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AN ANALYTIC INQUIRY INTO THE LIFE AND WORK OF HEINRICH SCHLIEMANN

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AN ANALYTIC INQUIRY INTO THE LIFE AND WORK OF HEINRICH SCHLIEMANN

William G. Niederland, M.D.

This paper is part of a wider study which deals with psychological and psychodynamic aspects of geographic and archaeological exploration. Inasmuch as this presentation includes findings and observations subject to further study and evaluation, as well as to research on additional material, it is to be understood as a report on work in progress.

Starting from the premise that geography, as the name implies, is the study of *Gaea,* i.e., Mother Earth (the *Urmutter*), and that the great problems of geography—where? wherefrom? the relentless investigation and exploration of the earth—resemble and to an extent repeat some of the basic libidinal questions of every human, thus linking geography and archaeology ultimately to anatomy (which in a sense is the geography of the human body), I presented evidence on certain psychological factors involved in the history of geographic exploration (1956-1957). In an effort to expand these observations further and to correlate them with contemporary analytic-biographical research along more individual lines (Bonaparte, 1946, 1949; Sterba and Sterba, 1954; Greenacre, 1955, 1957; Eissler, 1961), I shall attempt in the present report to offer and correlate relevant data pertaining to the life and work of Heinrich Schliemann (1822-1890), the nineteenth-century explorer who discovered and excavated the ancient site of Troy, later explored Mycenae, Tyrins, and other prehistoric places. He thus became what some biographers have called the "father" of modern archaeology, who almost single-handedly opened up a new world for historians and students of the classics and who in the process of proving the veracity of Homer's *Iliad* and actually finding the Homeric site

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paradoxically destroyed the very city he was looking for. In his passion to reach the Virgin soil (the *Urboden*), "untouched ground rock" to use Schliemann's own wording, he unwittingly dug right through the celebrated city and arrived at a settlement about a thousand years older than Homeric Troy.

Archaeologists, on the whole, are apparently not too happy about their famous pioneer. He has remained a somewhat lonely and controversial figure in the history of science, and it is worth noting that Schliemann himself felt that he did not really belong to the profession. In his later years he spoke of himself as an "explorer of Homeric geography," and this is indeed one of the reasons why, in addition to the special nature of his character and exploits, I included him in an analytic study of this kind.

Before offering a summary of my findings I wish to express a few thoughts on the current status of applied analytic research within the framework of psychoanalysis in general. As we all know, applied analysis has recently become the target of considerable criticism, emanating mostly from nonanalytic quarters (Schapiro, 1956), but not always limited to these quarters only. Students of psychoanalysis have occasionally also felt disinclined toward psychoanalytic studies in pathography, for instance, and have questioned the methodology or validity of such endeavors. Kohut (1960) and more recently K. R. Eissler (1961) have dealt with these problems. There are, of course, numerous difficulties and potential pitfalls inherent in applied psychoanalysis, but they are in my view far from being insurmountable. "A policy of restraint" (Freud, 1911), proper documentation, scientific rigor, and the analyst's careful search for prime or well-authenticated sources, together with their systematic accumulation and cautious evaluation, can resolve many problems of applied analysis, and the results will more than justify the required effort and necessary reticence. Since one of the essential contributions of psychoanalysis is to trace products of the mind (art, sociology, philosophy, religion) to their roots in infantile mental life, applied analysis should maintain its position in our science, I believe. In the present essay I hope to be able to demonstrate the soundness and reliability of pertinent findings in the field of applied psychoanalysis.

My choice, then, of Schliemann's case history (if I may call it such) for analytic investigation springs from several sources, among which I may first of all point to Freud's notable attention and numerous references to archaeology and archaeological discoveries.[1] In two letters to Fliess he mentions Schliemann by name, each time with admiration

[1] In a letter to Stefan Zweig, dated February 7, 1931, Freud says "I have . . . actually read more archaeology than psychology" (1960).

and considerable interest. Freud's frequent and poignant comparisons between analytic and archaeological "excavation work" (as early as 1907 in discussing Jensen's *Gradiva,* 1909 in the Rat Man case report, and later elaborated in many subsequent publications) are of course firmly anchored in analytic thinking. Since the question of validation of analytic results in the field of applied psychoanalysis has often been raised, I may add that the present study is based on information extracted from the standard biographies, published works, data provided by members of the Schliemann family[2] through written and personal contact with them, correspondence with Schliemann experts abroad, especially with Dr. Ernst Meyer of Berlin, the leading European scholar in this field today—and on my own research at the Gennadius Library in Athens where the Schliemann Archives are located. When I learned of the existence of this in a sense unique *source material* consisting, in addition to all of Schliemann's books, of about 60,000 letters, 18 diaries, many thousands of notes, manuscript pages, and other papers, preserved in Athens and waiting, so to speak, for an analyst to come over and take a look, I decided to do just that. When I found that this abundant material was written in fifteen languages—among them Arabic, Russian, Finnish, Swedish, Polish, Portuguese, Spanish, Italian, and Dutch —and that all this was handwritten on yellowing and partly faded folios of close to 130 volumes, I had indeed some second thoughts as to the advisability of becoming engaged in a study of such magnitude. But by that time, my preliminary research had revealed a task representing too great a challenge to dismiss, and so I set out to spend "a Greek summer" at the Gennadius Library and to study the firsthand material (literally "firsthand," i.e., handwritten by Schliemann) preserved there.[3]

[2] I am greatly indebted to Mrs. Andromache Melas, the ninety-one-year-old daughter of Heinrich Schliemann, as well as to her son, Mr. Leno Melas, for their kind and most helpful cooperation in making material available to me. Mrs. Melas granted me a personal interview in her home in Athens (in 1961) and I wish to express my gratitude for this and for all the information I obtained from her and her son.

[3] I am also indebted to Prof. Francis Walton, Director of the Gennadius Library, and his staff, Athens, as well as to Dr. Ernst Meyer, West Berlin, for their kind cooperation.

I further wish to express my appreciation to the Chapelbrook and New-Land Foundations for their support of this research project; also to Drs. Bertram D. Lewin and Sandor Lorand for their advice and encouragement; last but not least to my brother, Dr. Ernst Niederland, Rehovoth, Israel, for his helpful efforts in extracting and translating much of the original material.

The initially so difficult task of having to deal with and to translate fifteen languages turned out to be somewhat less arduous than anticipated, since the biographically and analytically significant letters and diaries were written in the more conventional languages, mainly in German, French, Italian, and English, thus directly accessible to me. I am also glad to report that my inquiry, though far from complete—only about 12,000 out of 60,000 letters and fourteen out of eighteen diaries have been studied so far—has proved rewarding and has brought to light some noteworthy, hitherto unpublished information absent from the available biographies (Ludwig, 1947; Payne, 1959; Cottrell, 1958; Meyer, 1961; Schuchhardt, 1891) and also from Schliemann's short autobiographical essay which forms the introduction to his book *Ilios* (1881a) and was later published separately in a number of editions (1892, 1961). In fact, during the course of my research I was fortunate to come upon, among other finds, a noteworthy autobiographical fragment, handwritten by Schliemann and concealed among piles of business letters and *"Sprachübungen"* ("Language Exercises"). This fragment, apparently unknown until now, throws new light on certain childhood experiences of its author. I also found several dreams recorded by Schliemann and other material the analytic evaluation of which, I believe, will enable us to get a glimpse of the early life history, conflicts, tribulations, and fantasies of an explorer of near-genius caliber.

Among the tasks I set for myself I should like to mention in very general terms:

(1) to clarify and unravel, as far as this is possible, the intricate personality development of a most unusual and important figure in the realm of nineteenth-century science;

(2) to understand the unconscious forces involved in the apparent *abrupt change in Schliemann's life* stressed by so many biographers in describing Schliemann's change-over in his forties when he switched from "big business" to archaeology;

(3) to explore and demonstrate, if possible, some of "the factors which awaken genius and the sort of subject matter it is fated to choose" (Freud, 1933), with specific reference to the particular type of creativity observable in Schliemann.

With this I turn to Schliemann's life history. Instead of presenting the usual developmental history (which can be found in the available biographies) I shall limit myself to highlighting some of the psychodynamically relevant data in his colorful and in various ways strange career, following in the main the autobiographical and standard biographical accounts which I shall supplement, wherever necessary, with documentation from my own research.

Schliemann was born in Neubukow in Mecklenburg (North Germany) on January 6, 1822, the fifth child of the Protestant minister Ernst Schliemann and his wife Sophie, who a year and a half later moved to another parsonage in the village of Ankershagen, also in Mecklenburg.

Schliemann lived in Ankershagen until 1831, the year his mother died. Soon after the mother's death the home was broken up and the children, now numbering seven, were separated and distributed among distant relatives. The father, having behaved in a manner deemed unbecoming a man of God, lost his position as the parson of Ankershagen and moved to another state. He later married the maid who had been in the household during the mother's long illness. Her name was also Sophie. The autobiographical fragment which I found among the papers in Athens has this to say about his father, mother, the maid (the later stepmother) and his mother's death when the boy was nine years of age:

> My father was a minister . . . he had many children and little money. He was a dissolute character and a libertine who did not refrain from having licentious and adulterous affairs with the maids whom he favored over his own wife. He maltreated her and I remember from my earliest childhood that he cursed his wife and spat on her. In order to get rid of her he made her pregnant and mistreated her during her [last] pregnancy more than ever. Thus it came to pass that as soon as she fell ill with a nerve-fever,[4] the sickness quickly led to her death. My father then feigned great sorrow and grief and arranged a magnificent funeral for her, whom he had killed through his villany, and though it then was wintertime and the earth was frozen, he had a sepulchre of massive bricks constructed, . . . surrounded by a fence, and with the following epitaph: Rest in Peace, sweet wife! Mother! Sleep until the great trumpet sounds and brings you back to us from the darkness of the tomb. We will remember you until the spirit drinks from the cup of Lethe. . . .

Apart from the content of this document with its revealing references to the early family situation, the oedipal implications, death, funeral, sepulchre, tomb and tombstone inscription—elements which

[4] Possibly postpartum septicemia.

we shall encounter again and again in Schliemann's life—I wish to emphasize that *this text is written in Italian as a language exercise,* on a large folio in a study book labeled *"Sprachübungen,"* that it is conscientiously corrected as to grammar and orthography by Schliemann's Italian language teacher in St. Petersburg, and was probably composed between 1858 and 1862, about thirty years after the mother's death when the father was still alive. Similar feelings about the father were expressed in a letter to his sisters, likewise composed as an Italian language exercise and apparently never mailed. In it he said: "I hate and abhor this man. . . . In fact I am terribly ashamed to be the son of this accursed dog." He then admonished his sisters not to write him further about his father until such time as "the devil should recall unto himself . . . this monster." Yet he nevertheless continued to send money to his father at regular intervals until the latter's death in 1870.

