for any offender.

G. Benson, in an unpublished pamphlet, pointed out convincingly that this belief is based only on wishful thinking. I will quote his argument in full:

'Before a Borstal trainee is released on licence the Governor of the Institution must make an assessment of his probable future conduct. The comparison is perhaps unfair to the court, since the Governor is in a far more favourable position, and it would be unreasonable to expect the court to reach the same standard of accuracy in its forecast. To begin with, the court must make its assessment before the sentence commences, whereas the Governor makes his after it has been served. Moreover, he has far more information at his disposal than is possible to a court.

'After sentence the boy goes to one of the allocation centres,

either Latchmere House or Wormwood Scrubs, where for some six weeks he will be vetted, tested and examined from every angle. Then, accompanied by a dossier very much fuller and more accurate than anything before the court, he goes to his appointed Borstal. Here the Governor and the House-master, experienced in the ways of Borstal inmates, live with him, watch him, get to know him over a period of some eighteen months. It is then and not before that the assessment of his future conduct is made.

'Enquiries among Borstal Governors as to how far events proved the accuracy of their forecasts produced remarkably consistent results. One Governor replied, "What with the boys who ought to go right but go wrong, and the boys who ought to go wrong but go right, I would not put it at more than 50-50." Some Governors, but not all, were more optimistic. None was prepared to put his accuracy at higher than 60-40. From an examination of the latest official records the claim of 60 per cent accuracy appears to be too high, for taking the estimates of Borstal Governors as a whole at least 49 per cent are wrong.

'If a Borstal Governor's experience of a boy over a year and a half does not enable him to predict the probable results of a sentence after it has been served, is it conceivable that a court can do so before the sentence has begun? And if it is impossible in the case of a Borstal sentence, are there any grounds for believing that it is less impossible in the case of other sentences?'

Obviously we are very much in the dark. In spite of good will, the courts pass sentences, the successes or failures of which are not sufficiently known to them. Perhaps one could even say that the courts do not show—in general—any very great interest in studying the after-effects of their sentences. The conspicuous paucity of any official statistics following up the after-life of offenders and comparing the efficiency of the various penal or corrective methods, charges the Law with complacency, negligence, uncontrolled use of its power, charges against which a defence will not be easy.

Still, it is a fact that, despite this benevolent and haphazard use of powers by the courts all over the world, most offenders

are 'cured' eventually. Here again we are much indebted to the Gluecks for providing us with some reliable data about the processes leading to this cure. I wish to quote only a few of their findings. The most important factor influencing the course of delinquent behaviour appears to be the time span after the first offence. It is as if the illness 'delinquency' when once established must run its course. The average time for this process seems to be about ten years in the Boston-Massachusetts material.¹ It is highly desirable that similar research be carried out elsewhere so as to find out the influence of the environment.

The other important finding is the ranking of the various factors studied in their material with regard to their effect, on the ceasing of criminal behaviour, on the change from serious to minor offences, and on the age when reformation occurred. The lists thus obtained² are a very salutary lecture to any would-be 'penal reformer'. Perhaps the most important point is that the type or seriousness of the offence has very little effect on the end-result. Failure and success depend considerably upon good or bad heredity (especially intelligence and mental abnormalities) and upon the presence or absence of a wholesome early environment, and not very much upon the particular nature of the penal or corrective treatment imposed by the court.

The Gluecks conclude that the healing of delinquency should be considered as a process of maturation. Those who have a good heredity and a favourable early home atmosphere pass through it so quickly and at such an early age that the incidence either remains unnoticed or can be treated by the home as mere naughtiness. Where heredity and environment are not so favourable, slow maturation leads to one serious outbreak; but apparently the 'public drama' enables the offender to make good this deficiency. The worse the heredity and the early environment, the more delayed or arrested is the process of maturation, resulting in chronic delinquency.

5

Thorough individual examinations of, and psychotherapeutic attempts with, individual offenders—our second source

¹ *Op. cit.*, Chap. VIII.

² *Ibid.*, Chaps. IX–XI.

of reliable knowledge—are in complete agreement with the statistical findings. Of the rich literature on this subject, I will cite only two works. Healy and Bronner¹ have examined 143 delinquents. New cases were taken on as the case load allowed them, only serious mental defectives being excluded. They divided the material into three classes: Group I consisted of 26 'not hopeful' cases: abnormal children with marked neurotic symptoms or severe mental conflicts, or mental defectives; Group II comprised 50 children whose social circumstances were very unfavourable; i.e. psychotic, alcoholic or definitely immoral parents, etc.; and lastly Group III consisted of 67 children with fair environment and not too serious individual difficulties. The results of treatment depended almost entirely on the group membership; in Group I hardly any success could be achieved, in Group III 'treatment' was successful in 80 per cent of the cases.

The other paper is by Edward Glover.² It is an admirable survey of the work and results of the Institute for the Scientific Treatment of Delinquency. In the rather selective material of the Institute, there were in the last five years 10.5 per cent mental defectives and borderline cases, 5.4 per cent psychotics and borderline cases, 29.2 per cent neurotics, 5 per cent behaviour problems, and 36.8 per cent psychopathic characters and sexual perversions. All the rest made up only 13 per cent. Although in an unselected material more behaviour disorders and mild psychopaths can be expected, the high ratio of mentally abnormal individuals is very impressive. Cure was achieved in about 30 per cent of the cases; this meant that the therapist was satisfied that the underlying causes had been resolved and the patient did not show abnormal conduct for at least five years. A further 60 per cent could be considered improved though not cured.

Glover mentions that the average number of sessions with a patient was for many years ten, and it is hoped to raise it to

¹ Healy, W., and Bronner, A. F.: *New Light on Delinquency and Its Treatment*, New Haven, 1946.

² 'Outline of the Investigation and Treatment of Delinquency in Great Britain: 1912-48', in K. R. Eissler (ed.), *Searchlights on Delinquency*, New York, 1949.

twenty in the future—surprisingly low figures considering the very commendable results. Reading the paper, one gets the impression that the work of the therapeutic teams consisted mainly in freeing the way for further development by resolving some unfavourable emotional attitude in their patients, the process of cure being left to ‘maturation’. Unfortunately, the report does not analyse the cases either statistically or psychologically for any factors that may be responsible for success or failure.

6

The more we know of the offender, the more forcibly the importance of the process of maturing is impressed upon our mind. What can psycho-analysis contribute to the understanding of this process?

Delinquency is above all an illness of prepuberty, puberty and adolescence, and if we accept the idea of maturation, delinquency in adult life should perhaps be considered as a symptom of arrested development. Puberty is a stormy period for the mind. The balance of forces between the ego and the id which seemed to be so firmly established in the early years of the latency period is gradually upset. It is certain that the main cause of the unrest is the sudden increase in the force of the instinctual drives, the increased tension in the id. Although the ego continues its development during these years, it needs some time to catch up with the id forces and re-establish a reliable control over them.

The factors which determine the course and the outcome of this eventful struggle between the id and the ego are fairly well known. With the passing of puberty the output of biological energy—the force maintaining the tension in the id—is steadily diminishing, causing less and less strain to the ego. Another equally important factor is the establishment of some level of genital gratification at or soon after the age of 20, which opens up wide channels for relief of tensions. Parallel to this, inhibitions are loosened up both from the inside and from the outside. More and more freedom is granted to the individual, he (or she) attains a better poise, a better control of his movements and of his entire self; more and more varied

gratifications become possible and enjoyable to him as his self-confidence, self-respect and attractiveness increase. And, lastly, especially after leaving school, the adolescent can find a better, less strenuous way of sublimating his energies than was provided for, and enforced upon, him by compulsory education. Everybody knows the great change from a schoolchild into a worker brought about by earning one's living, at least to some degree.

Punishment has no effect on these factors—passing away of puberty, establishment of genital gratifications, growth of intelligence, better conditions for sublimation—or, if it has any, it can have only a retarding effect. Viewed from this angle, the modern tendency towards no, or only token, punishment appears to be justified. In the same way the other modern tendency to provide some kind of vocational training during a Borstal or prison sentence can be considered a sound policy.

The situation, however, becomes much more complex when we take into consideration the part played by the super-ego. The super-ego can be described as sets of conscious and unconscious standards for our ways of behaviour, thinking and feeling. In a more or less normal man these standards are in a kind of harmony with the covenant, the set of standards accepted by the community. When breaking any of the standards of the covenant we generally feel—and the community expects us to feel—guilty and depressed. Our whole penal system is based on this vague expectation. Punishment is effective when there is a proper sense of guilt, not too much and not too little; i.e. when the super-ego of the offender is not very different from that of the average person in the community.

In such a case the events in the reality outside the offender and the processes within his mind help and reinforce each other. After an offence against the covenant, the offender is visited by remorse but tries to ward off his pangs of conscience. Correspondingly, in reality he is persecuted by the police whom he tries to evade. Eventually he is apprehended, brought before the court, and his guilt is proved. Correspondingly, at the trial he may for a while try to pretend his innocence, but under the weight of evidence he breaks down and has to admit his guilt. The parallel between the external events and the internal

mental processes is striking indeed. All this acts as a severe trauma culminating in a depression.

The dynamics of this kind of depression, well known in the repentant offender, are somewhat different from those studied by psycho-analysis in greater detail. Common to all types are the features described by Freud¹: a 'profoundly painful dejection, abrogation of interest in the outside world, loss of capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings, . . . culminating in expectation of punishment'. Whereas in melancholia the historical etiology is always a profound disappointment in a love-object, the offender becomes depressed because he had to realise that he himself is worthless—at least as a love-object to the community. In the pathological depressions, the only ones studied hitherto, the process can be described as a struggle of the super-ego versus the ego and the introjected object, or as a struggle of the ego versus the super-ego and the introjected object. On the other hand, the depression in an offender, brought to a sincere acceptance of his guilt, can be considered as a struggle of the ego helped by external objects against his old super-ego, with the aim of introjecting new objects, thereby modifying or replacing the old super-ego.

As these depressive processes have not been sufficiently studied, we know less of them than of the other forms of depression. It is obvious, however, that modification or replacement of the super-ego needs time; this is the psychological justification for the element of time inherent in most forms of punishment. When passing a sentence of probation, Borstal training, imprisonment, etc., the courts in fact estimate the likely duration of such a psychological process; that they do it without any insight into its subtle mechanisms, after only a very short and cursory acquaintance with the offender, is a daring deed which no psychologist would ever dream of undertaking. It is no wonder, on the contrary it is well understandable, that the Law has not been very keen to learn the results of such assessments. They are much better kept in the dark.

The three acts of the public drama, described in the begin-

¹ 'Mourning and Melancholia', *Collected Papers*, 4, 153, London, 1925.

ning of this paper—isolation, punishment and penance, re-admission—have their fairly exact counterparts in the drama within the offender's mind. The two critical moments, present in both dramas, are the apprehension by the police and the scene in the court, each of them the last scene of an act. Psychologically, the first means giving up as hopeless the paranoid, hostile struggle for evasion, and the second accepting the court's opinion as fair and just. This acceptance in successful cases then leads to a new identification, to the establishment of a better adapted super-ego; i.e. to a cure of the delinquency.

Success or failure of this readaption (reform, re-education) depends largely on the sincerity and depth of the depression experienced by the offender in the second act of the drama. As I said, this type of depression—caused by a profound disappointment in one's own standards and resulting in a struggle of the ego with the aid of external objects against his old super-ego—is less studied than the others. Still, we know enough of it to draw attention to certain danger points.

But before doing so, I wish to mention again that it was found that the factors having the greatest influence on the success or failure of every sort of peno-correctional treatment were good heredity and favourable early experiences. The better the heredity and the more favourable the earliest experiences in the home, the easier will it be to acquire a super-ego which is not very unlike that of the average member of the community. As the public drama, aiming at inflicting a salutary trauma on the offender, presupposes a super-ego of this kind, we understand why our wholesale methods are more efficient with persons of this kind, and why those of any other kind cause so many difficulties.

7¹

Returning to our drama, in the first act the offender and the community as represented by the police—the arm of the Law—are facing each other as suspicious enemies. A frank all-

¹ In this section I have used ideas developed by Melanie Klein, a good summary of which may be found in 'A Contribution to the Theory of Anxiety and Guilt', *International Journal of Psycho-Analysis* (1948), 19, 114.

out battle of skill and wits is fought, each party straining every nerve to conquer the other. Especially on the part of the offender the atmosphere is that of persecutory fears of, and often almost paranoid accusation against, the police. As described above, processes in the offender's mind correspond largely to these external events. He feels persecuted by remorse and guilt feelings and tries to get relief from these painful sensations by projecting them on to external reality—the police and the Law. In this fashion it is not his conscience that persecutes him, but despicable, unfair and cunning cops. There is no defence against internal persecutors, but one can at least try to outwit the external ones. While this struggle lasts, there is hardly any prospect of cure; every new day of the struggle reinforces the paranoid hostility.

It is desirable that the shock of being run down and apprehended by the external persecutors should end this paranoid attitude and open the way to the development of a depressive state which is apparently necessary for the reduction of the old and the establishment of a new and better adapted super-ego. There are at least two equally important psychological factors at work in bringing about this desirable change of attitude. One is created by the realisation that the paranoid struggle has become hopeless, the united community and its agents are stronger than the offender, the forces backing the standards of the covenant are overwhelmingly more powerful than one's own resources. This, however, is only to a very minor extent the result of a realistic calculation; in the main it is a highly emotional experience which—as I tried to show previously—depends very much on the sincere or hypocritical behaviour of the agents in the second act. The other important factor is the acceptability of these agents as true representatives of something better and higher than the ideals cherished hitherto.

These two demands on the agents of the community are very difficult to satisfy simultaneously. To be unshakably firm and kind, unconditionally irresistible and understanding, unswervingly steadfast and fair at the same time, and above all to be sincerely so, is no easy task. No wonder that in repetitive routine cases of everyday practice not every magis-

trate can live up to these standards, especially as the same everyday practice, bringing up recidivists again and again, demonstrates so forcefully the futility of one's best efforts. A further great psychological danger is the 'bargaining for the right dose' mentioned already. It establishes the court and the offender as peers, both using their wits as best they can. Such a battle of wits resurrects the old paranoid hostility; the court becomes one of the persecutors who has to be fought with cunning and skill. It is almost impossible to accept persecutors as benevolent people to be taken as models for the new super-ego.

This doubly insincere atmosphere in the courts—phoney rather than sincere indignation, persecutory behaviour instead of depressing—makes it difficult for the offender to obtain the right 'psychotherapeutic' effect from his court experience. Still, some impression is usually made on first offenders though hardly any on the hard-boiled veterans. For them, though, the show which starts with fear as often as not ends in ridicule. Every child-guidance worker knows that even very young offenders can quickly discover the difference between honest reality and pretence. This is obviously wrong, for in this way the offender will not get the important help of a beneficial trauma which he so badly needs for his reformation.

Thus more burdens are thrown on the unglamorous class of agents whose work is as important as it is inconspicuous. I shall call them re-educators. This class comprises probation officers, psychiatric and other social workers, priests, prison officers and doctors, teachers, and recently also psychiatrists and psychologists, etc. The re-educators take over the offender with strict marching orders as to what methods they are allowed to use (probation, prison, etc.) and how much time they have to finish their job. As I have tried to show, these marching orders have in terms of re-education no justification at all; they are the remnants of the retributive era of criminal justice, and they make the never easy task of re-education so much more difficult.

The re-educators work in a simpler and hence more straightforward atmosphere than the courts. (This is less true for the probation service than for the prisons, and perhaps this is a possible explanation for the surprisingly better results of

prison sentences as compared with probation orders.) The great danger for the re-educator is again the revival or survival of the persecutory atmosphere. If the offender cannot be prevented from continuing or redeveloping it, most of the re-educator's work will be futile, for every contact can be easily interpreted as an unfair interference, as an objectionable use of powers which must be resisted. Every re-educator knows that where this defiant, suspicious, paranoid hostility rules the situation there is hardly any hope of success. Moreover, as the first phases of the beneficial depression often appear as listlessness, submissiveness and weakness, the defiant and superficially 'manly' offender finds it an easy task to ridicule his depressive comrades and to frighten or seduce them out of their depression. He must do so in his own defence, not so much from cussedness as from fear.

Especially with cases who have got fixed in their paranoid defiant attitude, some kind of psychotherapy is advisable. As I have said, we do not yet know enough about this kind of depression and the paranoid defences against it; in the prisons there is ample material for studying them. As far as I know, some such investigations are carried out in three prisons in England (Wakefield, Wormwood Scrubs, Holloway).

8

Now let us suppose that these investigations have been successful and that we now know what ought to be done in order to induce the offender to drop his defiant, paranoid attitude, i.e. his defences, to accept without resistance the superior authority of the court and the punishment inflicted upon him, and to submit willingly to a re-education process which can be described as a super-ego intropression. Equipped with such powers, our penal system obviously would be incomparably more efficient and the numbers of failures would markedly diminish.

But is it good psychology and good policy to deliver any human being however criminal in his tendencies into the hands of such overwhelmingly great powers and at the same time divest him of even the possibility of defence? The queer behaviour of a number of accused persons in certain trials in communist

lands suggests that such things are technically possible. The outlook is frightening indeed. It is true, of course, that the agents can be carefully selected, their aims strictly defined, but once the powers are handed over, who will control those who use these powers and the ways in which they use them?

The danger is real and great. It begins when one accepts the present social system as unquestionably good, perhaps as the only good one possible; then each offender is essentially evil and—no matter how—must be either reformed or disposed of. A corollary of this idea is the essential goodness of the agents of the community, consequently their authority and opinion must be absolute and unchallengeable. Such a conviction can and does lead to unrestricted use of power. It is worth remembering that this has happened several times in human history.

The other idea is to consider the present social system as fair to middling, not too bad but one that could do better with some improvement. Then the offender is not necessarily evil, but certainly a nuisance, and something must be done to stop him being a nuisance. But he *must* be given the opportunity and possibility of defending himself and of resisting any re-education if he so chooses. Naturally, in a penal system which accepts the desirability of resistance and defence, the impact of the community's indignation upon the offender will be less traumatic. Consequently in a number of cases the beneficial depression will not set in.

Here the domain of the psychologist ends. He can show that these things are dynamically interconnected, but it is not his job or his duty to assess the advantages and the drawbacks of giving great powers to the agents of the community or, on the other hand, of giving the offender ample or meagre opportunities to resist them. But the psychologist can, and has the duty to, ask for opportunities for further studies, in order that unnecessary human suffering may be avoided through better knowledge. As I have shown, a good deal of research is still needed to understand the subtle processes that bring about the change from the paranoid, rejecting position to the depressive, accepting position. These processes are likely to be the same as, or similar to, those which enable the individual to identify himself with the standards of the community during the

'ontogenetic development of culture' as described by Róheim.¹ If this proves to be true, a deep-reaching psychological examination of offenders, both of failures and of successes, will provide us with very valuable data about these fundamental processes.

The prison population especially is likely to be an important field for this research. Young children are difficult to observe during the 'ontogenetic development of culture'. They are too young to be able to give detailed information about their experiences, the processes happen too quickly, and the experimental conditions (the atmosphere in the various homes) are very varied and hardly controllable. Imprisoned offenders are—apart from their criminality—adults who can give account of their experiences, the process of the 'ontogenetic development of culture' happens in front of the eyes of the observer, and, most important, the environment is almost uniform and controllable. Maturation of offenders—especially if observed both individually and by group methods—will contribute most valuable material to our knowledge of how culture is acquired, how a social super-ego can be developed, whether a depressive position is really necessary to start this development, how much and what kind of suffering is desirable or necessary to shatter an asocial super-ego, and to many more equally important problems.

9

Let us return again to our public drama. After having examined its structure and the parts played in it by the various actors, what changes or modifications can we recommend in order that the principal actor, the offender, should have a better opportunity for a true catharsis?

Let us start with the director-producer of the drama, the Law. Apart from supervising and controlling the work of all the other actors, the Law has reserved certain functions to itself. The first of them is the *finding of facts*. Was a crime—a breach of the covenant—committed at all? And, if so, was it the accused who committed it? The Law has developed very fine, subtle and reliable methods for solving these problems.

¹ For the first time in *The Riddle of the Sphinx*, London, 1934, Chap. III.

The functioning of these methods is under constant criticism, and consequently the results are as good as is humanly possible. Of course, it is impossible to avoid occasional mistakes, but any mistake is mercilessly exposed, remembered, and cited time and again in order to spur the courts to still finer methods.

The second function of the court is to *assess the damage* caused, not to the sufferer—but to the community, to the covenant. Here, too, a very elaborate system has been developed, though less subtle than the law of evidence. This other system, the penal code, is a queer mixture of old superstitions, remnants of religious ordinances and retributive tendencies, fair common sense, some hard thinking, sound empiricism, some sentimentalism and sadism, reckoning with hard facts, etc., and also logistic hairsplitting. On the whole, the system is very much alive and works fairly well.

The third function of the court is passing sentence. Except perhaps in a few very rigid systems, the sentence hardly ever follows automatically from the facts of the case and the damage caused to the community; the court has a choice of possible sentences. In this choice the court is led by benevolent common sense, experience, etc.; i.e. by subjective opinion. Whereas the first two functions have always been under constant check and criticism by the whole legal profession, the sentences—if criticised at all—have been criticised only from the legalistic point and hardly ever for their results. As I have said several times, the courts do not appear to be at all interested in whether their sentences have been beneficial or otherwise.

Some centuries ago the police were the servants of the court, carrying out its orders. In the present system the police—although under the constant control of the Law—is an independent authority, functioning satisfactorily. As the rule over the first act of the drama was taken away from the legal profession and handed over to the police, a good deal can be said, I think, for handing over the rule over part of the second and the whole of the third act of the drama to the re-educators.

The courts should restrict their role to the first two functions—finding of facts and assessing the damage—and allow full freedom to the re-educators to choose the best method and the time necessary to achieve results. After all, no court will even

think of prescribing methods and fixing times for the police for apprehending an offender, and re-educating an offender is at least as difficult a task as running him down.

On the other hand, it is highly desirable in the interest both of the offender and the community, that the Law should continue to control the re-educators, to about the same extent as it controls the police. The two dangers are the 'over-kind' reformer siding too easily with the offender and the 'over-zealous' reformer who cannot be satisfied. The solution may be the 'indeterminate sentence', coupled with periodical supervision by visiting magistrates of all offenders sentenced in this way. The psychological situation would be definitely simpler for the offender. The police would remain the persecutors whom one had to fear and to fight. The re-educators, by relinquishing to the visiting magistrates their power to retain or to discharge the offender, would run less risk of being turned into persecutors; they could sincerely take sides with the offender in helping him to earn his freedom by hard work. And, lastly, the Law, by abandoning the pretence of being the benevolent umpire, could continue its objective functions of finding out the bare facts and assessing the damage caused to the community. The indignation of the court could be either sincere subjective emotion or an equally sincere objective statement of facts, without the danger of sliding into phoney and moralising hypocrisy.

We, re-educators, obviously have to learn a good deal about education. As far as I can see, at present growing stress is laid on vocational training in Borstals and in prisons.

Vocational training is essentially ego education: a better-skilled or more knowledgeable individual is unquestionably a better man, but it remains to be seen what use he will make of his better possibilities. Moreover, vocational training like every ego education is necessarily competitive, and competition, if introduced too soon, may lead to a revival of the hostile paranoid attitude resulting in unnecessary strains or even breakdowns and relapses. If my train of thought is right, much more emphasis should be laid on super-ego education. This is intimately connected with the problem of discipline—perhaps the most important problem in any close community of men.

With that I have come back to my main topic—research. If we wish to arrive at a scientific theory of punishment, if we wish to devise penal methods which can re-educate offenders more reliably than the present ones, we must know more about the ‘ontogenetic development of culture in the offender who apparently became arrested in his development, about the ways in which he can acquire a social super-ego and learn a wholesome discipline. As long as these processes remain largely unknown, no recommendation can claim to be more than wishful thinking.

VI

NOTES ON THE DISSOLUTION OF OBJECT- REPRESENTATION IN MODERN ART¹

(1952)

ONE, perhaps the eternal, ambition of art is to represent life (or perhaps nature) as faithfully and sincerely as possible. (In order to avoid possible misunderstanding I wish to emphasise that life and nature are meant to include the inner world of the artist.) There are, however, some inherent limitations to faithfulness in all forms of artistic representation: (a) it is only possible to represent a certain part or parts of life or nature, never the whole; (b) the representation, however faithful and sincere, can never be life itself; it is always a reconstruction, never the original.

These two inevitable limitations induce the artist to be arbitrary, wilful or even wanton: he *must* choose the part or parts of life to be represented, and he *must* choose his way of representing the qualities, elements, features, etc., that he feels to be essential. The two demands, faithfulness and sincerity on the one hand, arbitrary choice of theme and the way of representing its essential elements on the other, can hardly be reconciled. Perhaps the whole history of art, and certainly the history of art since the Renaissance, can be viewed as a series of different attempts at solving this insoluble dilemma.

One chapter in this history is the various ways of object-representation. In earlier times the objects were represented as isolated entities; nature (or life) was conceived as a collection or a conglomerate of separate, clearly defined and sharply delineated objects. Something similar happened in the theories of physics, e.g. in the classic kinetic theory of gases. The molecules were thought of as small, well-defined, very hard,

¹ Reprinted from *The Journal of Aesthetics and Art Criticism*, 10, 4, June 1952. These notes were stimulated by a paper of the same title by Mr. M. Khan read before the British Psycho-Analytical Society on June 6, 1951, and a contribution by Mr. H. (now Sir Herbert—1956) read to the ensuing discussion.

round or ellipsoid bodies like billiard balls avoiding or knocking against each other, but each of them all the time retaining its individual boundaries inviolate.

Art in the same way began the representation of life and nature with the all-important contours which in a way distinguished and isolated each object from all others. Viewed from this angle, symbolic representation—a very early phenomenon in the history of art—is no exception. Symbols, however abstract, were just as definitely contoured objects as any others.

Such an approach to artistic representation is obviously a projection into the chosen objects of myself, *as I wish to see myself*, or perhaps even as *I really see myself*. The work of art is the external re-creation of this internal fantasy by the use of symbolic methods. The result of this creation is intended to be, and sometimes even succeeds in being, in some way still better than the fantasy itself; it may be as Horace thought and wished a *monumentum aere perennius*, imperishable and immortal, which has the possibility of surviving its creator—thus fulfilling the paramount wish of every artist.

This conception was challenged fundamentally by the impressionists, who dissolved the hard contours of objects. One of their most important discoveries was that it is not the contour that makes the object, but the contrast of its tones, shades and colours with those of its environment. The original aim of faithfulness and sincerity now demanded that not the object in itself, but its relation to its environment, should be represented.

The sovereign, sharply defined and delineated object disappeared. It was no longer possible to project ourselves into the objects, to see in them our cherished fantasy about our independent, uninfluenceable, imperishable selves; we had to learn to represent the objects as we saw them (not as we wanted to see ourselves): merged into and inseparable from their environment.¹

¹ The challenge of the impressionists had many precursors. On the whole, it may be said that early art was anthropocentric, and so it remained at least till the Renaissance. Since then man has been gradually losing his central importance in every work of art, or, in other words, art has become less and less anthropocentric; man has tended to become a part merged into his environment or even to disappear

Apparently this new discovery was from the beginning highly ambivalently charged: an immense pleasure, a kind of enraptured liberation from the oppressive shackles of contour, but at the same time an intense fear that not only the objects but also the artist might merge with and perhaps even disappear into the environment.

One very important result of this development to date is a kind of frightened withdrawal into a narcissistic preoccupation. The line of this development could be described in this way: first phase: nature and life must be represented in the same way as *I want to see myself*—hard, independent and eternal; second phase: as *I see others*, i.e. parts of their environment, distinguishable only by their contrast; third phase: as *I see* when stimulated. The object has more and more been losing its importance as an object; it has become a mere stimulus, unimportant in itself, and important only in so far as it has stimulated moods, feelings, emotions, thoughts, images, fantasies, ideas in the artist.

This trend, getting away from the object and putting more and more emphasis on the subjective processes in the mind of the artist, seems to be universal in modern art. In poetry the epic content tends to disappear, in music the melody, in literature there is less and less story, in painting and sculpture there is less and less object. As we all know, the mobiles have not even a definite shape, only a definite structure.

A very good example of this gradual disappearance first of contours, then of shape, with a parallel ever-increasing importance of the dynamic structures as felt by the artist, is a series of lithographs by Picasso. He began with a naturalistic drawing of a bull and gradually eliminated all the 'inessential' elements, retaining only those which describe his way of

completely. Examples are easy to quote; a random sample is the great role of still-life in Dutch painting. In the landscapes of Constable man was no longer the centre of the composition; if present at all, he was treated as a mere object, equal in importance to a house, a tree, a cloud, or a passing shadow. In literature a similar change was brought about by the romanticists, especially the German romanticists of the late 18th and early 19th centuries, leading to Balzac's *Comédie Humaine*, where the milieu and the individual were true peers, and from him to Flaubert, Zola and so on.

seeing. It is very difficult to say whether or not the bull survived this process of elimination; in other words, whether the end-result of this series, the lithograph finally accepted by Picasso as printable, conveys to us anything important about the bull or only how Picasso saw. (I have deliberately left the verb intransitive.)

An intriguing problem presents itself. What is likely to be the future of this tendency? Will it survive? I do not think anyone can answer this question with confidence. Two empirical facts, however, may be stated here.

One is about the often heard accusation that this kind of art is childish, schizophrenic or insincere. I think this sort of incrimination is unjust and also irrelevant. In every epoch there have been bad artists who worked in an insincere and childish way, who achieved nothing but trash. This is equally true of our days. But that is all. One cannot deny, on the other hand, that so-called 'modern' art has at great pains worked out many new ways of expression which, though at first bewildering, irritating, annoying, even frightening, have nowadays become acceptable and understandable to the general public. It may be safely assumed that most of these new ways of expression will survive.

But this is not the whole story. Psycho-analysis has taught us that as a rule highly ego-centred, narcissistic states are unstable because the tension in them is so great that they break down, disintegrate spontaneously even without any forceful attack from outside. On the other hand, states in which there is a satisfactory relation to objects are usually stable, even under severe external strain. Although we have no convincing empirical proof that such a statement can be confidently applied to the field of art, I am inclined to think it true.

On the other hand, in fairness to 'modern art' it must be stated that throughout the whole history of art there has been a tendency to increase the strain and even to demand that its toleration should be pleasurable.¹ This is true in relation to

¹ The tendency to increase the tension to be tolerated is, of course, only one facet of a complicated process of evolution in art. The other facet is the history of the various ways and methods by which this increased tension is to be relieved. As I have no new contribution regarding this latter process and as for our present problem it is not crucially important, apart from calling attention to it, I shall leave it alone.

every factor concerned with art. The representation has become more and more 'symbolical', small signs must suffice the artist to express very intense emotions and highly differentiated ideas, and the public is expected to understand them. An often quoted example is the difference between the acting in the early and in later silent films. This compels the artist to become more economical, to sustain more and more of an unrelenting control over his performance; i.e. he cannot now give way freely to any slight or petty emotion stirring in him, he must carefully grade his responses, but as a reward for this exacting strain he has acquired an immensely greater (and still growing) scale of potential responses. The same is true about the general public; they had to learn to understand the subtle scale offered by the artists and to grade their responses carefully; their reward, too, is a richer and more finely graded emotional experience.

A further consequence of this development is a greater freedom in using unresolved tensions in artistic representations. Some time ago such tensions were felt to be painful or highly unpleasant and were banned from any respectable artistic creation or were allowed only under very strict precautionary measures. 'Discordant' chords had to be 'resolved' by elaborate working through; certain aspects of life, especially of human life, were simply taboo; the form of the narrative was fairly settled on traditional patterns; certain colours could not be used next to each other or for representing certain features (i.e. sky had to be blue to purple, human skin a kind of pink, etc.). All these self-imposed restrictions were the result of what I called the first phase, the projection of the fantasy 'as I wish to see myself' into the objects; no discordant tone, no strain, no conflict could be tolerated. 'Modern art' has made an immense contribution to human maturity by demonstrating that we need not repress the fact that in and around us such discordant features exist. Moreover, it has taught us not only that such discords can be resolved by artistic methods, but also that one can learn to tolerate such unresolved discords without pain and even that they can be enjoyed by the artist as well as by the general public. Of course, it means tolerating strain, sometimes even great strain, but—as I have tried to

show—the reward is less fear, greater emotional freedom, richer and more varied possibilities of emotion and enjoyment.¹

Perhaps this train of thought may contribute another facet to the explanation of why ‘modern art’ has led to what I called ‘narcissistic withdrawal’. The artists were so absorbed in learning how to sustain all the strain that was forced upon them by the demand of faithfulness and sincerity that they got farther and farther away from the objects. Increasing mental strain, awareness of unresolved conflicts, facing up to hitherto carefully avoided experience, are always difficult tasks for the human mind. One method, which is perhaps one of the best as short-term policy, is to invest all these mental processes with libido, i.e. to love them. Human libido, however, is limited. If the artists have to invest their own mental processes with libido—less and less of it remains for investing in their objects.

There is, however, a great danger inherent in this narcissistic preoccupation, and this is the danger of regression. The mature—or ‘genital’—love is a great achievement but somehow precarious. It presupposes a fairly harmonious relation between the lover and his object, whether that be a human being or some inanimate thing. Should this relation be disturbed in any way, there is always the danger that the great achievement, the mature form of human love, might disintegrate into its original components. One way of describing this process is as follows: Our relation to *our* world of objects has led to a frightening experience, to a trauma. In order to avoid the repetition of the trauma we establish a new régime in which that kind of relation can be avoided with certainty, e.g. narcissistic withdrawal. It is an empirical fact that the fear then spreads and it is not only that contact with the object is evaded but also

¹ This general greater toleration of discord, conflict and strain may explain also why in the Western democracies the co-existence of numerous mutually hostile schools, groups and parties in art, literature, social outlook, philosophy, politics, is accepted. An interesting corollary to this thought is the highly uniform (or uniformised) party life, social outlook, artistic taste, etc., in the Eastern peoples’ democracies, accompanied by an equally uniformised scale of permissible artistic methods. (Cf. the recent sharp criticism by official Russian circles of the unacceptable artistic methods of Prokofiev and Shostakovich.)

that our treatment of it, our attitude towards it, cannot remain on the mature level; it assumes more and more immature 'pre-genital' forms. Something like this has happened in 'modern art'. The treatment of the object, or the artist's attitude to it, i.e. his fantasies, feelings, emotions, ideas, images, etc., when stimulated by his chosen object, are conspicuously on what psycho-analysis would describe as the anal-sadistic level. The objects are dismembered, split, cruelly twisted, deformed, messed about; the dirty, ugly qualities of the objects are 'realistically' and even 'surrealistically' revealed; some forms and methods of representation in 'modern art' are highly reminiscent of primitive 'anal' messing; less and less regard is paid to the object's feelings, interests and sensitivities; kind consideration for, and 'idealisation' of, the object becomes less and less important.

It is interesting that the real resistance against this kind of treatment hardly ever comes from the objects of artistic representations, even if they are human beings. Apparently the fact that we have been chosen for the privilege of being represented in a work of art is such an honour, is so gratifying, that whatever the treatment meted out to us, in most cases we accept it gratefully. The real rebellion, I think, is already on its way, but it stems from the artists themselves. It is they who have become restive, who seem to be unable to accept in the long run their narcissistic preoccupation with their own mental processes when stimulated by some object.

If we accept this as an important trend in the development to come we may expect a return of interest in the objects as objects. The present narcissistic disappointment and frightened withdrawal, degrading the dignity of the object into that of a mere stimulus and laying the main emphasis on the sincere and faithful representation of the artist's subjective internal mental processes, will very probably give way gradually to a concern for creating whole and hearty objects.¹ This will mean a change of attitude, due to the demand for tolerating still greater strains both by the artists and by the general public. This greater strain will be necessitated by the unavoidable

¹ This is meant in a purely descriptive sense and no value judgment is either implied or intended with it.

integration of the discoveries of 'modern art' with the demand of 'mature love' for the object. The artists and the general public equally will have to learn to feel once more regard and consideration for the objects, but this time not because the objects can be used for the purpose of projecting on to them our fantasy of ourselves as independent and inviolate, imperishable and eternal; the objects will have to be loved for what they are. It is to be expected that this task will not be too difficult, as both artists and public have learned a good deal about how much richer their emotional experiences can be if only they can tolerate without undue fears some discordant tensions and clashing conflicts, hitherto thought to be intolerable.

VII

INDIVIDUAL DIFFERENCES OF BEHAVIOUR IN EARLY INFANCY AND AN OBJECTIVE METHOD FOR RECORDING THEM¹

(1945)

A. THE PSYCHO-ANALYTIC APPROACH

PSYCHOLOGY and biology are unanimous that 'the child is father of the man'. To psychology this means that the behaviour, character and personality of the adult all have their origins in childhood.

In spite of the great practical importance of this for education, psychologists were not particularly interested in the child or in the processes that make a man of him until the discoveries of Freud and, somewhat later of the behaviourists, fundamentally changed the situation. Both psycho-analytic and behaviouristic thinking are essentially genetical; a mental phenomenon is explained by tracing it back to a past phenomenon and by showing how the original has been changed into the present one by external and internal influences. This process of tracing back has to stop at one point or another. The two disciplines differ in a very interesting way in their attitudes in this respect.

The first halting point for psycho-analysis, one of paramount importance, was the Oedipus situation. Freud came, very early in his studies,² to the conclusion that the child of 3-5 years has in many respects almost the same desires, feelings, urges and drives as the adult. This was a bold assumption, but Freud was soon able to verify it both through the study of the conscious and unconscious reminiscences of adults,³ and through direct observation of the child.

¹ Abridged version of a paper first published in *The Journal of Genetic Psychology* (1948), 73, 57-117. The detailed results of the experiment are described and tabulated in the original paper.

² Freud, S.: *Traumdeutung*, 5th edition, Leipzig and Vienna, 1919; Engl. Trans., *The Interpretation of Dreams*, Standard edition, Vols. IV-V, London, 1953.

³ Freud, S.: 'Krankengeschichten', *Gesammelte Schriften*, 8, Vienna, 1924.

An important feature of all descriptions of this early age is that no other terms are used than those used for describing mental states of adults. We adults assume that the mental life of a child of 3-5 can be completely described in terms of our (the adults') experience. This is a typical case of projection. Although in the beginning violently criticised, the paramount importance and the immense heuristic value of this kind of approach to the study of childhood has been generally acknowledged in the past twenty years.

Freud himself was very cautious in extending his method beyond the classical age of the Oedipus conflict, i.e. beyond about three. Although there are numerous occasional passages in his earlier works relating to this or that psychological problem of the very early infantile period, it is only once that he wrote a paper of any length on this subject, and even this paper has no independent existence but is included in a chapter called *Weiblichkeit*.¹

Some of his followers were less cautious. They thought that the same genetical method that had yielded such good results about the psychology of the age of the Oedipus complex could and should be used for the study of still earlier ages. The leader of this group was Melanie Klein who, from her very first paper on, has consistently used this method. A good summary of her views is contained in *The Psycho-Analysis of Children*.² To quote one characteristic statement from a great many similar ones: 'The process of weaning . . . sets the Oedipus conflict in motion' (1 p. 91). Methodologically this means that she assumes that mental processes of an infant of 6-9 months old (or even younger) can be described in terms of adult experience. Whereas Freud's statements regarding the Oedipus conflict could be tested by direct observation, no such testing of M. Klein's statements is possible. For example, a child of three years can tell us—in his primitive language—how he feels towards certain persons and objects in his environment, but with a child of six months or even younger we have no such

¹ Freud, S.: *Neue Folge der 'Vorlesungen zur Einführung in die Psychoanalyse'*, Vienna, 1933.

² Klein, M.: *The Psycho-Analysis of Children* (Die Psychoanalyse des Kindes). Authorised Translation by Alix Strachey. London, 1932.

unequivocal means of communication. The numerous critics of M. Klein did not fail to point out this impossibility of verification, i.e. the uncertainty of her methods of approach.¹ Convinced that the use of adult terms in the description of very young babies is only arbitrary projection and consequently misleading, a number of analysts under the leadership of Anna Freud intentionally refrain from stating anything about that age while sharply criticising the ideas of M. Klein and her followers.²

On the one hand there can be no doubt that the child's mental life does not start abruptly with the Oedipus situation, and it is generally accepted that even in the pre-Oedipal phase children have conflicts and problems and that the characteristic mental defensive mechanisms—or at least some of them—are developed in this phase, i.e. children are individually different in early infancy.

On the other hand there is no agreement as yet about the date when these early defensive mechanisms develop, the forms in which they first appear, and the terms to be used to describe them. If we accept A. Freud's lead, psycho-analysis has to make a halt about the time when the child develops understandable speech; if we accept M. Klein's approach we have to assume that practically all mental phenomena observed in the adult are already present in primitive form in the infant, perhaps even in the foetus.

On more than one occasion I³ took part in this controversy and pointed out that this situation is partly due to the peculiarity of the psycho-analytic method. All the great discoveries of psycho-analysis in child psychology were obtained by inferring back from the observations of adults or of older children; and it was only, so to speak, in the second stage that these inferences were confirmed by direct observation. Even

¹ Waelder, R.: 'Zur Frage der psychischen Konflikte im frühen Kindesalter', *Internationale Zeitschrift für Psychoanalyse* (1936), 22, 513–70.

² Freud, A., and Burlingham, D., *Hampstead Nursery*, London (privately printed), 1941–5.