Since his equally revealing dreams, an example of which I shall discuss below, are also recorded in foreign languages as *Sprachübungen,* it seems permissible to think of these writings as *confessions once removed,* as it were; that is, as the precipitates of experiences of such a terrifying character that they could only be expressed intellectually transposed into a foreign language, thus transmuted, alienated, and labeled a linguistic exercise. That this is so can also be seen from the fact that Schliemann's shipwreck at the age of nineteen, a factual experience of the most horrible and traumatizing kind, later also emerges in the pages of the volume *"Sprachübungen"* in a multitude of languages and versions, as well as in many letters, notes, and other references. Like Leonardo's *Profetie* of which Eissler (1961) writes, the *"Sprachübungen"* can be likened to a record of free associations which disclose some of Schliemann's personal secrets and which are almost arrived at in a way comparable to a primitive, unsophisticated kind of rudimentary "analysis" with cathartic overtones. In learning a new language Schliemann usually hired a teacher, even in the days of his greatest poverty, and since he often restricted the latter's role to that of a listener who was to correct *impartially and impassively* the grammar and spelling of his written texts, he unwittingly made of him a sort of early "analyst." His father, indeed, had been his first language teacher who had taught him Latin and Homer's poetry before he was seven. In his later life, one of these language teachers, Theocles Vimpos, became an important paternal figure to him and the strong father transference, both positive and negative, can be readily recognized in many of his writings and actions.

To return to Schliemann's childhood years in Ankershagen, I shall forego the detailed chronology and focus instead on the following childhood sequences which merit attention:

He grew up in the vicarage, "the cemetery before our door," as he said in his autobiography (1892). In fact, for all practical purposes he was born in a cemetery or at least in such close proximity to it that the questions of birth, being alive, or being buried and dead apparently never lost their urgent, infantile, puzzling, and presumably exciting character for him. To this has to be added a historical circumstance connected with his birth which gave to the latter a highly significant coloring: he was born a short time before the death of the eldest son of his parents, a boy by the name of Heinrich aged eight; the new arrival, the fifth child in the line, but the second boy in the family, was named Heinrich, presumably after the one just deceased.[5] The dead brother Heinrich was interred in the cemetery of Neubukow in March, 1822; the new Heinrich was born in the vicarage of Neubukow—adjoining this cemetery—early in 1822. In May, 1823 the family moved to Ankershagen, again into a building immediately adjoining a cemetery.

It seems that all through his life Schliemann never was fully sure whether he was the *dead* brother inside or the *living* one outside the grave, and throughout life he apparently had to prove compulsively he was the latter—through overactivity, accumulation of one fortune after another, compulsively engaging in work, travel, sports, moneymaking, and a mass of other activities including the compulsive study[6] of a new language every year or so. In addition to the evidence "acted out" by Schliemann, I found documentary confirmation concerning the identity fusion with the dead brother Heinrich: "After I had visited *little Heinrich's* grave, we continued our trip. . . ." In the very next sentence he

[5] Only after completion of the manuscript was it possible—with the helpful assistance of Dr. E. Meyer—to establish the exact date of the death of this elder Heinrich Schliemann. He died on March 24, 1822.

[6] In several letters Schliemann complains of his "tormenting" compulsion to learn new languages, because "every new language is a new life" (letter of April 9, 1863). His need for the study of many languages can thus be recognized as a vital one, rooted presumably in the unconscious identity conflict with the dead brother as well as in the ambivalent relationship with the father, his first language teacher. A new language gave him the feeling of a "new life" while he was studying it.

says of himself: ". . . what a big, tall man *little Heinrich* has become!" (italics added).

This striking sequence (the reference to "little Heinrich" in the grave, then to himself as the grown and active "little Heinrich" abroad) appears in a letter to his sisters from Amsterdam (Feb. 20, 1842) in the context of traveling, sightseeing, visiting people, cities, and cemeteries—activities which he later pursued throughout his life as though to repeat over and over again the early move from Neubukow to Ankershagen (infancy) and subsequent ones from Ankershagen to Kalkhorst-Strelitz-Fürstenberg (puberty). At the age of nine or ten Schliemann inscribed his initials *"H. S. Sailor"* two feet high—as if to document his living presence to everyone—into the bark of a linden tree of the vicarage where the sisters, revisiting the old building many years later, found the initials of their now famous brother and told him in a letter about it.

The mother, whom the biographers describe as a delicate, music-loving woman thirteen years younger than her husband, the vigorous parson, seems to have suffered from repeated episodes of depression and to have lived in considerable marital discord with her husband. It is likely that she was in a state of depression at Schliemann's birth—due to the death of her eldest son Heinrich at that time—and that she had another long-lasting episode of depression in connection with the loss of another son, when Schliemann was four years old. I found evidence of a final severe depression of the mother during her last pregnancy when she spoke of her imminent death and wrote to her oldest daughter a letter of accusations against the father which in content, style, and tone sound similar to the *Sprachübung* text already quoted.

I am inclined to believe that the fateful identity conflict concerning his dead brother Heinrich was intensified by the death of another brother, when he was four years old, and by the death of the mother (whose sepulchre he ordered redone into one of his own choosing after he had become rich). His brother Ludwig, one year Schliemann's junior and closest to him in age and fraternal ties, died in California in 1850. His youngest brother Paul committed suicide[7] in 1852, which made

[7] Unfortunately little is known about this suicide. Neither in the standard biographies nor in the material preserved in Athens have I been able to find any clarification about it. Schliemann's sudden departure from California in 1852, aside from an acute infectious disease which he mentions as the conscious reason for his leaving California, may be connected with the death of Paul, his last surviving brother—just as his journey to California had to do with the death of his brother Ludwig.

Schliemann the sole surviving son. The pervasive and cumulative guilt derived from these events (survivor guilt), the enormous castration fear, the identification with the more robust, Homer-loving, psychopathologically tinged preacher-father (who reached the age of ninety), the ceaseless search for his own identity (three citizenships, fifteen languages, compulsive wanderlust), the persistence of an active and at times ominous type of family romance, are recorded in a readily recognizable, albeit by the biographers generally neglected, fashion in Schliemann's writings and actions. To mention only one example of his confusion about his birth: he repeatedly speaks in his letters and notes of Ankershagen as his birthplace, as if admitting that Neubukow was his birthplace would make him the dead Heinrich buried there.

The following table will serve to clarify the intricate family constellation.

Father:	Ernst Schliemann (1780-1870)
Mother:	*Sophie* Schliemann, nee Burger (1793-1831)
Stepmother:	*Sophie* Schliemann, nee Behnke (1814-1890)
Children:	*Johann* Joachim *Heinrich* (1814-1822)
	Karoline Luise *Elise* Auguste (1816-1890)
	Sophie Friederike Anna *Dorothea* (1818-1912)
	Friederike Juliana *Wilhelmine* (1819-1883)
	JOHANN LUDWIG HEINRICH JULIUS (1.6.1822-12.26.1890)
	Karl Friedrich *Ludwig* Heinrich (1823-1850)
	Franz Friederich *Ludwig* Theodor (1825-1826)
	Maria *Luise* Helene (1827-1909)
	Paul Friederich Ulrich Heinrich (1831-1852)

The above children were born of the first marriage. Two more sons, Karl (1839-1842) and Ernst (1841-1899), were born of the second.

From the age of five to nine he associated closely with Minna[8] Meincke, a girl from the neighborhood and of the same age, who became his "childhood bride" (Schliemann's words!) and with whom he explored the cemetery *"before our door,"* the grave sites, a nearby castle which had the reputation of being haunted and of harboring the

[8] In his letters to his sister Wilhelmine, he usually calls her *Minchen,* a diminutive not only for Wilhelmine, but also Minna.

treasures of a feudal lord, the robber baron Henning,[9] whose burial place was in the churchyard next to the Schliemann home. The gravedigger swore that a leg grew out of the malefactor's grave every night, that he himself had cut the leg off when he was a boy and had used the bone to knock pears off the trees. He and Minna hunted for Henning's body and treasures, and Heinrich often begged his father to excavate the robber baron's grave, "or to let me open it to see why the leg did not grow out of the earth any more." As Schliemann relates in his *Ilios* (1881a), there was also a small hill in the vicinity, a prehistoric burial place which contained a so-called *Hünengrab,* i.e., a giant's grave, wherein, "as the legend ran, a robber knight in times of old had buried his beloved child in a golden cradle."

> Vast treasures were also said to be buried close to the ruins of a round tower in the garden *des Gutseigentümers.*[10] My faith in the existence of these treasures was so great that, whenever I heard my father complain of his poverty, I always expressed my astonishment that he did not dig up . . . the golden cradle, and so become rich.

How closely birth and death remained linked all through his life can be seen in the introduction to his *opus magnum Ilios,* where in the midst of all this cemetery lore he reports a lengthy story about storks migrating from and to Ankershagen.

The two children would play and make sport in those places, and between visits to the churchyard, the giant's grave, and the ancient castle "with its walls six feet thick and an underground road supposed to be five miles long," they would engage in long and exciting talks with the gravedigger who would tell those wondrous stories about corpses, bones, and the violent deaths of people buried in the cemetery. Schliemann (1881a) writes:

> In the winter of 1829-30 we took dancing lessons together [after which] we would either go to the cemetery or sit down in admiration before the church register . . . the oldest records of births, marriages, and deaths inscribed in those registers having a particular charm for us.

[9] Henning, Henry, Heinrich are virtually identical names.

[10] I.e., the feudal landlord. Later in Paris, Havana, Berlin, and Athens, Schliemann became a rich real estate owner himself and derived part of his wealth from the vast properties he owned in many lands.

Here the close connection between early libidinal pursuits (dancing, love play with Minna with whom he exchanged "marriage vows" described by him in great detail) and visits to the cemetery with inspection of the death registers and other inscriptions is clearly stated. When many years later he visits the catacombs of Rome, the Great Wall in China, the cemeteries and mausoleums of Petrăa, Alexandria, Istanbul, New Orleans, or Peking, he repeats precisely this: he does his sightseeing, visits the local burial places and mausoleums, measures the thickness of the walls, estimates the dimensions of the underground passages, studies the tombstones and their inscriptions, admires the durability and imperishable quality of the stones employed, copies the age and contents of the epitaphs (in all languages) and, wherever feasible, inspects the death registers or has long talks with the cemetery personnel—and records everything in his diary. Great parts of his diaries read like church or death registers themselves. The difference between these later visits and the early days with Minna is mainly the fact *that there is no Minna,* that now he is desperately alone or, at best, in the company of a hired guide.

Two brief diary entries taken at random from his copious volumes will illustrate this with some poignancy. On November 23, 1858 Schliemann finds himself in the catacombs of Rome and records in Italian that

> The catacombs of San Sebastian consist of subterranean passages 6 to 6½ feet high and 2 to 3 feet wide which extend 4½ miles underground . . . there are hundreds of thousands of tombs, it seems to me that all dead Christians were buried here . . . often one is amazed (one wonders) how the corpses could be placed therein, the opening being so narrow at times that one can hardly place one's arm there. . . . When one opens . . . the tombs, one still sees the corpse fairly well preserved, but as soon as the air hits it, it dissolves into very small pieces and into dust. *I would have taken some of it to send to my wife, had I not feared that she would be horrified* [italics added].

Perusal of the original text in Italian discloses Schliemann's compulsive attention to detail, including his preoccupation with correct linguistic usage (he made several changes and corrections) even in a foreign language. In my view, these served the purpose of establishing and maintaining an ego distance from the macabre content of the passage.

The emotional element, however, breaks through in the diary notes about his visit to New Orleans in December, 1867. After describing "the splendid mausoleums . . . and the many thousand coffins . . . placed

in nine-foot thick hollow walls all around the cemeteries" and noting from "the epitaphs nearly all the inmates of the cemeteries have died in the very bloom of youth," he adds with reference to his incessant roaming through the New Orleans cemeteries during a yellow fever epidemic:

> All at once I felt ill and invited the undertaker to a drink with me. I looked over his mortuary records; he had buried on that small cemetery in September abt. 200 white and 3 black people who died of yellow fever and abt. 30 who died of congestion of the brain. . . . He told me of the heart-rending scenes of the relations who had accompanied their friends to their last abode and pointed out the graves (ovens) of 2 brothers, of whom the one in accompanying the corpse of the other was in utter despair and immense grief and a few days later he himself fell a victim to the yellow fever and was buried near his brother. [New Orleans, December 4, 1867.]

The New Orleans diary thus ends with the characteristic theme of *two brothers dying almost simultaneously* and as an afterthought Schliemann adds in a kind of dazed bewilderment: "There are 30 or 36 cemeteries here."

When Schliemann's mother died and his father, in the view of the local parishioners, had disgraced himself, the friendship with Minna came to a sudden end. The children of the village were strictly *verboten* to associate with the parson's—now an outcast's—children who were sent to various relatives in other villages. The nine-year-old Schliemann went into a severe depression. In a number of letters and autobiographical notes he later recorded the "irreparable misfortune" resulting from the almost simultaneously occurring loss of his mother, his girl friend, and his home. From that time on, whenever a family member died, he appeared to be disposed to break up his home and to make a new start elsewhere.[11]

At the age of eight he received from his father, who was interested in poetry, history, and Homer, a Christmas gift: Ludwig Jerrer's *Universal History for Children* (1828) which contained an engraving "representing Troy in flames, with its huge walls and the Scaean Gate, from which Aeneas is escaping, carrying his father Anchises on his back and holding his son Ascanius by the hand . . ." (Schliemann, 1881a). The existence and influence of this picture on the young boy's fantasy

[11] See footnote 7.

have repeatedly been questioned, especially when later in life Schliemann attributed his interest in Troy and his conviction that Troy and its walls really existed to the impact of this engraving. Without discounting his need for a personal myth, perhaps in Kris's sense (1956), and for the establishment of a literary-artistic connection between his childhood pursuits and later archaeological interests, suffice it to record that Jerrer's book and picture really exist. With the help of Dr. Meyer to whom I owe thanks in this regard too, I was able to locate both. The rescue and restoration fantasies which attached themselves to this book and picture not only were later recorded by the archaeologist in his autobiographical statements but were actually and creatively lived out in his extraordinary career.

From the age of nine to eleven Schliemann lived in the home of a paternal uncle, the Protestant minister of Kalkhorst, and soon became fond of a cousin approximately his age also named Sophie, who much later (in 1868) played another important, if brief, role in his life—mainly through her death. His formal schooling ended at the age of thirteen, in Strelitz. From the age of fourteen to nineteen he worked as an apprentice in a grocery store in Fürstenberg (Mecklenburg); the conditions were poor, the hours long, and his earnings "too little to live, too much to die."

At nineteen he had a pulmonary hemorrhage of unknown origin; he believed it was caused by his having lifted a heavy barrel. He quit his job, went to Hamburg, and became a cabin boy on a small ship bound for South America. In a severe storm which lasted several days the boat was wrecked, but after nine perilous hours the crew was rescued and he was taken "naked, destitute, and ignorant" first to the Dutch island of Texel, then to Amsterdam, where he was hospitalized. He was given some money that had been collected for him and later secured a job as a me senger boy in a merchant's office.

I am interrupting the chronology at this point again—it is difficult to do justice to such an eventful life in a condensed presentation in which fact finding and analytic interpretation necessarily overlap—to come back to what I said about the shipwreck earlier. As a description of a traumatic experience it turns up in many languages and versions throughout Schliemann's writings: he had tied himself to an empty barrel, lost consciousness, and was saved from the icy waters of the North Sea half frozen, with deep wounds and broken teeth, and was then hospitalized in a ward for moribund patients. But having survived,

so to speak, his own death, this was also an event to which fantasies of birth, rebirth, resurrection, and being destined to greater things in life could readily attach themselves. That this experience occurred during the Christmas season close to his birthday increased its birth-rebirth meaning for him.

Geleerd (1961) has called attention to the impact of traumata which are part of real life in adolescence and happen to be a repetition of infantile traumata or fantasies. I also wish to adduce Eissler's observation (1958) that: "Adolescence appears to afford the individual a second chance . . . [permitting] the release of forces that were bound in the structure and the ensuing reorganization through new identifications and the cathexis of new objects."

Here is my translation of the dream Schliemann had during the night of the shipwreck as described by him in Italian in one of his language exercises:

> For eight days we had a continuous storm—gale—hurricane, which drove us ever more toward the Dutch coast. It was during the, in the night of 11-12 December, 1821.[12] I had gone to bed early and slept deeply; never had I slept so well. I dreamed—I saw in the dream that we arrived in the country of our destination and scarcely had the ship entered—entered into—the port when I dived into the water and amidst sharks, swam ashore and fled—deserted and took myself into the interior of the country where I found employment as a serf on a plantation. I dreamed that the wife of the plantation owner fell in love with me and that we both agreed to poison the owner which we did—carried out—performed very cold-bloodedly and efficiently. After his death we married, copulated, but I dreamed further that besides my wife I also enjoyed—had relations with my black, female slaves. While I was absorbed in such sweet dreams I was awakened by a tremendous thrust which made me fly—jump in the—on the bed. The boat had run into a cliff and the water penetrated immediately. Dressed only in a cotton shirt I ran on deck where I was thrown down by an enormous wave. . . . I fell, hitting my mouth against the deck and broke all my front teeth. But my terror was such that I didn't feel the pain. I pulled myself up and fastened myself with ropes [to the mast]. . . . I expected to die with every new wave—.

[12] Among the various slips of the pen I found in studying the Schliemann papers this is the most remarkable: 1821 instead of 1841, when the shipwreck occurred! In 1821 he was not yet born and his namesake brother Heinrich still lived. In the original I found the 2 in 1821 superimposed on a reinforced number, probably 4, so that the original number is not fully recognizable.

The above version was written between 1858 and 1862 as an Italian language exercise; this same dream reappears in Latin in a somewhat different version. In the latter the description of the oedipal crime is avoided but another detail is added:

> . . . the night was black, no sign of the sky could be seen. . . . As if pulled by an invisible hand the ship's bell was tolling up to the very end as though it were sounding for our funeral. [The linguistic changes and corrections found in the original have been omitted.]

One might question whether this was really a dream or an addition of a later date. I am inclined to believe it was indeed a dream, for in a letter written to his sisters two months after the shipwreck he states that on the night of the shipwreck he had the most beautiful dream but gives no details of it.

The amazing career that followed and made him a world-famous figure can perhaps be best understood in the light of the dream, I believe.[13] Within a decade and a half he worked his way up from "serf" to master (as in the dream), became a mixture of "merchant prince" and "robber baron" (Henning!) for whom ships sailed the seas, railroads crisscrossed the earth, slaves toiled in the sugar plantations and tobacco fields he owned. He established agencies and branch offices ("plantations") in many lands, and during the Crimean War became one of the suppliers of war goods to the Russian government. He did so by immersing himself in products gained mostly from the earth and soil: gold, silver, minerals, indigo, saltpeter, tea, cotton. By the mid-1860s he had amassed a fortune estimated at many millions of dollars.

After the completion of the pregenital phase of the dream he proceeded to the oedipal part, as it were. He retired from big business (never fully!) and then set out to dispose of the "fathers," having first made his own father a recipient of his alms, extending this procedure later to former teachers in Ankershagen and Strelitz to whom he frequently sent small sums of support. Earlier he had proposed marriage to Minna; when he learned that she was already married, he thought of proposing to cousin Sophie in Kalkhorst, was dissuaded by his sister Luise (1852), and married on the rebound a Russian girl, Katarina,

[13] Lewin (1958) has demonstrated a similar development, though in a very different area, with reference to Descartes' dream at the age of twenty-three.

with whom he had three children and whom he later divorced, having gone for this purpose to Indianapolis (the Reno of the 1860s) and become an American citizen. Even before his divorce came through, he had proposed, following another oedipal dream about his mother, to a young girl cousin in Mecklenburg, again named Sophie, and when the older cousin Sophie, the one of Kalkhorst, unexpectedly died, in 1868, he became seriously depressed. In many desperate letters from Paris (where he now lived) he expressed undisguised rescue fantasies and said that he could have saved her if the relatives had informed him that she was ill. He demanded that they send him a picture of "Sophie in the coffin," spoke of her as his sister, and had a sepulchre built for her which in all details equaled that of his mother; he even insisted that a fence be erected around cousin Sophie's tomb (as a protection against potential grave diggers and tomb breakers?). A few weeks later, coming out of the depression, he suddenly decided to go to Ithaca and from there to "the battlefield of Troy." In July, 1868, he landed in Corfu, then in Ithaca, in a state of elation; singing and chanting passages from the *Odyssey* in classic Greek, he excavated some ancient urns and vases, declaring the ashes therein to be those of Odysseus and Penelope.[14] Then he sailed to the Bosporus and went to the plain of Troy where after some hesitation and searching in Bounarbashi and its vicinity he decided that the Hill of Hissarlik was the site of Troy —against the opinion of nearly all scholars of the time who either regarded Homer's *Iliad* as sheer legend or, if they gave any credence to the existence of Troy, thought of Bounarbashi as its site. As can easily be demonstrated, the Hill of Hissarlik bears a resemblance to the hill of Ankershagen with the *Hühnengrab* of his childhood.