³ Balint, M.: 'Zur Kritik der Lehre von der prägenitalen Libidoorganisation', *Internationale Zeitschrift für Psychoanalyse* (1935), 21, 525–43; 'Frühe Entwicklungsstadien des Ich. Primäre Objektliebe', *Imago* (1937), 23, 270–88. English translations in: *Primary Love* (1952).

M. Klein, the protagonist of the very early analytic treatment of children, is no exception to this rule, as the youngest children analysed by her were older than $1\frac{1}{2}$ years. The question we have to decide is how far this method of inferring to a still younger age, really this method of projection, is safe. This can only be decided by direct observation of children of that age.

The only analyst who made such observations is M. Middlemore,¹ who studied the feeding of infants during their stay in an obstetrical ward, i.e. during their first fortnight of life. Her work is outstanding. Her seven groups of infants are the first comprehensive classification of individual behaviour in early infancy.

There are, however, two objections to this method if put into general use. Firstly, it needs a keen, conscientious, scientifically trained and personally unbiased observer. Secondly, all the terms used in it are interpretative, i.e. the result of projection. Every description of the behaviour of a person with whom the observer has no language contact is necessarily influenced by the observer's expectations; e.g. after reading her book nobody can be in doubt that Middlemore is one of M. Klein's followers.

The aim of the present research was to collect in this field objective data which (a) can be easily verified, and (b) can be described in terms acceptable to any school of psychology.

This aim restricted the field of observation, as every verbal description of behaviour is of necessity influenced by the observer's present knowledge and expectations. This is true even for the study of reactions to experimentally set stimuli, because the choice of the special stimulus, however 'natural' the stimulus is intended to be, is partly determined by the experimenter's personal bias.

To avoid this bias it was decided to study the spontaneous behaviour of infants. The four most important spontaneous functions of very young infants are sleep, feeding, excretion and growth. Of these feeding was chosen as the most suitable function for this investigation.

The choice of feeding was determined both by theoretical and by practical reasons. Theoretically it is known that

¹ Middlemore, M. P.: *The Nursing Couple*, etc., London, 1941.

sucking is one of the earliest complex functions of which the infant is capable. Feeding habits are established in the first days of extra-uterine life. In our 'culture pattern' feeding is perhaps the most important early contact of the infant with the external world, especially with the human world. And, last but not least, psycho-analysis teaches us that the first organisation of the libido is centred around the oral zone and that the vicissitudes of this oral libido have a very important influence on the character structure of the adult.

There were weighty practical reasons against choosing any of the other three functions. The study of growth involves several observations during a long period and consequently is less reliable during the rapidly changing phases of early infancy. Excretion does not happen at regular times, is not easily observable, and in early infancy is an almost entirely physiological function. Sleeping habits, though developed early in life, are spread out in time and a number of them are of negative nature, e.g. peaceful sleep means that nothing can be observed or recorded. Working with such negative characteristics is fraught with many pitfalls.

Feeding, on the contrary, is a dramatic event, happening regularly and lasting for a few minutes only. It is an activity; the traits to be observed are all positive even in the case of refusing the food.

While agreeing with G. W. Allport¹ that the study of a single function can never lead to a complete description of the personality, it was thought that such a procedure is less objectionable with an infant than with an adult; especially when we bear in mind that almost the whole of the waking time of the infant is filled with the particular function, i.e. with feeding.

To exclude any personal bias it was decided not to describe the feeding of the infant but to record his sucking movements.

B. PHYSIOLOGY OF SUCKING

The whole literature on sucking up to 1939 has been admirably summed up by A. Peiper². The term 'sucking' as

¹ Allport, G. W.: *Personality, a Psychological Interpretation*, London, 1938.

² Peiper, A.: 'Der Saugvorgang', *Ergeb. Inner. Med. und Kinderheil.* (1936), **50**, 527-67.

applied to infants is, in fact, a misconception; quoting E. Darwin¹: 'the infant does not suck but presses out the nipple like the milkmaid milks the cow'. Later it has been shown, however, that sucking is a biphasic action, sucking and expressing following each other. A further important point is that the child, contrary to a grown-up, does not suck by aspiration but by lowering his jaw. The negative pressure caused by a single sucking is 4–16 cm. water, but if an infant is made to suck continuously, pressures of 50–70 and even up to 200 cm. water have been recorded. In order to obtain milk from the breast pressures of 50–80 cm. water were necessary. Subjectively, mothers indicated pressures of 130–200 cm. water as identical with those caused by their sucking babies. The positive pressures of the other phase were considerably higher, about 200–300 grams in a neonate and up to 600–800 grams in older infants.

In general, infants begin to suck with a fairly constant rhythm of about 60–80 per minute, but rhythms of 40–90 per minute were also observed. After 2–3 minutes the rhythm slows down; pauses of varying lengths are interposed. Bottle-fed babies, in general, suck more regularly than breast-fed babies.

As infants suck with the cave of the mouth shut at the pharynx, sucking and breathing may have different rhythms. A good deal of experimental work was done to find out how the three functions, sucking, breathing and swallowing, can go on without interfering with one another. In the beginning of the feeding period, one complete respiration corresponds to 1–2 sucking movements; swallowing happens in the short interval when the phase of respiration changes. Towards the end of the feeding the sucking movements often appear in groups separated by pauses; then there is no strict relation between sucking and respiration, and the infant swallows infrequently after several sucking movements.

The interest in infant feeding started in Germany, where the first University chairs in Pediatrics were established, and so most of the physiological work was done by German physicians. (Most of the behaviouristic work was done in America.

¹ Darwin, E.: *Zoonomia, or The Laws of Organic Life*. 4 vols., London, 1801.

See Section C below.) To quote a few representative works: Auerbach¹ established the fact that infants do not suck by aspiration but by lowering their jaw. Pfaundler² showed that pressure was just as important a phase in feeding as sucking. Süsswein³ was the first to determine the rhythm of sucking by counting every movement of the mouth and the rhythm of swallowing by placing his finger on the larynx of the infant. Each infant was recorded only once. As with this method the influence of pauses cannot be excluded, some of his figures are considerably lower than mine. Cramer⁴ was the first to measure the negative pressures caused by the infants' sucking, Kasahara⁵ recorded the pressure variations in the bottle during sucking and was followed by Harnapp⁶ and Peiper⁷. All three of them were concerned only with the physiological mechanisms involved. They recorded only short chance periods during the feeding, they wanted to establish physiological norms and were not interested in subtle individual differences. Although several of them (especially Kasahara) mentioned that different babies may have different 'sucking curves', this they treated as a curiosity only. There is therefore in the physiological literature very little material which bears on the subject of this investigation.

C. THE BEHAVIOURISTIC APPROACH

As mentioned in Section A, both psycho-analysis and behaviourism are essentially genetical in their approach to

¹ Auerbach, F.: 'Zur Mechanik des Saugens und der Inspiration', *Archiv. für Physiologie*, 1888, pp. 59-128.

² Pfaundler, M.: 'Über Saugen und Verdauen', *Verhandlungen des 16. Kongresses der Gesellschaft für Kinderheilkunde*, Berlin, 1899, pp. 1012-33.

³ Süsswein, J.: 'Zur Physiologie des Trinkens', *Archiv für Kinderforschungen* (1905), 40, 68-79.

⁴ Cramer, H.: 'Zur Mechanik und Physiologie der Nahrungsaufnahme der Neugeborenen', *Volkmanns Sammlung klinischer Vorträge*, Leipzig, 1900.

⁵ Kasahara, M.: 'The Curved Lines of Suction', *American Journal of the Diseases of Children* (1916), 12, 73-85.

⁶ Harnapp, G. O.: 'Zur Mechanik des Flaschentrinkens', *Jahrbuch der Kinderheilkunde* (1933), 140, 31-9.

⁷ Peiper, A.: 'Die Nahrungsaufnahme des Säuglings', *Monatschrift für Kinderheilkunde* (1931), 50, 20-8.

child psychology. There is, however, a very great difference. While psycho-analysis tries to describe the infant in terms of adult experience, behaviourism rejects completely this method of projection as misleading. As there is no certain criterion whether our projection was correct or not—even if the subject admits that we were right, he may be lying—the only reliable method is to observe the reactions of the individual to selected stimuli in a carefully set environment. The complicated reactions of the adult are then traced back to the simpler reactions of the child. In this way the behaviourist is never in doubt what the most primitive elements of the personality are; he will give an inventory of the functions of the neonate, some of them real reflexes, others very near reflexes, and a time table showing when these primitive functions combine or new functions appear. Although the inventory and the time table are not yet complete the tendency to work on these lines is clear.¹

The aim of behaviouristic child psychology is to work out the norms of human development, of maturation, of growth, and to establish when and in what forms each function appears. Individual differences are then described as deviations from the normal rate of development, as accelerations or retardations. Gesell, for example, calls his test 'developmental examination', and when he emphasises 'the importance of discovering and understanding the individual characteristics of children' he means 'the diagnosis of defects and deviations of developments'. In this connection it is perhaps significant that Pratt starts his contribution on 'The Neonate' in Murchison's *Handbook of Child Psychology* with a chapter on Infrahuman Infants in order to show where the human infant normally ought to start his individual extra-uterine development.²

Correspondingly there are two main behaviouristic methods of approach. The first is the one described above as the time table, or, as it is often called, the longitudinal method. The classical example is still Preyer.³ Although recently a number

¹ Gesell, A. L.: *The First Five Years of Life*, London, 1941.

² Murchison, C. A.: *Handbook of Child Psychology*. (Second revised edition.) Worcester (Mass.), 1933.

³ Preyer, W.: *Die Seele des Kindes*. Sixth edition, Leipzig, 1905.

of excellent biographical studies have been published, the same objections must be raised against them as against Middlemore's book, viz. that of necessity they are not and cannot be free from personal bias. In addition, in almost every one of them the description of the feeding behaviour is not detailed enough to allow safe inferences with regard to individual differences.

The second, perhaps the real, method of behaviourism is the observation of reactions to carefully selected stimuli. It is interesting to note that although a number of workers have studied the phenomena of sucking, not one of them records a complete period of feeding. It is true that, with not one exception, they used the sucking only as an indicator of the infant's reaction. The stimuli studied were touch, especially on the face or mouth, taste and temperature of the fluid introduced into the mouth. As none of these has a direct bearing on the problem of this investigation, they can be summed up briefly, leaving out the controversies between different views. Most of the authors observed only whether the sucking reflex was elicited by their stimulus or not, e.g. Canestrini,¹ Pratt, Nelson and Sun,² Eckstein,³ Peiper⁴ and later Jensen⁵ recorded the sucking movements while the child was under the effect of the different thermal or gustatory stimuli, but the recording never lasted for more than 10–20 seconds. It follows that there is hardly any mention of individual differences in these publications.

Gesell and Ilg⁶ in a recent book give an excellent summary of their observations arranged according to the two main aspects: inventory at certain age levels, and time table of the growth processes. On the other hand, in the whole book there is not one description of a complete feeding.

To sum up: while physiology can give a fairly good picture

¹ Canestrini, S.: *Über das Sinnesleben der Neugeborenen*, Berlin, 1913.

² Pratt, G. U., Nelson, and Sun: *Ohio State University Studies* (1930), 10.

³ Eckstein, A.: 'Zur Physiologie der Geschmacksempfindungen und des Saugreflexes', *Zeitschrift für Kinderforschungen* (1927), 45, 1–18.

⁴ Peiper, A.: 'Der Saugvorgang', *supra cit.*, n. 11.

⁵ Jensen, W.: 'Unterschiedene Reaktionen auf Geschmacks- und Temperaturreize bei Neugeborenen', *Genet. Psychol. Monog.* (1932), 12, 361–479.

⁶ Gesell and Ilg: *Feeding Behaviour of Infants*, Philadelphia, 1937.

of the general mechanisms of sucking, neither physiology nor behaviouristic psychology, nor psycho-analysis, have been really interested in the individual differences of the feeding behaviour in early infancy. The present investigation had to travel across uncharted fields with all the thrills and all the apprehensions of such a journey.

D. SOURCE OF MATERIAL

Having arrived at the conclusion that an objective record of the feeding would be the most promising approach to the study of individual differences of behaviour in early infancy, my next task was to see where a sufficient number of babies could be obtained for this purpose. The first question was: breast-fed or bottle-fed babies?

There were two reasons why it was advisable to exclude breast-fed babies from this survey. First there was the difficulty of obtaining access to them. In our form of civilisation breast feeding is a strictly private affair; any third person, especially any man, is an unwelcome intruder. Secondly, as my method consists in recording the variations of pressure during sucking, some kind of device would have to be introduced between the mother's breast and the baby's mouth, e.g. a soft rubber tube of small calibre. The extent and nature of these two kinds of interference, the intrusion of a male stranger into the sacred privacy and the fastening of a pressure tube either to the mother's breast or to the baby's mouth, are unpredictable. One cannot be certain, without many preliminary experiments, whether the records obtained in this way would show the original, natural process or an artificially modified form of feeding. These two reasons necessitated the restriction of my survey to bottle-fed babies.

For bottle-fed babies I had a quite unique source of material, the Duchess of York Hospital (Manchester). There are more than 100 cots for babies under 12 months old, a considerable percentage of whom are younger than three months, and almost always there are a few premature babies only a few weeks old. All these babies remain there for some time, from a few weeks to several months, and consequently can be observed and recorded without much difficulty. The only

conditions demanded by the Hospital were (a) that the method of recording should not interfere with the normal routine of the babies or of the nurses and (b) that the possibility of cross-infection should be practically excluded. The method described in Section E is able to meet both these demands fully.

The restriction of the survey to bottle-fed babies only necessarily influences the findings by selective sampling. Babies are put on the bottle for various reasons, the main ones being: the mother having no or not enough milk, mother refusing to feed, the doctor forbidding breast feeding because of some risk to the mother's health, or lastly some pathological process on the breasts such as abscess, cracked nipples, etc.; less frequently the cause is with the baby who might be unable or unwilling to take the breast. In all these cases there is a deeply disturbed, often completely upset relation between mother and child, and all the recent researches¹ are unanimous in stressing emphatically the paramount importance of the undisturbed mother-child relation, especially in the very first months.

Taking this deep disturbance into account it is to be expected that the phenomena found with bottle-fed babies will show a much greater variety as compared with similar phenomena in breast-fed babies. Some of the babies will be in the depth of disturbance, others just working their way towards settled conditions, and still others already settled to this new way of life.

In addition to that kind of disturbance the children admitted to the Hospital had further disturbance in the complete separation from the home. The two traumas, that of being separated from the mother's breast and that of being separated from the home, may happen simultaneously or successively. In either case it is probable that their joint effect will be still greater than the single effect of either.

Furthermore, most of the babies recorded were fed in their cots. This is quite an unnatural, artificial position; left in the cot the baby does not feel the warm reassuring proximity

¹ Pritchard, E. L.: *The Infant: A Handbook of Modern Treatment*, London, 1938; Middlemore, M. P.: *The Nursing Couple*, London, 1941; Klein, M.: *The Psycho-Analysis of Children*, London, 1932.

of a living person, hardly receives any help or encouragement in his work, is completely left to his own resources with his bottle. Recently a number of papers have stressed the importance of human intimate contact for the undisturbed development of babies¹; hospitalisation has become a slogan to be fought against. While fully realising the significance of their management, the overworked nursing staff of the Hospital could pay individual attention only to the few babies who were difficult to feed, and they tried to train the rest not to rely on help from outside. This condition too is likely to promote extreme forms of reaction.

The babies in the Duchess of York Hospital, with very few exceptions, are not healthy children. Normally only severe danger can induce a mother to part with her few-months-old baby, and to trust him to the care of expert strangers. The great majority of the babies in the Hospital are either seriously ill or recovering from serious illness. A further category was that of the premature babies who needed special care and attention. The last and smallest class consisted of babies of parents who had abandoned them, i.e. where the Hospital had to take over the duties of a crèche.

The most frequent illness amongst the babies recorded was infantile dyspepsia, or as it is often called: diarrhoea and vomiting. Of my 200 recorded babies 124, i.e. 62 per cent, were in this class. Next in frequency came the illnesses of the respiratory tract ranging from common bronchitis to severe pneumonia; the numbers were 40 records, i.e. 20 per cent. All other illnesses account for 42 records, i.e. 21 per cent, while 27 records, i.e. 13½ per cent, were of normal children. (These figures do not add up to 100 per cent, as the same child may suffer from two or even three illnesses at the same time.)

It is to be expected that children who by their actual illness show their disposition for some kind of intestinal dysfunctions will present some irregularities in their sucking, i.e. in another function of their alimentary system. Here I mention it to point out that the babies of the Duchess of York Hospital (Manchester) constitute a highly selected sample.

¹ Bakwin, H.: 'Loneliness in Infants'. *American Journal of the Diseases of Children*, 63, 30.

My second source of material was the obstetrical wards of St. Mary's Hospital (Manchester). This too is a highly selected sample. Although all the babies recorded there were classified as 'normal', at least at the time of recording, they too had recently suffered the trauma of separation from their mother's breast. Some of the infants were premature, either unable to suck vigorously enough or retained in the wards after their mothers went back to work, because they were too small to be exposed to the vicissitudes of normal baby life; others had to be put on the bottle because their mothers had no or not enough milk. In several cases I was able to record the very first bottle feeding in life. Only 22 records, i.e. 11 per cent, were done in St. Mary's. I used them mainly as controls, because (*a*) they were not ill children, and (*b*) they were—with the exception of one—all younger than one month, 10 of them less than a week old.

The records of these infants fitted well into the picture obtained from the records in the Duchess of York Hospital. The St. Mary's babies were clustered together, showing simpler forms and less irregularities than the Duchess of York babies.

To sum up: We may expect to find many more irregularities, more complex forms in my material than one would find with normal breast-fed babies or even with 'normal' bottle-fed babies. On the other hand, just this greater irregularity and complexity makes such a group of infants valuable for testing out a method studying consistent individual patterns of behaviour. If we can show that certain patterns remain constant even under such heavy strains—deep disturbance of mother-child relations, separation from the mother's breast, separation from home, severe illness, no or hardly any help with feeding, the infant abandoned to his own resources—then we may be certain that similar patterns will show probably a still greater consistency under normal circumstances.

E. THE METHOD OF RECORDING

My task was to find a method that (*a*) will record as much of the sucking activity of the infant as possible, (*b*) will be able to cover the whole period, i.e. any time up to 30–45 minutes, (*c*) will not disturb the sucking, (*d*) can be used in a hospital ward.

One possibility would have been to fix some contraption on the baby's face or even inside his mouth and connect it with some recording device. This, however, would mean a more or less serious incommoding of the baby and would give rise to serious doubts whether the records obtained in this way give a true picture of the baby's natural behaviour. In addition, such a method could not be used with every infant, as some of them would certainly object to it. The other possibility was to record the changes in the feeding bottle, e.g. the amount of food consumed or still present, or the variation of pressure inside the bottle. I decided on this latter method as it was more likely to record the finer details of behaviour. Recording the amount of food, either consumed or still left, is a summing-up method, a method of integration, whereas recording the changes of pressure is more likely to be a method of differential quotients.

It was easy to see that a pressure tube inserted in the bottle and ending in a kind of Marey tambour will serve this purpose without causing any inconvenience either to the baby or to the nurse. Moreover, the piece to get in touch with the bottle can easily be sterilised by boiling, thereby excluding the possibility of any cross-infection. The only remaining task was to find a suitable recording apparatus.

Looking up the literature¹ I found that several authors had arrived at this idea, but all of them used the cymographion for recording. This has many disadvantages: (a) The apparatus is very bulky, heavy and clumsy. (b) Blacking the recording paper is a dirty job, must be done every time shortly before recording, the paper blacked has to be handled with great precaution. The blacking cannot be done in a ward and it is very inconvenient to do it in a small hospital laboratory. (c) The record must be fixated immediately after the experiment, involving the use of bulky dishes. (d) The period of recording is limited, and cannot be extended *ad lib*. For all these reasons I had to reject this method.

Much better suited for such a purpose is the well-known Jacquet Polygraph. It was extensively used both in the

¹ Cramer, *op. cit.*; Harnapp, *op. cit.*; Kasahara, *op. cit.*; Peiper, A.: 'Sinnesreactionen der Neugeborenen,' *Zeitschrift für Psychologie* (1930), 114, 363-70.

physiological laboratories and in the hospital wards for simultaneous recording of the apex beat, the radial and the carotid pulse. Recently the electrocardiograph has almost completely supplanted it and the Polygraph is kept and shown almost only as a museum piece of the past.

It consists of a completely concealed clockwork which drives the recording paper at a constant but easily variable speed. The recording paper is in rolls, which, together with the variable speed, enables one to take records up to $1-1\frac{1}{2}$ hours long. If a roll is finished, a second (or third, etc.) roll can be inserted easily in a few seconds without disturbing the experiment. Three Marey tambours are firmly attached by screws to the apparatus, each having a recording pen that writes tangentially. The pens have a vertical holder to which they are attached by a joint, thus securing a continuous contact with the paper even at maximum amplitudes.

An independent clockwork drives a fourth pen which marks every fifth of a second. The speed can be varied continuously so that the length of one second varies from 3-4 mm. up to approximately 30-35 mm. The speed can be changed while recording.

The Polygraph has quite invaluable qualities for this kind of work. (a) It is a little, handy and compact instrument; sturdy, with nothing sensitive in or on it. (b) No preliminary preparations are needed and there is no after-processing. The two clockworks are wound up, some ink put into the pens and the Polygraph is ready for use. As soon as the ink has dried—i.e. in 2-3 minutes—the records can be rolled up and put away. (c) Recording can be continued as long as necessary; there is no limitation imposed by the length of the paper. (d) The velocity of the paper can be varied easily, even while recording, thus enabling the experimenter to study certain features, certain processes in a magnified form.

F. RESULTS

1. *The Survey*

With the method described in Section E, I recorded 200 feedings of 100 babies. Of the 100 infants, 53 were boys and 47 girls.

The babies under a fortnight old, with the exception of one, were all so-called normal babies in St. Mary's. The greatest number of records, 103, viz. $54\frac{1}{2}$ per cent, fall between two and four months, and all of them except one were ill or convalescent babies in the Duchess of York Hospital. Twenty-six premature babies were recorded, six of them in their first week of life. These were included as it was hoped that they would show quite primitive forms of behaviour and thus give a good control group.

The distribution of the babies in the different age groups is fairly even up to four months. This was the proper field of the survey; the higher age groups were included to see whether any new phenomenon appeared later. It is a pity that the age groups of $\frac{3}{4}$, 1 and $1\frac{1}{2}$ months are represented by slightly fewer infants than the remaining groups. Around one month is the time when the subcortical centres get gradually under the domination of the developing cortex. This problem will be discussed later.

As mentioned above, of the 100 infants 53 were boys and 47 girls. The proportion is 112-113 boys to 100 girls, which is not far from the average English proportion of 106-107 boys to 100 girls. The distribution of boys and girls according to the different groups of illnesses is equal.

2. *The Record*

The record obtained consists of two continuous curves. The upper curve records fifths of a second. The distance between two following peaks naturally varies according to the speed used in the experiment. The lower curve registers the changes of pressure. Throughout the whole survey, increase of pressure was recorded by upward beats, decrease by downward beats. In order to economise with the valuable recording paper difficult to obtain in wartime, almost always two infants were recorded simultaneously. Most records consist, therefore, of three curves: the time curve and two sucking curves, which, however, have no influence whatever on each other.

At first sight the curve of the pressure changes in the bottle shows a puzzling and embarrassing richness of details.

Each sucking period in general consists of two parts: (a)

a pressure or positive wave caused by nipping the teat between the gums and by 'milking' it by the tongue; (b) a sucking or negative wave following the positive wave immediately, caused not by inspiration but by the mouth muscles. Occasionally the negative wave is very small, and the same may be the case with the positive wave.

The *single beats* show a great variety of forms: they may be smooth or show superimposed higher frequencies; their ends may be rounded, peaked, indented or shaped like a plateau; the amplitude may be large or small; the beat itself may be symmetrical, mainly positive or mainly negative. The duration of the beat may vary. Subsequent beats may be identical, similar or different, or may rhythmically change their amplitudes.

The grouping of the beats also shows a great variety. Beats may follow each other continuously with hardly any pause; or there may be long groups with interspersed short pauses; or regular alternation of groups and pauses, either the groups or the pauses being longer; or there may be no regularity, pauses and groups following each other without any discernible configuration; and lastly there may be long pauses with a few or even only single beats.

The initial configurations may remain constant during the whole feeding or may change several times.

The length of the pauses may remain fairly constant, may increase in the second half of the feeding period or may decrease. Other records start with constant sucking, which is followed by one or a few long pauses, after which constant sucking follows till the end. Some records show a regular alternation of sucking and pause, in others there is no regularity.

3. *Statistical Methods*

After determining the frequencies on each record, all the data of the observation—as serial number of the infant, age, sex, nature of illness, state of health, etc.—were transferred to a Copeland Chatterson Paramount card. The type used in the present survey had 131 punched holes, of which 128 could be used for recording. An entry is marked on the card by slotting out the corresponding hole with a pair of ordinary ticket nippers.

Of these 'one' record cards the 'composite' cards were compiled by summing up all the records of the same infant.

To find, for example, all infants showing quivering frequencies of 50–70, a needle is inserted into the corresponding hole and the whole stack of cards lifted. The required cards drop out and, if necessary, can be further analysed. The method is simple and quick. A further advantage is that it is self-correcting, for any misplaced card shows itself up by interrupting the channel caused by the slotted holes.

Using this method, it was not too laborious to analyse the material thoroughly, under a number of headings.

As the purpose of this investigation was only to examine whether there are objective individual differences of behaviour in early infancy, it was thought unnecessary to undertake the very laborious task of calculating exact correlation indices. A further reason for this intentional omission is the peculiar nature of the data. Some of them are quantitative numerical data like the distribution of the frequencies N_1 , N_2 , R and Q , but even with them, because of the overlapping groups, the mathematical analysis would be complicated. All the other data are either 'yes' or 'no' features or arbitrary ranks. Without a thorough mathematical analysis of the regression between each pair of variables, one is not justified in assuming linearity. In case of non-linear regression the use of the simple methods for calculating the correlation index is often misleading.¹

G. SUMMARY AND CONCLUSIONS

The aim of this investigation was to examine whether indisputable objective data could be obtained about individual differences of behaviour in early infancy. Sucking of bottle-fed infants was chosen as the most promising field of research and a method was devised to record objective traits of the sucking behaviour. Throughout this investigation, only data actually recorded were considered, no subjective description being allowed to influence the findings.

It was found that the sucking behaviour of infants is considerably more complex, but at the same time more constant

¹ Chambers, E. G.: *Statistical Calculations for Beginners*, Cambridge, 1940.

in its details, than described hitherto. Although several previously unknown phenomena were discovered during the work, the most important result is perhaps that certain traits of the sucking behaviour manifest a remarkable constancy. All these constant traits are of the nature of rhythms. Each infant seems to possess his individual rhythm (or rhythms) and keeps up its frequency even under widely varying conditions.

Sucking is a repetitive action. Apart from very few exceptions, the repetitions are rhythmical. The lowest—and most frequently used—rhythm is the *basic frequency* (N_1). Some infants do not use any other frequency, and even with those who do at least about 80 per cent of the sucking is performed in the basic rhythm. Its range in the whole material is 8–20 (rarely 6–25) per 10 seconds. A number of infants keep a very strict rhythm, not varying by more than 1–2 beats per 10 seconds during the whole feeding. Most of the infants (except $6\frac{1}{2}$ per cent) kept their basic frequencies constant within 4–5 beats per 10 seconds even in successive records.

The next higher rhythm—described here for the first time—is the *restart frequency* (R) and the *second frequency* (N_2). After a pause some infants start sucking with a higher rhythm which gradually slows down—in 1–4 seconds—to the basic frequency. This was called the restart phenomenon. In certain infants this higher frequency shows a tendency to persevere, especially if the infant is annoyed or not quite at ease; this rhythm of sucking was called the second frequency. Very exceptionally (two, perhaps three, of my 200 records) one infant may use only this N_2 during the whole feeding, but usually the proportion between sucking in N_2 and sucking in N_1 is less than 1:5. About 25 per cent use only N_1 and 75 per cent, in addition to N_1 , either R or N_2 or both. The range for N_2 is 15–30 (rarely up to 40) per 10 seconds, for R 13–35 (rarely up to 50) per 10 seconds. Both the N_2 and the R frequencies were kept constant by the infants in a similar way to the basic frequency.

The most interesting discovery of this research is a very fast rhythm of smaller amplitudes than that of sucking. It may occur when the infant is pausing or it may be superimposed on the sucking movements proper. Its range is 40–100 (perhaps up to 190) per 10 seconds. It has nothing to do with the intake

of food. I called it quivering (Q) because it is produced by a clonus of the tongue. About 50 per cent of the infants show it; it is more frequent in girls than in boys. But whether boy or girl, the infant keeps the frequency of its quivering constant.

These four rhythms— N_1 , N_2 , R and Q—hardly varied in the same infant under routine hospital conditions. There is also an unmistakable tendency in the infants to keep a number of other features of their sucking behaviour constant; the influence of various external factors, however, was great enough to change them considerably. Several such not quite constant features were investigated: the time needed for the whole feed, the shape of the individual sucking curve, the amplitude, the length and the sum total of pauses, the sucking pattern built up of groups of sucking movements and of pauses.

Some of these features, such as the sucking patterns and the shape of the sucking curve, were fairly constant, while others, like the amplitude, the time, the length of pauses, etc., were found to be most variable, i.e. easily influenced by external factors.

A capriciously varying response to an external stimulus is just as much part of 'individual behaviour' as a fairly constant feature. A full description of individual behaviour must take account of both kinds of responses. As a first approach, however, it is advisable to use only the 'constant' features for the description. If the frequencies N_1 , N_2 , R, and Q are used as criteria, the following types emerge from my material:

1. *'Normal' infants*: Low basic frequency up to 14, low restart frequency not higher than 20, hardly any N_2 . No discrepancy either in N_1 or in R- N_2 .

2. *Infants suffering from 'various' disorders*: Hardly any difference from Type 1, perhaps both N_1 and R slightly higher.

3. *Infants suffering from 'respiratory' disorders*: Middle-high basic frequency about 10-18, middle high N_2 and R up to 25, tendency to be discrepant in N_1 , tendency to have both N_2 and R frequencies in addition to N_1 (especially in infants suffering from both respiratory and intestinal disorders).

4. *Infants suffering from 'intestinal' disorders*: Basic frequency up to 25, middle to high N_2 and R up to 40 (even higher), tendency to be discrepant in N_2 and Q frequencies, tendency to have both N_2 and R frequencies in addition to N_1 . Often

irregular patterns of sucking. Tendency to inconsistent behaviour.

5. *Irritable infants*: High N_1 frequency 15–25, middle high N_2 or R, no discrepancy in N_1 or $N_2(R)$. Tendency to irregular patterns of sucking.

In all these five types, boys and girls behaved in the same way. During the whole investigation only two traits were discovered on which sex had any influence. One was that four of the five infants with inconsistent behaviour, i.e. those whose rhythms were not quite constant in successive records, were boys. The other trait was that girls quivered more frequently than boys.

Returning to the five types described above, it is important to bear in mind that the correlation between sucking behaviour and nature of illness is not absolute, and although often reciprocal, it is by no means always so. For instance, all 'irritable' infants have high basic frequency, but many infants with high basic frequency are not 'irritable'; on the other hand, an example of reciprocal correlation is that about 50 per cent of the young 'normal' infants have a basic frequency lower than 12, and at the same time about 70 per cent of all the infants having a basic frequency lower than 12 belong to the 'normal' group.

Such not really strict correlation had to be expected for three reasons. Firstly, no attempt at an exact diagnosis was made; e.g. all sorts of intestinal disorders, if they were accompanied by diarrhoea and/or vomiting, were taken together, and in the same way all illnesses of the respiratory tract were grouped together. It is certain that in a number of cases the actual illness is only a symptom of a constitutional weakness; in other cases, however, it is the result of a serious mismanagement or of a massive infection. One can expect only in the case in which the main factor is the constitution that the infant will behave true to type. Secondly, any constitutional peculiarity is likely to be of a quantitative nature, some infants exhibiting the specific symptoms to a greater degree than others. And, thirdly, some of the 'normal' babies, though belonging to one of the 'disorder' groups by their constitution, might not yet have time to develop their illnesses. If we add to all this a few

unavoidably faulty diagnoses, we can say that the correlations found in this survey are significant.

It argues well for the validity of the findings that irregular behaviour and complicated patterns of sucking were found to be associated with intestinal and respiratory diseases. (It must be stressed here that the sucking behaviour did not change at all during recovery or even after a complete cure.) After all, the mouth is the gate to the intestines and sucking the first step of digestion. Where we find a tendency to digestive disorders, we may expect an irregular sucking behaviour. Phylogenetically, the respiratory tract is a side channel of the digestive system; it cannot be a surprise that respiratory illnesses behave in certain respects in the same way as intestinal ones.

Only bottle-fed infants were recorded. Moreover, all of them were hospital inmates, the majority because of some illness, the rest (about 10 per cent) consisting of babies recorded in the first fortnight of their life in a maternity ward. This is far from being a representative sample. Because of the selection, this material contains more extreme cases than the average population. Consequently, a normal population of infants would be more uniform, showing more simple forms and more constant behaviour than my highly selected material.

The fact that the material included so many extreme cases increases its value for the examination whether certain traits of behaviour were truly constant. On the other hand, its nature made it impossible to find the solution for certain other problems. One important question that had to be left unanswered is that of maturation. As no baby could be observed continuously from birth till the end of the second (or third) month, I cannot say whether the observed shift to higher frequencies at about 4-6 weeks of age is due to maturation or to selective sampling. The second question is very closely related to the first one. Certain illnesses were found to be associated with certain forms of behaviour. The question is whether the particular form of behaviour is an inherent part of the constitution, present at a very early age, and the illness representing merely a pronounced but not essential feature of the constitution which with proper care and some good luck could be avoided, or, on the other hand, does the actual illness

cause such a deep disturbance that the sucking behaviour cannot return to its original simple form for some time or even for life. This is a highly important problem, but could be answered only if a large number of infants were recorded from birth till at least three months of age.¹

The quivering stands quite apart from the other rhythms. Although it is just as constant as any of the others, no correlation could be discovered between the quivering and age, nature of illness, state of health, high or low sucking frequencies, regular or irregular behaviour, etc. It seems to be an independent archaic feature, which is either present or absent in the individual. The first idea of a psycho-analyst is that it is self-indulgence, a kind of auto-erotic play, a sign of strong oral eroticism. One of the theories of psycho-analysis is that one of the main innate differences between man and man is the different strength of the individual component instincts. If it could be demonstrated that quivering is a sign of a strong oral eroticism, it would be the first instance where the strength of an instinct could be associated with a measurable objective phenomenon. An attempt was made at following up infants recorded in 1942 with a view to examining which of them had developed strong oral symptoms or character traits. Unfortunately, of the 28 infants only 11 could be traced, a number too small to allow of any safe conclusions.

The main result of this investigation is that the most constant feature of early sucking behaviour is the infant's characteristic rhythm (or rhythms). Although there is general agreement amongst psychologists, anthropologists, musicians, art-historians, physiologists, etc., that rhythm is one of the most archaic qualities of human life, hardly anything has been written on differences in individual rhythm. An example of this kind of approach is the often quoted book by Karl Büchner,² which first showed that all work demands a certain rhythm and in fact is done in rhythm, irrespective of whether it requires

¹ Breast-fed infants could be recorded too. I do not think it would cause much disturbance if once a week the infant were given a bottle instead of the breast. In this way it would not be too difficult to obtain successive records of a number of infants, e.g. in a child-welfare clinic.

² Büchner, K. : *Arbeit und Rhythmus*, Leipzig, 1924.

one or several workers. Using T.H. Pear's¹ words: 'Rhythm in industry may prove to be as important as in music.' Anthropologists and industrial psychologists followed up this idea and a good deal of work has been done to find out what is the rhythm demanded by the particular job and how can the worker adjust himself to the particular rhythm. Although individual differences were soon discovered, the main interest remained in the study of external conditions.

Experimental psychology² showed a similar attitude. It has been known from early on that mental phenomena tend to be rhythmical. Even nonsense stimuli, of equal strength and equally spaced, are perceived and remembered in rhythmical order (e.g. metronome beats, nonsense syllables in a memory test, etc.). It has been found that it is extremely difficult to counteract this tendency in spite of the most elaborate precautions. As far as I could ascertain from the literature, the nature of this superimposed rhythm, and whether it is individually different, has not been examined. Experimental psychologists, like the anthropologists or the industrial psychologists, have turned their interest towards the external stimuli and investigated which qualities favour and which hinder the perception and the remembering of the external stimuli in any rhythmical order.

Allport, who, with Vernon, made one of the most valuable contributions³ to the problem of personal rhythm, says: 'Time and again, in every sphere . . . the problem of rhythm recurs. It is a poorly defined subject.' It is hoped that this investigation will be a contribution to the study of personal rhythms. Sucking, especially sucking from a bottle, is a set task, a work demanding a particular rhythm. Although the response of the infant is not independent of the external circumstances, from the set task, still the response is made only in certain well-defined, individual rhythms from the earliest days of life on.

Psychological examination, as well as therapeutic analysis, show that individual character traits are the effect of various

¹ Pear, T. H.: *Fitness for Work*, London, 1928.

² Myers, C. S.: *A Textbook of Experimental Psychology*. 2 vols., Cambridge, 1923.

³ Allport, G. W., and Vernon, P. E.: *Studies in Expressive Movements*, New York, 1933.

influences from birth onwards. Every successful psychotherapy is a convincing proof that external factors can, more or less deeply, modify the individual character. Nevertheless, it is generally acknowledged that there are deeply rooted, innate, constitutional differences between different individuals. It is hoped that the findings of this investigation will contribute to a clearer definition of these innate differences.

It is not within the sphere of the present paper to show how the different individual rhythms have come to be adopted. The importance of the findings is that individual differences in sucking behaviour can be demonstrated in the very first days of life, and that these differences are maintained and may form a basis of character traits.

It would be interesting to follow up the different sucking types in later life with a view to studying their character development. One may speculate whether infants with irregular sucking patterns will develop into irritable types with temper tantrums, or children with one frequency only will be straightforward, simple-minded adults, or those who quiver markedly will show one of the many derivatives of oral eroticism such as heavy smoking, drinking, incessant talking, a sweet tooth or insatiable appetite, greed, or, alternatively, any of the reaction formations, e.g. being a teetotaler, etc. We know too little yet, but it is possible that the study of sucking behaviour may prove to be a promising field in which to start such investigations.¹

¹ My thanks are due to Professor Pear for his generous help, encouragement and patience; to Mr. James and Dr. Schlápp for their sound, sceptical, but always friendly advice; to Dr. Jánossy, without whose ever-ready help this research would have certainly stranded on more than one of the many mechanical difficulties; and last, though not least, to the nurses of both hospitals who tolerated with good humour and forbearance my intrusion into their well-settled and often severely overcrowded routine.

Part Two

CLINICAL PROBLEMS

VIII

CONTRIBUTIONS TO REALITY TESTING¹

(1942)

I. REALITY TESTING IN A CASE OF SCHIZOPHRENIC HALLUCINATIONS

FOR years I had under analysis a woman patient suffering from schizophrenia. I have two reasons for describing the analytical solution of one of her hallucinatory periods. The first is that this solution was, so to speak, the turning-point of the treatment; the other that it brought to light interesting clinical material relating to the problem of reality testing.

At the time of the events described in this paper, my patient was about 45 years old, married, the mother of two daughters. She had been under treatment for about $3\frac{1}{4}$ years, including, however, several rather long interruptions. Her principal symptoms were: (a) she was very reserved, cautious and shy; (b) at times her shyness increased to such a pitch of anxiety that she could hardly move; then almost everything in the world, every object, every event, even the most innocent happening, might release a very severe attack of anxiety; (c) from time to time she had periods of hallucinations which were always auditory; such periods were always preceded by a time of increasing anxiety, the hallucinations appearing at the climax. The periodicity was quite obvious; in her good periods she gave the impression of being an almost normal woman, maybe a little too shy, while in her bad periods she was very fidgety, painfully restless, her hands fumbling about perpetually without a moment's pause; or she sat absolutely motionless, obviously deeply absorbed in the expectation of an alarming hallucination, and when it came she jumped up panic-stricken, her whole body trembling with anxiety.²

¹ First appeared in *The British Journal of Medical Psychology* (1942), 19, 2.

² For many years she had had acne rosacea, which had always readily responded to endocrine treatment (small doses of follicular hormone per os). Though in her bad periods the acne also got worse,

Unfortunately, my report has to remain incomplete on one point, because an important part of her interesting word associations was centred around her family name which, naturally, must not be mentioned. Therefore, and for the sake of brevity, I will describe the analytical work of a few days only, and will add the rest of the case history as an epicrisis.

In January 1937 my patient (let us call her Mrs. A.) returned from her Christmas holiday in a bad condition. She told me that her husband had not slept well for a night or two; she had felt rather anxious about him; then she also began not to sleep well; and as she had forgotten to take her prescribed hypnotic (Evipan) for the journey with her, she had no help. She always found it almost impossible to buy medicine from an unknown chemist. Thus she urged her husband to return to Budapest earlier than planned in order to ask help from her analyst. It was the first time in our work that she spoke to her husband about her need of analytical help; until then she made any excuse rather than disclose that she did not feel well.

For the first two sessions she was able to come to my consulting-rooms. These sessions were filled with the usual struggle within herself: should she tell me at all what she felt, and, if so, to what extent? Only under enormous strain was she able to disclose to me—rather by her behaviour than by her words—that the anxiety had overcome her again, and that she again heard the voices (her name for the hallucinations). After both sessions she was apparently quieter, and was able to go home unaccompanied.

As her husband had to leave for a business tour, Mrs. A.'s anxiety became worse, and she asked me to go to her house for the third session. On this occasion she told me more about the 'voices', which had naturally been mentioned many times before. Now they sounded like, 'O God', 'Help', 'Water', etc., and seemed to be uttered by a man; they seemed to be full of pain, as if that man were being cruelly tormented. Further, I learned from her on this occasion that she was not only panic-

there was apparently no direct connection between her mental state and her skin disease; the parallel seemed to be due to the fact that, when feeling better, she took her medicine as prescribed, while in her bad mental condition she was unable to care for herself.

stricken, but also greatly distressed by the uncertainty as to what she should do when hearing the voices. Was she to take them seriously or not? For, if anybody should get to know that she heard them, she would be expected, in fact obliged, to go and look for this poor tormented man and try to help him. In this case, however, she would reveal to the whole world that she sympathised with him, and then his persecutors would certainly molest her as well, and thus she might involve herself and consequently her whole family in trouble. On the other hand, if she did not move, did not try to do anything at all to free this poor man from his tormentors, moreover, if she took her medicine and tried to sleep, she showed that she did not care a bit for him and that it was quite immaterial to her whether he were suffering or not.

The uncertainty arising from this dilemma was extremely exhausting, and she could hardly bear it any longer; she was in a continuously increasing panic, deeply confused in her mental activities. Moreover, she felt now, though she was not quite certain about it, that this man was her husband; it was he who might be calling for help again and again, and this apprehension increased her anxiety to an almost unbearable intensity.

At the beginning of the fourth session (again in the patient's house) she told me that on the previous night she had not taken her hypnotic and consequently had had hardly any sleep. I connected this with the fact that she had forgotten to take the tube of Evipan on her journey, and tried to show her that both occasions of negligence might be the effects of some self-punishing tendency, venturing the interpretation that perhaps the hallucinated voices might be partly determined by the same tendency. As a sign that she accepted my interpretation she repeated material which had been worked through several times: e.g. she was a bad mother, a bad housekeeper, a bad wife, and consequently well merited severe punishment. At the end of the session she was a little freer, and got out of bed to see me out. (During the worst part of an anxiety period she usually stayed in bed.) Whilst showing me out, she happened to pass the window of her room, and in the next moment she was in the opposite corner, squatting

down, trembling with fear. In answer to my repeated questions she almost incoherently uttered some words in a state of very intense fear, informing me that there, on the road, her husband was walking. (We knew, of course, that he was, in fact, in a distant provincial town, where his firm is established.) When I tried to go to the window to have a look at the man, she tried to hold me back; no, I really must not go there, I would be noticed, better not to involve myself in this dreadful mess. It cost us both a great effort, until I could persuade her to come with me to the window; trembling, half turned away, she then showed me the road, a good half-mile from us, and a man quietly walking there; it was absolutely impossible to recognise his identity, as the distance was so great. I pointed out that the fear was really within herself, the external, indifferent events and objects were, so to speak, pegs on which to hang her fear; probably the voices came from inside, too, in a similar way, only she mixed them with the neutral external sounds and noises.

In the next session (the fifth after her return) I learnt that she felt much better after the last session; she had been out of bed for the rest of the day, which showed that the anxiety was considerably diminished; she could also laugh and joke with her daughters. The next morning she felt worse again. We continued the analysis of the voices, which, as she had always felt, were uttered by some near male relative of hers, but now she became quite certain that it was her husband whom she heard crying for help. Naturally I asked her why she was so sure that it was he, and why just now. After some hesitation she was able to tell me: this was bound to happen because of the Christmas presents.

It was an old story, worked through many times: it was an almost impossible task for her to give presents. Each present had to comply with innumerable conditions; either she had to give a good many things, each significant in its way, or one only, which was then a product of magnificent condensation. During the process of condensation the present slowly lost all its connections with the person for whom it was intended, and the final form expressed almost solely her thoughts, wishes and apprehensions. So it happened with this year's Christmas

presents too, especially with that for her husband, which was a pair of cuff-links. Her husband had lost his; at least so he told her once, which meant that he wanted her to buy a new pair. But as Mrs. A. had never earned money, as a matter of fact had never owned any money of her own at all, she thought that it would be inappropriate to buy expensive links for her husband with his money. Besides, he had a set of links for formal occasions. So she decided to buy simple ones for everyday use. In this way, in the course of several weeks, she finally succeeded in buying such cheap links that it was quite impossible for anybody to be pleased with them. In the meantime her husband had bought a pair for himself, and unfortunately got another pair from someone else for Christmas. It was a great, a tragic disappointment for my patient.

I naturally asked whether there were any other disappointments. After great resistance and after long hesitation, she told me that on that evening when her husband began not to sleep well, he would have liked to remain with her. She, however, refused him, though she noticed that he greatly resented it.

Now we could sum up: the voices came indeed from within; they represented, as it were, the voice of conscience. They said: 'Look, you are treating your husband cruelly, you do not care whether he is suffering or not, whether he cries for help; your simple withdrawal is really no remedy for his grievance, you have to do something to stop his pains.' Her anxiety, viewed from this aspect, was the punishment for her unkind behaviour, and her uncertainty concerning the external world was the expression of her mental state, a fine example of Silberer's autosymbolism. Her uncertainty about what to do when hearing the voices now became intelligible to herself too. If she remained passive it would mean that she had refused her husband again; if she went to look for the suffering man it would mean that she was willing to yield to his wishes.

At last, after so many years—as a sign of her understanding my interpretations—she disclosed some traits of their sexual life. She felt that her husband's sexual tempo was a little too quick; she wished he were slower, quieter and much more tender. During the ensuing long discourse she mentioned that

she had read Van der Velde's book. She pronounced the first 'V' as written; when referring to this book I happened to pronounce it correctly as 'F'. She acknowledged it at once. 'Yes, the Dutch pronounce it that way.' At this moment, naturally, I had no idea what a lot of associations I had set in motion by my unintentional correct pronunciation.

In the afternoon I received a warning: Mrs. A. asked me to come for a second session (the sixth since her return), although she said she was feeling much better. To ask any favour was as difficult for her as to give a present; but to ask me to come without giving any reason meant something very important. Naturally I arranged to go; she told me that she had taken her hypnotic and had had a very quiet time (which meant that the mental conflict had become less acute); but was it really right to do so? Was she allowed to have this comfort? We were just about to go through the whole material again when her younger daughter, arriving home from school, ran into the room. I knew already that I must not ask the girl to leave us alone, as it would be too obvious; it would mean admitting openly that Mrs. A. was ill, and needed my help. I saw also that she was much quieter and thought that the tempo of the last session had been a little too fast anyhow; some rest would perhaps do no harm. After telling us the usual school news, the girl left us without being asked to do so. Mrs. A. then thanked me very warmly for understanding her unspoken wish.

Next day, though it was a Sunday, she again asked me to come and see her (usually we did not work on Sundays). She had taken the Evipan early in the evening upon a full stomach, and so, of course, it had no effect at all; then, late at night, as she could not sleep, she took Somben (a long-acting derivative of the barbituric group), and consequently was still dizzy in the morning. She knew perfectly well what were the properties of the medicines entrusted to her hands, and usually manipulated them reliably; therefore such small mistakes had always been a sign that some new material was on the way. After the usual long hesitation she reported that yesterday in the bathroom she felt very ill; she heard the voices again—they came from the cellar. Again she was quite uncertain: should she go? should she not go? I asked her for associations to 'bathroom'. After

surmounting a severe resistance, she said: 'Bathroom, heating, wood', and added that I (the analyst) had pointed to these connections yesterday morning, when mentioning that man of the three names. This was quite abstruse to me; but Mrs. A. stubbornly refused any further explanation, apparently under the pressure of an increasing anxiety. Only after long comforting and encouraging was she able to tell me that she meant Van der Velde, and it was I who, by correcting her pronunciation, brought her to link that name with 'wood' (in Hungarian 'wood' is 'fa'; moreover, the other two associated words begin with 'f' as well; 'bathroom' = 'fürdőszoba' and 'heating' = 'fűtés'). After having told this, Mrs. A. felt much relieved; she recounted that in their country house a manservant had been working for years, who in winter attended to the central heating and in summer worked as the gardener; this man resembled her husband, and she had had feelings of severe remorse for a long time because she had noticed this resemblance, and perhaps she happened to think of this servant in a somewhat similar way to that in which she thought of her husband. All this happened years ago when her husband was officially called to Russia for several months. In Hungarian the name of the man who attends to the central heating—boilerman—is a derivative of the verb 'fűt' = to heat, and of course begins with 'f'. So the three associations—'bathroom', 'heating', 'wood'—each beginning in Hungarian with 'f', stood in fact for 'boilerman'. The session was nearing its end; I could only briefly point out that the voices seemed to be really the voice of conscience, as she heard them in a place which in her associations was closely connected with that gardener-boilerman, i.e. with somebody at whom, so to speak, she had cast her eye.

Next morning (the eighth session since her return) she reported some trouble again. She woke up early in the morning, and instead of Evipan she took Somben. She knew she should not do so, only she did not know it for certain. I asked, then, whether it was not the same thing with the voices. Was it not so, that she knew that they might not be proper voices and still did not know it for certain? After a very long discussion we found that to her there were two different sorts of sounds: (a)

sounds which did not make her uncertain, confused and vacillating; she knew exactly what she was to do or to leave undone when hearing them; (b) other sounds, the 'voices', which caused her anxiety, and frightened and confused her. We agreed to call class (a) real sounds, class (b) 'heard into' sounds, or voices. The expression 'heard into' was Mrs. A.'s invention. She explained to me that there always was a sound of class (a), though sometimes very faint, when she was hearing the voices, and that she heard the voices as ringing through the 'real' sounds; maybe she was actively hearing the voices into the real sound. (I am afraid the English verb 'to hear' cannot be used in this sense, though the German or Hungarian equivalents, 'hineinhören' and 'belehallani', can be. A possible translation is 'to read into', but perhaps 'to superimpose' comes nearest to this idea; it has, however, the disadvantage of being too general, i.e. of not being limited to the auditive sphere only.)

Mrs. A. was very happy after this clarification, and in the next session—the ninth—she was willing to disclose to me something which she had withheld for several days. Something important was still missing from one name of the man with the three names; in full it should not be 'van' (pronounced 'fan')—the first part of the name Van der Velde—but 'fánk'—a Hungarian word for 'doughnut'. On New Year's Eve she was at a big party; as she was the most distinguished lady present, she had to distribute the doughnuts, traditional in Hungary on that occasion. On the previous New Year's Eve she had been at a big dance party, with almost the same people as this year, and—so she told me with great horror—the husband of a manageress died in the following year. As one of the titles of her husband is manager, according to Hungarian custom she is a manageress (a 'Frau Direktor') as well. Thus 'van der Velde' = 'fánk' (doughnut) = New Year's Eve = the husband of the manageress will die = her own husband is in danger through her, the manageress. I had corrected her pronunciation to call attention to all these connections, and to warn her of this imminent danger. Van der Velde's book deals with the ideal sexual life in marriage, whence the association leads through 'fa' (wood), boilerman, her thoughts about

the boilerman, to her refusal of her husband's approach, i.e. to throwing him into distress by her sexual coldness.

She accepted these interpretations willingly and added that she had had one more warning. The previous night her husband rang her up; it was a trunk call; and he asked that if a certain letter addressed to him should arrive, she would open it, ring him up, and read it to him through the telephone. Now telephones, and especially trunk calls, are another focus of her schizophrenic associations; voices are conveyed by a wire, and it is impossible to see, and consequently impossible to know, who is speaking from the other end; and in addition one cannot know whether somebody else, possibly a hostile person, may not be listening in as well, etc. Her anxiety, however, was much greater now than usual with a telephone call; she was painfully uncertain; would it be right to do exactly as she was told, or should she rather try to find out the real significance of this message and act accordingly? Again I did not understand her and tried to make her disclose further details, but without any success. Finally, I happened to ask her how she was to recognise the letter; after surmounting an attack of anxiety she told me that it was to come from Italy. Now I was able to understand: it was the same real-unreal situation as with the voices. Her husband had frequent correspondence with Italy, both through his business and through his private relations; letters were directed sometimes to his private address in Budapest, sometimes to his business address in the country; and as there was often need for prompt measures, someone had to open the letters; in Budapest nobody but my patient could be entrusted with reading such confidential correspondence—that was the real side. The other side had a long history. When her husband was sent to Russia, they agreed that in case something went wrong she should immediately ask the Italian Legation for intervention (at that time Hungary had no diplomatic relations with Russia). But how should he inform her that he needed help? It was my patient who invented the scheme: in such case only open letters or postcards should be sent; of course not in Hungarian, this would be too conspicuous, but in German; the key-word should be 'italienisch', the first two syllables of which, 'ital', are a Hungarian

word, which means 'drink'; translated into German this is 'Getränk'; consequently, if her husband should write anything in German about 'Getränk', she was to get in touch with the Italian Legation immediately.

Now 'doughnut' is food, in Hungarian 'étel'; and in Hungarian 'étel-ital', literally 'food and drink', is a much-used standard phrase like the English 'meat and drink', or the German 'Speis und Trank'. Consequently, my correction of her pronunciation meant to her that I wanted to remind her by the associations: Van der Velde—'fánk' (doughnut)—'étel-ital' (food and drink)—'Getränk', i.e. by giving the agreed key-word, that her husband was in imminent danger. This was then corroborated by her husband's trunk call: by his asking her to open a letter coming from Italy, i.e. by using the same key-word. The true meaning of this message was, therefore: I am in danger, I give the arranged sign, now it is up to you to rescue me. The danger is sexual dissatisfaction, caused by her refusal, which leads to 'fa' (wood), 'fütés' (heating), and to her thoughts of that gardener-boilerman. The poor, suffering man is indeed her husband; the voices, however, which she 'hears into', 'superimposes on', the real sounds, do not come from outside, they are indeed the expression of her remorse.

Here I have to stop. But in doing so I want to stress the fact that all the reported material was obtained in nine sessions of an analysis of more than a thousand sessions. Our work naturally went on: the subsequent material, however, was centred around her family name and so I cannot report it. I have also deliberately omitted the analysis of the transference situation. My aim has been, as stated in the beginning of the paper, to present some clinical material to reality testing. Thus I want to add a short epicrisis only. After the clarification described above we got on very quickly; soon the voices ceased; in their place, however, Mrs. A. developed a strongly aggressive attitude, alternating with sulkiness; she became almost unbearable at times, there was quarrel after quarrel; the most minute failure to meet any of her wishes was sufficient to raise a great storm. We were able to resolve this state of mind by tracing it back to her ill-will and malice. Then a very good

period followed which lasted till the end of the summer. In the autumn there was a short period of hallucination, which, however, could easily be mastered, using the previously described discrimination between the two classes of sounds; and after that she was practically free from hallucinations. My leaving Hungary two years after the events reported here had, however, a bad effect on her; I heard indirectly that she had a relapse and was taken to a mental home, for shock therapy. At any rate, analysis had achieved enough to keep her out of a mental hospital for almost seven years.

As I do not want to raise the question whether schizophrenia is curable or not, let us see what we can learn from this case about reality testing.

2. A TENTATIVE THEORY OF REALITY TESTING

When discussing the difference in reality testing between neurotics and psychotics, most theoreticians of psycho-analysis have followed Freud's example¹ and have usually considered only two forms of psychosis: Meynert's amentia and the catatonic form of schizophrenia. My case does not belong to either of these forms, and so we ought to be prepared to find some new features. The usual statement is that the psychotic has severed his relation to the whole of reality, or to such part as has been affected by his illness.²

This statement does not hold true for our case. Even where the illness directly affects Mrs. A.'s relation to reality, we find no signs of severance, but on the contrary a strong hypercathexis; the morbid relations to reality—though very queer—are extremely strong. What, then, are the characteristic features of *her* relation to reality?

The most outstanding factor is the influence of anxiety, especially of anxious expectations. Since the outbreak of her illness, i.e. for many years, she had always been apprehensive that some indefinite, malevolent men might cause some harm to her and to her family; in her normal periods, however, she was able to control such ideas by *testing their reality*, i.e. by

¹ Freud, S.: 'Neurosis and psychosis' and 'The loss of reality in neurosis and psychosis', *Collected Papers* (1924), Vol. 2.

² e.g. Nunberg, H.: *Allg. Neurosenlehre* (Berne, 1932), p. 78.

ascertaining that, although she was afraid of such eventualities, her fears were not justified by her actual experience. In her hallucinatory periods, however, which were always preceded by a state of very severe anxiety, she was unable to do so. In this she was not unlike most of us; when expecting an air raid, the noise of a starting bus was often perceived as the warning siren; during an actual raid any loud bang was likely to be interpreted as an explosion. Moreover, we too may be inclined to 'hear into', or to 'superimpose on', normal noises the characteristic sounds of the expected event, and when perceiving or supposing we perceive them, we too may be stirred up, or become uncertain what to do next. People under the influence of terrible expectations often behave unaccountably, and are unable to come to correct decisions. We speak in such cases of an anxiety psychosis.

In such cases there is no sign of severance; on the contrary, we find the individual in very close relation to the external world, i.e. to reality, even watching it over-anxiously for the slightest sign of the expected event, and perceiving such signs, or believing he perceives them, where a detached observer would not even think of them. Thus, for the detached observer there are two sets of realities: one external, common to us all, and another internal, perceived only by the person or persons in question. For any such person, naturally, there is one reality only.

According to my experience this is the usual situation with hallucinating psychotics, whose actual life is always the result of such an integration of two, or even more, only objectively but not subjectively different realities. It is notable that the same is true of our dreams. As the awakening dreams convincingly show, we can experience such heterogeneous elements as the distorted gratifications of our instinctual desires and the perception of external stimuli as coherent pieces of one reality.

In all the above-quoted cases an internal sensation is perceived as if coming from without. It is worth mentioning that there are some more—almost physiological—states, when we feel the same uncertainty. So a buzzing or singing in the ear, a dazzling of the eye, may render us uncertain as to the origin

of these sensations. Everyday analytical practice shows that the same is often true for noises caused by a not too intense peristalsis of the intestines.

We must, however, be careful not to generalise too quickly from these observations, for in one important detail they are all identical: they all use projection as the main defensive mechanism. It has yet to be investigated what faults a person using chiefly introjection will be likely to make. Very probably the study of hypochondria, of melancholia, and of certain types of schizophrenia will show that the opposite fault is just as frequent, namely that a person perceives sensations which come from without as coming from within.

The common factor in all such situations is the disproportion between the strength of the ego and the actual emotional charge. Whenever this disproportion reaches a considerable degree, the reality testing may become faulty. Such disproportion can be caused (*a*) by the weakening of the ego, as through extreme hunger or thirst, physical exhaustion, drugs, sleep, etc.; (*b*) by strong emotions, such as anxiety, enthusiasm, love, hatred, carefree or wishful thinking, sorrow, worry, depression, exhilaration, etc.; and (*c*) by a strong hypercathexis of certain ideas, as in paranoia, or with strong moral, religious, scientific or political convictions, etc. Naturally such disproportion may be temporary or persistent.

Yet a normal adult has usually no difficulty in correctly determining the origin of his sensations. This function, however, cannot be a quite simple task. As we have seen, sensations may be attributed to the external or to the internal world, according to the prevailing conditions which induce us to try projection or introjection as the first method. This first attempt at, so to speak, filing the sensation, has to be revised and is either confirmed or corrected by some subsequent processes, as, for example, when hearing a starting bus, we wait a little and then decide—No, it was not a siren, though it sounded like one. Reality testing is the result of such consecutive processes.

I think that these processes follow each other, as it were, in steps. The first step is to decide whether the sensations are coming from *within* or from *without*. The second step is to infer from the sensations what it is that causes them. I shall call this

step the *object formation*. Very closely connected with it is the third step, to find the significance of the sensations. The problem to solve is: what does it mean to me that I perceive them? This step could be called the *interpretation* or *finding of the meaning*. The fourth step is then *to find the correct reaction* to the perceived sensations.

It is important to bear in mind that steps 1-3 are almost independent of reality, as they cannot be checked by direct experience. (This fact explains the parallel existence of different, even contradictory, religious, political and even scientific opinions.) The situation is entirely different with regard to step 4. If our reactions are wrong, we cannot avoid their consequences, which means that the expected gratification will not follow, we shall meet hostility instead of love and friendliness, the tension in our mind must remain unrelieved, etc.—as the case may be. Naturally only under primitive social conditions will the inference from the after-effects of our reactions be so simple and direct. The higher the cultural pattern in which we live, the more indirect, the more complicated, will such after-effects be; this certainly makes the task of checking our reactions much more difficult, but does not introduce any new principle.

The analytical work enabled Mrs. A. to become fully aware of a long-existing difference in her reactions. After certain auditory sensations it was quite easy to find the correct reaction, after others, very problematical; whatever she tried to do in the latter case, her anxiety, her confusion, increased. Once this basis of differentiation had been firmly established, she was able to stop her spontaneous reactions and both to revise and to correct the previous steps of reality testing, that of finding the meaning and that of object formation. That is, whenever she became uncertain, she paused in order to examine the auditory sensation more closely and was able to decide—No, that was not a cry for help and it did not come from her husband, although it sounded as if it did; consequently it must have belonged to class (*b*), it was a heard-into, a superimposed, sound. As mentioned already, when hearing a starting bus, we also would wait a little and then decide—No, that was not a siren, although it sounded very like it.

Apparently with Mrs. A. the clinical symptom 'hallucinations' was the result of two probably independent mental processes. The appearance of hallucinations was due to one of them. As my case history is incomplete, I cannot show all the interesting ramifications of this process; all I want to say is that as far as the analytical work had been able to proceed we did not find anything theoretically new. Hallucination was due to an unsuccessful attempt at solving a complicated mental conflict by projection. Our work reduced the strength of this process, but could not dissolve it. The other mental process was the breakdown of reality testing. Here analysis was able to help the patient by teaching her a method of differentiating by retrograde steps between the two sorts of genetically different, but subjectively identical, sounds.¹ It must remain an open question whether these two processes are quite independent or not. The fact is that as long as the uncertainty prevailed, the anxiety remained unchanged and hallucinations continued; on the other hand, successes in reality testing diminished not only the anxiety but also the frequency of hallucinations.

I want to draw attention to the fact that in this case analysis could not achieve more. Though the free periods became considerably longer, Mrs. A. still suffered from hallucinations from time to time, which means that from time to time step 1 of my scheme, the task of differentiating between external and internal stimulation, could not be solved automatically. Mrs. A. heard the 'voices' only spasmodically; but if she heard them, i.e. if she had a hallucinatory period, she perceived them like all other sounds, without the slightest hesitation or doubt as to their origin.

Unfortunately, the case material does not give any answer to why this perceptual identity of 'real' sounds and 'superimposed sounds' could not be changed. This is rather disappointing, as exact clinical observations would be crucially

¹ The characteristic name of 'heard into', 'superimposed', suggests some knowledge of the sounds being different *genetically*; a *phenomenological* difference, however, was always, and very emphatically, denied by Mrs. A. The other difference, namely that the 'voices' could never be heard alone, that there was always some 'real sound' too, did not help us any further in spite of my repeated attempts at using this fact as a starting-point.

important—among many others—for the theory of schizophrenia, for the theory of perception, for the study of projection and introjection, etc. With regard to schizophrenia, there are at least two possible answers: (a) Schizophrenia is an almost physical (anatomical) process, which often affects the central systems of perceptions, thereby causing hallucinations. As analysis cannot influence anatomical processes, hallucinations must needs follow whenever the pathological process progresses. (b) Schizophrenia is mainly a psychological process which attacks the integrating functions of the ego. As we have seen, whenever the emotional charge is higher than can be normally endured, the reality testing is likely to become faulty, especially with a pathologically weak ego. This assumption readily explains why both exacerbations and improvements of the patient's mental state went always strictly parallel with the actual intensity of her anxiety.

Returning to reality testing, I do not think that my description, consisting of the above-mentioned four steps, is complete. As I have said already, the study of pathological processes using chiefly introjection is especially likely to yield important material for completion. On the other hand, I think that even in its present form the scheme is fairly generally valid and can be useful as a working hypothesis. Some of its applications may be briefly mentioned here.

Freud¹ and Ferenczi² were mainly concerned with steps 3 and 4 of my scheme, i.e. the finding of the meaning of, and of the correct reactions to, our sensations; whereas Melanie Klein³ and E. Glover⁴ studied chiefly steps 2 and 1, i.e. the object formation and the use of projection or introjection (the finding of the origin). I think this difference of interests could

¹ Freud, S.: 'Formulations regarding the two principles. . . .', *Collected Papers* 4; 'The Loss of reality in neurosis and psychosis', *Collected Papers* 2.

² Ferenczi, S.: 'Stages in the development of the sense of reality' (1913) in *Contributions to Psycho-Analysis* (Boston, 1916). In German: *Int. Z. f. PsA* (1913), 1.

³ Klein, M.: 'The interpretation of symbol formation', *Int. J. Psycho-Anal.* (1930, 11; 'Mourning and its relation to manic-depressive states', *Int. J. Psycho-Anal.* (1940), 21.

⁴ Glover, E.: 'The relation of perversion formation to the development of reality sense', *Int. J. Psycho-Anal.* (1933), 14.

explain, at least partly, why it has been so difficult for these two directions of research to evaluate and use each other's results.

Like every scheme consisting of steps, my scheme, too, may serve as a basis of classification of mental disorders. With regard to every form of neurosis or psychosis we may enquire which steps of my scheme were not solved correctly and classify the illness accordingly. Thus, incorrect solution of step 4 (incorrect reactions) is characteristic of hysteria, obsessional and anxiety neurosis; that of step 3 (attribution of incorrect meaning) of phobia and paranoia; that of step 2 (faulty object formation) of melancholia; and of course that of step 1 of hallucinations. We cannot expect that the clinical picture will be quite so simple in every case. With some patients we certainly shall find that more than one step have been disturbed, some disturbances being more prominent, others less so.

I would emphasise that the numbering of the steps has nothing to do with their chronological appearance in the course of evolution. In fact, reactions to sensations are a very primitive phenomenon, whereas object formation, and especially one capable of emendation, is a comparatively late development, and still later is interpretation, i.e. regard and allowance for the object's intentions and desires.¹

Naturally, wherever object-relations are involved, the incessant watching of the after-effects of our reactions, of our behaviour, and the checking and emending of the mental processes leading to them are essential. As I intend to deal with this subject in another paper, I want here only to enumerate the most interesting problems concerned, above all, object love and sublimation; secondly, pathological processes like pseudologia, kleptomania, pyromania, etc.; then the often-discussed difference between the neurotic's and the psychotic's behaviour towards reality; and, last but not least, the dissolution of the transference situation and the therapeutic effect of interpretation.

One factor common to all these phenomena is the inherent

¹ Cf. Balint, Alice: 'Liebe zur Mutter und Mutterliebe', *Int. Z. f. PsA.* (1939), 24; in English: 'Love for the Mother and Mother Love', reprinted in my book: *Primary Love* (1952).

interconnection between the individual and his object, or, seen from a different angle, the unavoidable condition of securing the object's compliance or collaboration,¹ which cannot be achieved without effective reality testing. The other factor is the actual capacity for bearing strain of the ego.² But this leads us to the beginning of my next paper.³

¹ Balint, M.: 'Eros and Aphrodite', *Int. J. Psycho-Anal.* (1938), **19**. Reprinted in: *Primary Love* (1952).

² Balint, M.: 'Ego strength and ego pedagogy'. In German: *Int. Z. f. PsA.* (1939), **24**. English translation in: *Primary Love* (1952).

³ Note in 1956: Not yet finished

IX

A CONTRIBUTION ON FETISHISM¹

(1934)

IN his paper on 'Fetishism'² Freud has pointed out that the fetish usually signifies a penis-substitute. Here I should like to describe two further interpretations of the fetish that came to light in a case analysed by me, and which led me to suppose, after looking through the literature on the subject, that they play an essential part in nearly every case.

There are very many people for whom one or other quality of the love-object is of special significance in their love choice, sometimes representing even a *conditio sine qua non*. These people are certainly not quite free: that is, strictly speaking, not perfectly healthy, but still not really perverse. Only those can be called fetishists in the real sense who do not need a sexual partner, but only a fetish, and whose sexual activity has not the act itself as its aim.

These people, as is generally known, are with few exceptions men. The actions that give them gratification consist nearly always in putting on the fetish, or in putting part of their body into the fetish. Very many fetishes are by nature hollow or are used as receptacles in the perverse actions; such are shoes, corsets, articles of clothing, underwear in general, especially drawers, then fur articles, handkerchiefs and, for instance, in a remarkable case described to me by Dr. Pfeifer, the hollow part of an artificial leg. The interpretation of these objects as the vagina and the womb respectively is quite as obvious as the penis interpretation of the use of the body itself or part of the body. Thus fetishists are men who dare to consummate coition only symbolically—distorted by two parallel displacements. In the case I analysed this was readily admitted.

¹ Translated by Barbara Cooke. Read at a meeting of the Hungarian Psycho-Analytical Society, December 7, 1934. (First published in the *International Journal of Psycho-Analysis* (1935), **16**, 481–3.) (In German: *Internationale Zeitschrift für Psychoanalyse* (1937), **23**, 413–14.)

² *Gesammelte Schriften*, Bd. XI, p. 395, *Coll. Pap.*, **5**, 198.

But much harder to make conscious was the fact that the part of the body used represented also the penis of the father, to whom coition was allowed, and perhaps, at the bottom, the patient himself, as quite a small child, in the sense of Ferenczi's Gulliver fantasies.¹ Here we have arrived at castration anxiety and the mastery of it; that is to say, Freud's interpretation.

I have no personal experience of feminine fetishists. But what I know about some quite isolated cases of women fits in well with my line of thought. They are described as very masculine persons and—this I consider as most important—they do the same things with their fetishes as do men. Thus the perverse action of a patient treated by Dr. Dubovitz consisted in putting her nose into the handkerchief used as a fetish.

The fetish has, however, still another interpretation. On closer inspection it turns out that it is also a worthless object that has been raised to this dignity. I know of no single case where a valuable piece of jewellery served as a fetish, and certainly none where its intrinsic value played any part. With pieces of clothing, especially, it is mostly an advantage, if not an indispensable condition that they be old or at least worn. Further, the fetish is a lifeless thing, which can easily be taken away from its legal owner. On the other hand, the feeling of undisturbed possession of the love-object—at least in the case I analysed—was of very great importance for gratification. Another condition belonging to this complex is that the fetish should have a smell. I think that further material is superfluous: the fetish surely signifies faeces also. On the basis of my case, unfortunately not finished, I am unable to say how it came to this meaning, and more especially whose faeces were meant. I surmise only that it was not the patient's own faeces, but those of his parents, and that the fetish has therefore a close connection with the anal theory of birth and of coitus.

With this surmise I come very near the experience of Melanie Klein,² who has shown very convincingly that in a rather early period of the child's development the faeces and the body

¹ *Intern. Zeitschrift f. Psch.*, 1927, p. 379. English translation in *Final Contributions* (1955).

² *Die Psychoanalyse des Kindes*, Vienna, 1932. English translation: *Psycho-Analysis of Children*, London, 1932.

contents of the parents respectively—but especially those of the mother—reach the central point of interest, and that the most important sexual aim of this period consists in getting hold by every possible means of these body contents, which are endowed with magical powers. Mrs. Klein's description is doubtless correct, only these important phenomena, in my opinion, are not of a primary nature. In this connection I should like to support C. D. Daly, who would look behind the faeces and body contents fantasies for the much more strongly repressed mother-vagina—which, as we forget all too easily, also smells. My material unfortunately allows me only surmises and no cogent conclusions.

From these thoughts follow two interesting parallels to kleptomania and transvestitism. I believe that both these perversions rest also on the same psychological basis, only in the case of kleptomania the chief stress is laid on the seizure itself, and in transvestitism on the putting on and being in the clothes. I consider it an advantage of my reflections that they permit us to bring these three forms of perverse sexual activities together theoretically also, for according to clinical experience they are certainly related phenomena, which can often be found together in the same individual. Of course, my reflections must first be confirmed by experience.

X

A CONTRIBUTION TO THE PSYCHOLOGY OF MENSTRUATION¹

(1937)

INSPIRED by the investigations of C. D. Daly,² I have for some time occupied myself with a psychological theory of menstruation. In spite of much time spent on it, it is still not ready for publication, and all I would do here is to describe an interesting and clinically verifiable conclusion resulting from this theory.

It is my opinion that menstruation, in the same way as erection, may be interpreted as a conversion symptom, and consequently that it unites in itself different opposing desires and instinctual impulses. Such a dual desire would be: *genital-sexual excitation* and *defence* against this, or, described from the standpoint of object-relationship: *the tendency to excite the partner, to seduce him*, and the opposing tendency *to repulse the excited and seduced partner*. The clinical material speaks for itself.

1. It is well known that, when fixing the date of a wedding, care is taken that it falls between the bride's menstrual periods. In spite of this it happens with astonishing frequency that menstruation sets in precisely on the wedding day, and often at the very moment when the married pair are alone together for the first time. Such cases are so frequent that after I had lectured on this subject in Budapest, nearly every one of my colleagues was able to give me examples of it. I am indebted for a very instructive one to Mrs. L. Gimes-Hajdu.

A thirty-year-old woman, who was still a virgin, had twice been on the point of yielding to a lover's advances when menstruation had suddenly set in on both occasions, once at the very last minute. She was thus able to preserve her virginity. Here the defensive function of menstrual bleeding is quite

¹ First appeared, in a shortened form, in *The Psychoanalytic Quarterly*, 6 (1937).

² Daly: 'Hindu Mythology and the Castration Complex', *Imago* (1927), 13, 145 ff.

Daly: 'The Menstruation Complex', *Imago* (1928), 14, 11 ff.

clear. Only with its help was the dreaded coitus and defloration avoided. The fact that this defence is brought about by a bleeding from the genitals points to its being, physiologically, a genital hyperaemia, and therefore an expression of genital excitation.

In other cases not only the bodily, physiological excitation, but also the mentally conscious sexual desire in connection with menstruation is clearly demonstrable.

A woman living abroad, whom we will call A., became acquainted on a journey with a man, the former lover of her sister, who lived in Budapest and whom we will call B. Although attracted to each other, they did not have time to do anything about it. A. announced her intention to visit her sister whom she had not seen for years. B. was delighted, and told the good news, among others, to her former lover. He replied, possibly out of spite, that he would like to take advantage of the coming visit to win A., and in any case B. had never really understood him. My patient, B., related all this to me during her treatment. Although it was she who had broken off the relationship, and had never felt any desire for him since, she was still irritated. While having nothing against her sister's enjoying herself during the visit, she felt it was too much that it should be with this very man and under her very nose.

Although her friend asked B. not to mention his intentions to her sister, at the last minute she wrote her everything. A. answered promptly that she found the man attractive but quite unimportant to her. And, while it was true that she had harboured similar thoughts about him to those he had had about her, she would only encourage him if her sister had no more interest in him. This letter came the day before A.'s arrival. At the station A. told her sister that her period had set in the previous evening five days before it was due, a thing which had never before happened to her.

My patient understood her sister's loyalty conflict, also that the onset of menstruation had been its solution, and she related with satisfaction, at her next session with me, how correctly both, and especially the man, had behaved. I must add that A. had also told him the news on her arrival and that, when menstruation was over, coitus did actually take place. The

conflict between the two psychical tendencies is here quite clear.

A similar case is that of a pretty girl of about twenty, markedly schizoid, who at first showed great antipathy for her doctor, who was also her father's. Her treatment was nearing its end, her antipathy was slowly disappearing, and she was coming to like her doctor more and more. One day she decided to await him by her father's bedside. On this very day her menstruation began, two weeks before it was due, while usually it was late rather than early. She nevertheless accompanied the doctor out into the hall, where they kissed passionately. After this she imagined writing him a letter in which she told him she had something very important to discuss with him and, having asked her round to his consulting-room, an ardent love-scene took place, stopping short only of actual coitus. This fantasy was, as it were, the translation of the bleeding into words.

It is a well-known ruse of women, especially those who are frigid and not in love with their husbands, to simulate menstruation or simply to lie in order to avoid sexual intercourse. Such women often have irregular bleeding and symptoms of dysmenorrhea. In these cases, almost without exception, the periods are shortened. As far as I know, the first, in analytical literature, ever to draw attention to the emotional implications of these phenomena was Abraham.¹ It was, however, only the defensive function of menstruation that he discussed, but not the deeper-lying ambivalence.

I should like to mention a case in which this ambivalence became particularly clear. A woman in her middle thirties, who had never permitted herself any conscious sexual excitement, first began to masturbate during her analysis. For a long time, however, it only served to relieve the patient's tension and brought her no pleasure. At first no conscious fantasies accompanied the masturbation; only much later did she begin to imagine during the masturbatory act the lower part of a male body in a state of painfully extreme sexual excitement and having very tense erection. She herself looked on unmoved and

¹ See Kehrér: 'Causes and Treatment of Sterility.' *Int. Ztschr. f. Psa.* (1923), 9, 226.

without any tension, but experienced in this fantasy her first conscious orgasm. Analysis showed that she needed a strict dividing line between herself and the excitement, another person had to be tense and excited while she allowed herself only the pleasure. This tendency dominated her all her life, and she always remained unaware of feeling any desire. Its cause was to be found in the very close attachment she had for her father whom later, influenced by her mother, she came to despise. Since the age of fourteen she had scarcely exchanged a word with him, and afterwards, when he was driven out of the house, she communicated with him only through a lawyer. It required much analytic work before we were able to reach the repressed, positive feelings beneath the mass of hatred, contempt and indifference. During this process she happened, one day, to walk along the street where the family had lived at the time of their quarrels, before separating. She was overcome by recollections of how her father had always tried to gain her affection by gifts of cigarettes, sweets, etc.—for which reason, incidentally, she had lost all her pleasure in those things—and of how at this very spot he had met her and greeted her, while she had turned from him and gone indifferently away. She returned home quite shaken and confused by these hitherto unknown emotions and menstruated the same night, a week before her time. The flow lasted a whole day, then stopped, and returned at the time expected.

The same patient, on another occasion, accompanied a man friend on a two-day excursion. He was the first man she had ever met with whom she thought it might not be impossible to have sexual intercourse. He had several times asked her to marry him, and she had not actually refused him but had merely appeared indifferent, as formerly with her father. Just as they took the train her menstruation set in, which caused her considerable discomfort as she was quite unprepared for it, only a fortnight having elapsed since her last period. The flow was quite normal, as was usual with her, but in another two weeks, that is to say, at the regular time, it returned. Apart from these two instances, her periods occurred quite regularly.

2. The objection might be made that so far the observations

relate only to irregular periods. Here, then, is a quite different group of observations dealing with incidents occurring during normal menstruation. It happens not infrequently that women lose the sanitary towel they are wearing. Analysis of these often very embarrassing mischances always presents the same picture: there is invariably a man present to be excited by this accident, while the women themselves are somewhat undecided, want to gain time, and, although sexually rather excited, do not want to surrender themselves.

Here is an example. A patient, one of the so-called 'excitingly beautiful' women, developed during analysis a passionate sexual transference to the analyst. All her life, with the exception of her first three or four years, she had been surrounded by men and had won every beauty competition *hors concours*. At fourteen she had refused serious offers of marriage; even the most boorish official was defenceless against her. She had, for instance, several times crossed the frontier without visa, or even passport, solely by means of her beauty, and during the time of the severest currency restrictions had been allowed to have as much money as she wanted by merely asking for it. The bank manager concerned even considered it his duty not to keep her waiting, and himself brought the permit and cheques to her home. In the analytic relationship, she now had to endure the frustration of her desires. She summoned up all her seductive charms, but the analyst maintained his passive role. At the end of one session she lost her plug of cotton-wool. At the beginning of the following one I mentioned this to her and she admitted, laughing, that she had deliberately concealed the fact that she was menstruating. It would have been so nice, she said, if she had managed to rouse me out of my passivity, to have excited me sexually, and then to have put me off with a revelation of this fact. Though I may remark that menstruation was, for her, no absolute obstacle to coitus and even added to the excitement, a point to which I shall return later. On this occasion she agreed that it was a good thing that the analyst had not responded to her advances, and that the constant urge to arouse emotions in the men around her was, though in one way pleasurable, also *exhausting and even painful*. She felt it to be something in the nature of a curse, compelling

her to excite all the men she met, and she was afraid that she might one day fail to achieve this and had to convince herself continually anew that she still had the power. Without going further into the psychology of beauty, especially of exciting feminine beauty, let us return to our theme. The ambivalent nature of menstruation is clearly seen in this case, both as a means of seduction and, at the same time, of refusal.

3. To sum up: In all these cases menstruation has proved to be the expression of two opposing forces. On the one hand we have sexual excitement and the attempt to excite the man, and on the other the tendency of the woman to suppress this excitement in herself and to repulse the excited man. The question why it is just menstruation that can so easily bring to light and solve this conflict is one that I will not discuss here, as it leads directly to my still incomplete theory.

Instead, I would like to generalise from these observations and examine society's attitude to menstruation. For men, a woman during menstruation is unclean and disgusting, and may even be an object of fear. There are endless taboos intended to protect men, or the society in which male influence predominates, against the menstruating woman, and all communities have set up such regulations. For example, among European people orthodox Jews have strict rules in this respect. Not only the menstruating woman, but also her bed and even her clothes are a source of danger for the man and must not be touched. Eight days after cessation of the period the woman must completely immerse herself in water, and only then is she considered clean again. There are rules as to how the cessation of the bleeding is to be properly ascertained and what is to be done in cases of doubt, when a Rabbi must be consulted, and so on. The laws laid down by primitive civilisations are in principle the same, although the prohibitions may often be even more drastic. In some, the woman must not touch the earth, eat meat, let the sun shine on her, etc., otherwise these things will be spoiled for the men, or their sexual potency will be endangered.