A few months later, from Indianapolis, where he had gone for

[14] He describes his identification with Odysseus returning to his wife and home in his book *Ithaka, der Peloponnes und Troja* (1869). Before going to Ithaca, he landed in Corfu, according to tradition the ancient Scheria, the island of the Phaeacians and of Nausicaa. There he undressed, waded in the dirty waters of a passing stream until his body was covered with mud and dirt like that of Odysseus when first seen by Nausicaa. Arriving in Ithaca he exultantly recited the 23rd and 24th songs of the *Odyssey*, i.e., the return of the hero, the slaying of the rivals (suitors), and his reunion with Penelope, who represents both mother and wife. Identifying with Odysseus made him partake in the hero's suffering, greatness and glory. Dr. R. Almansi (in a personal communication) has called my attention to the opening lines of the *Odyssey* which appear applicable to Schliemann's career: "Tell me, Muse, of that man, so ready at need, who wandered far and wide, after he had sacked the sacred citadel of Troy. . . ."

his divorce (Lilly, 1961), he wrote to Theocles Vimpos, his former Greek language teacher in St. Petersburg and then archbishop in Athens. In this famous letter he stated that he wanted to marry a young Greek girl on the condition that she be as interested in Homer as he was and that she go with him (another Minna) for visits to Homeric sites, to wit: castles, cemeteries, and ancient burial grounds. Among the various candidates the archbishop suggested, Schliemann chose the prelate's eighteen-year-old niece, Sophie Engastromenos (here both names are meaningful, *engastromenos* being an old Greek word for pregnant).

Many sources contributed to the genetic link between his most intensive and productive preoccupation with archaeology and his early rescue and restoration ideas, with the main interest focused on tombs and tombstones (and *what they contain,* i.e., mental representatives of buried family members, the mother, the brothers, and possibly the mysterious Heinrich Schliemann in the grave of Neubukow). Several years before he started his excavations in Troy, he had his first archaeological adventure—if I may call it so—in the cemetery of Sacramento, California, where his brother Ludwig was buried and where Schliemann lived between 1850 and 1852, making then his first big fortune during the California gold rush through trading and exchanging gold. When he learned that his brother Ludwig had died of typhoid fever, he had promptly liquidated his business in Russia and hurried to San Francisco and Sacramento where he arrived at the height of the California gold rush, to reap two million dollars in gold in less than two years. He later accused the California doctors of having poisoned his brother by the administration of mercury. In 1865 Schliemann returned to Sacramento for a few days. An entry in his diary, dated September 7, 1865, reads:

> I started this morning at 4½. . . . It is impossible to recognize that I am here in Sacramento; not a single house seems to stand of those which were here 14 years ago. . . . With difficulty I found the small old cemetery in which my poor brother was buried . . . still I found there the monument I erected to his memory in 1851, but it was broken and lying horizontally on the ground. At my request Mr. Bennett, the present undertaker, dug open the grave, because I was anxious *to carry the bones of my beloved brother to Petersburg, but what was my astonishment when I saw that I had not put the monument on the right grave, because the cranium which Mr. Bennett dug out had beautiful*

teeth, whereas poor Louis had none, thus it could not belong to him. I therefore abandoned all hope to recover his mortal remains [italics added].

The next day's entry, September 8, reads:

> . . . I went again to the large cemetery, which is now fenced in and kept in beautiful order; there are thousands of fine marble monuments. It is *populated* more than the city of the living, but for the most part *the inmates* are children amongst whom the bad climate seems to make a terrible havoc. The only name familiar to me which I found there engraved on a nice marble tombstone was that of Ellen Louisa Gray who died February 1, 1852, aged 17. There is a reservoir on the cemetery from which all grasses are irrigated. . . . I went thence to Mr. Bennett's small farm to bid a last farewell to the old cemetery now converted into a cornfield, in which *the remains of my dearest Louis are entered.* I could not help weeping bitterly when looking on it; unfortunately there are no means to ascertain where he is buried. [These two quotations are taken verbatim from Schliemann's diary in English; italics added.]

Without going into a full discussion of the striking parapraxia about the brother's tomb and identity, or of "entered" instead of "interred," suffice it to say that, acting out his early conflicts centering around identity problems and oedipal conflict, he dramatically repeated them:

1868 in Ithaca, where he found ashes, he erroneously identified them as those of Odysseus, Penelope, etc.; he even believed he had found Odysseus' "marriage chamber";

1873 in Troy, where he dug up gold and jewelry, he erroneously attributed them to Homeric Troy and named them the "treasure of Priamus";

1876 in Mycenae, where he discovered the tombs and skeletons, he erroneously identified them as those of Agamemnon and his kin. "Here is the site where Agamemnon lies," he wrote, "and those who were murdered with him."[15]

[15] His controversy with the scholars prior to his Mycenaean excavations centered on the scene of the oedipal murders. It was his special triumph when he found the bodies at the site he had indicated and he telegraphed to the King of Greece, not that he had discovered an unknown culture, but: "I have found the tomb of Agamemnon and his kin," using similarly exuberant wording also in other communications.

1878 He named his newborn son Agamemnon (restitution of the object): Agamemnon is not dead, but alive and restored by him.

Perhaps another parapraxia which I found in his first description of the Trojan excavation throws light on all this. His journal on "Excavations in the Plain of Troia" begins: "Burg Troia 1 August 1872." In the handwritten original the German word *Burg* is crossed out, and the corrected beginning reads: "Pergamus der Troia 1 August 1872."

In other words, in excavating the site of Troy and writing every night his detailed reports and diary entries, he is really back in Ankershagen and its *Burg*. The Hill of Hissarlik contains, as it were, the castle with "its walls six feet deep" and the underground passages where he and Minna played and made sport at the height of their early love play. Indeed, while excavating Troy in the 1870s and constantly quarreling with the Turkish authorities, especially with the Governor of the Troad, he acts out in the field the fantasies and tribulations of his childhood, including the oedipal conflict with the father. Removing the longed-for treasure of Troy from under the nose of the Turkish governor, with the help of his child-bride Sophie, carrying it triumphantly abroad, and literally putting the jewels, diadem, and crown on the head of his young wife, he achieves oedipal victory through his archaeological exploits, acting out at the same time, I believe, his own resurrection fantasy as well as his rescue fantasies with regard to members of his family. His long personal and legal struggle with the governor has all the earmarks of an oedipal fight with the father, even to the point of enlisting the help of others (coworkers, associates, "brothers") in this struggle. As I have shown in a previous paper on geographic exploration and discovery (1956-1957), the explorer ranges widely in a geographical sense. Yet, closer study may reveal that he never really left home.

DISCUSSION

Postponing to a later date the study of such material as his further excavations in Troy; his quarrels with the Turkish and other authorities; his turbulent friendship with Virchow, the pathologist; certain hallucinatory experiences regarding his "seeing" Pallas Athena; even his death not lacking a fantastic note: the world-famous explorer and

millionaire stricken in the streets of Naples and destined for a hospital ward as an unknown, shabbily dressed pauper just as in Amsterdam half a century earlier—I shall try to review some of the foregoing data from an analytic point of view.

Obsessive-compulsive traits, depressive episodes often followed by states of excitement and elation, hypomanic features and intense cravings for narcissistic gratification are prominent. In several popular biographies (Ludwig, 1947; Payne, 1959) the anal aspects of his personality have been stressed, while others have been neglected. It is noteworthy that we find depressive states as well as hypomanic tendencies in Schliemann's father and mother, with a prevalence of depressive features in the latter and elated moods in the former. In addition to being a preacher, the father at one time or other was also a teacher, a farmer, a businessman, and some sort of a poet who translated *God Save the King* into German. The father's strong influence on the son's development is readily recognizable throughout the life and work of the explorer. Even in dreams his interest in Homer, languages, money matters can be traced to the paternal influence.

Of great significance, I think, are the persistence of the family romance,[16] the intensity of sensory experiences, their marked durability (Greenacre, 1957; Weissman, 1957), the perseverance of his restoration attempts with regard to the lost object (Bychowski, 1951)—all characteristics which have been found in many creative personalities. The nonrelinquishment of the incestuous object is as apparent as the oedipal guilt and, in Greenacre's (1957) sense, there is the substitution of cosmic (earth) or prehistoric notions (Troy, Homer, Pallas Athena, Mother Goddess) for parental images. Nevertheless, the sublimation process appears incomplete and the attempted restoration of the object, so prominent among the elements of his creativity, falls repeatedly under the dominance of aggression. Thus, the sublimation of strongly aggressive and probably also necrophilic impulses is only partially successful, as evidenced by the episodes in the catacombs of Rome, the cemeteries of New Orleans, the sleeping in "una tomba anziana" at the foot of the Cheops pyramid (diary entry, Cairo, January 5, 1859),

[16] Expressed by the perseverance and intensity of the fantasies connected with rescue and initially attached to the Jerrer picture of burning Troy, which seems to have been a focal point for the child's imaginative processes with regard to the father (Anchises, Aeneas) and also to the mother (Troy, imperishable wall), possibly also to himself as Aeneas's son Ascanius.

the request for "Sophie in the coffin," the destructive excavations at the sites of Troy and Mycenae, in both places digging through the actual settlements and arriving at sublevels of much earlier periods. We may therefore assume that Schliemann's work remained too close to infantile sexuality and aggression, which were not fully sublimated.

Much of his archaeological work appears to be influenced by the need to prove that Homer was correct and Troy really existed. This seems to stand for the even stronger unconscious need to prove that Heinrich Schliemann, the one born in 1822, was real, and alive, unlike the Heinrich Schliemann who had died about the time of the former's birth and who was buried in a cemetery in Mecklenburg. The overactivity, the relentless searching and exploring, the extraordinary exploits in business, science, languages, with their "new life"-giving connotations for him, the compulsive need to record, write, communicate, describe, denote (the very copiousness of the material from which much of the present data are extracted), the tenacity with which all this is assembled and preserved forever, as it were, are suggestive of a constant effort to prove to himself and the environment not only that he is alive and active but also that he will remain so or that at least one aspect of himself will outlast everything. In this connection it may be said that the archaeologist's world and work is *the world of death without death,* so to speak, i.e., the effort to undo the effects of death by bringing the world of death back to life again.

Schliemann's relationship to death and digging[17] appears to have been a complex one. The fear of death producing a feeling that "the self is under constant threat of disorganization" (Eissler, 1961) seems closely linked with the libidinal longings for the dead (e.g., "Sophie in the coffin") as well as with the aggressive strivings to gain access to the entombed object,[18] ultimately aimed at joining the beloved one (mother) in the grave. This, of course, carries with it both the desire for and the dreaded fear of being dead oneself. The idea of being dead, i.e., the feeling of losing or having lost one's identity and the preoccupation with the dead—in one of his diary entries Schliemann

[17] In German, the words *graben* (dig) and *Grab* (grave) are virtually identical.

[18] Perhaps nowhere stated more clearly than in a letter written in 1869 to a friend in which he declares "in Greece . . . girls are as beautiful as the pyramids" (Meyer, 1958). The direct equation of living feminine beauty with the dead beauty of the entombed past is as emphatic here as in the hero of *Gradiva,* also an archaeologist, who encounters vibrant, libidinally tinged "life" and feminine beauty amidst the very ruins of "dead" Pompeii.

wonders about his frequent dreams of dead people—would thus indicate the longing for reunion with the dead mother (the regressive return to the mother of which Tarachow [1960] speaks) as well as the attempt to deny the reality of death as such.

In analyzing the life and works of Edgar Allan Poe, M. Bonaparte (1949) demonstrated the poet's "eternal attachment to the dead one," that is, to his young mother who had died when he was a child. In the same way it can be said that Schliemann's unconscious was never to cast off the imago of his dead mother: he searched for her in the Minnas and Sophies he encountered in his life; in the caskets and tombs he opened; in the depth of the earth to which he penetrated; in the "visions" he had about Pallas Athena, his favorite goddess.

The hypercathexis of the past, more precisely of the *buried* past, and the relentless archaeological pursuits (so relentless that when the Turkish and Greek governments later prevented him from excavating further, he frantically approached the Italian authorities for such permission, stating in effect that to him excavating was tantamount to living) can then be viewed as his unremitting effort to deny the reality of death; to solve the riddles of pregnancy, birth, and his own identity; and to re-establish the libidinal ties with the mother by searching for her deep inside Mother Earth itself. Bibby (1956), a contemporary British archaeologist, puts it this way: "Every archaeologist knows in his heart why he digs. He digs . . . that the dead may live again, that what is past may not be forever lost." In this sense, archaeology can be understood as prehistory brought to life, i.e., as the science of "living" prehistory of the buried past and its secrets "unburied."

Of particular interest in Schliemann's turning to archaeology is the sequence of phases observable in his creative development. Thanks to the abundance of biographical data, perhaps also because of the incompleteness of the sublimatory process, one can discern almost step by step his change-over from business to science.

In March, 1860, at the age of thirty-eight, his mother's age when she died, he decided to retire from business.

At this very time he became involved in a court action concerning money matters which occupied him with business affairs for another four years or so, precisely as his father who after the death of Schliemann's mother had become embroiled in a lawsuit regarding the alleged embezzlement of church funds.

From 1864 to 1866 Schliemann journeyed around the world,

visited many lands and cities, particularly their walls, cemeteries, mausoleums, tombs, etc.

From 1866 to 1868 he separated himself from his family in Russia, settled in Paris, and began a long series of vague and tentative studies at the Sorbonne (philosophy, philology, geography, literature, history, art). He lived alone in Paris, in a state of brooding preoccupation, punctuated by (business) trips to the United States and Cuba. His fantasies at that time seem to have been focused on the father and the conflict between active and passive tendencies.

Early in March, 1868, he learned of the death of his cousin Sophie and went into a severe depression. It is obvious that her death repeated the early object loss (mother) and caused an acute emotional crisis. Throughout the entire month of March he wrote letter upon letter in which he expressed his despair and repeatedly mentioned that her death had reawakened in him a flood of memories of the past. At the same time he accused himself of having neglected this cousin and believed that he could have rescued her from death if he had but known of her illness (typhoid fever), if he had married her, supported her with money, etc.

In April, 1868, a sudden cathectic shift occurred from the buried object ("Sophie in the coffin") to the buried past—he now turned to imperishable objects (Homer, Ithaca, Troy, Mycenae, marble, rock, earth) and decided to go to Italy, Greece, and Troy. An immediate feeling of relief resulted.

From May through July, 1868, he visited in a state of elation Corfu, Ithaca, Mycenae, and finally the Troad where he made the fateful decision for Hissarlik, triumphantly disregarding the scientific authorities on Troy. After his return to Paris he wrote his book on *Ithaka, der Peloponnes und Troja* in a feverish three-month effort, and announced in a letter to his father that "I overthrow Strabo and all who write about Troy after him." About the same time he wrote (in French) to his son Sergius (thirteen years of age) in Russia:

> I have gloriously refuted the statements of Strabo concerning Ithaca and Troy and I have finished, once and for all, with the absurd dogma of the archaeologists who considered the site . . . of Troy to be on the mountains of Bounarbashi.

Late in 1868, after having thus disposed of the "fathers," he began to make careful preparations for his planned excavations in Hissarlik.

But before carrying out these plans, he went early in 1869 to the United States, became an American citizen, obtained his divorce in Indianapolis and his Ph.D., in absentia, at the University of Rostock (Mecklenburg) on the basis of his book on Ithaca. He broke his last ties with his family and business in Russia.

During the summer of 1869 he returned to Europe as an American citizen. As an unattached man without family bonds,[19] he went to Greece where "the girls are as beautiful as the pyramids," married Sophie Engastromenos in Athens that same autumn, started his excavations in Hissarlik the next spring, and unremittingly continued his archaeological pursuits until his death in 1890. The results of his work soon made his name known throughout the civilized world.

We can discern four creative phases in the development of Schliemann's scientific career:

1. A prolonged *preparatory phase,* intermittently protracted over a number of years (ca. 1860 through 1867) and initiated by indications of strong bisexual identification.

2. A short and decisive *"inspirational" phase* (Kris, 1952) initiated by object loss, depression, and agitation, acute emotional crisis with marked hypercathexis of the past and free availability of memories. It is followed by a state of hypomanic elation, emotional upheaval and further cathectic changes, March to July, 1868. The alterations in cathexis make past personal experiences relevant to the current situation.

3. A *longer elaborative phase* with detailed planning, important internal and external readjustments, environmental changes, and methodically executed efforts leading to a series of significant, if misinterpreted and aggressively arrived-at discoveries, 1869-1876. A high degree of cathexis persists.

4. A *consolidation phase* with continued archaeological explora-

[19] This appears to be in conformity with the statement by K. R. Eissler (1961): ". . . it does not seem probable that [the genius] would be capable of his extraordinary creations if his libido were gratified in an adequate object relation. The energy flow into the object relation would be diverted from the artistic process." That Schliemann's object relations remained precarious also after his marriage to Sophie Engastromenos can be readily demonstrated. Shortly after the wedding the young wife fell ill with symptoms strongly suggestive of what would today be called "psychosomatic," and they separated for a certain time. Schliemann's ambivalence concerning his marriages is expressed in many letters and diary entries and though his relationship with his young Greek second wife gradually improved, he complained in many letters—especially to Virchow—about her.

tions, increased communications and associations with experts (Dörpfeld, Virchow), publication of several scientific works, further elaboration and re-examination of previous findings, planning for new excavations, etc.; a period not free, however, of recurrent emotional upheavals and critical episodes culminating toward the end of his life in transient "visionary" and hallucinatory states in which he ecstatically sees and worships the Virgin Goddess Pallas Athena.

The first phase is characterized, among other factors, by intense loneliness[20] and gradual loosening of object relations. With the beginning of the second phase a marked hypercathexis of the past—first of the personal past, then extended and intensified to include the prehistory of mankind and its buried, i.e., imperishable past—becomes observable and this hypercathexis of the *obscure* part of history and geography (prehistory, subterranean geography) never subsides until the end of his life.

In view of the degree of psychopathology and its connection with the type of creativity—archaeological exploration—which in Schliemann's life history appear to be almost rectilineally related to infantile roots, the question of a close correlation between the two, psychopathology and creativity, poses itself also in this case as in so many others of genius or geniuslike calibre. I am inclined to answer this question in Eissler's sense, who in his recent Leonardo study (1961) suggests that "psychopathology is indispensable to the highest achievements of certain kinds." Although the problem as to the energy sources available to such unusually creative personalities and how such energy can be economically and dynamically accounted for cannot be fully answered at the present stage of our knowledge, I wish to conclude with a brief excerpt from Schliemann's letters which seems to throw some light on the question of libidinal economy involved here. In his letters of April 26 and 27, 1869 to Archbishop Vimpos (Lilly, 1961) regarding his divorce and remarriage plans Schliemann writes:

> I used to be very sensual. . . . *But my character has completely changed* . . . and I think now of nothing except scholarship. Therefore I want

[20] Bak (1958) has pointed to the "poignant example of desperate loneliness" in the life of Van Gogh and to the latter's "pervading guilt: he was born exactly one year after a still-born child." According to Bak, "the fantasies of dead predecessors stirred up fantasies about birth and creation, facilitated empathy and identification with the inanimate world, perhaps another variation of resurrection fantasies." My inquiry into Schliemann's creativity has disclosed similar unconscious factors.

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> a wife only for companionship. . . . For two reasons I don't know yet whether I am in a position to marry: first, I am not yet sure that I shall get the divorce; second, because of my matrimonial (difficulties) *I have had no relations with a woman for six years* [italics added].

It was during those years of abstinence that Schliemann embarked on his searching studies at the Sorbonne, wrote his first two books, and entered the field of archaeology. This, in my view, tends to support Eissler's findings on Goethe and Leonardo da Vinci in an impressive way.[21]

With regard to creativity Kris's (1952) statement "the artist has created a world, and not indulged in a daydream" has often been quoted. I believe this applies to Schliemann as well. By adding a millenium to our knowledge of history, he opened up a new world for historians, geographers, and students of antiquity. Through his preoccupation with the world of Thanatos he added to our knowledge of the living; through his study of the remote past he enriched the history of the present and thus enlarged our understanding of both past and present.

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PSYCHE

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KLINISCHE ASPEKTE DER KREATIVITÄT *

Übersicht: Die psychoanalytische Untersuchung einiger kreativer Patienten macht deren künstlerische oder wissenschaftliche Produktivität als Versuch einer symbolischen Restitution des durch körperliche Beschädigung deformierten Körper-Bildes verständlich. Die physische Anomalie bedingt eine unregelmäßige Verteilung der psychischen Besetzungen der Selbst-Repräsentanz mit Überbesetzungen an den Rändern lädierter Zonen bzw. kompensatorischen Überbesetzungen anderer Körperregionen. Unter welchen spezifischen Bedingungen der kreative Ausweg aus narzißtischen Konflikten gangbar wird, bleibt noch zu klären. *Niederland* versucht, seine Hypothese über die Genese von Kreativität auch an prähistorischem und biographischem Material zu erhärten.

Kreativität und die Quellen dessen, was man den „kreativen Prozeß" genannt hat, reichen so tief hinab, daß es der analytischen Exploration — wie anderen Forschungsmethoden — nicht gelungen ist, Charakter, Ursprünge und andere zur Psychologie dieses Prozesses gehörende Wesenselemente genügend zu erhellen. Trotz aller Bemühungen, seinen vollen Wesensgehalt zu ergründen, ist er noch immer ein Rätsel. In seinem Vorwort zu *Marie Bonapartes* Buch (1934, I, 3) über *Edgar Allan Poe* sagt *Freud* (1933): „Solche Untersuchungen sollen nicht das Genie des Dichters erklären, aber sie zeigen, welche Motive es geweckt haben und welcher Stoff ihm vom Schicksal aufgetragen wurde."