In analysis it is sometimes related that a prostitute has, understandably enough, hidden the fact that she is menstruating, and the man's reaction is nearly always rage, disgust

and, hidden beneath these, anxiety. According to Daly's above-mentioned interpretation, menstruation was originally the physical sign of sexual excitement. Our society, being hostile to any open manifestation of sexual excitement on the part of the woman, seeks to forbid it. A sexually aroused woman is looked on as a danger to the male social ties, and consequently felt to be too exciting, which in this case means disgusting, horrible or sinister. This is in accord with the usual male attitude. The woman must wait her turn. Only then and to the extent agreeable to the male may she be excited and exciting. A man who finds a menstruating woman desirable is a rare exception.

Women, too, experience anxieties and fears in regard to their menstruation, and not so infrequently consider themselves ill at this time. They avoid taking baths or even washing below the waist. Coitus is out of the question for them. Many otherwise normal women do not go out of the house during the period, but prefer to stay in bed if possible. When questioned they say they were taught to do so by their mother, and, furthermore, the bleeding would otherwise be too profuse or, on the contrary, too slight. Exceptional reactions to menstruation are far more common with women than among men. There are two well-defined types. One is the *invulnerably repressed woman* who feels herself absolutely safe, and is completely unaffected by menstruation as by most other things. Thus, in the case described above the patient refused to modify her habits in any way and would go bathing, although naturally alone, and, in general, never allowed such a trifle as menstruation to spoil any of her pleasures or plans.

The other type is that of the *impulsive woman, the vamp*, for whom menstruation serves pre-eminently as a useful means of exciting some men. The beautiful woman, referred to above, went bathing with a man whom she informed of her condition. He became alarmed that she would bleed through her bathing-dress, which was what actually happened. She, however, was only amused at his consternation, and, swimming with him far out from the beach, slipped off the bathing costume, washed it and, *re bene gesta*, emerged from the water quite unconcerned. Menstruation was no deterrent for her either.

I have purposely refrained from going into anthropological or biological considerations, wishing only to emphasise the interplay of ambivalent tendencies. It is just this ambivalence that makes comprehensible the part played by menstrual blood in love-magic and witchcraft, as well as the fact that menstruating women by superstition should not be allowed such activities as sowing, kneading the dough for bread, watering young cuttings, looking after cut flowers, preserving fruit, etc. In each instance it is a question of young life, and for all forms of young life ambivalence of environment is very dangerous.

XI

PERVERSION OR A HYSTERICAL SYMPTOM?¹ (1923)

THE aim of this paper is to report on a detail of a terminated analysis. The symptom I propose to discuss proved to be an interesting mixture of perversion and hysterical conversion. The analysis of this particular symptom took only a few days, and thus offers a good opportunity to demonstrate how psycho-analysis arrives at understanding the meaning of a symptom and achieves its cure.

The patient—Mr. L.—was an artist in his thirties. He was so much inhibited by his illness in his work as a painter and sculptor that his wife had to earn a living for the family by doing fine needlework. The man did the housework, kept the flat tidy, cleaned the windows, did the shopping, minded the children, etc. In addition he acted as an errand boy for his wife. The patient was the second of four sons. His mother came of a Hanseatic patrician family; his father, a baptised Jew, established himself first in the provinces and later in Berlin as a respected solicitor earning considerable sums. The centre of the family was the highly intelligent and cultured woman. She was, however, continuously ailing and was unable to be a good sexual partner for her husband. She solved the problem by allowing him a good deal of freedom. This was done quite openly, and made a deep impression on all four sons. Another unintended consequence was that for Mr. L.'s unconscious all women became in this way the exclusive property of the father.

This was the main cause of Mr. L.'s fear of every coitus. The conscious reason of his fears was that 'he might lose his penis in a wide vagina or might not be able to recover it from a tight one'. The pressure of this very strong castration anxiety resulted in his comparatively late starting of both masturbation—at 17–18—and sexual intercourse—at 23.

¹ Paper read to the Berlin Psycho-Analytical Society in 1923; published in *Gyógyászat* in 1925. First English translation.

His first defence against this fear was to withdraw emotionally from the experience of coitus. For him only the preparations were pleasurable; the intercourse itself became a kind of forced labour like 'an academic painting or some huge work such as Harnack's *History of Dogmas* or Mommsen's *History of Rome*, pages and pages, which all have to be read'. But even by renouncing the orgasm, he could not rid himself of his fears. He was almost always impotent; either his erection was not satisfactory or he ejaculated precociously. Moreover, every pretext, however irrelevant, was good enough to make him shun intercourse.

His frustrated libido was thus compelled time and again to find new channels. There is no perversion described in scientific literature that Mr. L. had not tried out at one time or another. Exhibitionism, fetishism, fellatio, cunnilinctus, alternated with scopophilic, sadistic, or masochistic attempts. All these had one aim: to find a way of satisfaction, free from anxiety. His fate, however, always caught up with him; wherever he turned, fear always blocked his way. All the same, he married before the war of 1914-18, and by the time of his analysis (1923) he was the father of three children, but his marital life remained highly unsatisfactory, and in addition he became completely inhibited in his artistic pursuits. He was called up during the war, promoted to commissioned rank, and eventually taken prisoner. In the prison camp a very close friendship developed between L. and three of his comrades. The friends succeeded in stimulating each other to all sorts of activities, and this period was the only truly happy and productive time in my patient's life. No overt homosexual gratification occurred, however, in the relation of the four friends.

The symptom which will be discussed in this paper developed after his return from the camp, and appeared only in relation to his wife. Quite often, when about to insert his penis, a queer feeling seized him which he localised in his foot, particularly in his great toe. He tried hard to make this feeling disappear by changing the position of his foot, and on rare occasions he even succeeded in this aim. Usually, however, the queer feeling gradually became more and more unpleasant, and then a cramp set in, making his foot, or only his great toe,

completely stiff. He tried to rub it, etc., but nothing helped. Finally he pushed his foot high up between the thighs of his wife 'to warm it up'. His erection had gone by that time, the sexual excitement decreasing parallel with the disappearance of the cramp. He experienced no proper orgasm, only a kind of relief.

During the session in which he first mentioned his symptom, it was only the sadistic tendency that could be made conscious: the wife is only stimulated but not satisfied, and anyhow, it must be rather unpleasant for her to feel his cold foot between her legs. In the same session he related a number of sadistic fantasies in which he tormented women by forcing large, broad objects into their vaginas.

Next day it was the turn of the *anal roots* of the symptom. If no immission takes place, there is no ejaculation, and he can keep his semen. (It is well known that economy is one of the characteristic reaction-formations to anal erotism.) It was in this session that he spoke of his coprophilic attempts, mentioned above, and of his various pleasures in smelly objects. The same day we arrived also at the *castration complex*, by using the well-known unconscious equation between giving away the semen and losing the penis.

The third day a transitory resistance followed. L. informed me that he had decided to seek help from another doctor, who would treat him in a way quite different from mine. This could be interpreted as meaning that he felt the analytic treatment—by bringing him nearer to the dreaded coitus—had become intolerable to him; that is why he wanted to exchange analysis for a 'different method', as formerly he had exchanged coitus for the symptom.

The fourth day L. came about half an hour late; he knocked at my door, convinced himself that I was waiting for him, excused himself, and then proceeded to the lavatory. (He was treated at the Polyclinic of the Berlin Psycho-Analytic Society.) He returned gay and happy and declared: 'This was a really courageous act.' In this way, by showing to me defiantly that he could pass water, i.e. he was still in possession of his penis, he overcame his *castration fears* felt in relation to me. One of the main reasons for his resistance was conquered by his

‘courageous act’ and he became able to continue the analysis of his symptom. L. told me that he had no difficulty in being ‘daring’ with his big toe; when using it he is a ‘robber’; but if he touches his wife with his hands he is ‘cowardly’, a mere ‘thief’. Finally a recollection emerged from his memory: when quite small, a dog bit his leg. It was a very insignificant scratch, still it was properly bandaged and L. was very proud of his injury which elevated him above the rank of his brothers. When asked, he reported that it was his left leg, and his symptom, too, affected his left foot exclusively. The explanation was now easy: *The symbolic castration had in fact already taken place on his left leg*; no further harm could, therefore, threaten that part of his body from the dangerous vagina; he could behave in a ‘daring’ way with his left foot.

Later we found that the foot symptom was determined also from another side. The maternal grandmother had varicose veins, causing her much suffering. Of the four grandsons, L. was the grandmother’s favourite. The cramp in his left leg emphasised his position as the favourite: he suffers in the same way as his grandmother, that is he belongs to her side, the aristocratic side, of the family.

In fact he had suffered from cramp before the dog’s bite, but very seldom and—as far as could be ascertained—not only on the left side. Later the cramp appeared now and then, diminishing in intensity but never completely disappearing. He had no attack of cramp during his military service or in the prison camp. It was only after his return that he felt the cramp again, and this time during intercourse, i.e. it was then that the symptom established itself. The attacks were infrequent in the beginning, later they became more frequent, and eventually, after starting treatment, they appeared practically during every coitus. The cramp disappeared immediately after the piece of analysis reported here, and with it L.’s whole behaviour changed too. The man, hitherto overawed and inhibited, who obediently accepted everything that I had to say to him, began to criticise me, wanted to annoy me, and in general became rather pugnacious. In the external world, too, his behaviour became more confident. He handed over the domestic work to his wife, took charge of the commercial running of the needle-

work business, and in no time turned into a fairly successful business man.

The symptom discussed here is without any doubt a kind of perversion; the sexual excitation is not relieved through the genital channel, i.e. by intercourse, but by using another part of the body, the foot. Viewed from this angle, this case may be considered as the counterpart of foot fetishism, in the same way as fellatio and cunnilinctus constitute a pair. Here one's own foot, or one's own mouth, deputises for one's own genitals; there, the partner's foot or mouth stands for the partner's genitals. Here the tool, there the aim of the sexual instinct, changes. This distinction may prove to be of importance in the theory of the perversions. It is also shown by my case that our present nomenclature is not adequate for describing those very complex phenomena which we sum up under the heading of perversions.

The symptom, however, is at the same time a hysterical conversion, not only in its original form in childhood but also in its fully developed form. L. was incapable of innervating some of his muscles at will, his motility came partly under the sway of his unconscious. A muscular cramp appeared in his big toe, which then became stiff. Analysis revealed that he identified this part of his body with his genitals, *genitalised it* in order to represent an internal conflict by autoplasmic means. The symptom has all the diagnostic signs of a conversion.

The difference between this symptom and a pure conversion consists in the fact that the genitalisation is carried out not only in a—conscious or unconscious—fantasy, but also in reality; the big toe had indeed taken over the role and function of a penis in the real act of intercourse. The difference between the symptom and a pure perversion is the cramp, the partial loss of mastery over the motility. The patient's behaviour corresponded completely to this complex pattern. On the surface his symptom was unpleasant to him, but beneath the unpleasure he enjoyed a good deal of pleasure, which really could not be regarded as unconscious as it could be made conscious without any serious effort.

It is true that I have not dealt in this paper with the narcissistic or homosexual implications of the symptom, and

similarly its significance for the transference has barely been touched upon. I have also omitted any discussion of the mechanism of that queer form of repression which exacted a 'displacement to below' but permitted coitus, although in a symbolic form, with the foot. Nor have I mentioned what caused the cramp—an existing, insignificant and purely hysterical symptom, which had till then played only a very minor role in the illness—not only to assume such importance, but also to change from an unpleasurable to a pleasurable experience, i.e. into a perversion. The discussion of all these topics would have disproportionately enlarged my paper. My intention has been to demonstrate clearly this queer mixture of conversion and perversion, and in order to safeguard clarity I have had to abstain from following up any side-issue raised by this case, however interesting.

XII

NOTES ON PARAPSYCHOLOGY AND PARAPSYCHOLOGICAL HEALING¹

(1955)

I

I THINK it is fair to say that a number of experienced analysts have met episodes in their practice which have struck them as probable cases of telepathy or extrasensory perception (E.S.P.)². Quite often these apparent cases of E.S.P. when subjected to a searching scrutiny reveal possibilities of other mechanisms, such as the emergence of a forgotten piece of memory already communicated; an interpretation of the analyst's behaviour, sentiments or thoughts by the patient based partly on consciously observed facts; the unexpected appearance in consciousness of identification with the analyst, based on intensive transference and counter-transference; the analyst projecting his own emotional involvement into the patient's material and interpreting it in this sense; analyst and patient who share experiences far beyond what can be expressed in words, coming unexpectedly to identical conclusions, etc.

To show what I mean I wish to report an event which, although almost certainly not a case of telepathy or precognition, illustrates some of the complications involved in clinical observations of this kind. In 1938, when the Szondi test was still in its experimental stages, and only very few people knew about it, I myself became interested and experimented with it. One evening, when there was a party in my house, we came to talk about this new test, and two sisters, not very closely acquainted with me, volunteered to be guinea-pigs. In an adjoining room I first tested the younger of the two, aged twenty-three and unmarried. After she had done

¹ First appeared in the *International Journal of Psycho-Analysis* (1955), 36.

² An excellent survey of the material hitherto published is contained in *Psychoanalysis and the Occult*, ed. by G. Devereux, New York, 1953.

the test, we began to chat, and she mentioned that it would be quite easy to indicate which pictures another person whom one knew fairly well would choose. (The test makes use of forty-eight photographs which are exposed in six sets of eight pictures each. The subject is asked to choose from each set two pictures that he likes and two that he dislikes, making a total of twelve likes and twelve dislikes.) I challenged her to do the test as her sister would do it, and she readily agreed. After we had finished I asked the elder, married, sister aged twenty-seven to do the test, and found that of the twenty-four pictures she chose eighteen had been indicated correctly by her younger sister. After her test was finished I asked her whether she would be interested in doing the test as she thought it would be done by her younger sister, but she quite casually refused.

The external circumstances of this observation are exactly those which suit a precognition. After all, the elder sister had never seen the pictures, and the younger predicted with an accuracy far beyond any probability what her sister would choose. Furthermore, there was no possibility of any communication between the two, or of any possibly preconceived plan or trick, because, as I have mentioned, even the existence of the test was unknown to them until that evening. But if we look for explanations of this startling experience, something of this kind would suggest itself: there must be a very intense, but rather lopsided, relation between the two sisters. The elder is probably an ambivalently admired person who has been very closely studied by the younger, partly consciously, partly unconsciously, so as to bring about a profound identification of the younger with the elder. On the other hand, the elder sister probably felt no need to deal with the ambivalent situation between them in this way. She could accept the younger sister without feeling any need for a profound identification with her.

But even if one is aware of the danger of accepting happenings of this kind as E.S.P. and excludes all suspect ones by as careful a scrutiny as possible, there remain cases like Dr. Servadio's¹ where one comes to the conclusion that the possibility of telepathy or precognition has to be accepted.

I too have had in my practice a few cases of apparent

¹ *The International Journal of Psycho-Analysis* (1955), 35, 27-30.

telepathy which, even after careful examination, have remained inexplicable by the mechanisms mentioned above. For quite a while I collected these cases without doing anything about them, in the hope that sooner or later I should understand them better. Quite gradually it then dawned upon me that in all cases of this kind there was a particular emotional situation between the analyst and his patient. As the situation was not quite unexceptionable, and moreover it was always my fault that it had arisen, I felt rather ashamed and reluctant to publish my mistakes in print.

Briefly, the situation can be described as highly ambivalent and extremely tense, i.e. fairly similar to that of the two sisters described above. Usually the patient was in a state of intense positive dependent transference, which however was not fully appreciated and understood by the analyst. The cause of this lack of appreciation and understanding was without exception some transitory preoccupation on the analyst's part, which at the material time absorbed a greater part of his attention than was good for the progress of the analysis. The patient in his helpless dependence reacted to this by renewed efforts to win the analyst's full attention, and in this very tense situation, bordering on despair, phenomena apparently telepathic and clairvoyant occurred.

The result was always a surprise, almost a shock, to the analyst, and had the effect of bringing him round, as he could not help giving more attention than in the immediately preceding period to a patient who was producing such highly interesting and puzzling phenomena. In this way the very tense ambivalent situation resolved itself and the analysis resumed its normal course.

Not every patient is capable of producing so wholesome a shock for his analyst, but in my experience those who are able to do so resort to this method only in these almost desperate dependent situations.

Since I have become aware of these dynamic connections I have not met any more telepathic phenomena in my practice.¹

¹ It is interesting to note that Gillespie—in a footnote to his paper—records exactly the same experience but without any explanation. *Psychoanalysis and the Occult*, *op. cit.*, p. 373.

For some time I prided myself that my technique had become more sensitive, and that I was able to spare my patients unnecessary suffering by understanding them before they were forced to resort to such a desperate means of communication as telepathy.

Recently, however, I have gradually become aware of another possible aspect of this problem. I now ask myself: Is it advisable to intervene early enough and, so to speak, to over-protect one's patient by timely interpretations? Or would it be a better technique, in the sense of one producing more fundamental and lasting results, to tolerate the patient's getting into this situation of very high tensions and to enable him to learn to cope with these high tensions also? I have no answer to this question, and must content myself with simply stating it.

2

Usually analysts describe the telepathic events which occur during treatment as if the only relevant factor were the patient's extrasensory sensitivity. In a way they behave like the elder sister in my example, who accepted the younger sister's remarkable performance as a matter of course, though with some curiosity, and did not even question what her own role in this performance might be. Taking Dr. Servadio's case,¹ he interpreted the remarkable happenings—quite correctly—as a repetition by the patient of reality situations and fantasies of his (the patient's) childhood, understating the over-determination, that the present was created not only by the patient's repetition compulsion but also by the analyst's preoccupation with other matters external to the patient-doctor relation. These external events obviously occupied Dr. Servadio unduly, even to the extent of making him cancel one of his patient's sessions at the last moment. Admittedly, Dr. Servadio—like all analysts in similar situations—was in great difficulty. He had to decide how much of his own, perhaps merely transitory, ambivalence should be communicated in words to the patient. Unconsciously, in non-verbal form, the patient knew of the temporary exacerbation of the analyst's ambivalence in any case. On the other hand, I wholeheartedly agree with Dr.

¹ *The International Journal of Psycho-Analysis* (1955), 35, pp. 27–30.

Servadio that one aim of the patient's telepathic or precognitive achievement was, as described first by Hollós,¹ to 'un-mask' the analyst's 'professional hypocrisy'; as if the patient were saying: 'I know it, anyhow; do not deceive me,' i.e. 'Do not care for other people, do really what you are pretending to do, i.e. care for me.'

These dynamic relations between transference and counter-transference are, I think, important *contributory factors* in provoking apparently parapsychological phenomena during analytical treatment. The analyst is temporarily preoccupied with matters external to the analytic situation; nevertheless, for technical reasons he decides not to mention his preoccupation to his patient, and is then in turn forced to maintain a façade of 'professional hypocrisy', i.e. to pretend that all his interest and attention are still focused on the patient. The patient, on the other hand, feels—more or less consciously—that this is not quite true, but has no possibility of coming to grips with the discrepancy between his feelings and the analyst's covert behaviour, as all his attempts in this direction would very likely be interpreted by the analyst as negative transference. Although this interpretation is true so far as it goes, it prevents a realisation of the whole truth. Certain talented people are able to solve this very strained situation by administering a therapeutic shock to their analyst by producing apparently parapsychological phenomena. The shock brings the analyst round, but afterwards, because of his unadmitted guilt feelings, he has to defend himself by *projection*, i.e. by minimising his personal involvement and by limelighting the role of his patient.

A further defence mechanism is *idealisation*. This states that parapsychological phenomena are highly interesting, highly scientific problems, and omits to evaluate properly the background of the underlying painful ambivalence conflicts and the intense suffering which provokes them.

If I am right, the crux of this involved relationship is the handling of the analyst's counter-transference, especially the

¹ Hollós, H.: 'Psychopathologie alltäglicher telepathischer Erscheinungen', *Imago* (1933), 19, 529.

² Ferenczi, S.: 'Confusion of Tongues', *International Journal of Psycho-Analysis* (1949), 30, 219.

problem of how much and which side of this counter-transference should be openly admitted, communicated, or 'interpreted' to the patient. It is generally admitted that the whole field of counter-transference, its effects on the analytic work, its technical handling, etc., are as yet largely unexplored, and are not fully understood. It is to be expected, however, that analysts who can evoke and maintain an intensive transference atmosphere, but do not pay, or do not care to pay, due attention to the effects of their counter-transferences on their patients, will meet—*ceteris paribus*—more often with apparent E.S.P. phenomena. This train of thought might be the explanation of the repeatedly reported fact that some analysts meet E.S.P. phenomena in their early analytical years, but not later.¹ Against the realisation that in the production of apparent E.S.P. phenomena the analyst's ambivalent counter-transference has a large share, the two defensive mechanisms mentioned above are mobilised: projection (it is the patient who produces the E.S.P. phenomena) and idealisation (E.S.P. is a highly interesting scientific problem—and is not emotional, is not caused by suffering).

3

If I am right, something similar is happening in parapsychological research in general. All workers interested in this field agree that parapsychological phenomena occur in certain conditions. But this statement does not necessarily entail the admission of the research worker's role in producing these phenomena; i.e. his counter-transference is more often than not kept out of the picture so that he may maintain a façade of 'professional hypocrisy'. To keep up this atmosphere, intensive use is made of the two defensive mechanisms mentioned above, projection and idealisation.

Projection states that the uncanny power which produces

¹ Servadio, who read this paper in manuscript, pointed out that another possible explanation of this fact could be repression. E.S.P. phenomena are doubtless disturbing, and with the passing of years some analysts may learn to be 'wiser', i.e. to protect themselves better against emotional involvements in these phenomena, sometimes ignoring them through 'scotomisation', sometimes maintaining towards them a 'fair' (but in fact only theoretically fair) attitude.

parapsychological phenomena dwells not in us, everyday normal people, but in mediums, in healers, in waters, in woods and in caves, or in God's unfathomable grace. We research workers must be acquitted without any question, since we are only studying the phenomena, and not producing them. Our interest in them is entirely objective, and has nothing to do with our own emotions, our instinctual gratifications, our unsolved problems or our personal involvements.

Moreover—and here idealisation, the second defensive mechanism, comes into force—parapsychological phenomena, and especially parapsychological unorthodox healings, are highly beneficial, or at least entirely harmless. The working of these two defensive mechanisms can perhaps best be demonstrated in the case of religious healing as at Lourdes. By invoking unfathomable supernatural forces, i.e. God's grace, any human involvement is *eo ipso* excluded, and the religious or scientific research worker can get away with his 'professional hypocrisy' unchallenged. However, his guilt feelings compel him to maintain a hyperobjective attitude, demanding unrealistically strict standards. (As is well known, quite a number of mediums have been caught in this quagmire of projected ambivalence. In their dependence the mediums were driven to accept more and more stringent conditions, which eventually became so rigid that they could no longer comply with them and in their despair had to resort to tricks.)

This is what seems to have happened at Lourdes also. In their ambivalent endeavour to prove that true healings really do occur at Lourdes beyond any possibility of doubt, the research workers there, congregated in the Bureau Medical, have laid down certain standards which must be complied with before any case is accepted as a true healing. First, psychological or psychiatric cases are excluded *a limine*. Organic cases have to comply with strict criteria, among others: (a) instantaneous recovery; (b) no period of convalescence, i.e. the state of illness must have changed immediately into a state of health; (c) the state of health must be permanent; and (d) there must be physical signs of the change.

To every medically trained man it is obvious that these criteria are grossly exaggerated, i.e. ambivalently idealised.

They correspond only to very old and profound human desires, but never to reality. If they have to be applied to real cases, all sorts of allowances have to be made and subterfuges tolerated. Leaving the first two criteria out of consideration, it is clear that the third, the permanent state of health, cannot be found in reality. Apart from any other change, everyone gets older and eventually dies. Thus the 'permanent state of health' cannot ever be really permanent. Moreover, so far as I know, only very few of the Lourdes cases have been properly followed up. Nowadays in medicine the minimum acceptable follow-up period for chronic illnesses is five years, and if possible ten. In fact, hardly any of the Lourdes cases have been observed medically over such a period. Lastly, the criterion that physical changes must have occurred is highly equivocal, even in theory, and still more so in its practical application. In fact, among the recorded and published cases there is not one of the obvious types in which true physical changes can be unequivocally established, as, for instance, a multiple fracture coming instantaneously together, both states being demonstrated by X-ray pictures. The reported cases belong roughly to these three classes: (a) psycho-somatic illnesses; (b) slowly growing tumours; or (c) chronic incapacitating states. As is well known in medicine, these three types of illness may show sudden physical changes under normal medical treatment, or even spontaneously.

But even if we accept all the published Lourdes cases as fully authenticated, there remains the unpleasant problem of numbers. According to Dr. Leuret, Chairman of the Medical Committee of Lourdes,¹ whose address I was privileged to hear at the International Conference on Unorthodox Healings in April 1954, the number of authenticated healings at Lourdes from the very first use of the spring to date is forty-nine. Admittedly, many more healings of a non-miraculous kind do occur there, but these, according to Dr. Leuret, are explicable by medical science. Even if we include all these healings, there is no possibility of assessing out of what total number of cases the healings have occurred, and still less how many of the

¹ The sudden death of Dr. Leuret a few days after his address is a tragic loss to parapsychological research.

thousands of pilgrims have remained unchanged, or have even become worse.

Before discussing this peculiar state of affairs I would like to add a fact which is hardly ever mentioned. This is that inexplicable, almost miraculous, healings occasionally occur in the average medical practice. Practically every doctor of some standing can quote a few cases in which patients have improved in an inexplicable way, have even completely recovered, and the recovery has lasted for a considerable period, sometimes even for years, reminiscent of the 'état permanent' of Lourdes. Surprisingly, no one has ever collected these cases, still less made a proper study of them. At most they are casually reported in the medical press as puzzling *curiosa*. A further similarity is that they belong to the same category as the famous forty-nine authenticated miraculous healings at Lourdes, i.e. they are either psychosomatic illnesses, slowly progressing tumours, or chronic incapacitating states.

Here, indeed, we have an uncanny problem facing us. Why does it happen that certain patients who, according to all expectation, should deteriorate and become chronic invalids, or even die, inexplicably recover? In these favourable cases the nature of the illness and the form of recovery is about the same, whether they receive professional medical treatment, parapsychological healing or God's grace, or even apparently nothing from outside. It is true that the recovery is hardly ever complete, and a skilled and conscientious medical examination can usually demonstrate that the previous illness has not completely subsided. It is also true that in some of the cases relapses occur after a short or even long interval. The fact remains, however, that the suffering patient has been considerably helped, his pains have diminished, his physical functions have improved, and his whole attitude to life has become much more like that of the average person. The problem of this kind of inexplicable recovery is frightening and uncanny indeed, because we doctors and research workers have no idea whether the recovery was due to us, or to some power beyond our control. In the latter case the further disquieting question arises whether our treatment of the patient was of any help at all, and not perhaps even a hindrance to the improvement.

The old adage says: '*Contra vim mortis non est medicamen in hortis*', and although we have added the chemical laboratory and the surgeon's knife to the botanical herbal, the true healing of chronic diseases is generally beyond our power. Here we have come up against the same kind of situation which we found may produce telepathic phenomena during analysis. There is the patient in the throes of well-founded anxieties and mortal fears, usually suffering physical pain also, and there is his doctor compelled to pretend that he can help. The doctor knows that the power of his art is limited, but he thinks for good reasons that he must not mention this to his patient, that he must keep up the façade of 'professional hypocrisy'. It is very possible that this strained, ambivalent and insincere situation might enable some talented people, in the same way as we found with telepathic phenomena during the course of an analysis, to solve the situation in a 'parapsychological' way.

Perhaps in order to study parapsychological phenomena profitably we should not concentrate on either the subject's receptive powers or the healer's or agent's influencing powers, but on the powers inherent in their mutual relation. If my experiences during psycho-analytical treatment hold true for these conditions in general, then we must expect to meet highly ambivalent, highly tense, situations which will be covered up on both sides by reaction formations, especially by projection and idealisation.

It is easy to state that a highly ambivalent relationship covered up from both sides by dovetailing reaction formations is not a very favourable atmosphere for research. But completely to renounce these defences will be a very hard task both for the patient and his doctor or healer. Perhaps we analysts ought to accept the role of pioneers in this field, as we have had some experience of what it means to make defences conscious. If we succeed in relinquishing the professional hypocrisy, projection and idealization surrounding parapsychological phenomena, we might get to grips with the underlying real problem, what the true nature and function of E.S.P. is.

XIII

THE DOCTOR, HIS PATIENT AND THE ILLNESS¹ (1955)

FOR some years now we have organised research seminars at the Tavistock Clinic to study the psychological implications of general medical practice. In one of these seminars the first topic discussed was the drugs usually prescribed by the practitioners. In a very short time the discussion revealed—certainly not for the first time in the history of medicine—that by far the most frequently used drug in general practice was *the doctor himself*. It was not only the medicine in the bottle or the pills in the box that mattered, but the way the doctor gave them to his patient—in fact the whole atmosphere in which the drug was given and taken.

This seemed to us at the time a very elevating discovery, and we all felt rather proud and important about it. Unfortunately, we soon discovered that so far this important drug has no pharmacology. No text-book advises the doctor as to the dosage in which he should prescribe himself, in what form, how frequently, and what his curative and his maintenance doses are. Nor is there any literature bearing on the possible hazards of this kind of medication, on the various allergic responses encountered in individual patients, or on the undesirable side-effects. The reassuring statement is often made that experience and common sense will help the doctor to acquire the necessary skill in prescribing himself. But this is very different from the careful and detailed instructions with which every new drug is nowadays introduced into general practice.

When the seminar realised this disquieting state of affairs, we decided forthwith that one of the tasks of our research should be to start devising this new pharmacology.

¹ Address from the Chair to the Medical Section of the British Psychological Society on January 26, 1955. Published in an abridged version in *The Lancet* (1955) April, pp. 683–8, and subsequently in *Samiksa*.

The importance of a study of this kind is perhaps greater nowadays than ever before. Especially through urbanisation, a great number of people have lost their roots and connections; large families with their complicated and intimate interrelations are tending to disappear. The individual thus becomes more and more solitary, even lonely. If in trouble he has hardly anyone to go to for advice, consolation or even an opportunity to pour out his heart. He is more and more thrown back on himself.

We know that in quite a number of people, perhaps in all of us, any mental or emotional stress or strain is either accompanied by, or tantamount to, some bodily sensation. In such troubled states, especially if the strain suddenly increases, one possible outlet is to drop in on one's doctor and complain. (I have deliberately left the verb without an object because in these initial stages we do not know which is the more important of the two—the act of complaining itself or the particular complaint.) It is here, then, that the doctor's attitude about how to prescribe himself to the patient becomes decisive.

As a basis for discussion of the unexpected consequences of the doctor's response to his patient's complaints I shall quote an example recently reported at one of our seminars.

The patient was a well-dressed and well-spoken, but very unhappy-looking, married woman of 38, who complained of aches and pains between the shoulder-blades. Although she had been on the doctor's list for many years, and even on that of his predecessor, the doctor had seen her only twice before when she had come complaining about some insect bites. A physical examination revealed nothing except an almost certainly insignificant nodule in her thyroid gland. As the husband was not on the doctor's list, the doctor half casually asked her if she lived with her husband. She answered 'Yes', and continued that they had no children although they had been married for fourteen years and now they did not bother about it any more. The doctor then asked if she was happy with her husband in other respects, to which she replied, 'Unfortunately not'; they had had nothing to do with each other for the past five years, and 'his affections went elsewhere'. All this was said quite dispassionately and calmly. The doctor then asked if *her*

affections had gone elsewhere too. She became rather hesitant, but finally said 'No'. Here the doctor stopped, and gave the patient some aspirin preparation—enough for about a week—telling her to come back if she did not feel better. He entered on his card a provisional non-committal diagnosis of 'query fibrositis', and thought that by his questions and human approach he had possibly opened the door and that the patient might come back to him in a few days and then be able to talk more freely and openly about her real troubles.

A whole host of questions arises here. The first, perhaps, should be: Was the doctor within his rights and medically justified in probing into the patient's until then private misery? Would it not have been wiser, more human, to be less inquisitive? After all, the woman was working, was coping with her misery, although possibly at the cost of considerable mental strain and some physical pain. Perhaps what she wanted from the doctor was only some relief for her pains. Or if, as a sexually unsatisfied woman, she sought some unconscious satisfaction from being undressed and touched by a man—a male doctor—would it not have been wiser to accept this and to stop there?

On the other hand it might be argued that the slight pain in the back was the first sign of her defences cracking—a sign not to be treated lightly. This idea is familiar to every doctor; a slight cough (e.g. in a young pregnant woman) may be just a slight cough, but it may also be the first sign of a tuberculous process. It certainly calls for a proper examination. The same is true in our case; slight and uncertain physical complaints in an unhappy woman may be of considerable importance and must be taken seriously, i.e. they call for a proper examination.

But even if the doctor was justified in asking his questions, was his technique correct? When examining the woman he came to the conclusion that he ought to probe further; and the information he obtained proved that his assumption was well founded. This much admitted, we have to ask whether he was right to probe further *at that moment*. This problem—the prob-

lem of when to start—is but little known to us specialists. When the patient arrives at a hospital or at a Harley Street consulting-room, he has got miles beyond this point. We called this the problem of ‘when to start’, and there is also the corresponding one of ‘when to stop’. We specialists know something—not very much—of the latter, but hardly anything of the former. On the other hand it is of the greatest importance to the general practitioner, since it crops up almost every day in his practice.

In every illness, especially in those with considerable psychological involvement of the whole personality, there are periods when what the patient needs most is to be left in peace—not to be stirred up, even by sympathetic interest. And there are other periods when any help is highly desirable, even if it means facing fairly severe strain or accepting pain.

I am not a great reader, and my knowledge, especially of English medical literature, is anything but reliable. Still, I do not know of any text-book that treats this problem and would give some guidance to the general practitioner on how to solve it. Yet solve it he must—at his own peril and at that of his patient. In this address I have time only to raise this problem and to emphasise its importance. For his solution of the problem of ‘when to start’ has important consequences for the further development of the illness, and a study of these consequences will obviously give fundamental data to one of the many side-effects of the drug ‘doctor’.

Let us assume that in our case the doctor’s probing was timely—that he started at the right moment. We have now to enquire further whether he ought to have stopped at the moment when the patient first showed some signs of emotion. Was he really opening the door as he hoped or, on the contrary, frightening the patient into further repression? In this case he could count on the strained home situation as his therapeutic ally; if his assessment was right, the home situation must remain unresolved, causing increasing tension in the woman, which would in due course bring her back to the doctor, even though she might have been somewhat shocked by the first interview. But, even so, some other approach might have saved the patient unnecessary suffering.

We must also ask what will be the effect of the doctor's question about her affections having gone elsewhere. Will she be helped to arrive at a sensible solution of this most important problem of her emotional life, or will she be frightened into some snap decision? And into which scale will the doctor's weight fall?

After all this painstaking, laborious and rather high-minded discussion, it is time for us to feel humble. Having said all this, we must recognise that the doctor had to act in some way or other, although he was in no better a position than we. In fact his situation was far worse: the patient was there waiting for help, the waiting-room was there too, filled probably with further patients; he had to decide on the spur of the moment whether to ask his questions or not to ask them.

As we know, he decided to ask some questions, and to stop at the first sign that he had touched on a tender spot. Had he been a specialist working either in a hospital out-patient department or in his private rooms he might never have learnt to what far-reaching consequences his examination led. The general practitioner is in a different position, both more and less enviable. His practice is such that a follow-up is almost automatic; sooner or later he must learn the consequences of prescribing himself. Sometimes the information comes in at short notice from the local executive council asking him to forward the patient's medical notes to another practitioner. Our doctor may give a sigh of relief, but he cannot escape realising that the drug—he himself—did *not* work as expected.

In our case nothing happened for more than six weeks. Then, out of the blue, the doctor of the factory where the woman worked rang up our practitioner. He reported that the woman had complained to him of her strained family life and asked for help. The factory doctor suggested bromide medication and asked our practitioner to let her have it on the N.H.S. Our doctor, quite rightly, told his colleague that in the case of this patient there was more than bromide could help; that he was always there if the patient wanted to see him; and that he did not at all mind trying first with bromides. In spite of his accommodating attitude the patient had not turned up yet. The doctor concluded his report to our seminar by admitting that apparently he had made a serious mistake.

We cannot but agree with this conclusion, although it is somewhat hard on our doctor. After all, he did not do anything against the medical text-books. He examined his patient carefully and conscientiously, as he was taught to do, and his few questions were well within the limits of what is called 'medical history taking'. What he asked amounted to hardly more than an inquiry whether the patient lived with her husband, had any children, and whether she had a proper adult sexual life. Nowadays questions of this kind are fairly well tolerated both by doctors and by their patients. Consequently it is not the questions themselves that constitute the serious mistake admitted by the doctor. It was the way he put his questions, especially the way he took the patient unawares. Before the woman knew where she was, she was faced with the highly unpleasant fact that she had given herself away, that a stranger—her N.H.S. doctor—had got unnoticed under her defences. The doctor made a mistake in showing to his patient too early that he knew too much; he administered himself in a too heavy dosage. This much frankly admitted, let us now see what else happened in addition to the mistake. The patient, it is true, was frightened away to another doctor, but on arriving she did not complain of aches and pains any more; instead she complained of her strained marital life.

In our seminars we developed a theory to explain this and similar histories. As it may sound rather unorthodox, let me introduce it gradually.

When this patient was examined, the doctor found four possible illnesses—two physical and two psychological. There was the nodule in her thyroid gland, which could have served as a pointer. The doctor, however, dismissed it as irrelevant—probably correctly. There were the rheumatic pains in the back. The doctor searched carefully for confirmatory physical signs and, although he found none, he still prescribed some medicine for the pains. That is, he took notice of them, but his whole behaviour was meant to impress the patient not to take them too seriously. Then there was the depression which the doctor noticed correctly but which he assumed to be a reaction to the unhappy marriage—a kind of secondary symptom. And, lastly,

there was the unsatisfactory marriage which was then spotlighted by the doctor's questions. So at least four illnesses were 'proposed by the patient': a slight hypertrophy of the thyroid gland, muscular rheumatism, depression and chronic sexual frustration causing unhappiness.

A great number of patients in the initial stages of their becoming ill—i.e. before they settle down to a definite illness—*offer* or *propose* a variety of illnesses to the doctor. The variety available to any one person is limited by his constitution, upbringing, social position, conscious or unconscious fantastic fears and conceptions about illnesses, etc. Still, despite these limitations, there are almost always several offers or propositions. Perhaps the most important side-effect of the drug 'doctor' is his response to the patient's offer. In this case the doctor did not respond at all to the thyroid hypertrophy, made light of the rheumatism, decided that the depression was symptomatic only, but emphasised the importance of the frustrated and unhappy marital life. The patient rejected him but accepted his response as correct. Was this a desirable development? In other words: Has the prospect of therapy become better or worse thereby?

My next question will be: What were the factors that determined the doctor's response? Mark you, the doctor's reaction to any offer of an illness is very complex, and when we examined this response we found that much of it depended on what might be called his 'apostolic function'. By this we meant that every doctor has a set of fairly firm beliefs as to which illnesses are acceptable and which not; how much pain, suffering, fear and deprivation a patient should tolerate and when he has the right to ask for help or relief; how much nuisance the patient is allowed to make of himself and to whom in his environment, etc., etc. These beliefs are hardly ever stated explicitly, but are nevertheless very strong. They compel the doctor to do his best to convert, if possible, all his patients to accept his standards and to be ill and to get well in accordance with them.

The effect of the apostolic function on the ways in which the doctor can administer himself to his patients is fundamental. This effect amounts always to a more or less serious restriction

of the doctor's freedom; certain ways and forms simply do not exist for him, or if they do exist, somehow they do not come off well and therefore are habitually avoided. This kind of limitation in the way he can use himself is determined chiefly by his personality, training, habitual ways of thinking and so on, and consequently has but little to do with the actual demands of the case. So it comes about that in certain aspects it is not the patient's actual needs, requirements, or interests that determine the doctor's response to the illnesses proposed to him, but the doctor's idiosyncrasies. The ultimate development—i.e. whether the patient gets cured or settles down to one of the illnesses proposed by him and, if so, to which—represents a compromise between the patient's propositions and the doctor's responses. Obviously the importance and weight of the contributions of the two partners vary from case to case, and even in the same case may vary in the different phases of the illness. One of the periods when the doctor's contributions are most important is the initial stage of the patient's becoming ill—or, as I propose to call it, the 'unorganised' period. The woman whose case we are discussing is just in that period, and, as we have learnt from the case history, a few questions had unexpected and far-reaching consequences. One may wonder what would have happened if the doctor had accepted the rheumatism and sent his patient for physiotherapy.

The doctor's contribution—his apostolic function—has many complex sources and many aspects. Most of them are, so to speak, private; they are expressions of the doctor's individuality, and although their importance is obvious, I shall say nothing more about them. Instead I wish to spend some time in discussing what I would like to call the public aspects of the doctor's apostolic function. By this I mean an almost compulsory way of responding to a patient's propositions—a way imposed upon the doctor by his training.

The case history we are discussing illustrates how automatic the doctor's responses usually are. The first doctor, although he immediately noticed the pathetic unhappiness of his patient, made a very careful physical examination to the extent of discovering an almost certainly harmless nodule in

the thyroid, noted down on his card the results of his physical examination and his very likely irrelevant diagnosis, and then prescribed some aspirin against an illness which he himself queried. All the time he was fully aware of the depression and unhappiness glaring at him, but all these 'psychological symptoms' remained for him beyond the professional pale.

If instead of having a depressed mien the patient had been pale, with anaemic lips and mucous membranes, the doctor's response would have been—again quite automatically—absolutely different. Perhaps he would have made a haemoglobin estimation on the spot and then sent his patient for a blood count. Certainly he would not have hesitated to ask a host of detailed questions about possible sources of blood-loss, such as menorrhagia, haemorrhoids, coughs, vomiting, etc. Not only would he be quite confident in asking questions of this kind, but his patient also would find them quite natural and would almost certainly not object to a vaginal or rectal examination if her symptoms pointed to the need.

Thus it appears that doctor and patient are joined by a tacit collusion that any examination of the body, even of its most intimate parts, should be considered 'proper' and should be tolerated by the patient without much fuss if the doctor thinks it necessary.

Perhaps it is clearer now why we coined the phrase 'apostolic function'. Apart from their scientific or therapeutic effects, the doctor's responses have a highly important educative influence both on the individual patient and on the community. When any member of the community turns to a doctor for help, he is indeed already conditioned as to what kind of reception he (or she) may expect; and what otherwise would constitute a serious violation of modesty is acceptable to, or even demanded by, the general public if it is done for medical purposes. History shows, however, that this attitude is fairly recent, possibly fifty to sixty years old, and that it is the result of the apostolic function of a few generations of physicians.

With most doctors and patients the situation is utterly different with regard to any psychological examination. As in the case discussed, the doctor is more hesitant, the patient reacts to the examination more openly with emotions, and in

turn the doctor is more easily put off. If the doctor had made the standard request: 'Please strip to the waist', and the patient had shown emotion or reluctance, the doctor would hardly have regarded this as sufficient reason for discontinuing his examination. But the difference between examining the body and examining the mind is quite general; it is the heritage of centuries of medical thinking and of our own training, and consequently it is not so easily changed. On the other hand, change is by no means impossible. During the few years of the research seminars most of the general practitioners taking part have acquired in their areas the reputation of minor psychotherapists. Almost all of them have been approached by patients, not always on their lists, who have explicitly asked to discuss their psychological problems—which means that they were not only willing to undergo, but demanded, a psychological examination. This is further proof of the efficacy and speedy results of the apostolic function.

After this diversion, let us return to our case. As you remember, the patient proposed four different illnesses to her doctor. Has she got four different diseases independent of one another? Or is one the consequence or the symptom of the other? If so, which is the real cause? Further, if it is impossible or impracticable to cure the deepest cause, where is the best prospect for any real therapy?

For instance, was she a genuine depressive, whose constant dark mood and repressed ambivalent hostility the husband could not endure, with the result that in time 'his affections went elsewhere'? Or was she a fairly average woman who unfortunately married a basically unfaithful husband? If so, her unhappiness might be the expression of her insoluble ambivalent love which possibly has led to a reactive depression. Again, we could regard her vague pains simulating fibrositis as a kind of conversion symptom expressing her inability due to her ambivalence either to bear all the strains of forgiving love or to free herself aggressively from them. Or do both the slight nodule in the thyroid and the vague muscular pains point to a slight endocrine disturbance of which both the depression and the sexual unhappiness are possibly secondary

symptoms? We might continue indefinitely with this kind of speculation about the possible causes and dynamisms of her state.

We must bear in mind, however, that this speculation is not merely a useless pastime, because it is exactly in this way that the doctor comes to decide what to treat, when and how. The end-result of this half-conscious, half-unconscious reconstruction of the patient's dynamic pathology is the basis of the doctor's response to the patient's propositions.

Conditioned by their training, doctors in general choose first among the proposed illnesses a physical one, because they can understand it better, they have learnt more and so know more about it, and they can express their findings more easily and more precisely. This almost automatic response might—and quite often does—lead to a great number of unnecessary specialist examinations and to prescribing unnecessary medicines.

The opposite danger, however, is also present. The doctor might be tempted to brush aside all physical symptoms and make a bee-line for what he thinks is the psychological root of the trouble. This kind of diagnostic or therapeutic method means that the doctor tries to take away the symptom from the patient and at the same time to force him to face up consciously to the painful problems possibly causing it. In other words, the patient is forced to change his limited symptoms back into the severe mental suffering which he tried to avoid by a flight into a more bearable physical suffering.

This kind of psychological *tour de force*, in fact a violation of a person's intimate private life, is attempted nowadays much more commonly than ever before. Psycho-analysis in particular has put into the hands of professional people—doctors, psychologists, social workers—methods never before dreamt of. Many of these people have become sensitive to hitherto neglected minute details, can interpret them with ease, and can arrive at conclusions with increasing accuracy. We call this procedure psychological or psychiatric interview technique, and we seem to have inherited from our medical ancestors a not very praiseworthy indifference about it. If our diagnostic conclusions are fairly accurate we do not appear to care greatly how much suffering is caused to the patient by our

diagnostic methods. Obviously a specialist or a psychologist-tester can indulge more freely in this *belle indifférence des diagnosticiens* than a general practitioner: the patient is not *his*; the patient was only referred to him for examination; and when the examination is over the patient is referred back. Unfortunately the general practitioner is the last line, the patient is his and he has to see him through. I wonder how many specialists care to find out what the patients say to their family doctors about the specialist's methods and behaviour?

The real risks, however, are even more considerable. Psycho-analysis has taught us not only to observe and interpret minute details correctly, but also to use our skill and knowledge with some assurance, even daring. We, psycho-analysts, can do so because first we have the patient's transference mostly as our ally, and second we remain in a most intimate psychological contact with our patient for long periods. Should anything untoward threaten we are at hand to notice it and to intervene with a subsequent interpretation in any emergency. A number of people have acquired considerable diagnostic skill and knowledge by studying psycho-analytic literature assiduously, but they ought to bear in mind that in a short-lived psychiatric or social interview the conditions are quite different. I think this difference ought to be respected both by non-analysts and analysts.

It is no exaggeration to say that this kind of diagnostic procedure is, in fact, almost as serious an intervention as a surgical operation. Like a surgical operation, it should be undertaken at the right time, by the right man and in the right way. The person who has in the first instance to decide whether there is a good or fair prospect of satisfying these three conditions is the general practitioner. It is true he can ask for advice and help from his colleagues, but the final decision is always his. In the case of a psycho-diagnostic or psycho-therapeutic intervention the situation is still more stringent, because asking for advice psychologically already means the beginning of the intervention. Here the general practitioner is entirely on his own, and he has to bear the whole responsibility of this vital decision. We are only at the beginning of our research into the diagnostic criteria which will enable the

doctor to decide 'when to start' with his psychological investigations and therapy, and in which cases.

Obviously this new kind of diagnosis will demand a somewhat different approach to the patient's problems and a somewhat different way of thinking about them. If we are right, it may have far-reaching consequences for general practice, and perhaps also for the whole of medical thinking and consequently for medical training.

As a contrast, I wish to quote a second case in which the question 'when to start' was not raised. Patient and doctor drifted along together into a rather difficult situation.

In addition, this second case will illustrate one more rather difficult problem, yet another aspect of the apostolic function. In general, it is taken for granted that the doctor ought to do his best to help his patient, to relieve the sufferings—i.e. he ought to be a good and helpful doctor. We all know the extreme case of this urge to help, the *furor therapeuticus*, against the dangers of which every experienced medical teacher should and does warn his students. On the other hand, very little has been written about the compelling need of certain patients to have a 'bad', useless, therapeutically impotent doctor. The reason is that there are very few practitioners who can tolerate this role, and still fewer who can adapt themselves to it with their eyes open. The overwhelming majority of us, driven by our apostolic zeal, must do everything to impress on our patients—and ourselves—that we are helpful, good doctors. These two opposing tendencies—the doctor's need to be helpful and the patient's need to prove that his doctor is no good—usually lead to strain. Our second case history shows this strain and the somewhat unorthodox method the doctor chose to relieve it.

The patient is a man of 58 and has been on the general practitioner's list since May 1939, but his medical history goes back to 1925, i.e. for over thirty years, sixteen of which were with his present doctor. During all this time he never ceased complaining. He has had pains in his rectum which 'made him faint'. Numbness in left leg. Bad headaches 'only relieved by military march on the wireless'. Feels terrible when waiting for trains and buses, becomes giddy when standing about.

He knows 'he will never get rid of the giddiness until he is in his box'. Indigestion is 'shocking' and to prove it some of the interviews with his doctor were punctuated by a succession of belches. In addition, shortness of breath, 'nerves', always blown up, pains in every part of the body, and so on.

Of course he has been seen during the thirty years by innumerable specialists; in fact his notes require a special case. The diagnosis varied from neurosis through nervous debility and hypochondriasis to neurasthenia. Apart from these rather irrelevant and unhelpful tags the specialists' reports contain only negative findings such as: no carcinoma in rectum, barium meal and cholecystography negative, chest clear, and so on endlessly. I have to add that the psychiatrist's report is in exactly the same vein.

Despite all this the patient has been able to maintain a good enough relation with his wife; and, although they have no children and intercourse occurs but rarely, his wife describes him as a 'good husband'. Moreover, in the past twenty-five years he has only been away from work for two to three weeks although he has been in a responsible and at times strenuous job as an examiner in a large factory.

Many years ago the patient must have come to the conclusion that doctors can do nothing for him, as no medicine has ever made any difference to his complaints. Still, during all this time he has come practically every Friday evening for a bottle of medicine. Every time he says: 'Nobody can do me any good.' The doctor has learnt to accept his criticism and yet to prescribe a new medicine if it is asked for. On occasions he has even taken down the pharmacopoeia, saying, 'I have given you everything in this book and nothing has done you any good; will you choose now what you would like?' Mark you, this was never said in irritation or annoyance, but in a friendly and, although defeated, still sincerely sympathetic tone. By the way, the patient seems to like these scenes; perhaps he accepts them as a sign of confidence in him.

The doctor summed up the situation to our seminar in this way: 'Over the years I have established a relationship with the patient in which I accept that nothing does him any good and commiserate with him; we metaphorically slap each other on

the back more or less cheerfully when he attends for his weekly bottle of medicine, which we both agree will not do him any good. He has no resentment towards me, and I am not incompetent because I cannot cure him. In fact I am a good fellow; not like some of those other doctors. He has some pride in his toughness to resist the bad effects of my medicines and tablets and especially in his ability to carry on in spite of the considerable cross he has to bear ("unlike some of the weak-kneed younger men of to-day"). He is no worry to me. He senses when I want him to go and disappears quickly. If I am busy he comes in and is prepared to leave without much discussion, telling me happily that "there is a mob in the waiting-room".

'He is on my side, in fact.'

The doctor could have ended his report equally truthfully: 'I am on his side, in fact have been for many years.'

Now this is a most instructive case, bristling with puzzling problems. Let us see, then, whether our new ideas are of any use here.

It is obvious that the patient has been offering to his doctor illness after illness. Faithful to his training, the doctor himself patiently examined every offer, and then asked the counsel of his more learned brethren, but had to reject every offer as unacceptable. During this 'unorganised' period the patient gradually withdrew into the 'you doctors are no good, but I can take it because I am tough' attitude. If we accept the date of 1925 as the beginning of the 'unorganised' period—very likely it started earlier—the patient was then 28. You remember I asked the rhetorical question what would have happened to the woman patient if her doctor, instead of asking his hesitant questions, had sent her for physiotherapy. Although admittedly our second patient is far more ill than the woman, his case could be considered as a pointer of the direction the woman's illness might have taken. We may here ask the corresponding question, what would have been the fate of this man if, instead of sending him to specialists and prescribing him bottles and bottles of medicine, someone had asked a few pertinent questions at the right moment? Who knows?

Anyhow, our man settled down and created and grew an impressive illness involving his whole life. Although the

superficial symptoms varied and changed, the basic structure of the illness remained the same and became firmer and firmer with the years. One aspect of the illness was to play hell with his practitioner, to rub in time and again that he was no good, absolutely useless. One cannot exclude altogether the possibility that this was partly a revenge for the doctor's rejection of the patient's propositions. Although it is not mentioned in the report, we can well imagine that there were quite a few not very pleasant periods for the doctor. He asked for help from his specialist colleagues, but what he got was only negative advice. That is, he was told what *not* to do, but given no help whatever as to how he could help his patient. I wonder how many of us—general practitioners, psychologists, psychiatrists, social workers, etc.—would have remained, under this irritating fire, as calm and imperturbable and as friendly and sympathetic as our doctor. How many of us would have thought of taking down the pharmacopoeia and offering it sincerely to the patient to choose from it the medicine he thinks might help him?

It was this atmosphere of unshakeable friendly sympathy that enabled the patient to make his peace with his bad and useless doctor and to accept his company for all the troubled years of illness, pain and suffering. He has obviously been badly in need of company and without his doctor would not have been able to keep fit and maintain a tolerable, or perhaps even a not completely unhappy private life.

To sum up: in this case all the organic illnesses proposed by the patient were rejected one by one, but the doctor accepted the pain and the suffering and honestly tried at least to relieve them. This counter-proposition of his was in turn rejected by the patient who—perhaps prompted also by his resentment—wanted to have his doctor bad and impotent. The doctor then agreed to this last proposition—i.e. that he cannot relieve the suffering and pain—and agreed also to remain friendly and sympathetic. On these terms a working compromise was established, and patient and doctor settled down to a form of illness acceptable to them both.

Now imagine that this patient had been on the list of a doctor who—because of his personality—must be a good and

helpful man, whose apostolic function compels him to try everything in his power to cure his patients without exception—or mercy.

I promised to talk about *The Doctor, His Patient and The Illness*. But really 'the doctor' should have been in the plural, for in any obscure or difficult case specialists are called in to advise and help the general practitioner. This brings in quite a number of new complications. From then on the patient cannot escape feeling that he has got to deal with the whole medical profession facing him, a single person, in concerted action. This inevitably stirs up reminiscences of his early life, when, a single child, he had to face the whole world of adults who tried to educate him in their apostolic function. It is in this way that the present situation mobilises all the anxieties, animosities, fears and frustrations, blind confidence and dire suspicions of that early age. This fact explains why so many patients regress to surprisingly childish methods in their relation to their doctor or doctors—e.g. to complete subordination, swearing blindly by the doctor's words; or on the other hand to an unrealistic, almost crazy rebelliousness, ridiculing and belittling anything and everything that the doctor proposes; and, lastly, to an especially annoying defensive method, playing off one doctor very cunningly against the other. But behind their unrealistic attitude there is always the gnawing fear and the abject dependence. They feel that possibly something very important has gone wrong in their body or mind and they cannot put it right by themselves, but almost certainly this can be done by outside expert help. With this help they may survive; without it they are doomed to perish.

I have discussed at some length the doctor-patient relationship, but I have said hardly anything about the third part of my title, about *The Illness*. There are many reasons why it had to be so. I propose to discuss only two of them. The first is my own training. Being a psycho-analyst, the greatest part of my experience stems from what I have learnt in the psycho-analytic situation. Almost all psycho-analytic discoveries have

come from this field of study, characterised by a very peculiar and lopsided two-person relationship. One partner of this relationship is superior, has more knowledge, has a better and deeper understanding; he is the one who can and does explain—i.e. interpret—the events that happen between the partners. In return, highly charged emotions are transferred on him which he has to tolerate. The other partner of this peculiar relationship is always weak, is coming for help because he cannot understand his problems by himself, or in other words certain things are, for him, inexplicable. This creates rather high tensions in him; one way of relieving this strain is to transfer his emotions on to the stronger partner, his analyst.

It is easy to see why we analysts cannot help explaining any doctor-patient relationship in the light of our own experience with patients in the analytic situation. This is tantamount to explaining it in terms of the relationship between a child and the adult. But it means also that we have a much scantier knowledge about any one-person situation; a situation in which there is *no* partner on to whom emotions can be transferred, in which a man is essentially on his own. Situations of this kind are probably as important as the two-person situations studied by analysts. A good example of this one-person situation is, for instance, artistic creation. All the psychoanalytic explanations proposed try to turn it into a kind of two-person relationship, although it is obvious that no second person is actually present, that the artist in fact creates his work of art by and out of himself. The rather pedestrian and obvious analytic explanation is to consider the work of art as a kind of child born by the creator artist. This conception is strongly supported by the imagery of all the languages known to me, all of which use words borrowed from childbearing to describe any creation. To quote a few: the artist conceives an idea, is pregnant with it, has labour pains, gives birth to a work of art, some of his ideas become a miscarriage or are stillborn, etc. All this shows that this explanation is true; nevertheless it is rather shallow, and does not do justice to the richness of the real experience.

Roughly the same is true of our theoretical conceptions about illness. We know that for some reason or other during

the initial 'unorganised' period of their illnesses—which may last from a few minutes to several years—people gradually withdraw from their environment and first create and then grow the illness on their own, *out of themselves*. This period which, according to our experience, is of paramount importance for the future fate of the illness and of the patient, is only poorly understood for the time being. Our psycho-analytic methods do not provide us with an adequate enough technique to follow the patient in detail in his work and struggle with the growing illness. In this situation, in the same way as during the artistic creation, there is as yet no second person present, and certainly no external partner on to whom emotions could be transferred and thereby made accessible to our analytic methods. So again, in the same way as with artistic creation, one of the analytic explanations considers the illness as a kind of child, in this case a bad, damaged child which, instead of bringing pleasure, brings pain and disaster to its creator. (This imagery may become conscious and be expressed in exactly these words by certain patients, especially women suffering from a growth.) I have to repeat what I said before. Although this explanation is very likely true, it is certainly superficial and inadequate.

The situation changes fundamentally when the patient reaches the stage of complaining. Although his illness is usually still in the unorganised state, he now needs a partner, a superior one, from whom help can be expected. Here we analysts are at home and can use our methods with confidence and—as I hope I have succeeded in showing—our ideas may be of some use to the general practitioner in his arduous task. The relation, however, is by no means one-sided. It is true that the general practitioner can learn a good deal from us about the all-important interaction between the patient's propositions and the doctor's responses prompted by his apostolic function. But it is equally true that we analysts can also learn a good deal from the experiences of general practitioners.

Our patients usually come to consult us at a stage when they have settled down to their illnesses. It is only seldom that we see patients in 'unorganised' states and—apparently—we do not feel very confident about them. This kind of uneasy hesitation

and diffidence was already there when Freud stated in his *Studies in Hysteria* that the hysterics, in the acute productive phase of their illness, are as a rule less accessible to cathartic or analytic treatment than in the chronic settled phase. Abraham, too, recommended not starting the analysis of cyclothymics in their manic phase. I think I am right in saying that even to-day analysts are somewhat reluctant to take on for treatment an agitated, confused catatonic, certainly much more so than a schizophrenic in a settled chronic phase. That means that, as a rule, psycho-analysts avoid getting involved with an 'unorganised' patient. On the other hand, the psycho-analytic process is tantamount to stirring up rigid, settled-in attitudes and forms of reaction. In other words, the aim of our technique is to lead the patient out of his settled and organised pathological state through transitory, more or less unorganised or even disorganised phases, towards a better integrated state; practically every day we witness and have to work with both kinds of transition: from organised to unorganised and from unorganised to organised states. Expressed in our new terms we again find the patient proposing something to his analyst and the analyst responding to it according to his own apostolic function. Compared with the general practitioner, we analysts are in a better position, as we possess a considerable literature advising us how to respond to our patient's propositions. We call it the technique of interpretation, and our literature advises us in some detail which parts and aspects of the material produced by our patient should be interpreted, when, and how. Despite this important difference, the apostolic function operates automatically—exactly as in the case of the general practitioner.

Practically every author in the literature strongly recommends rounding off the session—if at all possible—by interpretations, *not* allowing the patient to leave his analyst in an 'unorganised state'. This technique unavoidably leads the analyst to do his best to restrict the 'unorganised' states to a short period, at most to about half an hour in any session, and to time his interpretations so that these periods should not encroach upon the last 10–15 minutes of the session, which he needs for the rounding off. Unquestionably this technique has all the arguments of external reality on its side.

On the other hand, consistent adherence to this technique gradually establishes a tacit agreement between patient and analyst that 'unorganised' states must be treated differently; they are not permitted to last, that is to say they are, in a way, undesirable events. One of the unintended results of this agreement is that our knowledge of these highly dynamic 'unorganised' states is very scanty. Another unintended result of this technique is the somewhat one-sided treatment in our literature and thinking of the interaction between the patient's propositions and the analyst's responses to them. In the same way as medicine, psycho-analysis, too, assumes tacitly and rather one-sidedly that the illness dwells all the time exclusively in the patient and the analyst does not do anything but try to understand it in order to put it right. That illness, as it develops and changes in the two-person analytic situation, is always the result of a compromise, of an interaction, between the analyst and his patient is usually kept out of focus.

To show what I mean by this interaction, I wish to quote a historical example. In Freud's early writings the illnesses most frequently mentioned were hysteria, phobia, and the group he called actual neuroses, foremost amongst them neurasthenia. It was he who detached from that group the obsessions, and in the next period these, especially what were called 'obsessional characters', seem to have dominated the field. In still later years actual neuroses practically disappeared from the literature and almost every case was described either as character neurosis or neurotic character disorder. Nowadays we have learnt to recognise the importance of depressive, paranoid and other psychotic mechanisms in nearly all our cases.

Does this mean that the patient material itself has changed? This idea has been put forward tentatively time and again whenever these well-known changes were informally discussed by analysts. I strongly doubt it. In my opinion it means rather that our knowledge of the human mind has changed, has deepened and widened, and that consequently our responses to the patient's propositions and offers are different now from what they were fifty, thirty, or even twenty years ago. A consequence, and a very important one, of this change in our responses, in our apostolic function, is that by them we deter-

mine, so to speak, the main spheres of the mind, where the most important parts of the analytic work have to be done. These spheres are definitely different nowadays, and this may explain why analyses to-day are so different from what they used to be.

In my address I have discussed the general practitioner's problem of how to respond to the patient's propositions so that the ensuing compromise should focus attention and interest on that proposition which offers the best prospects of therapeutic help. I think it is only fair that we psycho-analysts should submit our own technique to the same close scrutiny, that is to say that we should ask ourselves whether our present responses to our patient's propositions—i.e. our present ways of interpreting the material produced by the patient—lead to a compromise which would focus attention, interest and libido on that proposition which offers the best prospects of therapeutic help.

I know that these ideas throw a heavy and alarming responsibility on all of us—general practitioners, specialists, psycho-analysts alike—but I cannot see how any one of us can avoid shouldering it. And, I firmly believe that by becoming more and more aware of our roles in the patient-doctor relationship—i.e. of our side-effects as drugs—our therapeutic efficiency will grow apace.

POSTSCRIPT

Throughout this address I have used 'illness' in the same sense as it is used in general medicine. E.g. in the first case discussed the four conditions were described as illnesses in their own right, although obviously they may influence one another or even one may be secondary to the other. If I am right, psycho-analysis is about to develop a new conception which may be called 'basic illness' or perhaps 'basic fault' in the biological structure of the individual, involving in varying degrees both his mind and his body. The origin of this basic fault, according to this theory, may be traced back to a considerable discrepancy in the early formative years or possibly months of the individual between his own needs and the care

and nursing available at the relevant times. This creates a state of deficiency whose consequences are only partly reversible. Although the individual may achieve a good or even very good adjustment, the vestiges of his early experiences remain and contribute to a large extent to what is called his constitution, his individuality, or his character make-up both in the psychological and the biological sense. The cause of this early discrepancy may be congenital, i.e. the infant's needs may be too exacting, or may be environmental, such as insufficient, careless, haphazard, over-anxious, over-protecting, or only un-understanding care. Should this theoretical approach prove correct, then all the pathological states of later years, the 'clinical illnesses', must be considered as symptoms or exacerbations of the 'basic illness', brought about by the various crises in the development, both external and internal, psychological or biological, of the individual. I wish to say that my address is concerned only with the 'clinical illnesses' of later years and not at all with the 'basic illness'.

Part Three

MEN AND THEIR IDEAS

XIV

I. P. PAVLOV¹

(1927)

AT the end of 1926 a book was published containing the collected articles and lectures of Pavlov, arranged roughly in chronological order.² Such a book had long been expected. It is true that the scientific world knew that Pavlov and his institute had been working very intensively on the subject of conditioned reflexes, but hardly anything had been heard about the results except at second hand, as almost all the reports appeared in Russian alone. This book, though not a systematic account, does at least give us the first detailed information about his researches. For this reason alone it merits full attention, but it is interesting also by virtue of its subjectiveness, which affords us insight into the writer's psychological development.

Ivan Petrovich Pavlov's career as a scientist is certainly among the most interesting on record. In 1904, at the age of fifty-five, he won a Nobel prize. His research work up to 1904 is well known. Its subject is the activity of the glands of the digestive tract. His collected papers appeared in German in 1899 (the English translation under the title of *The Work of the Digestive Glands* not until 1902). In the same year, 1899, Wulfson, a member of the Pavlov Institute, published his doctor's thesis in which, for the first time, mention was made of the phenomenon that for decades was to become the centre of all Pavlov's activities. The name eventually given to this phenomenon—the conditioned reflex—saw daylight only in 1903, in a lecture by Toloksinov, another of Pavlov's colleagues. From this time onwards Pavlov gave himself up entirely to his new subject. Both he himself and his entire Institute lived for it alone. The World War, revolutions, floods, famine, all

¹ Published in Hungarian in *Gyógyászat* (1927), 67; first English translation.

² This relates to the German edition. An English version was published under the title *Lectures on Conditioned Reflexes* in 1928.

passed him by. He went forward without pausing in his research on his chosen interest. This highly interesting character: strict delimitation of his sphere of work on the one hand, and, on the other, the indomitable drive which recognises no limits within this sphere, appear to me to reveal Pavlov's true nature. At the end of this article I intend to show the extent to which those two trends influenced Pavlov's scientific thinking.

To begin at the beginning: it has long been known that secretion of saliva starts at the sight and even the thought of appetising food; and, as Pavlov has demonstrated, the same is true for the secretions of the stomach, pancreas, etc. It was Pavlov, too, who demonstrated for the first time that the sight of a familiar dish, the appearance of the man who usually brings the food, or even the sound of his steps, is enough to provoke 'psychic excitation' in animals, particularly in dogs. Systematic research then made it clear that by adhering to certain conditions it is possible to transform a whole array of events into regular stimuli of the salivary, stomach and other secretions. The phenomenon was therefore called *the conditioned reflex*. As against this, Pavlov named the start of the saliva secretion caused by food *the unconditioned reflex*.

This change of name to *conditioned reflex* from the earlier *psychic excitation* very clearly characterises Pavlov's mode of thought. In his introduction to his book he explains why he has changed the name. About 1900 one of his colleagues, Snarsky, 'undertook to analyse, from the subjective point of view, the internal mechanism of the stimulation, i.e. he assumed that the internal world of the dog—thoughts, feelings, and desires—is analogous to ours. We were now brought face to face with a situation which had no precedent in our laboratory. In our explanation of this internal world we diverged along two opposite paths. New experiments did not bring us into agreement or produce conclusive results, and this in spite of the usual laboratory custom, according to which new experiments undertaken by mutual consent are generally decisive. Snarsky clung to his subjective explanation of the phenomena, but I, putting aside fantasy and seeing the scientific barrenness of such a solution, began to seek for another exit from this difficult position. After persistent deliberation, after a con-

siderable mental conflict, I decided finally, in regard to the so-called psychical stimulation, to remain in the role of a pure physiologist, i.e. of an objective external observer and experimenter, having to do exclusively with external phenomena and their relations.’¹

Conversely this means that Pavlov did *not* wish to be a psychologist. It was his deliberate intention not to be one. The fact, however, remains that he himself had at first defined the phenomenon to be studied as psychic. Although at first he had differentiated it from the nervous processes, later he abandoned this point of view and tried to explain the problems which had emerged here solely on the basis of nerve physiology. Nevertheless it seems that the temptation was not entirely conquered. Pavlov again and again put psychologists to the test, told them all his results and asked them for a satisfactory explanation. It is interesting to follow these details in his book. In the beginning he writes objectively of the confused and contradictory answers which the representatives of the various schools gave him, and says that he has never succeeded in drawing from their explanations conclusions which could be proved in the laboratory. Later his tone becomes progressively more contemptuous: ‘It is one thing if physiology accepts the knowledge of sciences which are more exact than physiology itself; it is an entirely different matter to borrow notions from a discipline which, it must be admitted, has not reached the grade of an exact science, from a discipline whose representatives challenge one another to agree unanimously concerning its general postulates, its common problems, and its unquestionably fruitful methods.’² Finally he gets to the point of saying: ‘Though the right of existence of human psychology be granted, there is no reason why we should not question the necessity of an animal psychology. What means, indeed, have we to enter into the inner world of the animal? What facts give us the basis for speaking of what and how an animal feels? The word “zoo-psychology” is, it seems to me, a misnomer, the result of a misunderstanding.’³

These are very serious words, especially as otherwise Pavlov

¹ *Op. cit.*, pp. 38–9.

² *Op. cit.*, p. 224.

³ *Op. cit.*, p. 329.

is very careful to express his thoughts with the utmost precision and never says an iota more than he is certain of meaning. This last conclusion oversteps the frontier defined by the word 'behaviour' in the title of his book. Behaviourism views the subjects of the experiment (whether human beings or animals) as if they had no subjective internal life. Going beyond this, Pavlov denies that any conclusion referring to this subjective life has a scientific *raison d'être*. This strict limitation becomes increasingly sharp in the articles as they follow each other chronologically.

A quarter of a century of hard struggle and productive work lies behind these pronouncements. However, I must mention here that all the experimental results and the laws derived from them relate to the activity of two not very important or interesting small organs. These two organs are the *glans parotis* and the *glans sublingualis*. We may sum up the results briefly by saying that every external phenomenon which, on the one hand, is not so weak as to be imperceptible, and on the other not so strong as to arouse invincible fear in the animal, can be connected with the saliva secretion, either as its regular stimulus or its regular inhibitor. In what way it will function depends not on the stimulus, but exclusively on the will of the experimenter. Even when the stimuli are very painful, such as scratches, electric currents, burning, etc., defensive measures may be suppressed. This positive reaction always follows so long as food is produced regularly after the stimulus, and within the accustomed time, which may vary from a few seconds to minutes. In short, if certain conditions are adhered to, any other stimuli can provoke the same reaction in the animal as food does unconditionally. Pavlov therefore called the first kind of phenomenon an *inborn* or *unconditioned reflex* and the second an *acquired, temporary, individual* or *conditioned reflex*.

These attributes denote the essential qualities of the phenomenon. According to Pavlov's concept, the known reflex-scheme aptly describes this phenomenon. In contrast to the ordinary reflex, however, this phenomenon is individual, acquired during life and not constant, and its continuance depends on the observance of certain conditions. Let us

examine these more closely. If repeatedly and for a rather protracted period the unconditioned stimulus of the reflex in question fails to follow the conditioned stimulus (for instance, if feeding does not follow after the sound for the frequency of which the animal has been trained), the stimulus will gradually lose its effect and will no longer start the saliva secretion. In Pavlov's terminology the conditioned stimulus requires constant reinforcement, which means that at intervals the dog must be fed simultaneously with the administration of the stimulus. Following the fate of this sort of 'not-reinforced' conditioned stimulus further, Pavlov ascertained that such an 'extinguishing' stimulus acquires in course of time an actively inhibitory effect, i.e. it decreases the effect of a second, constantly 'reinforced' stimulus if used simultaneously. This sort of active inhibition could be produced in other ways as well. If we combine a new stimulus (for instance a certain bell) with a constantly reinforced conditioned stimulus (for instance a light signal) and food never accompanies this combination, the new stimulus (the bell) will become the conditioned inhibitor of the saliva secretion. It is true that the flow of saliva starts at the light signal alone, but when the bell is heard it is immediately arrested. 'Differentiation' is yet a third sort of inhibition. If, for instance, Pavlov had made the sound of 800 frequency into a conditioned stimulus, all the tones would at first stimulate the salivary glands. If food regularly followed only the tone of 800 frequency and not the others, all the rest, but particularly those in the neighbourhood of 800, would become inhibitors of the saliva secretion. 'Retardation' is the fourth kind of inhibition. This occurs when feeding does not follow the established conditioned stimulus within the accustomed time—3–5 seconds—but is 'delayed' for, let us say, 3 minutes. If we continue this regularly, the flow of saliva is also delayed and starts only in the second or possibly even the third minute after the stimulus.

Pavlov called this class of inhibitions 'internal', thus contrasting them with the 'external inhibitions' which have long been recognised and are caused by intensive, unaccustomed stimuli. By this means it was possible to prove that the development of the 'internal inhibition' does not mean the destruction

of the conditioned reflex, but only an alteration in it. It is enough, for instance, to expose to an intensive 'external' stimulus a dog which does not produce saliva in response to the combined effect of a light signal and the inhibitory tone for the secretion to start immediately. According to Pavlov the 'external inhibition' inhibits the internal and thus frees the original reflex.

One of Pavlov's most significant discoveries is that these 'internal inhibitions' and sleep are essentially similar processes. In his view, sleep is a generalised inhibition and an inhibition is localised sleep. The stimuli of the external world would keep the animal awake and force him to bring more and more conditioned reflexes into play. It is, however, inevitable that many of them should release the reflex process but are not 'reinforced' by the unconditioned stimulus in question. The gradual growth of inhibitions accumulated in this way slowly produces sleep. It is possible to produce this experimentally. It is enough to subject a dog to a few retarded or 'extinguishing' reflexes for it to become drowsy and even within a short time to go to sleep on the experimental table. Paradoxically this happens even if the stimulus is very painful, as, for instance, a strong electric current. (Where the reflex is only 'retarded' the dog, of course, awakens at the time to which he has been conditioned, and the flow of saliva starts simultaneously.) In such cases, therefore, it is the inhibition caused by the stimulus which produces sleep. Conversely it is possible to increase the inhibition by means of neutral, monotonous stimuli which produce drowsiness. For instance, if a dog trained to a 'delayed' reflex is subjected to a neutral stimulus a few seconds after the conditioned stimulus, and the neutral stimulus is repeated until the dog is drowsy, the flow of saliva will be delayed by an additional 15-20 seconds.

I shall only mention that Pavlov succeeded in producing different kinds and degrees of sleep experimentally. Some of these strongly resembled hypnotic sleep, a catatonic state, animal hypnosis, etc. Unfortunately I cannot discuss these in detail.

As the term 'conditioned reflex' shows, Pavlov tried to explain the whole group of phenomena on the lines of the

reflex scheme. According to him, the unconditioned reflexes, inborn in the individual, take place in the lower centres of the nervous system (the spinal cord, sub-cortical ganglia, etc.), while the unimpaired activity of the cerebral cortex is necessary to conditioned reflexes. This latter activity consists of the following three specialised functions: (1) analysator functions (this distinguishes the stimulus from all the other external phenomena), (2) the central connection, (3) the excitement of the centre of the secreting organ (this in Pavlov's experiments was almost exclusively the alimentary centre). Pavlov required yet three more terms in order to give an account of all the data which he had observed. These are: (4) the inhibition, (5) the migration of the inhibition or of the excitement respectively, and (6) the mutual induction of the inhibition and of the excitement. With the help of these six terms, Pavlov succeeded in giving a full description of this group of phenomena. Before reviewing the importance of this in regard to biology and psychology, I want to call attention to a change in the methodology used.

In his early research Pavlov directed his interest almost entirely to the conditions of starting the flow of saliva. Later, as these were clarified and thus came almost entirely under the control of the experimenter, his research turned to new objectives. Instead of the external conditions, his interest focused on the central processes. The new task was to localise them, to describe their temporal course and their changes in intensity. In this work, the part played by the flow of saliva is relegated to that of a mere indicator; by beginning or ending it marks the events at the centre. I have already mentioned one result of the new trends in research, which is that inhibition and sleep have been found to be analogous states. Another is this: it has been possible to prove by means of conditioned reflexes that dogs have absolute hearing, and by employing a technique of the requisite accuracy it has also been proved that a frequency differing from the stimulus by $\frac{1}{8}$ of a tone does not start the saliva secretion. (This differentiation is an achievement of which human beings are generally incapable.) This method has very great value for the study of the physiology of the sensory organs. If a phenomenon can be successfully

used as the stimulus of a conditioned reflex, this proves that the animal perceives this phenomenon and is even able to distinguish it unfailingly from all the others which have no effect on the reflex. The practical implications of this did not interest Pavlov and his Institute much. While recognising its importance to the full, he did not study it systematically, but rather treated such results found during the course of his other research work as curiosities.

In contrast to this he has worked with great interest in another direction. As I have already stated, Pavlov maintained that the unimpaired functioning of the cerebral cortex is necessary to the undisturbed activity of the conditioned reflexes. The next step was to extirpate certain parts and to draw conclusions as to the physiological functions of those parts from the ensuing disturbances. In this way Pavlov was able to prove that the role of the cerebral cortex is primarily that of an analysator, and that higher mental development is to be ascribed first of all to the finer analytical capacity. We have for long been able to distinguish certain regions of the cerebral cortex, and we have a rough idea of their activities. With the exception of the motor zone, these are all sensory zones. Pavlov's experiments in extirpation confirmed the previous ideas about the functions of the sensory zones, their function being, in Pavlov's terminology, analytical. Thus, for instance, if the auditory zone has been cut out or badly injured, the acoustic phenomena lose their character of a conditioned stimulus acquired before the operation, and after the operation it is no longer possible to transform any acoustic phenomenon into a conditioned stimulus. As against this, the conditioned reflexes of the other unimpaired analysators naturally work without disturbance. If the injury is smaller, the analytical capacity suffers less: for instance, in one of Pavlov's experiments the dog, who before the operation had reacted promptly (with a flow of saliva) to four successive tones, if these were played on an ascending scale, after the operation was unable to distinguish the ascending from the descending scale. An unexpected result manifested itself in cases of injury to the so-called motor zones. The animals, as is well known, became clumsy and 'stupid' and were unable to control their move-

ments. With the help of the conditioned reflexes, however, it was possible to prove that this state was produced only by the loss of the stimuli originating in the skin and by movements. These animals reacted promptly to phenomena of light and sound, and analysed them just as they had done in their 'intelligent' state before the operation. They were also able to learn new ones, whereas the conditioned reflexes caused by all the skin and locomotion stimuli disappeared, and they never succeeded in acquiring any new ones. (I may mention that success was obtained in marking off the zone of skin stimuli from that of locomotion stimuli. The first is the region of the *gyrus coronarius* and *ektosylvius*, the second of the *gyrus sigmoides*.) The relatively incapacitated state of these dogs is caused by the fact that—as a result of the loss of the skin and motor analysator—these stimuli do not reach the higher centres. The animal has lost the old ones and is unable to form new conditioned reflexes from these classes of stimuli.

Thus I have reached the end of my commentary. I have not been able to mention everything, but I have tried not to omit anything of importance. My selection, like every other, has, of course, been subjective. What I am going to say now will, however, be subjective to an even greater degree. Pavlov's six terms described above—analysis, central connection, excitation, inhibition, migration of the excitation or of the inhibition, and finally mutual induction of the excitations and of the inhibition—are clearly physiological terms, or, strictly speaking, terms of nerve physiology. Except during the first few years, Pavlov's consciously admitted aim was to avoid any reference in his writings to what is usually called the psyche. By so doing, he made it possible for a connection to be established in the future between his conclusions and psychology. As I view it, one of the essentials for the effective cooperation of the two sciences is that neither should borrow concepts from the other until these are defined with the greatest precision within their respective spheres. So long as the concepts are not clear in their own country, they will cause even greater confusion in a strange one. Pavlov completed this very important task of clarification on behalf of physiology.

Nevertheless we must not forget that objectivity at all costs

means limitation also, and, coming as it does from within, a strongly subjective limitation. Pavlov himself feels this to some extent. Almost all his articles begin with a plea for the defence. On the principle that the best form of defence is attack, he defends his own methods by attacking psychology. I have already mentioned how sharp and contemptuous these attacks are. I do not at present want to enter into the question whether they are justified or not; my only aim is to show their subjective character.

Pavlov's rigid refusal to listen to any sort of psychological explanation naturally limited his research in many directions. The boundary was fixed in one direction by the fact that he used in his experiments exclusively those unconditioned reflexes which—as is the case with the most used one of feeding—are controlled by the instinct of self-preservation. His results are therefore at present unrelated to the other and certainly not smaller sphere of life and the psyche—the preservation of the race, or sexuality. It is easy, of course, to find analogies, not from the sexual life of animals (since we know virtually nothing about this), but from that of human beings. Here the fetish suggests itself as the conditioned stimulus of the beloved person. In this sphere, however, it seems possible in certain cases for such a conditioned stimulus to make itself independent, and for a long time, perhaps permanently, to become unconditioned. The perversions are impressive examples of an event of this kind. Such a change cannot take place so far as the food reflexes are concerned. As I reported above, if food does not follow the conditioned stimulus regularly, this latter becomes a permanent inhibitor instead of a stimulus. From all this it follows that Pavlov's laws are not absolutely valid in the other sphere of the psyche: sexuality. The second important limitation is that the result—the flow of saliva—is a characteristically automatic, reflex activity which cannot be influenced by the will. I must say again that it is not possible to decide in advance whether Pavlov's laws remain valid in their entirety and simplicity in the case of all the more complicated processes which belong to the realm of consciousness. Pavlov did not see these two limitations, or at least he does not mention them in his book.