In den mehr als dreißig Jahren, die seither vergangen sind, sind wir den Quellen und dem Gehalt künstlerischen Schöpfertums vielleicht doch ein wenig nähergekommen. Einige der Voraussetzungen und Bedingungen des kreativen Prozesses sind sehr eingehend analytisch untersucht worden (*Eissler, Greenacre, Kris, Münsterberger, Slochower, Sterba* etc.). Ebenso haben bestimmte Merkmale und spezifische Vorgänge Beachtung gefunden, die bei der Entstehung jener Gemütszustände beobachtet werden, in denen (29) gezeigt, daß ein zweispuriger Ansatz dieser Art im Hinblick auf Kern- bzw. „Erarbeitungsphasen" der Kreativität beschrieben wurden *(Kris).* Mit eine künstlerische Leistung vollbracht wird, und die als „Inspirations-" Blick auf derartige Überlegungen habe ich in meiner *Schliemann*-Studie fragen und Umfang etwas begrenzt erscheint, da er dazu verlockt, sich auf

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die dramatischeren Momente des Prozesses (d. h. „die schöpferische Eingebung", „die plötzliche Erleuchtung") zu konzentrieren, die den Beobachter durch ihr mitunter schlaglichtartiges und außergewöhnliches Auftreten innerhalb des Gesamtbildes faszinieren. Die verschwiegeneren Züge der Kreativität, etwa die Inkubationsperiode, latente Entwicklung und Vorstufen, vorbereitende Prozesse und andere innere Vorgänge scheinen durch eine zu starke Betonung der Zweiphasigkeit verdunkelt, die dem kreativen Akt zugeschrieben wurde. Das Erlebnis der „Inspiration" ist zweifellos ein wichtiges Phänomen des schöpferischen Geschehens, aber es ist Ausdruck einer Kulmination, eines spektakulären Aufflammens, nicht so sehr Ausdruck der zugrundeliegenden Dynamik und des tatsächlichen Verlaufs. Da die in diesem Zusammenhang verwendeten Bezeichnungen selbst eher Benennungen als Erklärungen sind, können sie der Komplexität der Probleme, denen der Forscher gegenübersteht, oder der Vielfältigkeit der dynamischen Kräfte, aus denen der kreative Mensch vor oder während des kreativen Aktes schöpft, kaum gerecht werden. Es sei u. a. daran erinnert, daß *Kris* (1950, 1952) selbst darauf hingewiesen hat, „daß nicht jede künstlerische Schöpfung aus Inspiration stammt".

Wie dem auch sei — ich möchte im folgenden als Kliniker einige Beobachtungen berichten, die ich bei der Psychoanalyse schöpferischer Menschen machen konnte. Bei diesen Patienten handelte es sich um vier Maler, einen Schriftsteller, einen Musiker und einen bedeutenden Wissenschaftler: alle zeigten Psychopathologien verschiedenen Grades, die ihr persönliches, berufliches und soziales Leben mehr oder weniger stark beeinträchtigten und sie in analytische Behandlung führten. Da es sich nur um eine kleine Zahl handelt (sieben Personen), sollen in meinem gedrängten Bericht keine endgültigen Schlußfolgerungen gezogen werden. Ich werde mich auf die Erörterung einiger Züge beschränken, die diesen Menschen gemeinsam waren, deren Persönlichkeit, Alter, Vorgeschichte, Symptomatik und Lebensumstände im übrigen durchaus differierten.

Von den charakteristischen Merkmalen, die meinen künstlerisch oder anderweitig kreativen Patienten gemeinsam waren, möchte ich die folgenden hervorheben:

1. Bleibende, meist schwere Kränkung des infantilen Narzißmus

In den beobachteten Fällen rührte diese narzißtische Kränkung von einem angeborenen, äußerlich nicht sichtbaren körperlichen Defekt bzw. von einer physischen Mißbildung her, die aus einer oft schweren, in früher Kindheit durchgemachten Krankheit stammte. Ich fand, daß die bleiben-

den Folgen frühkindlicher Schädigung zu Deformationen der Ich-Entwicklung und zur Bildung und Aufrechterhaltung narzißtischer Störungen beitragen — unter Intensivierung bisexueller Konflikte, bemerkenswerter Ausgestaltung in der Phantasie und bleibender Verzerrung des Körper- und Selbstbildes. Die psychologischen Rückwirkungen — in mehreren Fällen von archaischer Färbung —, die ich in meinen vorausgegangenen Publikationen ausführlicher dargestellt habe (*Niederland*, 1964, 1965 a), überwogen bei weitem die tatsächlichen physischen Anomalien. Der von *Freud* (1923) beschriebene Ausnahmecharakter gehört zu dieser Gruppe. In der Tat waren die sieben analysierten Patienten solche „Ausnahmen" im Sinne *Freuds* und *Jacobsons* (1959).

2. *Reiches Phantasieleben mit spezifischer Beziehung zur Kreativität*

Durch die analytische Behandlung meiner kreativen Patienten, die unter äußerlich nicht sichtbaren Körperdefekten litten, war es möglich, Einsicht in die unbewußten, vor allem restaurativen Strebungen zu erhalten, von denen ihre Phantasien, Träume, Tagträume und innersten Wünsche durchdrungen waren. Die meist unbewußten Strebungen zielten im wesentlichen darauf ab, das ursprüngliche Stigma in eine Art „Auszeichnung" zu verwandeln; sie schienen die schöpferische Einbildungskraft zu beflügeln, deren Charakteristika ungewöhnliche Assoziationen während der analytischen Arbeit, stürmische Ausbrüche von Ärger und Wut in der Übertragung, Geheimhaltung ihres körperlichen Defekts und ständige Suche nach neuen Beziehungen von großer (restitutiver) Intensität waren. Der körperliche Defekt, genauer: seine unbewußte psychische Repräsentanz wirkte als ständiger unbewußter Stimulus. Die sich daraus ergebenden, außerordentlich beharrlichen Restaurationstendenzen liefen zeitweise auf komplizierte Formen des Kämpfens und Haderns mit dem Schicksal, dem Universum und Gott hinaus — ein intrapsychischer Kampf, der vor jedermann verborgen gehalten werden mußte und erst in längerer Analyse voll zutage trat. Alle meine Patienten rangen mit intensiven aggressiven Tendenzen, die zu meistern ihnen bis zu einem gewissen Grade gelang, wenn sie sie auch nicht vollständig sublimierten. Ihre Objektbeziehungen waren durchweg prekärer Art. In ihrer Gefühlswelt überwog gewöhnlich die Aggression [1], die sich durch Ausbrüche von Ärger, Episoden depressiv gestörter Untätigkeit, die mit Anwandlungen geradezu hektischer Produktivität abwechselten, und ähnliches manifestierte.

1 Meine klinischen Beobachtungen scheinen zu bestätigen, was ein zeitgenössischer Kunstkritiker über den Maler *Jackson Pollock* sagte: „Er war ein tief deprimierter Mann, äußerlich ruhig und zurückhaltend ... Auf dem Grunde seiner Depression ... konnte man stets seine potentielle Wut ahnen."

3. *Besondere Bedingungen und Auswirkungen der narzißtischen Dauerstörung*

Die Verheimlichung, Unheilbarkeit und der Ort der körperlichen Schädigung trugen nicht nur zu gesteigerten Körpersensationen und gesteigerter sensorischer Ansprechbarkeit in dem von *Greenacre* (1957, 1958) geschilderten Sinne bei; sie erzeugten auch ein quälendes Gefühl, von den Mitmenschen verschieden zu sein, und Geburts- und Wiedergeburtsphantasien, die von ständiger Suche nach den Umständen der Entstehung, der Herkunft und der Reversibilität der Mißbildung begleitet waren, durch die sich die Patienten als von der Umwelt abgesondert empfanden. Diese Bemühungen um Erklärung und Heilung hörten niemals auf — zumindest nicht in der Phantasie —, da natürlich alle reparativen Anstrengungen angesichts der durch eine unabänderliche Körperverbildung bedingten narzißtischen Störung vergeblich blieben. Die analytische Durchforschung der prekären Objektbeziehungen ergab, daß sie vorwiegend den Charakter von Pseudo-Objektbeziehungen trugen, d. h.: das Objekt war entweder Teil des eigenen Körpers oder ein solches, von dem eine Wiederherstellung des gestörten Körperbildes und seine magische Vervollständigung bzw. Heilung erwartet wurde.

Ähnliche Restitutionsaspekte der Kreativität werden auch in Fällen von Objektverlust deutlich. Das Rätsel des Todes, der plötzliche Verlust eines mehr oder weniger ambivalent geliebten Objekts, etwa der Tod von Vater oder Mutter oder eines Geschwisters in der Kindheit, scheinen mächtige Anreize für Phantasien und Strebungen reparativer Art zu setzen. *Jackels* (1966) klinische Beobachtungen über das Auftreten des Wunsches nach einem Kinde bei plötzlicher Unterbrechung einer analytischen Behandlung bestätigen entsprechende Ergebnisse auf dem Gebiete angewandter analytischer Studien. Wie *Eissler* (1963) berichtet, teilte ihm *Marie Bonaparte* mit, daß es *Freud* gelang, seinen ersten Traum, den berühmten *Irma-Traum* vom 23. Juli 1895, zu deuten, als ihm eröffnet wurde, daß sein 80jähriger Vater an einer tödlichen Krankheit litt. *Pollock* und sein Chicagoer Forschungsteam haben kürzlich nachgewiesen (1966), daß eine der späteren Entdeckungen *Freuds*, die Strukturtheorie und analytische Ich-Psychologie, auf den Tod seiner Tochter *Sophie* und seine erste Krebsoperation folgte. Aufgrund seiner tiefschürfenden *Goethe*-Studien schließt *Eissler* (1963), daß der erste Anstoß zur Niederschrift des „Wilhelm Meister" die Nachricht war, daß *Goethes* Vater im Sterben lag. Meine eigenen psychobiographischen Untersuchungen über *Schliemanns* Kreativität (1965 b) erbrachten, daß der große Wendepunkt in der Laufbahn des Forschers, nämlich

sein Umsatteln vom Geschäft zur Archäologie, wenige Wochen nach dem Tode einer älteren Kusine, eines Mutterersatzes eintrat — ein Ereignis, das ihn in eine tiefe Depression stürzte. Ferner vollbrachte *Schliemann* seine erste große archäologische Tat, die Entdeckung der Lage des antiken Troja, im Jahre 1870, dem Todesjahr seines Vaters. Ein solcher Wendepunkt findet sich auch in der künstlerischen Laufbahn *Rembrandts:* nach einem Jahrzehnt des Wohlstandes und Erfolges als modischer Porträtist wandelten sich durch eine Reihe persönlicher Mißgeschicke, die mit dem Tode seiner ersten Frau im Jahre 1642 begann, Zielsetzung und Charakter seiner Arbeit. Er wandte sich ab von der Welt der Reichen und Vornehmen, verlegte den Fokus seines künstlerischen Schaffens auf das Seelische und begann, sich auf die Darstellung des spirituellen Lebens des Menschen zu konzentrieren. Die Folge war, daß Aufträge selten wurden; er machte Bankrott, und im Jahre 1656 mußten sein Haus und seine persönliche Kunstsammlung versteigert werden. Er starb 1669, verarmt und fast vergessen, im Alter von 63 Jahren. Musikkenner wissen um Vertiefung und Verinnerlichung der Werke *Mozarts* nach dem Tode seines Vaters, wie sie in seinem G-Moll-Quintett zum Ausdruck kommt. Das Lebenswerk *Johann Sebastian Bachs,* der beide Eltern als Kind verlor, ist von Tod, Todesahnung und deren Ungeschehenmachen — Auferstehung — durchdrungen. Auf dem Gebiet der bildenden Kunst sei *Henri Rousseau* angeführt: erst nach 1888, dem Todesjahr seiner Frau, wurde „Le Douanier" zu dem großen Maler, dessen eigenartige, naiv-melancholische Gemälde und Farbkompositionen uns noch heute in manchem rätselhaft erscheinen. *Conrad Ferdinand Meyers* erste literarische Schriften stammen aus seinem 16. Lebensjahr, kurz nach dem Tode seines Vaters; als Thema wählte er historische Vatergestalten — Kaiser Heinrich IV., König Friedrich II., Tarquinius Superbus, später Jürg Jenatsch, Pescara usw.