In contrast to this, there is a third one which he often discussed. This is the apparently mystical sequence in time. Conditioned reflexes can be brought into being most easily where food follows the stimulus immediately. It is much more difficult if the food is 'late', and despite all the experiments of Pavlov and his Institute they have not been able to produce a conditioned reflex if food precedes the stimulus. To this category belongs a second group of phenomena. In place of meat powder, Pavlov often poured diluted acid solution as the unconditioned stimulus into the dog's mouth. Generally it was equally possible to use this defensive saliva secretion for conditioning reflexes. As I have already said, he succeeded in converting painful stimuli into conditioned stimuli of the flow of saliva with the help of meat powder. In no single case, however, was it possible to do this if acid poured into the dog's mouth was the unconditioned stimulus. Pavlov tries to explain these and a few similar experiments by a so-called suit-case theory; from a suit-case, as everybody knows, it is possible to extract only what has previously been put in. Pavlov states this fact frankly.

These self-imposed limitations which point in three directions have a common characteristic. Any transgression of these boundaries would have entailed the recognition of the subjective world and within it the feelings of the animal. If Pavlov had begun to study activities which were either sexual or under conscious control, he would have had to hazard certain suppositions about the feelings of the animal to be experimented on. This so far unproved inference gains in strength if we read attentively the few detailed memoranda which Pavlov inserts in his book. I hardly think that it would be possible to describe the way dogs behave during the process of stimulation otherwise than by using psychological terms. If the reaction is positive, they are interested, wag their tails excitedly, turn in the anticipated direction, lick their lips, etc. If not, they howl mournfully, become restless, put their tails between their legs, try to get away from the stand, or relax apathetically. Pavlov was so conscientious in his account that he himself mentioned the dogs' interested, pained or apathetic expression. But he was still not able to take the step which separated him from psychology.

It is true that psychology did not make things easy for him. Certainly the recognised psychological schools did not deal much with the dynamic effects of feelings. In those answers which Pavlov received from the psychologists whom he questioned, the only concepts mentioned are memory, thought, will, etc. The only psychological school which is primarily concerned with the importance of the pleasure-pain set of feelings is psycho-analysis. It is common knowledge that it was hysteria which furnished Freud with his first experiences in this field. According to psycho-analytical theory, this illness is caused by the conversion into physical symptoms of intensive feelings caused by external stimuli. Pavlov's success in proving by means of exact physiological experiments that through the intervention of the 'highest nervous activity' of the animal (this is Pavlov's name for the psyche) the external world can influence the functioning of the glands, opens unbounded vistas to psychology. On the other hand, psycho-analytical research in its turn, dealing as it does with the world of emotions, will very probably bring fresh light to bear on some as yet dark fields of physiology. Perhaps it will be just in the fields opened up by Pavlov's researches that biology and psychology will meet.

XV

DR. SÁNDOR FERENCZI AS PSYCHO-ANALYST¹

(1933)

IF I had to define in one word what our Master really was at heart I should say a physician, in the finest, richest sense of the word. This does not mean that other things did not attract his interest. His was an active, one might say a restless, mind, ever alert, ever enquiring, and so naturally his scientific activity could not be confined within the limits of medicine. He knew that he had attained considerable success beyond its borders, and he was pleased with this success, even proud of it; but it was never important to him. The only thing which could permanently hold his interest, in which his restless spirit found rest, was: helping, healing.

Ferenczi was not brought to the sickbed by a combination of circumstances. He did not make the détour through the laboratory as did, for instance, his master Freud. As soon as he had finished his studies he began at once with the treatment of the sick. In the beginning he was interested equally in organic and functional nervous disorders; later, as he became more thoroughly acquainted with psycho-analysis, he devoted his whole activity to that science. His only aim, and one which he never lost sight of, became to relieve the sufferings of mentally sick people. And it is almost entirely due to Ferenczi that psycho-analysis to-day² is able to help a much larger number of people with much greater sureness than 15 to 20 years ago.

In the years before the war what was called, and not by chance, the classical technique of psycho-analysis had already been worked out. This was almost entirely the result of Freud's work. The technical writings of Freud which appeared between

¹ Paper read before the Memorial Meeting of the Hungarian Psycho-Analytical Association, October 3, 1933. Published in Hungarian in *Gyógyászat*, in English in *Indian Journal of Psychology* (1934), 9.

² Written in 1933.

1912 and 1915 included an excellent résumé of the method of that time. Thereafter Freud scarcely touched on technical problems in his writings. His interest turned, on the one hand, to the clarification of the fundamental analytical ideas and theories, on the other to the exposition of the great cultural connections. His last work on technique, the lecture at the Budapest Congress in 1918, already showed the influence of Ferenczi's investigations.

The therapeutic technique of that time was based entirely on the method of free association. It was known by this time that, under the pressure of resistances working within them, patients periodically disobeyed the law of free association, or, more correctly, were incapable of obeying it. It was Ferenczi who recognised the methodological importance of this phenomenon, and it was Ferenczi who added to the hitherto prevailing definitions of the final aim of the treatment (overcoming of resistances and removal of infantile amnesia) the new task of *teaching the patients how to associate really freely*. From this endeavour derive his technical developments which have not only made the therapeutic technique richer and more effective, but have also essentially deepened our understanding of the criteria of final recovery.

The point of departure was the question how one can teach patients to associate freely. According to the analytical conception of that time, resistances are at work in the patient; he was able to say everything necessary in the interest of the cure, and yet obviously somehow he was not able, even seemed not to care to do so. The aim was described very characteristically in the usual analytical jargon: these resistances must be overcome, that is to say that greater and more serious efforts are necessary. The first papers of Ferenczi on technique reflect this spirit. First, the insincerity of the patient, e.g. his misuse of the freedom of association, must be shown up. Secondly, he must be incited to greater efforts. Starting from a technical idea of Freud's, Ferenczi worked out a whole arsenal of such technical devices. Formally, these all represent tasks for the patient. He must either give up certain pleasurable, possibly sensual, actions which have already become a habit; or, for a time, undertake unpleasurable, possibly painful, actions.

Through this intervention the mental tension is increased, and this greater driving force sets the blocked associations in motion. Naturally the final aim remains the same: to bring hitherto uncontrolled functions under the control of consciousness.

As we see, the essence of this technique—called *active technique*—is that the patient should do something or renounce something. The result of this intervention, when made at the right time and in the right manner, was always an intense emotional experience. The associations prompted by these experiences always lead to the discovery that these recommended (or forbidden) activities and renunciations were strictly determined by the former experiences of the patient. They are, so to speak, repetitions of significant events of his life. The aim of the activity is the direct provocation of this repetition. From these clinical experiences Ferenczi drew the conclusion that our patients are incapable of adjusting some experiences of their lives merely by free association and recollection. It is not enough if we only allow them to reproduce, as it were, these experiences in words during the course of treatment in the analytical situation; occasionally they must be helped to repeat them in action.

The results of these experiences were summarised in the book written jointly by Ferenczi and Rank. Here it was first emphasised that the whole analytical treatment really is a shattering experience for the patient, that it forms one of the most important stages of his libido development. Freud has pointed out that the peculiarity of the analytical situation lies just in the fact that the physician does not react to the experiences repeated by his patient, to the emotions transferred on to him from former persons, but endeavours to make the patient conscious of the transference and repetitional character of these phenomena. Active technique lays a new burden on the physician, a further demand on his elasticity; for as soon as he abandons the attitude of simply listening and interpreting, it becomes of still greater importance that he should not transfer his own emotions on to the patient in the form of commands or prohibitions. This is one of the reasons why Ferenczi became one of the most decided advocates of a thorough didactic

analysis, and it is largely owing to him that this extremely important requirement is to-day internationally recognised.

At this stage of the development of technique, the analyst stood behind his patient as a powerful protector, his sharp eye seeing through every attempt at concealment and intervening with his commands and prohibitions at the right point in the conflict between the resistances and the healing tendencies. Experience showed, however, that this intervention did not in all cases bring about the intended results. In cases of certain kinds the ineffective advice had to be revoked, and this naturally considerably lessened the authority of the physician. Yet in many cases after a complete collapse of authority the analysis began to progress again, and often it went much better than in the period of the oppressive authority.

From this experience resulted the second period of Ferenczi's technical innovations. Ferenczi never forgot that psychoanalysis was really discovered by a patient, Miss Anna O., and the merit of the physician, Dr. Breuer, lay in the very fact that he was always ready to accept his patient's guidance and to learn from her the new method of healing. When, in these times of barren results, his patients strongly opposed his authority, Ferenczi was always willing to accept this as a sign of the necessity for deepening his own analysis. He laid down the principle, above all for his own use, that if a patient is willing to continue the analysis and the work still does not proceed, then it is the physician and his method that are at fault. Obeying this principle to its last consequences, he was always prepared to revise his technique anew. As the first step in this revision, the strict injunction was reduced to the giving of advice. Then he experimented with allowing the greatest possible relaxation instead of heightening the tension. This proved of decisive importance for his later technique. Later he had to extend this revision to the whole behaviour of the physician in the analytic situation. He shrank from no sacrifice if, in the opinion of a patient, the treatment failed to progress because of his (Ferenczi's) personal peculiarities. He revised his words, his usual modes of expression, his gestures, even the pitch of his voice, if his patients criticised them; and he was always prepared, at whatever cost to himself, to examine the limits of

his sincerity. He did not allow himself a single false or even a vacant tone in a patient's presence.

Why was this very great effort necessary? He had to learn that in certain cases his otherwise well-substantiated interpretations or advice had proved useless, in so far as they could not succeed in getting the associations going again. Looking for the cause of this failure, he discovered that at such times his patients mistrusted him, feared and suspected him. They obeyed him only out of fear, not from insight; only the failure, the patients' unaltered condition, showed him that behind their obedience, mistrust and resistance lay hidden.

This anxiety and fear, which is to be found at the back of all neuroses, is an old problem of psycho-analytic theory. For a long time it seemed assured that this emotion was first aroused by some kind of shattering infantile experience, a trauma. Rank believed he had found the first cause of the anxiety in the trauma of birth. Ferenczi at first accepted this interpretation, but soon had to recognise that the true cause of the anxiety lay deeper. Another attempt was to trace back the origin of the anxiety to the threat of castration suffered, we might say regularly, during childhood. Doubtless this threat plays an important part in the genesis of the anxiety, but it offers no satisfactory explanation of the general mistrust and uneasiness which may already be observed between child and adult, and which causes the patient so much effort before he can entrust himself to his physician. This mistrust is often concealed behind exaggerated faith, dependence and gratitude. Ferenczi had to sacrifice a good deal of his medical narcissism before he was able to discover the hidden anxiety behind this dependence and gratitude of his patients. Thus it appears that every neurotic really pretends or lies, but only because no other possibility is open to him, in the same way as children are made to lie because the grown-ups through their hypercritical behaviour prevent them from being sincere. What is felt to be good by the child, such as noisy games, romping about, making messes, is naughtiness in the eyes of adults, and vice versa, the adults call good what for the child is really bad, such as sitting still, behaving properly, taking care of his clothes, etc. Education not only forbids many pleasurable

activities, it also hypocritically demands that the children should condemn these pleasures morally. So it becomes impossible for the child to admit his wishes, his pleasures. In many cases—masturbation, Oedipus wishes—the child's sincerity appears in the eyes of the grown-up as the worst depravity. The neurotic, but also most so-called healthy people, have remained children in many respects; it is therefore understandable that their first reactions to every authority, hence also to the physician, are those of suspicion, anxiety and mistrust.

Accordingly, there is no point in combating the obstacles which block the way of the free association; instead one must endeavour to *understand* them. The patients test whether they can talk to their physician sincerely and frankly, or whether he also will demand of them a false, hypocritical morality. To pass this test freedom, elasticity, true empathy—or, as Ferenczi has called it, *tact*—of the physician is of paramount importance. This inner freedom and elasticity is not easy to achieve; we analysts have had to endure the same hypocritical education as our patients, and we are continually under temptation to use automatically the false phrases adopted by us through identification. Ferenczi has shown us how we have to watch every tone, every movement, every gesture, so that only true sincerity should lead us and not the 'professional hypocrisy' which reduces the patient to silence.

These new views have fundamentally altered the role of the analyst. He is no longer the powerful protector who, in the time of the active technique, laid bare every hidden unconscious desire or satisfaction and, as it were, directed the experiences of his patient with his advice; he has become the well-meaning, motherly, tender, understanding companion with whom it is possible for the patient to live through the painful events of early life, in order to find jointly with him new and healthier solutions for the mental conflicts which gave rise to the illness. A large amount of medical narcissism must be sacrificed to make this change of role possible. A sacrifice of this kind is perhaps the most difficult task which anyone can be set. Many an analysis has broken down before this insurmountable narcissistic barrier. Ferenczi often said he was being analysed by

his patients; his writings show how serious this analytical work was. The deserved result was not lacking either. From all parts of the world Ferenczi was sought out by sick people who had found no help from other treatments and by physicians who wanted to learn from him. The scientific result is still more significant. Ferenczi, with his technique, reached depths of the human mind unplumbed by any before him.

Ferenczi was predestined for this task: the understanding of the mind of the neurotic, and through it that of the child. He chose this subject for his first analytical paper; the title of his address at the First Psycho-Analytic Congress at Salzburg in 1908 was: 'Psycho-Analysis and Pedagogy'. Perhaps his favourite theme, to which he returned time and again, was the fantasy of the 'wise baby' who suddenly began to speak from his cradle, and spoke so wisely that the grown-ups opened their mouths and eyes in astonishment. He himself was in many respects a child, brisk, cheerful, always ready for a joke. Children at once discovered a comrade in him and became friendly with him amazingly quickly. He always regarded himself as belonging to the younger generation of research workers; justly, for his whole scientific work is one continual impetus without any trace of the flagging of age. His active mind was always ready to forget every conclusion however respectable and to regard anew, naïvely, wonderingly, phenomena seen a thousand times. He could not bear empty formulas and pompous pretentious learnedness; on the contrary, he prized above all concrete clinical observations and a thorough examination of the condition of the patient. The academicians of our science did not like him, they feared his *élan* and regarded him as an *enfant terrible*. Ferenczi took note of this nickname with a bitter smile; it hurt him, but also made him feel proud. He felt that he was not understood, that mutual misunderstanding, the 'confusion of tongues' surrounded even him, who had devoted his life's work to the removal of this confusion between the child and the grown-ups, between the patient and his analyst.

Although each of Ferenczi's papers on technique is independent of the others, and it probably never occurred to him to regard them as parts of a series, I believe that taken together

they provide the best picture of the man and of his scientific development. This series is a worthy counterpart to Freud's *Interpretation of Dreams*. Here, as there, the author had to reveal a considerable part of his private life, including highly personal intimate details usually suppressed, for the sake of presenting a scientific truth. Both works had the same aim: the relentless search for truth, even at the cost of complete disregard of every personal sensitivity and vanity. But there is one essential difference. Freud belongs to the classical type of research worker. His *Interpretation of Dreams* is the result of an already crystallised and accomplished achievement worked out to the smallest detail. Searching and striving after truth can hardly be discerned in it. Ferenczi's work leads us through every perplexity of the seeker for truth, through every hope and disappointment. Each paper is a just but strict and incorruptible criticism of that which preceded it.

Ferenczi's work remained unfinished. The situation is not yet ripe for a final verdict. In his last months—for he worked up to a few weeks before his death—he already knew that some of his technical experiments and innovations had not been confirmed by experience. The predominant part of his labours, however, will always belong to the eternal and immutable treasures of psycho-analysis. To-day we cannot as yet estimate the possible changes in our technique and point of view which will result from his labours. But whatever destiny is to be assigned to the ideas thrown out by Ferenczi, his writings will remain an everlasting document of the enquiring human spirit.

XVI

SÁNDOR FERENCZI, *OBIIT* 1933¹

(1948)

THE early history of psycho-analysis is full of tragic events and tragic lives. Indeed, it was the heroic age of our movement. Perhaps the most tragic, the most moving history of all is that of Sándor Ferenczi.

This is a bold statement. Neither the many friends won by his radiant, lovable personality, nor the inexhaustible wealth of his ideas, nor the unchallengeable successes of his scientific career, seem enough to justify such an opinion. Although he was Freud's junior by seventeen years, Ferenczi became, in an incredibly short time—a matter of only a few months—perhaps the closest friend of the master, and was for many years his inseparable companion on his jealously guarded holiday journeys. Among the quickly growing host of analysts, Ferenczi attained—as a matter of course—a special place of respect, and he was loved and admired by everyone all the world over. Except for Freud, perhaps no one contributed so many and such fundamentally new ideas to our science; Ferenczi's contributions belong, to-day more than ever, to the classical works of psycho-analysis.

All this is true, and yet, somehow, something always went wrong for him. Let us follow the example of Freud, who compared Ferenczi with Abraham in his obituary note on the latter.² With Abraham nothing ever went wrong. His career was a steady rising curve, an unbroken line of successes. He was a born president, understanding but unswervingly fair, not knowing fear or favour or personal bias; once discovered, he was unanimously re-elected President of our International

¹ First published in the *International Journal of Psycho-Analysis* (1949), 30, as introduction to a 'Ferenczi Number', hence the references to the papers printed in that number. Based on a paper read on the occasion of the fifteenth anniversary of Ferenczi's death to the British Psycho-Analytical Society on May 5, 1948.

² *International Journal of Psycho-Analysis* (1926), 7, 16.

Association at every subsequent Congress throughout his life. His theories were universally accepted, have been quoted correctly by everyone; they had and still have a fundamental influence on all systematic analytic thinking. Abraham himself became the spiritual head and the unquestionable leader of a brilliant school of pupils. Ferenczi, on the other hand, was always admired for his freshness, originality and fertility, but was hardly ever understood, and often completely misunderstood. He was seldom studied thoroughly, seldom quoted correctly, was often criticised, and more often than not erroneously. More than once his ideas were rediscovered later and then attributed to the second 'discoverer'. He was the founder of the International Psycho-Analytical Association, and was elected its President by the rump Congress of Budapest in 1918, but was able to hold office only for a few months. Because of the political unrest in Central Europe at that time, which made postal connections uncertain and difficult, he handed over his office to Ernest Jones and was never even nominated again.

He was always treated with a mixture of admiration and guarded suspicion. As the years went by, this tension of ambivalence around him increased rather than subsided, and he who had so many friends all over the world died almost entirely isolated, escaping only by a hair's breadth a fatal break with Freud, his friend and master, whom he had loved so loyally and so devotedly.

Perhaps it will now be agreed that Ferenczi's was really a tragic fate. Such tragedies never arise from external causes alone. During all the years I knew him, he used to joke about being the *enfant terrible* of psycho-analysis. He was proud of this position, but it was a bitter pride. His favourite story, quoted by him on innumerable occasions, in dignified scientific discussions as well as at gay social parties, was the fantasy of the 'wise baby'¹ who, though still in the cradle, is wiser than the whole family, wiser, in fact, than all the grown-ups put

¹ Originally in *International Journal of Psycho-Analysis* (1923), 4, 70. Reprinted in *Further Contributions to the Theory and Technique of Psycho-analysis*. International Psycho-Analytical Library, No. 11, London, 1926.

together. This, of course, is a very frequent motif in myths, fairy tales, dreams and fantasies. In the myths or fantasies this extraordinary achievement is reached easily, without difficulty, and without evil consequences—as it should be with a wish-fulfilment. The analysis of such dreams and fantasies proves, however—as Ferenczi himself told us—that this wisdom was bought at a heavy price indeed. A desperate effort is made by the baby to break through the wall of misunderstanding which surrounds him on all sides; a desperate effort inevitably bound to fail. In reality—unlike in myths, dreams and fairy tales—children remain children, however wise; they can only play at being, but never in childhood really be, adults.

I think this was the insurmountable barrier that separated Ferenczi from his colleagues. Freud and Abraham were essentially mature adults. Ferenczi, in spite of his profound insight, of his many-sided talents, his unsurpassed qualities as a clinical observer, and his unbounded scientific fantasy, was essentially a child all his life.

Here we have the explanation not only of his ready enthusiasm for every promising new idea, whether it was his own or anyone else's, for his uninhibited and unlimited scientific fantasy, but also—and it happened several times—for his being carried away by the new idea. It took some time for his critical faculty to catch up with his enthusiasm; several times Ferenczi had to qualify or even completely withdraw his technical propositions; an unpleasant task which he never tried to shirk if his experience showed that it was necessary. This explains, too, his complete lack of respect for ossified views or ossified traditions in scientific usage and custom. His scientific language is indeed horrifying to any purist or to a would-be translator. For Ferenczi, words and technical terms were only—more or less—useful means of expressing mental experience; the experience was the important thing that had to be described as strikingly as possible, and he was not willing to grant to any word or term a 'vested interest' in any particular meaning or sense. This was the source of the freshness of his approach; he was always able to look at old things and old phenomena without bias and as naïvely as if he were seeing them for the first time. Even the most common, the most everyday, the most routine

experience, was never rounded off and finished for him; he never filed anything away as finally dealt with or definitely solved. Lastly, being himself a child, he was, as a matter of course, accepted as an equal by every child, and the same thing was true of those unhappy children, his patients.

In no time his fame as an analyst for hopeless cases became world-wide, and soon he was regarded all the world over as 'the haven of lost cases'. His many technical experiments were the reaction to this demand for help. These experiments in many respects belong now to the history of psycho-analysis, and particularly of our therapeutic technique. They are fairly well known, especially in respect of all that can be criticised in them. This much admitted, I am still sure that the day will come when analysts will begin to study them again, not to criticise them but to learn from them.

In this number¹ we have not included any of his papers on technique. Our intention is to show a new side of Ferenczi, the value of which has as yet hardly been recognised or assessed, namely his ideas about the child. Certainly those ideas were partly an outlet by sublimation for his own instinctual cravings, his own unsolved problems for his ready identification with the child in his patients. But in addition to that—I think—just because he was so much nearer to the child, Ferenczi became aware earlier and perhaps more clearly than most of us of certain crucial facts and relations. The material presented here¹ consists of two of his congress papers (Salzburg, 1908, and Wiesbaden, 1932), together with some of his posthumous notes and fragments, and a few letters written by him to Freud.

Both papers are curiously bound up with Ferenczi's own fate. 'Psychoanalysis and Education' was written very soon after he had become acquainted with psycho-analysis, only a few months after he met Freud, and was read at the First Psycho-Analytic Congress in 1908. Although this was—as far as I know—the first paper ever written on this subject, apart from a shortened version printed in a Hungarian periodical (and subsequently in the first Hungarian volume of Ferenczi's collected papers) the article remained unpublished throughout

¹ For explanation see footnote on p. 243.

his life. I found the original manuscript amongst his papers, and it was included in Volume III of the *Bausteine* which I was printing in Budapest for the Internationaler Psychoanalytischer Verlag. The printed sheets were ready to be dispatched to Vienna in 1938, when the Nazis occupied Austria and seized the Verlag. Eventually I succeeded in smuggling the sheets (about 6 tons) through Austria to Switzerland, and they appeared on the eve of the outbreak of war—some of the sheets were bound there in the summer of 1939—but in the turmoil nobody took much notice of them. Why this paper was not published during Ferenczi's lifetime I have no idea. The other paper, 'Confusion of Tongues', appeared only in German in 1933, a few months before Ferenczi's death, at the height of the threatening crisis between Freud and his devoted pupil—and has not until now been published in any other language.

These two Congress papers—the beginning and the end of his analytical career—deal with the *child* (alone) and the *adults* (united) and with the effects of the adults' behaviour on the child. Perhaps the whole of Ferenczi's work can be regarded as dealing with the problems: (a) What are the effects of the adults' behaviour on the child? (b) How is it that they remain effective long after the child's education has ended? (c) What can the analyst do to remedy their disastrous consequences (neurosis, psychosis, character malformation)?

Ferenczi's main message is that one can hardly ever pay proper and sufficient attention to the fateful discrepancy between the child's genuine needs and the unconscious uncontrolled gratifications in which the adults indulge while bringing up their children. It is because of our unconscious fears and repressions that we have to choose devious ways for our gratifications, that we subject our children to unnecessary, avoidable, traumata, that we bring them up in a way that is thwarting to them; and subsequently our children, when grown up, pass on similar traumata to their children. This fateful sequence of events in a way resembles the symptomatology of a traumatic neurosis of the succeeding generations, each generation trying to abreact as much as it can bear of the inherited sum-total of traumata and passing the rest on to

the next generation. This train of thought led to very interesting results in *Thalassa*.¹

The Salzburg paper,² written in 1908, in Ferenczi's young optimistic years deals mostly with recommendations as to how to avoid this tradition, this passing on of traumata from generation to generation. Ferenczi's suggestions are indeed revolutionary. He pleaded that full use should be made of Freud's discovery, namely that most of the child's needs also are sexual in nature, and recommended accordingly that educators should use both feeding and excretion deliberately as means of giving reassurance and pleasure to the child. The same should hold true for free, healthy, physical contacts between child and adults, such as rocking, handling, picking up, holding, etc.—a recommendation re-'discovered' by several psychologists and pediatricists only a few years ago. Ferenczi, however, added even in 1908 a very important rider which is very likely bound to be re-'discovered' soon. He emphatically demanded that throughout the whole upbringing a conscious control should be sustained without relaxation in order to avoid the over-stimulation which is just as disastrous as neglect, i.e. under-stimulation. The safe, optimal level of stimulation must be found and carefully maintained. In fact we should make a deliberate attempt at guiding the various component instincts into healthy genitality, thus preventing the development of unnecessary repressions, reaction-formations, perversions and inversions. According to Ferenczi, the only way to achieve this is the intentional and planned participation of the educator in all the sexual crises of the child, especially in the Oedipus situation. He knew that our knowledge was insufficient for this planned guiding of the child through his conflicts, and pressed for a new science: the experimental pedagogy of instincts.

The second paper,³ his last Congress address in Wiesbaden, 1932, in fact his last public lecture, was written amidst the profound emotional storm which threatened to alienate him from his beloved master Freud. It is a first draft, and, as had

¹ *Thalassa*, 1938. The Psycho-Analytic Quarterly Inc., New York. (German original appeared in 1924.)

² Reprinted in Ferenczi: *Final Contributions*, 1955.

happened several times in the past, Ferenczi was carried away by his discovery. In his last few months he often spoke of his intention to rewrite it. The sources of the material on which this paper was based were the analyses of very severely neurotic patients, almost all of whom came to Ferenczi after several unsuccessful attempts with other well-known analysts. These were desperate cases with severe disturbances in childhood, and the extracts from their case histories used by Ferenczi in this paper show extremely pathological features. Later work carried out by his pupils proved the presence of the same mechanisms described here by Ferenczi, in everyday analytical material, i.e. in less severely pathological cases. This is the usual story of new analytical discoveries—the phenomenon is first observed in severely disturbed cases, proved later to exist in less severe neurotics, and finally in so-called normal people also. Ferenczi's paper should be read in the light of this understanding.

In the Wiesbaden address, as well as in the 'Notes and Fragments',¹ his main concern was no longer to point the way for a thorough reform of education, i.e. for the prevention of unnecessary unhappiness. As the years went by he became less optimistic, more modest in his expectations, and restricted himself to a description of the sad consequences of faulty education, and of his therapeutic efforts towards their cure, still hoping, however, that his empirical findings would be useful as signals giving warning of the great dangers usually unrecognised in education.

As I have mentioned, Ferenczi is usually recognised and criticised as the unruly reformer of our therapeutic technique. This is understandable; his new technical propositions were indeed surprising, intriguing and spectacular. Unfortunately their forceful challenge overshadowed the patient, painstaking, sympathetic, and above all scrupulously self-searching clinical work on which they were founded. It was upon this same foundation of sound clinical experience that Ferenczi built—in addition to his technical innovations—his theory of sexuality and his ideas about the child's mental life. His theory of sexuality, described in the main in *Thalassa*² and in 'The

¹ Reprinted in Ferenczi: *Final Contributions*, 1955.

² *Op. cit.*

Psycho-Analysis of Sexual Habits',¹ is now almost completely forgotten; his ideas about the child (singular) among the adults (plural) were ignored altogether except by a few very close pupils. The central idea, to which Ferenczi returned time and again, is the essential disproportion between the child's limited capacity for dealing with excitation and the adults' unconscious, and consequently uncontrolled, passionate and simultaneously guilt-laden, over- or under-stimulating of the child. (It makes no difference to the child whether the adults call this inconsiderate stimulation hygienic régime, cheerful play, education for freedom, setting an example, moral strictures, reward or punishment, or what you will.) Starting from this essential disproportion Ferenczi began to develop a theory of the psychic trauma and a theory of the early stages of the mind. Psycho-analytical thinking is now beginning to re-examine Ferenczi's ideas about the paramount importance of the adults' actual libidinous behaviour towards their children in the pre-Oedipal times. Ferenczi's unfinished theories contain a good deal of important material and stimulating ideas about this strange libidinous object-relation which may later have such disastrous consequences for the developing mind of the child.

The early developmental stages of the mind are now perhaps the most hotly disputed problem of all the controversial issues of psycho-analytical theory. It is my conviction that Ferenczi's ideas can give us considerable help towards understanding the several competing theories and eventually may even enable us to work out a just agreement among the contestants.

¹ *International Journal of Psycho-Analysis* (1925), 6, 362. Also in *Further Contributions*.

XVII

THE LIFE AND IDEAS OF THE MARQUIS DE SADE^{1, 2}

(1954)

SINCE this book, now issued in a revised and enlarged edition, was first published in 1934, a good deal of new material has been unearthed about the Marquis de Sade and his literary works which makes the new edition very well worth while; and it is of the greatest interest in spite of the fact that a very important publication by Gilbert Lély was not available to Mr. Gorer when revising his book, so that he has been able only to point out in a postscript that some of his conclusions need to be qualified in the light of the new evidence. As possibly Mr. Lély, who has recently been given permission to use the archives of the de Sade family, will publish further important material, some of Mr. Gorer's conclusions may need further revision.

De Sade is usually depicted as a cruel roué, with deep-set eyes and hollow cheeks; in fact, as Mr. Gorer shows us, he was anything but that. According to two independent, official descriptions, of the kind found on a passport, he was a short, fat man, 5 feet 2 inches tall, with thin, greyish-blond hair, a high forehead, small mouth, round face, pale blue eyes, and average nose and chin. Moreover, poor M. de Sade was an unsuccessful man all his life. He always chose the wrong enemies. Under Louis XVI he was held prisoner in the Bastille, whence he was set free only a few months before it was stormed. During the Revolution he was imprisoned in the Picpus, and finally Napoleon put him into a lunatic asylum, the concentration camp of that epoch. There he died in 1814, at the age of seventy-four, having spent more than twenty-eight years of his life in various prisons—fat, 'almost blind, suffering from gout and rheumatism in chest and stomach', as he himself

¹ First published in the *International Journal of Psycho-Analysis* (1954), 35.

² Review of a book by Geoffrey Gorer of the same title, London, 1953.

wrote in a letter addressed to Napoleon in which he asked for his pardon and release.

Although Mr. Gorer tries to be lenient about his pathological condition, it is obvious that in the first instance de Sade was severely obsessional, completely engrossed in complicated numerical systems, which seem to have dominated both his behaviour and his imagination. Further characteristic features are his constant preoccupation with money and shady financial concerns, especially cheating in connection with income tax. Moreover, we have convincing proof of at least two of his homosexual affairs, both with people below him in rank, and in his pay. On the other hand, there is no evidence of a friendly relationship with any man of his own standing; on the contrary, he always succeeded in rubbing men in power up the wrong way and turning them into his bitter enemies. In fact he seems to have been at least a borderline case of paranoid schizophrenia, and may even have suffered at times from acute hallucinations, mainly of a persecutory nature.

His relations with women were equally curious. His arch-enemy was his mother-in-law, Madame de Montreuil, who obtained *lettres de cachet* against him from both Louis XV and Louis XVI, bribed his lawyer, set the police on his track which led to his final imprisonment, and, after many years of struggle, finally succeeded in alienating her daughter from him. When she was tried by the revolutionary tribunal in 1793, de Sade, who by an irony of fate happened to be its president, tried his best to prevent the passing of the death sentence. He was unsuccessful, but immediately after was himself imprisoned for being suspiciously moderate in his views.

Although he does not seem ever to have been in love with his wife, Renée, and was hardly ever faithful to her, she stood by him even after he had seduced her own sister and eloped with her to Switzerland. It was only after many years of hard pressure, especially from her mother, that she gave up her husband and retired to a convent. In fact, women as well as men seem to have been either his sworn enemies or his devoted friends, who supported him however badly he treated and humiliated them. All this is in agreement with the diagnosis quoted above.

Mr. Gorer discusses de Sade at length as a writer, philosopher and theoretical politician, but for the sake of brevity I have to pass over all these highly interesting aspects and confine myself to the discussion of de Sade's views on sex and especially on sadism.

He expressed surprisingly correct views on the overwhelming importance of sex, on the role of infantile sexuality, on the effect of early environmental influences on the form taken by sexuality in adults, on the dynamism of passion, and so on. On the other hand, he thought that all perversions were congenital, which is obviously erroneous; but if we substitute 'perverse tendencies' for 'perversions', this statement will appear as a forerunner of the theory of the component instincts. According to Mr. Gorer, de Sade compiled an amazingly rich list of perversions, partly on the basis of his historical studies, but mainly from his own experience and imagination; a list which, again according to Mr. Gorer, is much more complete than those of either Krafft-Ebing, or Havelock Ellis, or Kinsey. To show the depth of M. de Sade's insight into the psychology of sexuality, may be quoted his saying that: 'The greatest pleasures are born from conquered repugnances', a thesis which finds an almost unqualified support in our clinical experiences.

De Sade's writings impressed the world so much that, following on Krafft-Ebing's proposal, a term for cruel sexual practices was coined from his name. Mr. Gorer is, however, able to show that this is unjust and erroneous. According to him, sadism as described by de Sade is 'the pleasure felt from the observed modifications of the external world produced by the will of the observer'. It is only because pain and destruction are easier to cause and more spectacular in their effect that de Sade described mainly these activities of his characters, that is to say, he portrayed his hero not as a man 'as he is or pretends to be, but as he can be when influenced by vice and passions'. It was in this way and because of his pessimistic view of human nature that he made *destructive* sadism far more common than *constructive*. Mr. Gorer is quite right when he points out that many other works, including the famous *Book of Martyrs* by Foxe, described similar tortures and cruelties; what differentiates de Sade from them all is that his characters

do not excuse their actions by any religious, political, social or legal pretences. Their actions are described with an almost objective accuracy and their hidden pleasure-seeking motives are openly discussed. This difference may explain why all authoritarian rulers, from Napoleon to Hitler, have persecuted and condemned de Sade's writings with a vigour and consistency not bestowed on any others.

According to de Sade, the wish to dominate and the bent to cruelty are innate. 'The child breaks his rattle, bites his nurse's breasts, kills his pets, long before he reaches the age of reason. Cruelty is instinctive . . . is nothing else than man's energy uncorrupted by civilisation.' De Sade goes even further and analyses to some extent the change of this instinct for cruelty into wild uncontrollable passions. If I understand Mr. Gorer's description, the main factor is un-understanding education which, by unnecessary frustration, represses the original cruelty and changes it into passion.

Lastly, I may point out two aspects which have perhaps escaped Mr. Gorer's searching analysis. One is the almost complete absence of remorse, guilt feelings, or reparative tendencies in his heroes and heroines on the one hand, and on the other the surprising fact that quite a number, I would say almost the majority, of the cruel and sadistic pleasures are coupled with masochistic ones, where the hero or heroine is tortured, defiled, maltreated, humiliated. The usual dynamic explanation supplied by M. de Sade is that the excitements caused by the sadistic activities were so great that nothing but the wildest excesses, including self-humiliation and the suffering of pain, were sufficient to assuage them. It is very likely that a deeper analysis would show the influence of guilt feelings, which are, as we know, almost inseparable from any passionate emotion or satisfaction. The other point is equally curious and calls for further analysis. However cunning, unscrupulous, ingenious and delicate the hero or heroine is in devising and achieving the satisfaction of his cruel passions, however successful his performance, there is usually another still more delicate and inventive person who scrutinises the events and shows mercilessly how many mistakes were made in the plan and in the performance. As far as I know de Sade's writings, we have

hardly anything about the intimate life and pleasures of this second person—such as Noircueil, Lady Clareville, etc.; they are only there as critical instances. I think it would be a worthwhile study to find out their real nature. The obvious surmise is that they are split-off parts of the hero, derivatives of his super-ego, which in disguised form criticise his performances, show up his shortcomings, that is, give distorted expression to his guilt feelings; by stretching a point one could say that they are reaction-formations of the guilt feelings and as such highly ambivalent; on the one hand they reassure the hero, de Sade, that his performances are not as bad as they could be, and on the other, they create further tension in him by showing up his inefficiency.

Mr. Gorer has succeeded in writing a most interesting book. I hope it will encourage some analyst to make a still deeper study of the intriguing character of the Marquis de Sade. The point of view put forward by Mr. Gorer, together with his wealth of well-ordered material, will be of the greatest use to anyone who wishes to make a further study.

XVIII

GÉZA RÓHEIM¹

1891–1953

(1954)

GÉZA RÓHEIM had the good and bad luck to be born the only child of fairly well-to-do parents. Their house was well known throughout Budapest for its hospitality, excellent kitchen, and still more excellent wines, grown in their own vineyards.

He was an over-protected and rather spoilt child, as is illustrated by an anecdote which he related on many occasions of an incident which, he said, had a considerable influence on the choice of this life-interest. When he was in his early teens, his father opened an account for him at one of the oldest bookshops in Budapest. The old assistant there, recognising Róheim's insatiable avidity for reading, directed his interest towards folk-tales, myths and first-hand records of primitive tribes. Thus at an age when fairy tales are usually read for amusement, Róheim laid the foundations of his magnificent library, and of his almost encyclopaedic knowledge of the original sources of what, on the Continent, is called ethnology. While still a student at a Budapest grammar school he was invited to give a lecture to the Hungarian Ethnological Society (the Hungarian equivalent of the Royal Anthropological Society), and in 1911, when not yet twenty, he published his first paper in the *Journal* of that Society, on 'Dragons and Dragon Killers'. This paper, by the way, is the first in the whole of anthropological literature in which a professional anthropologist fully accepted and used psycho-analytic findings. Anthropology—except in its physical aspects—was at that time not yet recognised as a proper science by most continental universities. There was no chair of anthropology in Hungary, so Róheim went to Leipzig and Berlin. Even there he had to take geography as his principal subject for his Ph.D. examina-

¹ Reprinted from the *International Journal of Psycho-Analysis* (1954), 35.

tions, with anthropology only as a subsidiary. It was during his university studies that he came across the works of Freud, Ferenczi, Abraham, Jung and Riklin, and decided that a real understanding of anthropology could come only from psycho-analysis.

On his return from Germany he joined the staff of the Ethnological Department of the Hungarian National Museum, a post he held until 1919, when the counter-revolution forced him to resign. For many years after his resignation his former colleagues rang him up time and again whenever some odd request or query had to be answered, or when something could not be found. Róheim invariably knew when and why such-and-such an exhibit had been stored away and where it should be looked for.

In 1916 Ferenczi, relieved of his onerous war duties as the medical officer of a squadron of Hussars and posted to a hospital for war neuroses in Budapest, was allowed to restart his private practice on a part-time basis. Among the first patients were two persons who subsequently played very important parts in the development of psycho-analysis: Melanie Klein and Géza Róheim. As there were no training committees or regulations, both of them were encouraged by Ferenczi to use their therapeutic analysis for professional training also; and they both attended the Budapest Congress in September 1918, Mrs. Klein as a guest and Róheim even then as a member, having been elected in March 1918. From that year until the Paris Congress in 1938, apart from the years when he was away on his expedition, Róheim attended practically all the psycho-analytic congresses and gave a paper at each of them, reporting on the development of his ideas. He was a vivid lecturer, making hardly any use of his manuscript. Some of my older colleagues may remember his feat at the Innsbruck Congress in September 1927. Hardly any English papers were prepared for that Congress, and, at the last moment, at the President's request, Róheim discarded his German manuscript and delivered his address in English.

As the years passed his fame grew rapidly, both in anthropological and psycho-analytical circles. In 1921 he was awarded by Freud the prize for the best scientific paper in applied

analysis—his paper on Australian Totemism. (This was the second award of this kind, the first having been made to Theodor Reik also for an anthropological paper 'Puberty Rites of Savages'.) Róheim's great desire was to test his theories, based on reading other people's reports, by first-hand field studies, i.e. by an expedition to the primitive peoples concerned. The munificence of Princess Marie Bonaparte enabled him to fulfil this ambition and to spend the years 1928–31 in field work in Somaliland, Central Australia, the Normanby Islands, and with the Yuma Indians in Arizona. This expedition was the very first to be undertaken by an analyst with the explicit aim of studying not only conscious but also unconscious material, above all of studying systematically the dreams of the people visited. To prepare himself for this task Róheim took up personal analysis once more, this time, on Ferenczi's advice, with Vilma Kovács in Budapest. After his return from his expedition he continued his studies until he graduated as a therapeutic analyst, eventually becoming a valued training analyst at the Budapest Institute.

As everywhere else throughout his life, so on his expedition, Róheim was accompanied by his wife Ilonka. Their marriage was one of those which are inexplicable and incomprehensible to everyone except their most intimate friends. Géza and Ilonka quarrelled and disagreed all the time, but were inseparable. Their two lives were but one life, and although each was always critical of and dissatisfied with the other, they could not do anything without each other. I well remember when, in 1922, Géza gave a course of lectures on psycho-analytical anthropology at the Berlin Institute, Ilonka had to sit in the audience. One day Géza could not get on at all; generally an excellent lecturer, on this occasion he mixed up his sentences, had to correct himself, forgot his data, and was apparently in a hopeless muddle. Ilonka arrived rather belated and guilt-laden and, after a few angry looks, Géza got hold of the thread of his address again and started off happily. When the plan for the expedition was prepared, it was accepted as a matter of course that Ilonka must go too. She was to look after the material needs and in addition to collect material from the women and children. In order to be able to do so,

she too underwent personal analysis. During the expedition they really lived with the people they were studying, living in tents, eating their food and speaking their language. For many years after, whenever they had anything to say to each other which it was not wished should be understood by the others present, they turned to the Aranda or Pitchentara languages, which they both spoke fluently.

I am not qualified to speak of the greater, the anthropological, part of Róheim's scientific work; that is a task for a professional anthropologist. I will only record here that a list of his publications up to 1951 was printed in *Psychoanalysis and Culture*,¹ a symposium of essays in honour of his sixtieth birthday. Of his many important contributions to pure psycho-analysis I would recall his address to the Berlin International Congress, 1922, 'After the Death of the Primal Father', in which, using anthropological material, he came to almost the same conclusions about the dynamic structure of melancholia and mania as Abraham had done on the basis of clinical experience. It was a great event for all of us to witness this remarkable mutual confirmation of clinical and applied psycho-analysis. In accordance with the programme, Róheim's paper was read one day before Abraham's, and it seems worth recording that the otherwise rather imperturbable Abraham was one of the first very excitedly to congratulate Róheim, who got all the applause due to the first announcement of an important step in the advancement of our knowledge. It is unfortunate that this, the second step in our understanding of the problem of melancholia, is usually attributed to Abraham alone, and that we are thus deprived of one of the greatest satisfactions science can accord: the joining up of two independent lines of research.

As mentioned earlier, Géza was a spoilt and over-protected child, and in a way he remained the same all his life. He had to be looked after by sympathetic people, and there were many, especially women, who were willing to do this. He responded with gratitude, sincere friendship, and often with more demands, as a child would do. His straightforwardness and sincerity was also that of the child; for diplomatic niceties, clever moves of power politics within the Society or Association,

¹ International Universities Press, New York, 1951.

he had no understanding. If a dispute or a problem arose, one could be certain that Géza would take it with unbiased simplicity, insensitive to all the other implications—a really heartening experience. But, like every over-protected child, he was always insecure, always suspicious, always expecting some highly unscrupulous, uncalled-for attack, unconditionally devastating. Everyone who was not his proven friend was a potential, even an actual, enemy—as is the case in primitive fairy tales.

In many ways Róheim was impractical, in need of care and help and, above all, affection. Yet he was a good sculler, a first-class fencer (a constant sparring partner in the Hungarian Olympic Fencing Team who, I believe, have never lost a championship) and an explorer. Despite his constant apprehensiveness he had a most charming personality, cheerful, witty, with an inexhaustible fund of absolutely reliable information on people's beliefs, myths, fairy tales, ways of life. If anyone needed help about some anthropological fact, Géza was always ready, always willing, always reliable and always well informed.

I said that Géza and Ilonka were inseparable; and this remained true to the end. Ilonka died in the beginning of 1953; from then on Géza was only a shadow of his former self. Although he tried to settle down to a new life, and even planned to give a paper to the London International Congress, somehow the old verve had gone. Without any pressing reason he underwent a not very dangerous operation, and although this was successful he could not recover, and died only a few months after his wife had left him.

In Róheim the analytic movement has lost a charming man, a most knowledgeable anthropologist, a reliable training analyst, an indefatigable research worker and, above all, one of its true pioneers. I personally have lost a true friend; the last one belonging to my early years as an analyst.

XIX

ON SZONDI'S 'SCHICKSALSANALYSE'
AND 'TRIEBDIAGNOSTIK'¹

(1948)

I

THE starting-point of Szondi's investigations was the observation that man is attracted by persons who show similar symptoms to one or another of his ancestors. In explanation of this very frequent occurrence he puts forward two hypotheses: (a) that man inherits the genes of the illness from his ancestors, but that they are in a recessive state in him, kept in biological 'repression' by their normal, dominant alleles, (b) that although these recessive 'repressed' genes cannot influence his phenotype (he remains manifestly healthy), they do determine his choice of love-objects; he is bound to fall in love with someone exhibiting the phenotype of which he carries the genes in himself in a recessive state.

A psycho-analyst, of course, has a less biological, more psychological explanation. The 'ancestor' is usually an important person of the man's infantile world; in case his (the man's) libido becomes fixated on this 'ancestor', the man's choice of love-objects is thereby severely restricted; he will only be attracted by people on whom a transference of his emotions is possible, because they are in some way similar to his primary love-object. This sequence of events can be described somewhat differently by changing our point of view. The 'ancestor', the important person of the infantile situation, is likely to be introjected, to be incorporated as an 'internal object'; then in mature life only those people will be attractive whose

¹ A review of L. Szondi: *Schicksalsanalyse. Wahl in Liebe, Freundschaft, Beruf, Krankheit und Tod* (Fate Analysis. Choice in Love, Friendship, Profession, Illness and Death). Second edition. Basel: 1948, and *Experimentelle Triebdiagnostik* (Experimental Diagnosis of Instincts). Band I. Text-Band, Band II. Text-Band. Bern: 1947.

First published in the *International Journal of Psycho-Analysis* (1948), 29.

qualities enable our man to project one or the other of his internal objects on to them. The similarity between this latter description and Szondi's is obvious. The difference is that while our description starts with the individual history, i.e. with the extra-uterine life, Szondi goes beyond that and starts his investigations with the history of the family before the birth of the individual. While neither of these descriptions gives a complete, self-contained explanation, it is not possible to refute either of them. Such a state of affairs suggests strongly that we are dealing with another case of over-determination, i.e. both descriptions are likely to be equally valid—for this particular phenomenon.

Szondi then goes one step further. He regards all people who carry the same genes, irrespective of whether the genes are dominant or recessive, as gene-related (blood-relationship is only one—a not very important, though conspicuous—case of gene relation), and as, according to him, it is mainly the gene-related people who are attracted to one another, every love is in fact incestuous love, love between gene-relatives. This idea is strongly reminiscent of Goethe and his 'Wahlverwandschaften', a point duly stressed by Szondi.

In the course of his investigations, Szondi had to extend his original notions still further to embrace phenomena not identical with, but only related to, the too narrow field of pathological entities. Such a procedure is certainly justified. For example, it is an established method in our theory of instincts, when we treat obstinacy, exaggerated cleanliness, interest in money matters, etc., as derivatives of the same primitive instinct. In a similar way, admittedly under the influence of the results of the psycho-analytical theory of instincts, Szondi included, e.g. in the gene-circle of paranoia: homosexuality, inventions, marked touchiness, religious intolerance, etc.; in the circle of epilepsy: migraine, stammering, all kinds of speech defects, left-handedness, enuresis, asthma, pyromania, etc.

Further he assumes that the extreme variants, e.g. mental deficiency and great talent, all sorts of illnesses leading to deafness, deaf and dumbness and musical gifts, dwarfism and gigantism, etc., are based on the same genes, possibly using a

series of multiple alleles. In the psychological sphere this means (a) that often the same person may have musical talent and may become deaf in later years (one famous example is Beethoven), and (b) that if we find one extreme variant in a family tree, then the other extreme variant will almost always be found too. Szondi proves this statement from numerous highly interesting family trees.

One of the most surprising facts to emerge from these investigations is that so-called marriages of convenience are based upon gene-relations in just the same way as are loves at first sight. On the other hand, it must be stressed that the psycho-analytical explanations using fixation and subsequent transference or introjection of an infantile object and its subsequent projection will arrive at the same result—as we know, strong unconscious factors may exert their influence quite unexpectedly when the attention is focused upon some important event.

Another surprising example given by Szondi concerns choice of friends. E.g. in an approved school for girls, he found that of the 41 girls 12 were close friends. He proved that these 12 girls came from families which belong to the 'paroxysmal' genetic circle (epilepsy, asthma, etc.). Amongst the 130 blood relations of these 12 girls, Szondi found 5 cases of genuine epilepsy, i.e. 3.5 per cent, as compared with the average occurrence of epilepsy which is about 0.3 per cent; accordingly, he found among the blood relations of all the other 29 girls only one case of genuine epilepsy.

Szondi, in this book, reports on studies of six such genealogical circles.

- (1) Paroxysmal (including epilepsy, hysteria, etc.).
- (2) Schizoform (both paranoid and catatonic forms).
- (3) Circular (both the manic and the melancholic groups).
- (4) Sexual abnormalities.
- (5) Oligophrenic.
- (6) Deafness and musical talent.

Here I cannot describe in detail how he extended each circle to include the related phenomena, and must content myself with only one of them. The structure of each circle is polar, and includes the two extremes; this Szondi considers a very

important point. Thus, e.g., the paroxysmal circle includes the *e* factor (epilepsy) governing the crude, gross emotions and the *hy* factor (hysteria) governing the gentle emotions and affects. It is found to be similar in all the other groups.

The effect, attraction between two people, is called by Szondi *libidotropism*. The question why the recessive genes achieve in one case love, in another only friendship, is raised but not answered. Szondi thinks that the difference is likely to be due to factors other than the genes.

The question now arises, are there any other phenomena which would be determined by the influence of *ancestors* or *recessive genes*? He mentions among others the choice of enemies, certainly a very interesting topic for psycho-analysts; unfortunately he does not demonstrate it by examples. Another phenomenon, of paramount importance for the further development of his theories, is choice of profession (*operotropism*); other such phenomena, less important but equally interesting, are the choice of illness (*morbotropism*) and the manner of dying (*thanatotropism*). In all these phenomena the above-mentioned six gene circles are found again and again. E.g. in a family of seventy-seven members eight are more or less deaf. One became so after an attack of typhoid fever, one after a head injury, one after a meningitis, two after malaria, while with the remaining three the deafness seems to have developed insidiously. Szondi thinks that any trauma causes the manifestation only of potentialities which are determined by the underlying gene structure of the individual; it is possible that without any trauma the gene structure would have manifested itself in the choice of the sexual partner, of friends and enemies, or of a profession.

Choosing one's own way of death can be best studied in suicide or suicidal attempts. Szondi proves convincingly that each man chooses a way of suicide determined by his genealogical circle. E.g. the *s* circle (sadistic) uses cutting instruments, the *e* circle (epilepsy and related states) jumping from a height, death by fire or by an untoward accident, the *h-p* circle (homosexual-paranoid) either poison or gun, the *k* circle some passive way like starvation, gas, or lying on the rails (not jumping in front of a train), and lastly the *m-d* (circular) circle

drugs, usually narcotics. Szondi rightly finds that some people unconsciously offer themselves to be murdered; in several such cases he could show that the victim and the murderer were gene-related.

As I have said, the *operotropic* effects of the recessive genes, i.e. the choice of the profession, are most important for the further development of Szondi's theories. To show what he means by this, I shall describe the gene-related professions of the paroxysmal circle. As already mentioned, this circle, like all the others, consists of two extremes: in this case the crude *e* and the gentle, fine *hy* factors. The professions governed by the *e* factor are: (a) connected with constant locomotion, as transport workers, seamen, aviators, drivers, vagabonds, tramps, travellers; (b) connected with fire, as pyromaniacs, members of the fire brigade, pyrotechnicians, chimney sweeps, stokers, bakers, etc.; (c) soldiers, especially those dealing with explosives like flame-throwers, bomb disposal, commandos, explosive experts, etc., and (d) lastly the socialised forms such as missionaries, clergymen, monks, nuns, nurses, social workers, charity ladies, etc., etc. The *hy* factor governs the self-exhibiting professions: (a) stage, politics, public life; (b) circus, fairs, animal tamers; (c) individualistic sports, as fencing, boxing, tennis, golf, riding, etc. (real team games are much less frequent in this circle).

As can be seen from these examples, one chooses a profession (a) in which one comes into contact with people who exhibit the manifest symptoms of the same genes which one carries in oneself in a recessive state; (b) which enables one to use in a constructive way the same techniques as are used by the manifestly ill phenotype in a destructive way. It is only a repetition, but I think it is worth stating, that psycho-analysis, too, can explain these phenomena, though in a somewhat different way. According to the psycho-analytical explanation, one chooses a profession (a) in which one has the opportunity of finding suitable objects on whom to project one's introjected infantile objects (or, expressed in a different way: suitable objects on to whom a transference of one's habitual patterns is possible), and (b) which enables one to live out one's instinctual tensions and needs in a sublimated form, i.e. in a form accepted

by society. One can even go a step further, following Melanie Klein's ideas, and add (c) in which one can repair the damages committed by oneself in one's infantile fantasies.

Apparently there is no way of deciding between these two sets of explanations; each of them seems to be equally valid. Nevertheless, it is this book which collected together these impressive facts and correctly emphasised their inherent interrelations. Szondi calls the discipline dealing with these interrelated phenomena 'Schicksalsanalyse' (Fate analysis). This sets out to study what Szondi calls the 'familial unconscious', i.e. the various effects caused—according to him—by the biologically repressed, recessive genes. This field of study lies, so to speak, between the psychologically repressed 'individual unconscious' studied by Freud and the 'collective unconscious' described by Jung. This is the first volume, concerned only with an exposition of the field. The fact that in the short space of four years a second edition became necessary shows how much interest has been aroused.

2

The second volume has the title: 'Experimental Diagnosis of Instincts' with the sub-title: 'Depth Psychological Diagnostics in the Service of Psychopathology, Psychology of Crime and of Profession, Characterology and Education.'

The subtitle is correct, but the main title is somewhat misleading. In fact the book is much more, and at the same time much less, than a diagnosis of instincts.

The first volume left an important problem unanswered. Let us accept for the moment Szondi's theory of the recessive genes; thus we understand that members of a certain family—belonging, say, to the paranoid section of the schizoform genealogical circle—may become manifest paranoiacs, may remain all their life long unpleasant odd querulants, may choose such professions as lawyer, judge, psychologist, psychoanalyst or mental nurse, or may even be so-called normal people choosing as their sexual partner someone who either himself or whose near relations belong to the paranoid circle or have committed suicide by shooting themselves. Naturally the same holds good *mutatis mutandis* for all the other genealogical circles.

Apparently the examination of family trees for illness, sexual relations, professions, friendships, etc., can give us only the direction of the force originating—as Szondi thinks—from the recessive genes, but not its magnitude. And it is very likely that this quantitative factor is capable of certain variations during one's lifetime and/or under the influence of certain environmental changes, such as education, traumata, etc., and that it is just this quantitative variation that decides the 'fate' of the individual in the important moments of his life. What the family research can give us is the direction, the qualitative aspect of this force; what we need—to understand its numerous and very varied effects—is a method for assessing its variable magnitude.

If it is true that individuals who are carriers of this qualitative factor are attracted by people who show the respective illness in a manifest form (i.e. in their phenotype), then it is likely that the same individual will pick out of a series of photographs those belonging to his own genealogical circle; and the proportion of the pictures selected by the individual to the number offered might be in some relation to the quantitative aspect of our factor. This was the starting-point. Soon it became clear that rejection is just as significant a sign of the quantitative factor as choosing. Thus the person was asked to pick out pictures which he liked and pictures which he disliked.

The final form of the test, as published in this book, consists of 48 pictures, six of each of the eight genealogical circles found to be useful for this purpose. The eight circles are grouped in pairs which are then called instinct vectors. These are denoted by capital letters: *S* (the sexual vector) consisting of the factors *s* (sadistic) and *h* (homosexual); *P* (the paroxysmal vector) consisting of *e* (epileptic) and *hy* (hysteric) factors; *Sch* (the schizoid or ego-vector) consisting of *k* (katatonic) and *p* (paranoid) factors; and lastly *C* (the circular or contact vector) consisting of the factors *d* (depressive) and *m* (manic). The pictures are photographic portraits of people who had the illness—or abnormality—denoted by the various factors in an overt form. Thus the *s* pictures are those of convicted murderers, the *h* those of overt homosexuals, and so on. The pictures are exhibited in six successive series, each series consisting of

eight pictures, one of each of the eight factors. The subject is asked to choose two which he likes and two which he dislikes. The result is noted, the remaining four pictures taken away and the next series exhibited. The test is very economical with regard to time, as it can easily be completed in ten to twenty minutes; moreover, it can be given by any reliable person after a short training, not necessarily a fully trained psychologist. All this is of very great advantage in clinical work.

The result of a test is 24 pictures, 12 likes or positives and 12 dislikes or negatives. Out of this Szondi constructs a test profile, showing against each of the eight factors how many pictures were chosen as positives and how many as negatives.

The mathematical probability is roughly (not exactly) that out of the six pictures of a genealogical circle (of a factor) three will be chosen either as likes or as dislikes, with 2 and 4 as the next probable figures. Extreme choices, such as 5 or 6, especially not equally divided between likes and dislikes, or 1 or 0, should be extremely rare. Experience showed, however, that the results did not follow this mathematical prediction. On the contrary, the figures for the mathematically most probable distributions are very, very much smaller than expected, and, in fact, the extreme choices are the rule. This fact is a very strong argument in favour of some effective psychological force influencing the choice.

On the other hand, if we accept that it is not mathematical probability but some unconscious force that determines the choice, then the test allows us to draw certain conclusions as to the magnitude of this force. E.g. if a person picks out all the six pictures of a certain factor as 'likes', one can assume that his avidity for this kind of object choice is for the time being maximal—as far as can be measured by this test; and in the same way, if he does not choose any one of that circle, his avidity is very likely to be minimal, etc.

The psychologically important types of reaction, according to Szondi, are four. If the person does not choose any or chooses at most only one positive and/or one negative he speaks of an *O-reaction*. If at least two (or three, etc.) were chosen as positive (with not more than one negative choice) he speaks of a *positive reaction*, and in the same way if at least two were dis-

liked (with not more than one like), of a *negative reaction*. And, lastly, if four or six were chosen, equally divided between likes and dislikes, it is an *ambivalent reaction*. (The choice of five with two on the one side and three on the other is usually counted as an ambivalent reaction.)

Each of these reactions has a psychological meaning. The *O*/zero-reaction means that the individual has emptied himself of the tension caused by the relevant factor (recessive gene), that he has found sufficient outlet in the external world for this particular need. (Such *O*/zero-reaction is often found, e.g. in *e* after an epileptic attack, in *s* or *h*, or both, during a happy love relation, etc.) The *ambivalent* reaction means that the tension is damming up in him; as he himself is ambivalent towards this particular instinctual need, he accepts and rejects it at the same time; or that he defends himself against this kind of instinctual need by reaction formations, i.e. by structural changes of his ego. (A very important argument for the correctness of this idea is that the test profile of severely obsessional people consists for the most part of ambivalent reactions. It will be remembered that such an equally balanced profile is the one that is mathematically the most probable—if only chance were to determine the choice. Experience showed that such a profile is rare, but psychologically it is highly significant.)

The factors giving one of these two reactions are summed up as *symptomatic factors*; it is along these lines that the individual has found an outlet for his tensions, where his professional sublimations, his symptom-formations, his character traits or his true gratifications develop. In this respect the *O*/zero-reaction shows more the open, manifest, external symptoms, i.e. a decreasing tension, while the ambivalent reaction indicates rather an internal, latent symptom, i.e. an increasing tension.

The other two reactions are called the *root reactions*; they show the sphere where the individual's instinctual dangers lie for which an outlet ought to be, but as yet has not been, found. The *positive reaction* signifies usually that the instinctual need is conscious, accepted by the individual, is 'ready to march' (*marschbereit*), while the *negative reaction* denotes a rejected, repressed, instinctual need.

These are the data provided by the test. Szondi uses in the

main two methods for interpreting them. One is called the 'free' method, this is based mainly on '*Einfühlung*'¹, subsequently checked by experience. The idea is that one tries to imagine what kind of man he is who has his conscious or unconscious problems, his ways of free or inhibited outlets in the instinctual spheres as indicated by the test. This intuitive appreciation of the actual mental situation is then checked and rechecked by experience. The ascertained results of this interplay of intuition and experience are contained in several psycho-diagnostic tables. These take each factor and each vector in turn and give the empirically ascertained meaning for each of their possible test reactions.

An extension of this method of interpretation is the collecting of characteristic syndromes, i.e. configurations of the test-profile comprising several vectors which are often or usually found in certain diseases, mental states, or with certain types of character. This method, too, is a combination of intuition and empirical verification. The results of both methods of interpretation are of interest to psycho-analysts.

In part they tend to confirm our findings, but at the same time they bring surprising new discoveries which call for our careful examination. The limited space of a review allows me to discuss only a few of these important findings. A psycho-analyst finds it natural, for example, that a positive *s* (murderers) reaction denotes open aggressiveness or masculinity, a negative one repressed or inhibited aggressiveness, etc.; that an *O*/zero-reaction in *h* (homosexuals) means a gratified or infantile sexuality, and a positive *h* a tendency towards tenderness or femininity. On the other hand, it is rather surprising that the *m* (maniacs) factor, apart from manic character traits, tests orality, the clinging to an accustomed (incestuous) object, etc., whereas the *d* (depressives) factor is connected with depression, anality (i.e. acquisitiveness, meanness, possessiveness, etc.) and looking for new (non-incestuous) objects. There are other unexpected empirical findings, e.g. a negative choice in *s* (murderers) means inhibition or sublimation; in the *e* (epileptic) factor a negative reaction means damming-up of crude affects such as anger, revenge, violence, cruelty, and the

¹ Sympathy, intuitive understanding, empathy.

positive reaction means inhibition and sublimation of these crude effects and reaction formations against them such as fairness, tolerance, charity, piety, etc.

The same is true for the profile 'syndromes'. In melancholy, for example, a psycho-analyst would expect to find inhibited aggressiveness (s negative), an exaggerated tendency to identification and idealisation (k positive), an incapacity for either keeping or discarding the old object (m ambivalent), and a positive d denoting depression and a wish for a new object. I have already mentioned the equally balanced profile of the obsessional, consisting almost solely of zero and ambivalent reactions.

The advantage of these two methods is that they give a picture of the actual state of the mind, of the actual balance of instinctual forces and structural inhibitions; a great disadvantage for diagnostic purposes is that the profile may not show a state that is characteristic of the subject, and thus may mislead the tester. To counteract this risk Szondi recommends that a series of tests be made, as a rule ten, and—in addition to the two previous methods of interpretation—that one examine statistically how often each factor repeats the same kind of reaction and what changes occur in the profiles. The gist of this method is: One determines for each factor the number of symptomatic reactions (zero and ambivalent); this Szondi calls the tension grade (*Tendenzspannungsgrad*). (The higher this is, the more instinctual tension is relieved through the field denoted by the factor, whereas a low figure of tension grade signifies a root factor, i.e. one causing an increase of tension.) The next step is to determine the latency grade or tension difference (*Latenzgrad oder Tendenzspannungsdifferenz*) by subtracting the smaller tension grade from the larger within each instinctual vector; one gets in this way four figures, one for each of the four vectors S , P , Sch , C . The highest among them determines the instinct class of the subject. As in each vector, either of the two factors may be the smaller—being the root-factor, i.e. the one causing the most important instinctual tension—we arrive at eight instinct classes, and as the root factors may be predominantly either negative or positive the final number of the classes is sixteen.

A further subdivision is achieved by using instinct formulas, for which a symbol is constructed in the form of an arithmetical fraction; the numerator contains all the symptomatic factors, i.e. the factors with the highest tension grades (higher than 6), and the denominator the root factors, i.e. those with the lowest tension grades (smaller than 3 or 2); the remainder are called the submanifest factors. Using the instinct classes as *genus proximum* and the instinct formulas as *differentia specifica*, Szondi constructed diagnostic tables which he called instinctlinnaean tables, which give the psychological diagnosis for each of the possible and observed variations. These tables are—for the time being—to be used only for the diagnosis of pathological cases, but not for character diagnosis of (more or less) normal subjects.

Another very interesting characteristic is the tension quotient (*Tendenzspannungsquotient*), i.e. the sum total of the zero reactions divided by the sum total of the ambivalent reactions in any given series of tests. (The zero reactions denote the fields of external symptoms, the ambivalent reactions the internal, structural symptoms.) A very weighty argument for the validity of the test is the empirical finding that if this quotient is smaller than 1 (i.e. there are more internal, structural symptoms than external ones), the subject is inhibited obsessional; if it is greater than 5, the subject is agitated, 'hysterical', uncontrolled, while a quotient between 1 and 3 characterises a more or less 'normal' subject.

And, lastly, Szondi developed a method of diagnosing ego structures on the basis of the responses in the *Sch* vector (factors *k* and *p*). This is a very interesting piece of work which, unfortunately, space does not allow me to discuss more fully. Suffice it to say that he presents a comprehensive and very challenging theory, a 'natural history' of ego development starting with the baby and ending with the nonagenarian, and comprising four parallel streams between the two end phases. Admittedly all this is based on a true Szondiesque mixture of sound empiria and untrammelled intuition. On the one hand he collected much material concerning the various ego pictures (reactions in the *Sch* vector) found with people of all ages, professions, and mental illnesses. Out of these data he has constructed a fre-

quency analysis showing which ego pictures were found in what percentages of each of the illnesses, professions, age groups. (Unfortunately, Szondi gives only the sum-totals of the subjects examined and not their distributions, and thus one cannot know whether his material was a representative sample of the population or whether it was weighted in one way or another. This, by the way, is a general shortcoming of all the statistics in this book.)

Supported by these empirical data he gives free rein to his intuition. E.g. he describes two or three phases of ego development before the age of three, which is the very earliest time that a child can be tested with any degree of reliability. Then, though he admits that he has not followed the ego development of any one man at his various ages, he proceeds to construct a continuous stream of ego development starting with a hypothetical ego structure of the baby, followed by two to three hypothetical phases to cover early ages before any test can be administered, and branching into two hypothetical main streams, each of which bifurcates in its turn. Thus at about puberty we have four hypothetical streams of ego development, all of them converging gradually in old age into the same ego structure which in many ways resembles that of the baby. This mythical circle which makes man arrive in his old age at the point where he started as a baby, described by so many religions, mystics, poets and scientists, obviously fascinated Szondi too. And, for all we know, it may even turn out to be true.

Perhaps the most interesting feature of this theory is that the various streams of ego development are determined by the way the subject reacted to the trauma of the original, brusque severance of the mother-child unity and by the way in which this experience influenced the development of his main transference patterns in life. Certainly an interesting and challenging theory for any psycho-analyst.

3

Naturally I cannot give a complete summary of all the interesting, bold, and not-so-well, founded ideas contained in this book, which is anything but easy to read. The main

difficulty is caused not so much by the novelty of the ideas as by Szondi's style. He has a great flair for picturesque words and symbols, and from among this bewildering array of new terms and symbols the novice finds it hard to extract a coherent picture. One has to admit that the characterisation is vivid and compelling, and one is never in doubt which psychological type Szondi has in mind when describing this or that of the cases examined; but one reluctantly comes to the conclusion that less of it would, perhaps, have helped more. And certainly there is a crying need for a comprehensive index of symbols and terms.

A similar feature is the excessive use of synonyms. Admittedly each of them is justified and useful, but there are so many of them! Here, too, an index with cross-references would be of great help. To show what I mean, here are a few such groups: (a) *Egoifizieren*, *Introjizieren*, *Einverleiben*, *Inflationieren*, *Ego-diastole*, *Verichung*; (b) *Humanisieren*, *Sozialisieren*, *Sublimieren*, *Kulturifizieren*, *Zivilisieren*; (c) *symptomatisch*, *genotropistisch*, *genotypisch*; etc.

Another conspicuous feature of Szondi's style is his predilection for subdividing everything into 2, 4, 8, 16, etc. classes. Thus there are two classes of reactions (symptomatic and root) together with four different ways of reaction (zero or ambivalent and positive or negative). There are two factors within each instinctual vector, and as there are four vectors, the grand total of factors is eight, and hence it follows that there are sixteen instinct classes. There are two main streams of ego development, each bifurcating in turn and resulting in four parallel streams, etc. As far as I recollect, in the whole book not one subdivision into three or five, etc., occurs. By this structure the whole theory gains a neat and perhaps at first sight a reassuring appearance. It is only on second thoughts that one begins to wonder whether Szondi has discovered a basic quality of the mind, or has he—and his reader—been misled by a personal, individual bias?

The same question must be asked about Szondi's choice of his eight factors. Why these and not others, and why just eight of them? And why only such factors as can be coupled by twos into vectors? But even if we agree to limit the range of factors to those that have opposite phenotypes, why was it that other

pairs were not included, such as deafness-musical talent, dwarfism-gigantism, oligophren-genius, and many others of which it can safely be assumed that they are determined by inheritance—at least to an extent that can be compared, e.g. with the genetical determination of mania and paranoia? Was Szondi's choice a lucky hit, a chance discovery of the eight really relevant factors, or a personal bias?

A further problem, indeed a very complex one, is the particular interrelation between genetics and psychology, as used by Szondi in developing his theory of instinct vectors. Even if we accept that the individual factors s and h (or e and hy) are determined by genes—although as yet there is no convincing proof of such an assumption—we cannot find any evidence that the genes determining the couple were allelomorphs or related or linked in any way. The whole theory of instinct vectors, with all its important implications (tension grades, tension differences, instinct classes, etc.), is accordingly founded only on psychological observations and speculations. Admittedly this theory has proved its value in psychological practice, but it is without a safe foundation in genetics.

The situation is somewhat more favourable in the case of the *Sch* (factors: k and p) and *C* (factors: d and m) vectors. But in this connection, too, it must be stressed that as yet there is no genetical theory that would explain on grounds of inheritance why certain people alternate between depression and mania and others do not. As far as I know, the situation is similar in regard to paranoia and other pathological forms of the schizoid circle.

Moreover, a subject may give one profile at one time and quite a different one at another. Although such a behaviour is not incompatible with a genetical explanation, it certainly does not necessarily follow from it. In my opinion a considerably less-strained explanation for such behaviour can be arrived at by using purely psycho-analytical terms, such as habitual transference patterns or internal objects. Obviously the energy (libido) with which the various transference patterns or various internal objects are cathected varies at different ages and in different situations, and in the same way the individual's avidity to be led in his choice by this or that transference pattern or internal object will vary. Although Szondi did not use such

a description, he must have had some such idea in his mind when he spoke of 'ancestors ready to march' (*marschbereiten Ahnen*), and in the same way in almost all his characterisations he has used a psychological language and not a genealogical. E.g. 'completely humanised sexuality'; 'humanisation of bisexuality with obsessional techniques'; 'explosive rage coupled with exhibitionism'; 'ethical dilemma, Abel's fight with Cain'; 'the professional ego'; 'the disintegrated ego, the changing ego'; 'unhappy links with the world, hypomanic reaction'; 'mature link with the world, fear of losing the object', etc., etc. These are only a few taken at random, the rest are of the same pattern; it is clear that they are borrowed from psychology and often from psycho-analysis.

One fact, however, remains unexplained if we use only the notions of transference patterns and internal objects. And this is the puzzling fact that the stimulus that activates the transference patterns and awakens the internal objects is a simple picture of a seriously pathological individual, and even as a picture not a very good one. There is, undoubtedly, some uncanny provocation in these pictures, called by Szondi—after Lewin—their *Aufforderungscharacter*. This can be best studied if we ask people to associate freely to the pictures chosen by them. It is an amazing fact that the associations, in each case, move in the field of the specific gene-circle to which the picture belongs. Psychology—or psycho-analysis—cannot give a satisfactory explanation for these easily observable facts (nor for several others mentioned previously) and Szondi's theory can. Probably, as I have pointed out, this is another case of overdetermination; both explanations are more or less valid, neither of them can be refuted by the other, both together give a more complete, deeper picture of the whole field than either of them by itself.

There is, however, a very serious objection to be made against Szondi's explanations. According to him the subject reacts to the stimulus of the gene-circle and not to the individual picture; which means that if we examine a sufficiently large number of tests, all six pictures of the same factor (of the same gene-circle) should show roughly an identical number of choices. What the choices will be will depend on our material;

it is likely, for instance, that normal children will show a different reaction to the pictures of k or p , etc., than, say, psychotic adults; but within the circle normal children (or psychotic adults, etc.) are expected to pick roughly equal numbers of each of the six p pictures, e.g. as positives. This is not the case. The material on which my statements are based consists of four groups of people: (a) 100 neurotics, (b) 90 Hungarian psychotics, (c) 122 English psychotics, and (d) 208 Hungarian schoolchildren. Unfortunately in all these tests the pictures used were not those of the published set but those of the one used before it; but as 44 of the 48 pictures are identical in the two sets,¹ I think my criticism will be valid also for the present set.

The result is that for each group I have examined, there were individual pictures which were chosen predominantly either as positives or as negatives; and on the other hand there were pictures for which the sum total of all the choices was high, and others for which it was low. For instance (among others), h_2 , e_2 , and e_3 , hy_5 , m_4 were chosen less frequently than the average, but h_3 , s_6 , hy_3 more often. These differences are, however, less important than the differences regarding the positive or negative choices. There were pictures which, by groups, were more or less equally chosen as likes or dislikes, e.g. h_2 , s_1 , hy_6 , d_6 , m_3 . Other pictures were chosen almost always as dislikes, e.g. e_5 and e_6 , hy_2 , k_1 , k_3 and k_4 , p_5 ; others predominantly as likes, e.g. h_6 , s_3 and s_4 , e_1 , k_5 , d_1 , etc. The most interesting are the pictures which change their character according to the group examined. It is very important in this respect that the group of 90 Hungarian psychotics and the one of 122 English psychotics showed practically identical behaviour in choosing. On the other hand, neurotics, psychotics and children varied widely with regard to certain pictures. Thus, h_4 and h_5 were chosen mainly as dislikes by neurotics, but mainly as likes by psychotics and children; e_3 and e_4 mainly as likes by neurotics and psychotics, as dislikes by children; hy_3 , p_6 negative by neurotics and psychotics, positive by children; m_2 and m_6 as positive by neurotics, as indifferent by psychotics, and as negative by children, etc.

¹ The new pictures are: h_2 , h_5 , h_8 and e_5 .

It is obvious that, apart from the dynamics supposed by Szondi, there are also other forces at work, determining the final profile. What these are, only further research can find out.

The points where Szondi's ideas and the psycho-analytic theories meet are so numerous that one can say that this test was founded to a great extent on psycho-analysis, and therefore anyone wanting to make full use of the test must know psycho-analysis fairly well. On the other hand, Szondi maintains that it would help analysts a good deal if they used his test regularly. For example, he claims that his test can render visible processes, especially defensive mechanisms, which cannot be observed, but only inferred by psycho-analysis. Thus, 'turning the aggression against the self' appears as a positive *s* reaction suddenly turning into negative; in a similar way repression, pro- and introjection, obsessional inhibition are represented by characteristic configurations of the *Sch* vector, etc. Obviously these are statements that call for a careful examination, and if they can be verified, they open up wide possibilities for research.

And, lastly, something about the use of the test from the point of view of psycho-analytical practice. First I thought that Szondi gave us a very valuable instrument not only for diagnosis but also for following up the subtle changes in the subject during analysis. Unfortunately this latter use turned out to be impracticable. When I tried to give the test, my patients invariably resented the waste of time even if I offered to give it before or after the session. I tried also to delegate the testing to someone else, but the patients reacted to this procedure with the conclusion that the test was only of secondary importance—in which they were perhaps right. Maybe my own uncertainty in this respect was also divined by them and turned against me.

I am informed, however, by Szondi that several analysts use the test if any crises occur during treatment, such as threatening interruption, deadlock, or if the patient shows reactions that remain un-understandable to the analysts. They found the test a useful source of additional information, as it may show up the coming instinctual danger situations, and

often also their location and the ways in which the patient tries to defend himself against them.

On the other hand I have used the test—and found it very valuable—for diagnostic work. During the last twelve years, whenever I was in doubt, I have turned to the test for help. Sometimes the answer obtained from it was only a confirmation of my doubts; in other cases, however, the test gave important clues. For example, a married woman of forty came to see me to ask my help for what appeared to me a not very severe agoraphobic symptom of recent origin. She was in the preclimacterium, had been more or less frigid all her life, had always had a great longing for gentleness instead of the not very satisfactory sexual intercourse, etc.—a rather suggestive story. She was quite an ordinary woman, but somehow I did not feel at ease with my very plausible diagnosis of anxiety hysteria. The Szondi test confirmed my uneasiness; she chose four negative *p*'s and four negative *k*'s, with most of the positive choices in the *S* and *C* vectors, the *P* vector showing a zero reaction. I tried to put the woman more at ease, and encouraged her to tell me more about her fears in the streets. After some hesitation she told me that really she was afraid of some man following her in the streets, and exerting some unspecified influence on her; obviously the source of the fear was an incipient paranoia. Immediately after this confession she was tested again. Instead of four negative *p*'s there were now two positive *p*'s, the *P* vector showed the characteristic signs of anxiety, the *S* vector was empty, while the *C* vector was full with ambivalent *d* and *m*. A very convincing proof of the psychological significance of the test. Many more similar examples could be quoted.

To sum up: Whatever the fate of Szondi's theories may be, it is certain he has presented psychology and psychiatry with a very valuable instrument of diagnosis and—what is still more important—of research. The idea of using pictures of people as stimuli has something natural in it, much more so than, for example, Rorschach's inkblots. Szondi has opened the door wide by his pioneer work; through him we now know that our reactions to certain types of pictures follow definite laws, and that from these reactions far-reaching conclusions can be

drawn as to the state of our mind, its structure and the forces and tensions operating in it. Some of these conclusions are well founded, others are questionable. Possibly several of Szondi's ideas will not stand up to a thorough re-examination. In spite of all that, the fact remains that Szondi has discovered an important new method for the study of the human mind, and it is only a question of a short time before his test will be used as part of the routine of everyday practice in both psychology and psychiatry.

XX

PLEASURE, OBJECT AND LIBIDO¹

(1956)

Some reflections on Fairbairn's modifications of psycho-analytic theory

ONE of the cardinal changes in psycho-analytical theory that Fairbairn has put forward in recent years is *that libido is not pleasure seeking: it is object seeking*.² As this thesis is likely to cause difficulties in assessing the real importance of his ideas and, moreover, as the ways through which Fairbairn arrived at this conclusion are almost identical with the ways through which a number of highly important and at the same time highly controversial analytical theorems were arrived at, a critical examination of the methodological steps is certainly justified. One may even hope—provided the criticism of the methodology used is just and correct—that some aspects of the controversy might be settled for good.

I propose to start by examining the meaning of the word 'libido'. In order to do so, we must ask what the concept was that Freud denoted by introducing this new term in the *Three Essays on the Theory of Sexuality* (1905) and what has happened to this term during the fifty years of development since its introduction. Following, among others, the poet-philosopher Schiller, Freud recognised as the two great motive powers of all animal and human life 'hunger and love'. To discuss his clinical experiences in the field of sexuality he needed a term denoting the intensity factor of all sexual strivings, and as he could not find a proper word for this in the German language he borrowed 'libido' from the Latin. This, then, was taken over

¹ First published in the *British Journal of Medical Psychology* (1956).

² This is only one of the new ideas proposed by Fairbairn. Although it is a kind of basis on which all the others rest, Fairbairn himself considers that his object-relation theory of the personality leading to a new model of endopsychic structure replacing Freud's tripartite model of ego, id and super-ego is more important. Unfortunately it proved impossible to discuss this as well within the framework of this paper and so I have to refer readers to the original publication. (Fairbairn's *Psychoanalytic Studies of the Personality*, Tavistock Publications Ltd., London, 1953.)

by his English translators and has now been generally accepted, even by academic lexicographers such as the compilers of the *Concise Oxford Dictionary*.

Freud himself added a footnote, although only from the second edition (1910) onwards: 'The only appropriate word in the German language, "Lust", is unfortunately ambiguous and is used to denote the experience both of a need and of its gratification.' (Standard Edition, Vol. VII, 135. See also p. 212.)¹ Strachey then added to the footnote on p. 135 an editor's note saying: 'Unlike the English "lust" it [the German "Lust"] can mean either desire or "pleasure".' Yet none of the English translators ever tried to use the English 'lust' instead of 'libido', although its essential meaning is exactly what Freud wanted to express. The probable reason for this was that 'lust', possibly under the influence of the Bible translation, gradually assumed a pejorative meaning, i.e. of a sin. The development in the two languages is interestingly divergent. In German 'Lust' gradually, although not completely, lost its meaning of sexual desire and, particularly in the language of psycho-analytical theory, now denotes all sorts of pleasurable feelings, both sexual and asexual; e.g. the correct German translation of the title of this paper is 'Lust, Objekt und Libido'. In English, however, 'lust' became more and more sexual and, in addition, has almost completely lost its meaning of gratification.

¹ 'Hunger' denotes a specific kind of instinct and the experience of the corresponding need, and the same is true of the cognate word, 'thirst'. In the field of sexual instincts, however, 'lust', both in German and in English, denotes, as Freud pointed out, the experience of a need and of a gratification. It is a puzzling fact that the Anglo-Germanic languages treat these two great fields of instinctual experience in such a different way, which suggests an essential difference in the subjective experiences. Something of this difference was pointed out by Freud in the other footnote quoted above (p. 212), namely, that especially pre-genital sexual gratifications usually set up an ever-increasing need for further sexual gratification, then leading to a genital end-pleasure. In other words: a certain amount of gratification and a feeling of an increased need are part and parcel of the same experience. A similar process hardly exists in the field of the ego instincts. (Although cf. *L'appetit vient en mangeant*.) This explanation, however, is incomplete, as it does not account for the fact that English 'lust' in particular means not pre-genital but first and foremost genital, passionate, sensual pleasure.