Aber kehren wir zu meinen klinischen Beobachtungen über die reparativen Tendenzen der Kreativität zurück. Das folgende wörtliche Protokoll der assoziativen, verbalen Produktionen eines Künstler-Patienten während einer analytischen Stunde mag einige der obengenannten Zusammenhänge illustrieren.

Der Patient hatte die analytische Sitzung mit einer Bemerkung über den kürzlich verstorbenen Bildhauer *Giacometti* begonnen und mit einiger Bitterkeit dessen Ausspruch: „Erfolg haben bedeutet für einen Künstler, daß er versagt hat" erwähnt. Auf meine Frage betreffs des merklichen Affekts, mit dem *Giacomettis* Bemerkung berichtet wurde, sagte der für gewöhnlich verschlossene Patient mit starkem Gefühl und Anzeichen steigender Erregung:

„Ich liebe *Giacometti* nicht, aber in diesem Punkt hat er recht. Das Ziel ist so viel mehr, als man erreichen kann. Sobald ein Bild fertig ist, fühlt man, daß man versagt hat. Dann kommt stets das quälende Gefühl, daß ich nicht erreiche, was ich erhofft hatte. Dieses Gefühl stellt sich immer dann ein, wenn ich ein Bild beendet habe ... Einer der schwierigsten Augenblicke für einen Maler kommt dann, wenn ein Bild fertig ist, weil er eben dann empfindet, daß er niemals fertig ist, niemals ... Jedes Bild, das ich jemals gemalt habe, wirkt auf mich unvollständig. Wenn ich es mir ansehe, nachdem ich glaubte, es sei fertig, finde ich es unvollständig ... Bei einem Bild sehe ich, daß ich den Raum hätte vergrößern müssen, bei einem anderen hätten die Farben intensiver sein sollen, bei wieder einem anderen wäre diese oder jene Lücke auszufüllen gewesen. Aber dann hätte ich das Ganze noch einmal machen und ganz von vorn anfangen müssen ..."

Dieser Maler hatte seit seiner Geburt eine verborgene (äußerlich nicht sichtbare) körperliche Mißbildung. Ein Schriftsteller, bei dem nach einer in der Kindheit durchgemachten Rachitis relativ geringfügige Mißbildungen an Schädel und Brustkorb zurückgeblieben waren, sprach von dem Dilemma, fertige Texte wieder und wieder schreiben zu müssen, mit fast denselben Klagen und in der gleichen düsteren Stimmung. Ich könnte weitere einschlägige Beispiele aus der angewandten Analyse anführen, aber ich glaube, es ist ohnehin klar, worauf es hier ankommt. Die kreativen Strebungen dieser Menschen stellen, so meine ich, die künstlerische Externalisierung ihrer unermüdlichen, aber vergeblichen Bemühungen um die Lösung eines Konfliktes dar, der eben wegen seiner konkreten Natur, Dauer und Besetzung sowohl ungelöst als auch unlösbar bleiben muß, zumindest unter den bei dieser zugegebenermaßen kleinen Gruppe kreativer Persönlichkeiten obwaltenden besonderen Umständen. Ein Zustand rastloser Unzufriedenheit mit Neigung zu depressiver oder subdepressiver Verstimmung und vagen Schuldgefühlen schien bei den meisten die vorherrschende Gemütslage stets dann zu sein, wenn sie ihre kreative Arbeit beendet hatten, die im Grunde eine reparative war. Für sie blieb die künstlerische Leistung in einem sehr realen Sinne unvollendet, da sie naturgemäß niemals zur unbewußt ersehnten Beseitigung des ursprünglichen Defekts am eigenen Körper führte.

In diesem Zusammenhang möchte ich *Giacomettis* Bemerkung: „Erfolg haben bedeutet für einen Künstler, daß er versagt hat" etwas weiterführen, indem ich sie zum Konzept des Körperbildes (und seiner zentralen Bedeutung für das Verständnis wesentlicher Aspekte des Wachstums der individuellen Persönlichkeitsstruktur) in Beziehung setze. Im Jahre 1923 schrieb *Freud:* „Das Ich ist vor allem ein körperliches!" Unsere gebräuchlichen akademischen Bezeichnungen — Körperbild, Körpergefühl, Selbstbild, Körper-Ich etc. — zeigen in ihrer blassen Deskriptivität und trockenen Sachlichkeit vielleicht am deutlichsten unsere beklagenswerte Schwäche in der Erforschung dessen an, was als das subjektive Erleben des eigenen Körper-Ichs bezeichnet werden kann, nämlich die Summe all jener

hochgradig persönlichen, alles durchdringenden, stets gegenwärtigen Erlebnisse, die sich aus der lebenslangen Interaktion der postural-kinästhetischen, dimensional-physischen Ich-Funktionen mit denen, die das Sensorium, die Wahrnehmung, Affektivität und Erkenntnisfähigkeit ausmachen, herleiten. Der Einfluß dieser kombinierten Elemente in ihrer ständigen Interaktion und dynamischen Wechselbeziehung kann mit einer Art vis-a-tergo verglichen werden, die beim erwachsenen Menschen den im ganzen stabilen und kohärenten Hintergrund bildet, der für den Gesamtbereich der persönlichen Ich-Funktionen und für die Entwicklung befriedigender Objektbeziehungen im späteren Leben unerläßlich ist. Obgleich mit der tatsächlichen Körpergestaltung nicht einfach identisch, ist das subjektive Erleben des Körper-Ichs unter normalen Bedingungen so, daß es sich der tatsächlichen Körperstruktur in Umriß und Gestalt annähert. Bei Patienten mit permanenten, von Kindheit an bestehenden Mängeln ist dieses Erleben des eigenen Körpers nicht nur andersartig und schärfer als bei anderen Menschen; die psychosomatischen Körperempfindungen bewirken auch — auf dem Wege über Projektion und Externalisierung — jene erhöhte Sensibilität und affektive Reaktivität, die die Wahrnehmung des inneren und äußeren Milieus entscheidend beeinflußt. Sie führt dazu, daß das betreffende Individuum die Welt um und in sich anders erlebt, auf Reize intensiver reagiert und dergleichen mehr. Schon *Greenacre* (1957) hat auf die größere persönliche Empfindsamkeit und Reizbarkeit des Künstlers hingewiesen und auf „die Stärke seiner eigenen Körperempfindungen", deren Impetus ein „erstes Crescendo in der phallisch-ödipalen Phase" erreicht. Sie verbindet dies mit späteren leidenschaftlichen Inspirationserlebnissen und der Entwicklung tiefer religiöser und persönlicher Gefühle, etwa der Hinneigung zu Gott, Religion, Kunst, Natur und Universum, die sie unter dem Begriff der „collective alternates" zusammenfaßt. Sie führt ferner aus, daß ein Kind, das eine starke potentielle Kreativität besitzt, sich andersartig und fremd fühlt und unausweichlich ein isoliertes, einsames Kind ist. Wie ich fand, verhält es sich ebenso beim Kind, das einen physischen Defekt aufweist. Man könnte hinzufügen, daß der erwachsene Künstler sich ebenfalls oft als ein abgesonderter Mensch fühlt — „einsam wie ein Henker", wie *Raffael Michelangelo* genannt haben soll.

Während ich im allgemeinen mit *Greenacres* Anschauungen übereinstimme, bin ich nicht so sicher bezüglich ihrer Ansicht, daß die erhöhte Sensibilität des Künstlers gegenüber seiner Innen- und Außenwelt und seine intensive Empfindungsfähigkeit angeborene Eigenschaften sind. Obwohl ich eine Prädisposition zu solchen spezifischen Eigenschaften nicht völlig ausschließen möchte, sei ausdrücklich betont, daß zumindest bei den von mir analysierten Patienten eben diese Charakteristika auf bestimmte sensorische Einflüsse und subjektiv gesteigerte Körperempfindungen zurückgeführt werden konnten, wie sie aus der Diskrepanz zwischen der wirklichen Gestalt, den tatsächlichen Eigenschaften des Körpers und dem phantasierten, oft schwer entstellten psychischen Körperbild[2] resultierte. In der Tat bildet das subjektiv als fehlerhaft und entstellt erlebte Körperbild — ein unvermeidliches Ergebnis bei körperlichen Mißbildungen mit ihrer ungleichen Verteilung von Körperbesetzungen — ein den erogenen Zonen vergleichbares, libidinös wie aggressiv besetztes Reservoir, und die daraus hervorgehenden Reize scheinen den kreativen Prozeß in Gang zu setzen. Bei mehreren meiner Patienten hatte ich den Eindruck, daß ihre Kreativität das wichtigste Hilfsmittel bei dem Versuch darstellte, das schadhafte Körperbild auszubessern und damit ihre seelischen Konflikte zu lösen. Da die Bemühungen, die im Grunde der Wiederherstellung des Körper-Ichs dienen, in derartigen Fällen zum Scheitern verurteilt sind — in *Giacomettis* Worten bedeutet ja sogar der Erfolg ein Scheitern —, können sich solche gänzlich unbewußten Wiederherstellungsbemühungen auf lange Zeitspannen ausdehnen oder auch zu fieberhaften Ausbrüchen einer hektischen, nicht selten hypomanisch gefärbten schöpferischen Tätigkeit steigern.

Meine Patienten waren im allgemeinen keine zufriedenen oder umgänglichen Menschen. Sie waren Individuen von übergroßer Empfindlichkeit und intensiver Reizbarkeit; sie litten an hypochondrischen Ängsten, wie wir sie bei überbesetzten oder ungleichmäßig besetzten Ich-Zuständen vorfinden. Die Art ihres Selbsterlebens blieb lange Zeit ein streng gehütetes Geheimnis. Wurde es nach längerer Analyse schließlich aufgedeckt, so enthüllte sich die Entfremdung ihres subjektiven Selbsterlebens und ihre Suche nach einer neuen (reparativen) Körper-Imago. Analytisch ausgedrückt, kann dies als unbewußter Wunsch nach Wiedergeburt durch einen magischen, in das künstlerische Schaffen hineinprojizierten Wiederherstellungsprozeß verstanden werden.