In a way it is a pity that the English translators disregarded 'lust' for the translation of libido. Had they used 'lust' they would perhaps have counteracted the tacit but unmistakable tendency of our theory to forget the original significance of the term. During its fifty years of existence, 'libido' has been extended to cover the field of ego instincts also, has more and more loosened its connection with its original grossly sexual meaning, and developed into a properly mannered, barely sexual, almost mythical, hazy conception.

It was perhaps this rather hazy nature of the term 'libido' which tempted Fairbairn to propose his thesis in the form he has done. Had the translators used 'lust' instead of 'libido' Fairbairn could never have said, 'Lust is not pleasure seeking', since this would have been obviously self-contradictory. In order to describe his very important clinical experiences he would have been compelled to invent a new term for what he now calls libido, or would have had to formulate his theoretical conclusions in a different way.

This semantic excursion, however, shows only one of the difficulties met with when trying to evaluate Fairbairn's ideas. Another still more important difficulty, and one which he shares with almost the whole world of analytical literature, is what might be called neglect of parallax by the observer. I am afraid that here again I must digress to show what I mean. I think we will all agree that 'instinct' is an abstraction, unobservable as such, as it is the result of inference. What can be observed in the field of instincts depends also on the observer's position, i.e. his parallax. If he is outside the individual, that is, an external observer, what must impress him first and foremost are the various relations to objects. Intrapsychically, that is to say by the individual himself, many more qualities of an instinct can be observed, such as intensity of desire; intensity of gratification or frustration; the direction of the desire, subjectively experienced as attraction or repulsion usually felt as originating in the object; a feeling tone—as often as not incorrect—characterising the need as either sexual or asexual, etc.

During his whole scientific career Freud's chief interest centred on intrapsychic observations. His main endeavour

may be described, although with some simplification, as trying to get hold of the intrapsychic processes *in retrospect*, i.e. in the form in which the external and internal events of the patient's life were remembered (or recollected) and then reported in the analytic situation. One of his most frequently quoted phrases is: 'It is a triumph of treatment if repetition can be changed into recollection.' Another synonymous version of the same phrase is italicised by Freud himself: '*Analytic treatment should be carried through as far as possible in privation—in state of abstinence.*'¹

In other words: gratification of the patient's repetitive tendencies, 'acting out' in the analytic situation, should be restricted to a minimum and recollection encouraged instead of it. Although Freud himself stated in the same paper: 'A certain amount (of gratification) must be permitted to him (the patient) more or less according to the nature of the case and the patient's individuality',² all such 'gratifications' or cases of 'acting out' were looked on with grave suspicion.

In the last thirty years or so a definite change of mind has set in, and 'repetition' or 'acting out' in the analytic situation has been viewed with less and less suspicion and more and more scope allowed to it. Gradually more and more analysts have come to recognise—what I have kept on pointing out for quite a number of years—that not every 'acting out' by the patient is mere repetition; it may be partly, or even mainly, conditioned by a response either to the analytic situation in general or to the analyst's actual behaviour, i.e. his technique. It is not surprising that, as a first step towards full acceptance of this thesis, many analysts admit only that 'acting out' may be—or even is—due to the faulty technique of the analyst. But if a 'disturbed transference' can be thought of as caused by the analyst's technique, i.e. by his shortcomings, I cannot see how the opposite can be denied, namely that a proper 'undisturbed transference' is also conditioned by the analyst, i.e. by his correct technique.

In other words, the whole behaviour of the patient under analysis, including his way of associating, are phenomena of

¹ Congress Paper, Budapest 1918. Reprinted in *Collected Papers*, 2, 396.

² *Op. cit.*, p. 398.

an object-relation—viz. the relation between the patient and his analyst—the development of which is observable directly in the here and now situation. Several analysts, including among many others both Fairbairn and myself, have tried to piece together these first-hand clinical observations and to infer from them a developmental theory of the human mind, based on the actually studied ‘transference phenomena’, that is to say our patients’ behaviour before our eyes. What one usually omits to state is that this behaviour is always influenced: (a) by the general set-up of the analytical situation, and (b) by the—possibly never quite completely controlled—counter-transference of the analyst. In other words, we commit the fallacy of describing the transference phenomena as belonging to the field of one-person psychology instead of evaluating them as belonging to the field of two-person psychology. Even Fairbairn, one of the staunchest advocates of the importance of object-relations, does not seem to be fully aware of this fact. To avoid a possible misunderstanding, I would emphasise as strongly as possible that the main source of all transference phenomena is, of course, the patient’s past. But it must equally be stressed that no transference can take place in a one-person situation, that is, no transference is possible without a second person, the object. What will actually happen when subject and object—the patient and his analyst—meet, will be determined by the contributions of them both. Which means: by the patient’s personality and illness and by the analyst’s—good or bad—technique.

A special case of this general thesis is so important for our topic that I must discuss it in some detail. I have already mentioned that, although we quote again and again Freud’s advice that analysis should be carried out in abstinence, we do not like to be reminded that this is never exactly true. Certain gratifications in the analytic situation are absolutely unavoidable, and some others are even highly desirable. The only thing that can and indeed must be reasonably demanded is that both patient and analyst should be as fully aware of these gratifications as is humanly possible. There is, however, a very important additional restriction of these ‘pleasures’ permissible in the analytic situation. This restriction concerns their

intensity factor, i.e. exactly what the original meaning of 'libido' or the English 'lust' was. It is only a certain amount—and a certain kind—of pre-genital gratification that is permissible. To mention a few: oral gratification by offering the patient complete freedom of speech; or a feeling of pleasant, fairly warm, friendly security by the analyst's providing a comfortable couch and a normally heated room, etc., and, above all: by creating the most gratifying, in the true sense unique, feeling in the patient that his analyst will be safely there, listening in a friendly and sympathetic way to the revelations of the patient's whole personality. But—and this is a very grave 'but'—no genital, or, for that matter, any kind of orgiastic pleasure is ever allowed in the analytic situation.

This quite general restriction brings in its wake unavoidable consequences. To mention a few: our theory has become more and more biased by too much emphasis being laid on pre-genitality—I mean pre-genital pleasures as well as pre-genital object-relationships—and perhaps too little on genitality, especially on the function of orgasm. Parallel with this, our ideas about the intensity factor of pleasure, especially of crudely sexual pleasure, have been becoming more and more vague. Our theories of gratifications on the one hand, and of pleasant and unpleasant tensions on the other, have hardly developed since the time of Freud and Ferenczi. Instead, analytic progress has succeeded in developing in more and more detail a highly important theory of frustration. This, then, has led to a number of psycho-analytic theories about human development which, although occasionally contradicting each other, still have the same kind of bias—the observer's parallax, imposed upon him by the limitations inherent in the analytic situation—that is to say, an almost complete neglect of the influence of the intensity factor of pleasures, and a preoccupation with frustration and its consequences.

Here is perhaps the place to mention the importance of a 'standard technique'. If the conditions obtaining in the analytic situation, especially the 'pleasures' offered to the patient, are securely controlled, i.e. if the analyst's contributions to the analytic situation are fairly well standardised, it is claimed that the transference phenomena produced by the patient and

observed by his analyst will almost entirely originate in the patient's personality and illness. This claim is based upon a very dangerous half-truth. It is true that variations in the observable transference phenomena under standardised conditions will certainly be due to the patient's individual features, but what about the standard transference phenomena which can be observed almost invariably in every case? Should these standard, invariable features be attributed to fundamental qualities of the human mind; do they represent important stages of the development of the libido or of human object-relations, or are they only responses provoked by the 'standard technique'? Very likely they will be a mixture of the two, but how can we sort out their correct proportions!

The danger to accept regularly occurring transference phenomena as fundamental qualities of the human mind has become nowadays, with the appearance of the various 'schools', still greater. Every school on either side of the Atlantic has developed its more or less well-standardised technique. Each analyst trained in that particular school endeavours, naturally, to use the 'correct', i.e. the standardised, technique of his school. If my ideas are right, the result of this will be that almost all the members of the one school will observe very similar transference phenomena in their patients, viz. more or less standard responses to their standardised 'correct' technique. As the experiences of several independent observers—although all of them belong to the same school—accumulate and seem fully to confirm one another, it is almost impossible not to assume that the ever and again observable transference phenomena are the essence of human emotional development and to avoid building a comprehensive theory on these observed 'facts'.

All these attempts at theory-making are, to a certain extent, justified. After all, we all agree nowadays that there is no such thing as an infant by himself, that is, without a mother or some nursing adult. Conversely, it means that any two-person situation resembling the primary one—in that in it only one partner (the infant) can make demands and the other (the adult) may be taken for granted—can be thought of as an experimental reproduction, and phenomena observed in it can

be used as starting-points for theoretical extrapolation. It is in this sense that the use of phenomena observed in the analytic situation is justified as a basis for a theory of human emotional development. This statement implies something which I wish to state explicitly, as it is important to me. The implication is the tacit acceptance of the non-existence, or of the unimportance, of any original one-person situation in the human development such as the theoretically assumed primary narcissistic state—a step I have advocated ever since 1932.

There is one more, and highly important, assumption inherent in all these theories, which is never mentioned, still less examined. Various theoretical propositions treat 'transference phenomena', as observed by the analyst in the analytic situation, as an unselected, fully representative sample of human relations, completely forgetting that all these phenomena are always limited by the analytic situation in general, and in particular by the analyst's individual technique. Once explicitly mentioned, it is quite obvious that a normal mother's role towards her child and the analyst's towards his patient are far from being the same. It is inherent in the two situations that, on the whole, the analyst must be more frustrating and the mother more gratifying. The effects of this fundamental difference have not yet been properly studied; instead, most theories have taken the 'facts' observed in the analytical situation as an unselected, complete and fully representative sample of *all* primitive human relationships. This is obviously unjustified. Therefore 'facts' observed in the analytic situation cannot be accepted—without further enquiry into the limitations inherent in the analytical situation in general and in the analyst's individual technique in particular—as an exclusive basis for a theory of human emotional development.

After this excursion, let us return to Fairbairn, who says, in the synopsis of his views (page 162): 'The main features of my reformulation were to the following effect:

- '1. Libido is essentially object-seeking.
- '2. Erotogenic zones are not themselves primary determinants of libidinal aims, but channels mediating the primary object-seeking aims of the ego.

'3. Any theory of ego development that is to be satisfactory must be conceived in terms of relationships with objects, and in particular relationships with objects which have been internalised during early life under the pressure of deprivation and frustration,' etc.

If we bear in mind what I have said in the previous paragraphs about errors and limitations due to parallax, we not only understand better what Fairbairn says on these points, but to a large extent we would agree with him if only we could be allowed to qualify his conclusions by adding that they are valid only so far as the limitations of the analytic situation and Fairbairn's individual technique go. That is to say, we see that he has described, exactly and faithfully, what he has observed in his patients while they were subjected to the influence of the psycho-analytic situation as determined by Fairbairn's present technique.

Retranslated into a two-person psychology language, his generalisations mean:

1. Only little fully gratifying pleasure is observable in the analytic situation, especially pleasure of the high-intensity type; but in his search for some gratification there is an almost inexhaustible urge in the patient to develop new and ever newer object-relations to his, on the whole, frustrating analyst.

2. The role of erotogenic zones in the analytic situation is negligible as compared with the very great urge to develop object-relations to the analyst.

3. The patient's development, as it may be observed in the analytic situation, is under the constant and overwhelming influence of the internalised—frustrating and depriving—analyst.

Thus there is no doubt about the correctness and validity of the clinical observations as summarised by Fairbairn. The only problem is how far his and similar observations may be used to build upon them a complete theory of the development of the human mind. To put the question in this way is tanta-

mount to begging the answer. As I showed above, observations made in the framework of the analytic situation can be used only to add something to, or to modify, our existing theories, but not as the exclusive basis for a complete theory. To return to our main topic, it is a pity that Fairbairn takes the view that libido is not pleasure-seeking but essentially object-seeking. If I am right, the correct way to describe his clinical experiences would have been something like this: in addition to the hitherto well-studied quality of libido, i.e. its pleasure-seeking tendency, clinical observations have proved beyond doubt that its object-seeking tendency is at least equally important, especially in patients while under analysis. The further problem now arises how to evaluate the relative importance of the two tendencies of the libido—pleasure-seeking and object-seeking—first for the adult patient under analytic observation, and then to infer from it the possible roles of these two tendencies during the development of the human mind.

During this very delicate work the practising analyst, turned now into a research worker, must not forget the ever-present danger that a part, and Heaven knows how big a part, of what he observes—the transference phenomena happening under his eyes—may have been produced by himself, viz. they may be responses to the analytic situation in general or to its particular variety created by his correct, or not so correct, technique.

I would add an afterthought. Physicists have learned at their own expense that when making any observation whatever, the temperature and the pressure obtaining during the observation must be carefully measured and recorded. The reason for this is the empirical fact that there are only very, very few phenomena, such as gravitation, which are not influenced by changes of temperature or pressure. This is a fairly new piece of knowledge, perhaps 200–300 years old. We analysts behave as if we knew that the processes we observe are independent of the emotional temperature and pressure of the situation in which they occur. Very likely just the opposite will be the case. That is why I propose that to every analytical observation be added a description of the emotional tension—

whether excited, very tense, or relaxed, or even calm—and of the emotional temperature—seething with emotions, indifferent, or even icy cold—under which they were made. It is fair to expect that very valuable material will be produced in this way, and that we may be able to find out a good deal about the ways of the various techniques, i.e. about the observers' parallax.

INDEX

- Aborigines, Central Australian, 23, 39, 258
 Abraham, K., 176, 217, 243, 245, 257, 259
 Abreaction, 247
 Academicians and Ferenczi, 241
 Aches and pains, 199
 Acne rosacea, 153
 Acta Sanctorum, 83
 Acting out, 284
 Adolescence and delinquency, 106
 and masturbation, 49, 68
 Adult versus child, 247, 250, 287
 Affect, *see* Emotion, Excitation, Pleasure, and Tension
 Ageing, 69-85
 Aggressiveness, 270 ff.
 and hallucinations, 162
 Agorophobia (see also Phobia), 279
 Alcibiades, 69
 Allport, G. W., 129, (and Vernon, P. E.), 148
 Ambivalence, 269 ff.
 to Ferenczi, 244
 and menstruation, 176 ff.
 and precognition, 189 ff.
 and de Sade, 255
 Anaemia, 206
 Anal birth, theory of, 172
 erotism, 184
 sadism and art, 123
 Animal psychology, 225
 sexuality, 14 ff.
 Anna O., 238
 Anthropology, 256
 Anxiety (see also Neurosis)
 attacks, 153 ff.
 castration (see also Complex, castration), 50, 58, 66, 172, 182, 239
 and reality testing, 163 ff.
 Apostolic Function, 204 ff.
 Arany, J., 75
 Aristophanes, 75
 Art as childbirth, 215
 and narcissism, 119 ff.
 as one-person situation, 215
 and penal reform, 95
 and projection, 118, 124
 and psycho-analysis, 120 ff., 215
 and regression, 122
 and representation, 117-28
 and sadism, 123
 and trauma, 122
 Association, free, 11, 161, 236
 Asthma, 262
 Auerbach, F., 131
 Australian Aborigines, 23, 39, 258
 Autosymbolism, Silberer's, 157
 Balint, A., 169
 Balint, M., 127, 170
 Balzac, 74
 Beethoven, 263
 Behaviourism, 125, 132, 226
 Benson, G., 101
 Bible, The Holy, 282
 Birth, anal theory of, 172
 trauma, 239
 Bismarck, 79, 81
 Bolyai, F. and J., 81
 Bonaparte, Princess Marie, 258
 Borstal, 94, 101 ff., 115
 Breuer, J., 238
 Bronner, A. F. (and Healey, W.), 104
 Brothels, 55
 Buchner, K., 147
 Buddha, 83
 Burlingham, D., 127
 Byron, 82
 Caesar, 18
 Caligula, 84
 Canestrini, S., 133
 Catatonia, 263 ff.
 Censorship in theatre, 18
 Cerebral cortex, 229 ff.
 Ceremony (see also Cult)
 initiation, 13
 marriage, 12
 Chambers, E. G., 142
 Character malformations, 247
 psychopathic, 104
 traits and old age, 76
 Chastity, 17
 Child (see also Infant)
 versus adult, 247, 250, 287
 as artistic creation, 215
 care, 25 ff., 247
 development, 125-49
 in doctor-patient relationship, 215
 in Ferenczi's view, 245 ff.
 frustration of, 33
 as recipient of projection, 126 ff., 132
 weakness of, 42, 247
 Cicero, 70
 Civilisation (see also Culture, and Society)
 and food storage, 24
 and human dangers, 40
 and Oedipus complex, 25

- Class stratification, 13
- Cleanliness, training in, 38
- Code of behaviour (see also Penal systems, and Rules), 86 ff.
- Coitus (see Sexual intercourse) interruptus, 51
- Collector's Mania, 76
- Commandments, Ten, 86
- Community. See Society
- Complex, Castration (see also Anxiety, castration), 184
 - Oedipus. See Oedipus complex
- Compulsion to touch, 61
- Condensation, 156
- Conflict, internal versus external, 25 ff.
 - optimal intensity of, 33
- Conscience (see also Super-ego), 19, 157, 159
- Constipation and masturbation, 63
- Constitution (see also Heredity), 103, 220
- Contraceptives, 16, 17
- Control, self-, 19
- Conversion (see also Hysteria) hysterical, 186
 - symptoms and menstruation, 174
- Coprophilia, 184
- Coriolanus, 18
- Cortex, cerebral, 229 ff.
- Cosmetics, 70
- Counter-transference (see also Transference), 188, 285 ff.
 - and parapsychology, 192, 193
- Court of law as public drama, 86-116
- Covenant, 89, 106, 113
- Cramer, H., 131, 138
- Crime (see also Delinquency), 86, 266 ff.
 - and diagnosis, 101
 - duration of, 103
 - and early environment, 103
 - and heredity, 103
 - as illness, 97 ff.
 - and masturbation, 57
 - and maturation, 103 ff.
 - private, 87
 - and society, 87
- Criminal, see Offender
- Statistics, 95-100
- Cruelty, 43
- Cult of the Virgin, 31
- Culture (see also Civilisation, and Society)
 - endangered, 17
 - learning required for, 14
- Cunnilinctus, 183, 186
- Daly, C. D., 173, 174, 180
- Darwin, E., 130
- Deafness, 262 ff.
- Death, attitude to, 82
 - manner of, 264
 - penalty, 92
- Defence(s) by idealisation, see Idealisation; by identification, see Identification; by introjection, 165, 261 ff.
 - legal, as offender's right, 112
 - made visible, 278
 - by masturbation, 174 ff.
 - mechanism, development of, 127
 - paranoid, 108, 218
 - by projection, see Projection
 - by reaction formation, 248, 255, 269
 - by repression, see Repression
 - by sublimation, 169, 265
- Deficiency, mental, 104, 262, 263
- Delinquent, see Offender
- Delinquency (see also Crime), 95 ff.
 - psycho-analysis, 105 ff.
- Dementia Senilis, 78
- Democracy, idea of, 45
- Depression (see also Melancholia)
 - diagnosed, 203, 206, 207
 - in offender, 107 ff.
- Depressive mechanism, 218
- Deterioration with age, 71, 72
- Devereux, G., 188
- Diagnosis of instincts, 266
- Diagnostic methods and psycho-analysis, 208 ff.
- Discipline, 34, 37, 48
- Disgust, see Shame
- Displacement to below, 187
 - in fetishism, 171
 - and masturbation, 62, 63
- Disraeli, 72, 82
- Divorce, 16, 17
- Doctor, his need to be good, 210
 - patient relationship, 198-220
- Dolls, 16
- Drama of punishment, 88 ff.
- Dreams, 164, 258
- Drill, military, 35, 41
- Drug(s), doctor used as, 198
 - in general practice, 198
 - hypnotic, 154, 155
- Duels, 82
- Dwarfism, 262
- Dysmenorrhea, 58, 178
- Ear picking, 63, 65
- Eating habits (see also Feeding, and Food), 37
- Eccentrics, 65
- Eckstein, A., 133
- Education (see also Teaching and Training), 266, 267
 - adapted to child, 35, 46
 - as applied science, 16
 - and discipline, 34, 48
 - and extra-genital pleasures, 77

- Education (*cont.*)
 as forbidding, 20
 'free', 33
 for freedom, 22 ff.
 General Certificate of, 13
 reform of, 249
 and rules, 37
 in self-control, 19
 and shame, 43
 and super-ego, 44
 totalitarian, 45, 46
- Ego (see also Defence)
 changes in, 269
 and delinquency, 105
 in depression and crime, 107 ff.
 development, 289
 and masturbation, 64
 instincts, 282
 and latency, 50
 object-seeking aims of, 288
 strength and reality testing, 165, 168
 structure, 272
 versus super-ego, 46
 and vocational training, 115
- Ejunctio praecox, 183
- Ellis, Havelock, 253
- Emmett, B. P. (and Trenaman, J.), 97
- Emotion(s) (see also Excitation, and Tension)
 primitive, in punishment, 90
 and shame, 19
 swings of, in child, 26, 28
- Emperors, Roman, 84
- Enemies, choice of, 264
- Eneuresis, 43, 262
- Enfant terrible of psycho-analysis, 241, 244
- Entrücktheit*, 79
- Epilepsy, 262 ff.
- Erection and menstruation, 174
- Erotism, anal, 184
- Erotogenic zones, see Zones
- Eskimos, 38
- de l'Espinasse, Julia, 73
- Ethnology, 265
- Examination(s), need for, 200, 206
 as a rite, 13
 specialist, 208
 as waste of time, 35
- Excitation, psychic, 224
- Excretion, 129
- Execution, public, 87
- Exhibitionism, 183
 and old age, 76
- Faeces and fetishism, 172, 173
- Fairbairn, W. R. D., 281 ff.
- Family, 25 ff.
- Fantasy(ies) of anal birth, 172
 and art, 118
 of childbearing, 58
- Fantasy(ies) (*cont.*)
 Gulliver, 172
 infantile, 266
 masturbation, 176
 of mother-vagina, 173
 in penal reform, 95
 prostitution, 55
 scientific, 245
- Fashions, 15
- Fate, 266 ff.
- Fear, see Anxiety
- Feeding (see also Eating habits, and Food)
 breast versus bottle, 134
 patterns, 128, 149
 as social contact, 129
- Fellatio, 183, 186
- Ferenczi, S., 168, 172, 192, 235-50, 257, 286
- Fetishism, 171-3, 183, 186, 232
- Flogging, 92
- Food (see also Eating habits, and Feeding)
 storage and civilisation, 24
- Frederick the Great, 81
- Freedom versus demands of society, 17 ff.
 in education, 33
 education for, 22 ff.
 restriction of child's, 34 ff.
 sexual, 16 ff.
- Freud, A., 127
- Freud, S., 22, 30, 49, 50, 58, 74, 83, 107, 125, 163, 168, 171, 172, 217, 218, 234, 235, 236, 237, 242 ff., 257, 266, 281, 282, 284, 286
- Friends, choice of, 263
- Frigidity, 21, 72 ff., 176, 279
- Furor therapeuticus, 210
- Gaolers, 93
- General Certificate of Education, 13
 practice, 198-220
 Practitioner, 198-220
- Genes (see also Constitution, and Heredity), 261 ff.
- Genitality, see Sexual
- Gesell, A. L. (and Ilg, F. L.), 132, 133
- Gigantism, 262
- Gillespie, W. H., 190
- Gladstone, 80
- Glover, E., 104, 168
- Glueck, S. and E., 99, 103
- Gods, 15
- Goethe, 71, 72, 74, 78, 79, 82, 262
- Gorer, G., 251-5
- Gout, 251
- von Graefe, A., 81
- Gratification and punishment, 89
 in treatment, 284 ff.

- Guilt feelings, 254, 255
 - and masturbation, 53, 56 ff.
 - and Society, 87, 106
 - and super-ego, 43
- Haeckel, 81
- Hallucinations, 169, 252
 - auditory, 153-70
- Hamlet, 82
- Happiness, pursuit of, 22, 24
- Hari-kari, 82
- Harnapp, G. O., 131, 138
- Hauptmann, G., 73
- Hausfrauen neurose*, 76
- Healing, inexplicable, 196
 - religious, 194 ff.
- Healy, W. (and Bronner, A. F.), 104
- Heat, i.e. on heat, 18, 30
- Heredity (see also Genes) and crime, 103
- Hitler, 254
- Hollós, H., 192
- Homosexuality, 252, 262 ff.
 - and hysterical symptom, 186
 - and old age, 76
- Horace, 78, 118
- Hospitalisation of infants, 136
- Hunger and love (see also Instincts, and Sex), 281, 282
- Hypochondriasis, 165
- Hypocrisy, professional, 24
- Hysteria (see also Conversion), 169, 218, 263 ff., 279
 - and masturbation, 62, 65
 - and menstruation, 174
 - and perversion, 182-7
- Id (see also Instinct, and Sex) and delinquency, 105
- Idealisation, 31, 271
 - and art, 123
 - and infantile objects, 50
 - and parapsychology, 192 ff.
- Identification, 271
 - with analyst, 188
 - child, 246
 - in court trial, 108, 110
 - penal reform, 95
 - with sister, 189
- Ilg, F. L. (and Gesell, A. L.), 133
- Illegitimacy, 17
- Illness and artistic creation, 215 ff.
 - basic, 219
 - as bearing a child, 216
 - choice of, 264
 - offered or proposed, 204 ff.
 - as one-person situation, 216 ff.
 - unorganised state of, 205, 212, 216
- Immorality, 14
- Impotence, 21, 72 ff., 183
- Imprisonment, 92
- Incest (see also Oedipus complex), 14 ff., 262, 270
 - and masturbation, 56 ff.
 - prohibition, 50
- Individual versus community, 21 ff.
- Infant (see also Child, and Feeding)
 - behaviour, 125-49
 - hospitalisation of, 136
 - psychology of, 126 ff.
- Inhibition, external and internal, 228
- Initiation, 12, 13
- Instinct(s) (see also Hunger, Id, Libido, Love, and Sex), 281 ff.
 - component, 253
 - diagnosis of, 266
 - and menstruation, 174 ff.
 - and money, 39
 - object of, 22 ff., 281-91
 - outlet for, 269 ff.
 - pedagogy of, 248
 - privation of, 11 ff.
 - and punishment, 89
 - research on, 11
 - sexual versus others, 11
 - theory, 262
- Instinctual vectors, 267 ff.
- Intelligence and discipline, 37, 38
 - and super-ego, 45
- Intercourse, sexual, see Sexual intercourse
- Internal versus external problems, 25 ff., 106, 228
- Interpretation, 215, 217, 239
 - of analyst's behaviour, 188
 - of Szondi Test, 270
 - therapeutic effect of, 169
- Intolerance, religious, 262
- Introjection, 165, 261 ff.
- Jealousy, 73
- Jensen, W., 133
- Jews and masturbation, 179
- Jókai, M., 75
- Jokes, obscene, 74
- Jones, E., 244
- Judges, 86, 93, 94, 101
- Jung, C., 257, 266
- Kasahara, M., 131, 138
- Kehrer, E., 176
- Kinsey, A. C., 253
- Klein, M., 108, 126, 135 ff., 168, 172, 257, 266
- Kleptomania, 169, 173
- Koch, Robert, 82
- Kovács, Vilma, 258
- Krafft-Ebing, 253
- Latency, 50
- Law, 94, 107, 109, 113 ff.
 - court, 86-116

- Lawyer, 266
 Lear, King, 78
 Left-handedness, 262
 Lély, Gilbert, 251
 de Lenclos, Ninon, 72
 Leucorrhoea, 58
 Leuret, Dr., 195
 Lewin, B., 276
 Libido (see also Hunger, Id, Instinct,
 Love, Orgasm, Sex and Sexual)
 development, 237
 fixated on ancestors, 261, 263
 as object-seeking, 281-91
 parental, 250
 tropism, 264
 Lombroso, C., 96
 Louis XV, 252
 Louis XVI, 251, 252
 Lourdes, 194 ff.
 Love, behaviour, 18
 tender, 21
 Lucullus, 76
 Lust, 282
 Luther, Martin, 32

 McGivan, M. B., 136
 Magistrates, 94, 101
 Malinowski, B., 87
 Mania, 259, 263 ff.
 collector's, 76
 Marriage on approval, 16
 as social restriction, 12
 unsatisfactory, 204, 207
Martyrs, Book of, 253
 Masochism, 183, 254
 Masturbation, 24, 39, 49-68, 176, 204
 character, 65
 late onset of, 182
 and old age, 76
 Melancholia (see also Depression),
 259, 263 ff.
 introjection in, 165
 and object formation, 169
 Menstruation, 174-81, 286
 Michaelis, 74
 Middlemore, M., 128, 133, 135
 Migraine, 262
 Money as detour of desire, 39
 de Montreuil, Mme, 252
 Murchison, C. A., 132
 Murderers, 270
 Musical talent, 262, 263
 Myers, C. S., 148

 Nail biting, 63
 Napoleon, 251, 254
 Narcissism and art, 119 ff
 and hysterical symptoms, 186
 medical, 239, 240
 primary, 288
 secondary and masturbation, 66

 Nero, 84
 Neurasthenia, 218
Neurose, hausfrauen, 76
 Neurosis (see also Phobia, and *supra*),
 247
 actual, 218
 anxiety, 153 ff., 169
 anxiety in, 239 ff.
 character, 218
 and crime, 104
 and masturbation, 59, 65
 obsessional, 169, 218, 252
 in old age, 84
 New Guinea, 38
 Normanby Islands, 258
 Nose picking, 63, 65
 Numbers, even, 61
 Nunberg, H., 163

 Object(s), choice of, 261 ff.
 definition of, 29
 dependence on, 23 ff.
 external and delinquency, 107 ff.
 formation, 166, 169
 incestuous, 65
 infantile, 50
 of an instinct, 22 ff.
 internal, 261
 love, 169
 and primitive man, 23
 and projection, 262
 -relations, 169, 174, 282 ff.
 -representation in art, 117-28
 seeking, 281-91
 special qualities of, 171
 as stimulus, 119
 substitution of, 24
 'Obsessional type' and masturbation,
 60, 61, 65
 Oedipus or Oedipal (see also Incest,
 and Triangular situation)
 complex and civilisation, 25 ff.
 and masturbation, 56
 period, 49
 situation, 248
 as earliest phase, 125 ff.
 wishes, 240
 Offence (see also Crime)
 indictable, 87, 96
 Offender(s), versus convictions, 96
 examination of, 103 ff.
 listless, 111
 manly, 111
 versus offence, 96
 punishment of, 86-116
 versus recidivist, 96
 Oligophrenia, see Deficiency, mental
 Onan, 51
 Orgasm (see also Sex), 184, 286
 Ostracism, 18 ff.

INDEX

- Over-determination (see also Condensation), 262
- Pain, amount to be tolerated, 204
- Panic, see Anxiety
- Parallax, errors due to, 283, 286, 289, 291
- Paranoia (see also Persecution, and *infra*), 78, 169, 262, 279
- Paranoid (see also Persecution, and *supra*)
defence in offender, 108 ff.
mechanism, 218
- Parapsychology, 188-97
- Pascal, 82
- Patient and his need for a bad doctor, 210 ff.
- Pavlov, I. P., 223-34
- Pear, T. H., 148
- Peiper, A., 129, 131, 133, 138
- Penal reform, 95 ff.
systems (see also Rules), 87, 90, 114
- Penis captivus*, 66
- Perception, extra-sensory, see Parapsychology
- Persecution (see also Paranoia) and fear of police, 109
- Person, one-, situation, 215
two-, situation, 215 ff.
- Personality of doctor, 205
- Perversion(s) (see also Coprophilia, Cunnilinctus, Exhibitionism, Fellatio, Fetishism, Homosexuality, Masochism, Transvesticism, Voyeurism, Sadism, and Scopophilia), 248, 253
and conditioned reflexes, 232
and crime, 104
versus hysteria, 182-7
and masturbation, 52
and old age, 76
- Pfaundler, M., 131
- Pharaoh, 15
- Pharmacology of drug 'doctor', 198
- Phenotypes, 261 ff.
- Phobia (see also Neurosis), 66, 169, 218
- Physical power and age, 71
- Physics, 117, 209
- Physiology, 225, 231 ff.
- Picasso, 119
- Platen, 81
- Pleasure, intensity of, 286
and libido, 281
- Police, 86, 88, 93, 106, 108
- Politics as applied science, 16
- Polonius, 78
- Pornography, 19, 74
- Power, physical in old age, 71
unrestricted use of, 112
- Pratt, G. U. (*et al.*), 133
- Prayer, Book of Common, 14
- Pre-genital, see Regression, and Sex
- Presents, giving of, 156
- 'Press, gutter', 92
- Preyer, W., 132
- Priests, 93, 110 ff.
- Prison, 92
officers, 93, 94, 110 ff.
population, 113
statistics, 99
- Pritchard, E. L., 135
- Probation, 107, 110
- Probing, 200
- Profession, choice of, 264
and hypocrisy, 24
legal, 86, 93, 94
and narcissism, 239, 240
- Prohibition, see Restriction
- Projection by analyst, 188, 192
and art, 118, 124
into childhood, 126 ff., 132
as defence mechanism, 165
in object choice, 262 ff.
and parapsychology, 192 ff.
- Prospero, 18
- Prostitution, 17, 31
- Pseudologia, 169
- Psychiatrist, 94, 110 ff.
- Psycho-analytic session, 217
situation, 215, 284 ff.
- Psycho-analysis and anthropology, 256, 258
and art, 120 ff., 215
versus behaviourism, 125, 132
and child development, 125-49
classical works of, 243
and conditioned reflexes, 234
and delinquency, 105 ff.
and depression versus crime, 107
and diagnostic methods, 208 ff.
didactic, 237
and education, 33
and general practice, 198-220
and impotence, 74
and masturbation, 53, 54, 59 ff., 68
and psychoses, 217
and sex, 11 ff., 49
and sucking behaviour, 147
and Szondi's theories, 261-80
as therapy, 11
technique of, see Technique
- Psycho-analyst, 266
for hopeless cases, 246
as frustrator, 286, 289
and projection, 188, 192
and tact, 240
- Psychologist, 94, 110, 112 ff., 266
- Psychology of animals, 225
and genetics, 261-80
and physiology, 225, 231 ff.
- Psychopathic character, 104

- Psychoses, 247
 anxiety, 164
 and crime, 104
 versus neurosis, 163, 169
 and psycho-analysis, 217
 and reality sense, 163 ff., 169
 Psychotherapy and punishment, 88 ff., 110
 Puberty, 273
 and delinquency, 105
 and masturbation, 52, 53, 59
 and narcissism, 66
 onset of, 50
 Punishment (see also Execution, Flogging, and Imprisonment)
 and hallucinations, 157
 of offenders, 86-116
 Pyromania, 169, 262

 Rank, O., 237, 239
 Rasmussen, K., 38
 Rathenau, E. and W., 81
 Reaction formation, 248, 255, 269
 Reality substitutes, 40 ff.
 as teacher, 38
 testing, 153-70
 Recidivist, 97 ff., 101, 110
 Recollection, 284
 Re-education of offenders, 86-116
 Reflexes, conditioned, 223-34
 unconditioned, 224-6
 Regression in art, 122
 in doctor-patient relationship, 214
 Reik, T., 258
 Relations, object-, see Object-relations
 Relationship, doctor-patient, 198-220
 two-person, 27, 215 ff.
 Religion in different societies, 38
 and healing, 194 ff.
 and intolerance, 262
 and masturbation, 51
 Remorse (see also Guilt feelings), 254
 and hallucinations, 162
 Renaissance, 117, 118n.
 Reparation, 266
 Repetition, 284
 Representation, see Object-representation
 Repression, 49, 52, 248
 and parapsychology, 193n
 Resistances, 236 ff.
 Response of doctor to patient (see also Counter-transference), 199 ff.
 Restrictions and society, 12 ff., 30 ff., 34
 as impersonal institutions, 19
 Rewards and punishments, method of, 42
 Rheumatic pains, 203, 205, 207, 251
 Rhythm of sucking, 143-9
 Richard III, 18

 Ricklin, F., 257
 Rituals (see also Ceremony, and Cult), 13
 Röheim, G., 38, 89, 113, 256-60
 Röheim, Ilonka, 258-60
 Romanticists, 119n
 Romeo, 18
 Rules (see also Penal systems), 37-47, 61
 Russia, 122
 Rutherford, Lord, 82

 de Sade, Marquis, 251-5
 de Sade, Renée, 252
 Sadism, 123, 183, 253 ff.
 Saints, 83
 Samoans, 38
 Schiller, 281
 Schizophrenia, 153, 168, 252
 associations in, 161
 introjection in, 165
 Schlemihl, Peter, 66
 Schools and masturbation, 52
 nursery, 35
 public, 34
 secondary, 35
 subjects, 41
 Schopenhauer, 70, 82
 Scopophilia (see also Voyeurism), 183
 Scratching, 63, 65
 Secretions, digestive, 224 ff.
 Seduction by elders, 51
 Sensations, internal versus external, 164-70
 Separation, 27 ff., 135, 137
 Servadio, E., 189
 Sex(es) (see also Hunger, Id, Instinct, Libido, Love, Orgasm, Pleasure, and Sexual)
 animal versus human, 14 ff., 17 ff.
 attitude to, in different societies, 38
 difference in sucking, 145
 equality of, 16
 genital versus tender love, 21
 importance of, 253
 and incidence of crime, 96
 infantile, 253
 and old age, 72 ff.
 pre-genital, 77, 282, 286
 and society, 11-33
 theory of, 249
 Sexual (see also Sex)
 abstinence, 14
 exitement as danger to society, 18
 frustration, chronic, 204, 207
 intercourse, 14, 58
 life, chastity advocated, 17
 discussed frankly, 49
 dissatisfaction with, 11 ff., 30
 freedom advocated, 16

- Sexual (*cont.*).
 perversion, see Perversion
 restriction and civilisation, 20
 tempo, 157
 Shakespeare, W. (see also Hamlet,
 Lear, Polonius, Prospero, Romeo),
 31
 Shame in different societies, 15
 of emotional outbursts, 19
 as triumph of education, 43
 Silberer, H., 157
 Sleep and conditioned reflexes, 228
 Sleeping habits, 129
 Smell and fetishism, 172
 Society (see also Civilisation, and Cul-
 ture)
 class structure of, 13
 and crime, 87
 and eating habits, 37
 versus individual, 21 ff.
 and masturbation, 52, 56
 and medical examination, 206
 and menstruation, 179
 and the offender, 86-116
 primitive (see also Aborigines, Es-
 kimos, and Samoans), 13 ff., 23
 and non-human dangers, 40
 restrictions of, 12 ff., 17, 30 ff.
 and rules, 37 ff.
 and sexual pleasure, 11-33, 51
 and suckling, 37
 Somaliland, 258
 Specialist's reports, 211, 214
 Speech defects, 262
 Sport, 70
 Stammering, 262
 Statistics, criminal, 95-100
 Stories, detective, 92
 Strachey, A., 282
 'Sturm und Drang', 69
 Sublimation, 169, 265
 Sucking, method of studying, 137
 physiology of, 129-31
 rhythm in, 137-49
 Suckling, 37
 Suffering, dose of, 91
 Suicide, 264, 266
 Super-ego (see also Conscience), 255
 as aim of education, 44
 categorical, 22
 and delinquency, 106
 in depression and crime, 107 ff.
 in latency, 50
 as privilege of mankind, 119
 restrictive function of, 43
 severe, 21
 as split of mind, 19
 strength versus ego strength, 46
 weak, 21
 Susswein, J., 131
 Symbols and art, 118, 121
 Szondi, L., 261-80
 Szondi test, 188, 267 ff.
 Taboos, 39, 179
 Tasks, self-correcting, 36
 Tavistock Clinic, 198
 Teacher (see also Education), 110
 modern, 35
 and reality, 38
 strict, 36
 and his super-ego, 47
 Teaching, see Education, and Train-
 ing
 Technique (see also Tempo), 235 ff.,
 246, 249, 284
 active, 237
 standard, 286
 Teeth picknig, 63, 65
 Telepathy, see Parapsychology
 Tempo of session, 158
 of sex, 157
 Tension and discipline, 37
 emotional, 290
 quotient, 272
 Thyroid gland, 199, 203
 Tiberius, 84
 Titian, 71
 Tolstoy, 84
Torschlusspanik, 74
 Towel, sanitary, 178
 Training in cleanliness, 38
 vocational, 106, 115
 Transference (see also Counter-trans-
 ference), 188, 237, 285 ff.
 as ally, 209
 dissolution of, 169
 and hysterical symptoms, 187
 misunderstood, 190
 and object choice, 261 ff.
 Transvesticism, 173
 Trauma, 247, 264, 267, 273
 and art, 122
 birth, 239
 separation, 135, 137
 Trenaman, J. (and Emmett, B. P.), 97
 Trial, public, 87
 Triangular situation (see also Oedipus
 situation), 26 ff.
 Twain, Mark, 57
 Unconscious, individual and collective,
 266
 Undergraduate, 13
 Unorganised illness in general practice,
 205-16
 psycho-analytic practice, 216-19
 Urbanisation, effects of, 199
 Vaginism, 66
 Venereal disease, fear of, 66

- Vernon, P. E. (and Allport, G. W.), 148
Victoria, Queen, 77, 80
Virgin, cult of, 31
Voice, see Hallucinations, auditory
Voltaire, 71, 72, 78, 85
Voyeurism (see also Scopophilia), 75

Waelder, R., 127
Washing and masturbation, 61, 62

Wassermann, J., 74
Wedding night and menstruation, 174
Workers, social, 94, 110 ff.
Wright's *Book of Martyrs*, 253

Youth as ideal, 70
Yuma Indians, 258

Zone(s) erotogenic, 288, 289
 urethral and masturbation, 63

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