Was die ungleiche Verteilung der Körperbesetzung angeht, so konnten im wesentlichen zwei Arten der Fehlverteilung beobachtet werden: Es bestand eine generelle Uneinheitlichkeit in der Verteilung der Körperbesetzung, verbunden mit Empfindungen von physischem Unbehagen, unvollkommenen und unvollständigen Körperkonturen, Gefühlen der Leere, wechselndem Muskeltonus etc. Neben diesen allgemeinen und vagen körperlichen Mißempfindungen kathektischer Fehlverteilung bestanden mehr oder wenigere umschriebene Gebiete fokaler Über- oder Unterbesetzung in-

2 *Kierkegaard* sprach häufig von dieser Diskrepanz als von „einem Mißverhältnis zwischen Seele und Körper". *Kierkegaard* war seit seiner frühen Kindheit ein Krüppel.

nerhalb des gestörten Gleichgewichts der gesamten Körperbesetzung. Eine genauere Untersuchung dieser Zonen brachte zutage, daß eine bestimmte Zone fokaler Überbesetzung im Körperschema existierte — lokalisiert entweder am Übergang des defekten *(„schlechten")* Teils in den angrenzenden *„guten"* Teil der Körperoberfläche oder an peripheren Körperteilen. Im zweiten Fall handelte es sich um Kompensationsbereiche, die vom beschädigten Körperteil möglichst entfernt lagen. Bei einer Patientin zum Beispiel, einer bedeutenden Malerin, deren linker Arm infolge eines Geburtstraumas leicht deformiert war, waren dieser Arm und die naheliegenden Teile der Körperoberfläche in so hohem Maße *unterbesetzt,* daß sie von ihnen sagte, sie fühle, daß sie von kautschukähnlicher Beschaffenheit seien und quasi gar nicht existierten. Ihr rechter Arm (mit dem sie malte) und die Augen waren kompensatorisch *überbesetzt.* Bei einem anderen Künstler, dessen angeborene Deformierung des Halses, ein Torticollis, während der Adoleszenz erfolgreich operativ korrigiert worden war, tauchte die ursprüngliche Mißbildung — nach ihrer chirurgischen Beseitigung — in halb wahnhaften Phantasien über periphere Körperteile und auf dem Wege der Externalisierung in vielen seiner Gemälde wieder auf. Während seiner späteren Analyse hatte dieser Patient zahlreiche Träume über mißgestaltete, bösartige Kreaturen, groteske, Wasserspeiern ähnelnde Ungeheuer etc., durch die er sich bedroht fühlte und die analytisch als Projektionen seiner eigenen Gefühle über die ursprüngliche Mißgestalt kenntlich gemacht werden konnten.

Mehrere meiner Patienten zeigten während der Perioden kreativer Aktivität deutliche Veränderungen ihrer subjektiven Körper-Ich-Empfindungen oder Wahrnehmungen. Patienten, die sich „klein", „unsicher", „geschrumpft", „hohl", „gummiartig", „zwerghaft" und „leer" gefühlt hatten, verloren diese Mißempfindungen während ihrer kreativen Tätigkeit, in deren Verlauf Gefühle, „ganz", „stark", „voll Kraft und Gesundheit" zu sein, sich einstellten. War die schöpferische Arbeit getan, kehrten die alten Gefühle von Unvollständigkeit und Schwäche gewöhnlich zurück. Hier wurden die restaurativen, wenn auch gänzlich unbewußten Bemühungen, durch kreative Tätigkeit den als Makel empfundenen Zustand zu beseitigen, recht deutlich. In der Analyse wurde dann klar, daß das Körperbild seinen stärksten und dauernden Einfluß im Bereich averbaler Kommunikationen ausübt: Durch fortgesetzte schöpferische Leistungen versuchten die Patienten, eine „Vollkommenheit" reparativ zu erschaffen, von der sie im geheimen glaubten, daß sie sie *vor* ihrer Deformierung besessen hätten — im wesentlichen also ein narzißtischer Wunsch, der in eine kreative (d. h. rekreative) Aktion umgesetzt wurde. In diesem Zusammenhang sei darauf

hingewiesen, daß eine nicht unbeträchtliche Anzahl psychischer Traumen und Konflikte in der Kindheit oft mehr oder weniger spontan durch Bemeisterung gelöst wird. Hingegen führt ein frühkindlicher körperlicher Defekt gerade durch seine konkrete Natur, relative Unbeeinflußbarkeit, intensive Besetzung und narzißtische Dauerstörung dazu, als Konfliktbereich bestehen zu bleiben. Meine klinischen Beobachtungen bestätigen in diesem Sinne *Kohuts* (1966) Feststellung, daß „kreative Aktivität selbst zu den Umwandlungen des Narzißmus gerechnet zu werden verdient". Auch *Beres'* (1957, 1960) Arbeiten über die kommunikativen und imaginativen Prozesse bei Dichtern, Schriftstellern usw. sind für unser Verständnis dieser Probleme von Bedeutung.

Diese Punkte seien mit einigen weiteren klinischen Beispielen illustriert. Ich habe die reiche und blühende Phantasie erwähnt, die sich bei gewissen, durch frühkindliche Krankheit oder Geburtstraumen geschädigten Individuen entwickelt und sich zu floriden Wiedergeburtsvorstellungen ausweitet. Die Patientin mit der bleibenden Geburtsschädigung (Verkürzung) des linken Armes malte nicht nur zahllose Geburts- und Wiedergeburtsbilder, sie ließ sich auch im Deltagebiet eines Flusses nahe einer Lagune nieder, wo sie lebte, schrieb und malte. Sie malte sich selbst als einen verkrüppelten, zwerghaften Knaben — *als Knaben, nicht als Mädchen* —, der vor der St. Rochus-Kathedrale hingestreckt liegt und den Heiligen um Heilung seines Körperdefekts anfleht (St. Rochus ist der Pest-Heilige des christlichen Mittelalters, und die Patientin sprach von ihrem linken Arm als von einer Pest). Der Maler mit dem angeborenen — später operativ beseitigten — Torticollis stellte die Mißbildung seines Halses als mächtigen Speer dar, eine tödliche Waffe von ausgesprochen phallischer und aggressiver Bedeutung. *Bild I* zeigt diese Aspekte ebenso wie die fokale Überbesetzung (Hals — Speer). *Bild II* vom gleichen Künstler gemalt, weist sowohl auf die Kastrationsmomente als auch auf die Veränderung der gesamten Körperbesetzung hin. (Der kopf- und armlose Torso ist aus *Stein;* der Patient fühlte und verhielt sich oft so, als sei er selbst aus *Stein*[3]. Wie ersichtlich, wird der Defekt mit einer Kastration gleichgesetzt, die auf Bild II die meisten Körperteile betrifft.

Das eindrucksvollste Beispiel von vermutlich lebensrettender Kreativität lieferte ein 25jähriger Mann, der, an den Folgen einer akuten Poliomyelitis leidend, mit nahezu vollständiger Lähmung von Beinen, Schultern und Armen vor einigen Jahren ins Krankenhaus eingeliefert wurde. Praktisch an allen vier Extremitäten gelähmt, wurde er mit Hilfe einer eisernen

3 Während des ersten Jahres der analytischen Behandlung sagte er oft, daß er völlig „gefühllos" sei, und gegenüber seinen Familienangehörigen, Freunden und mir als seinem Psychoanalytiker verhielt er sich auch wirklich so.

Lunge am Leben erhalten. Die verbliebenen Vitalfunktionen verringerten sich allmählich, und wegen der fortschreitenden Muskelatrophie, eines sich entwickelnden Decubitus und der zunehmenden Apathie des Patienten in der eisernen Lunge war die medizinische Prognose schlecht. Angesichts des sich rasch verschlechternden Allgemeinzustandes des Patienten konnte eine systematische Psychotherapie weder in Betracht gezogen noch versucht werden [4].

Mich beschäftigen hier ausschließlich gewisse Veränderungen im Gesamtbefinden des Patienten, die unter recht auffallenden Umständen vor sich gingen. Bevor es zu den Veränderungen kam, von denen hier berichtet werden soll, hatte der Patient wiederholt geträumt, daß er tot im Sarg liege. In einem dieser Träume hatte sein Begräbnis bei heftigem Regen stattgefunden; er wurde in seinem Sarge — der vermutlich die eiserne Lunge symbolisierte — zum Friedhof gebracht, während große Wassermassen herabstürzten. In Übereinstimmung mit *Freuds* Ansicht, daß solche Träume einen Wunsch ausdrücken („Ich wünschte, es wäre nur ein Traum"), deutete ich die Träume, insbesondere den Wasser-Traum, dahin gehend, daß sie sich auf unbewußte Geburts- und Wiedergeburtsphantasien des Kranken bezögen.

Kurze Zeit nach dem Auftreten dieser Träume wurde von dem Kollegen, der den Patienten behandelte, versuchsweise eine Mal-Therapie eingeleitet; d. h., dem Patienten wurde ein Bleistift in die Hand gedrückt (es waren noch Residualfunktionen des Handgelenks und der Finger vorhanden), und man gab ihm auf, alles, was er könne oder wolle, mit dem Bleistift auf ein Stück Papier zu kritzeln, zu zeichnen oder zu skizzieren. Ohne den Sinn dieses therapeutischen Eingreifens diskutieren zu wollen, genüge die Feststellung, daß es sich therapeutisch als ebenso wirksam erwies wie *Spitz'* Wiedereinführung einer mütterlichen Bezugsperson bei jenen Säuglingen, die sich im anaklitischen Depressionszustand befanden. Nachdem der Patient bei seinen ersten Versuchen einige zaghafte, dünne Linien und Kurven gekritzelt hatte, begann er in der Folge eine Reihe von *Wasser-Szenen* zu zeichnen, mit Booten, Leuchttürmen und weiten Wasserflächen. Der ganze Prozeß zog sich über eine Zeitspanne von annähernd zwei Monaten hin.

Von besonderem Interesse sind sein neuntes und zehntes Bild. Nach zunächst unsicherem Beginn skizzierte er die Bilder detaillierter, und sie scheinen für ihn eine Art wahrhaft restaurativen und therapeutischen Kunstschaffens gewesen zu sein. Das hervorstechende Merkmal der neunten Zeichnung war ein weit ausladendes *Erkerfenster,* das auf eine Seelandschaft hinausging. Während er dieses Bild zeichnete, hörte man den für gewöhnlich völlig schweigsamen Patienten laut das Wort „Erkerfenster" sagen — praktisch seine einzige verbale Äußerung während der ganzen künstlerischen Betätigung. (Wie bereits erwähnt, manifestiert sich der Einfluß des Körperbildes im wesentlichen in averbalen Kommunikationen.) Auf dem zehnten Bild ist der Ozean als weit offene, endlose Wasserfläche zu sehen. In der Folgezeit produzierte er eine Anzahl weiterer Wasserbilder, insgesamt sechs von mehr als zwanzig Zeichnungen, die der Patient anfertigte, während er sich noch in der eisernen Lunge befand.

Einige Wochen später konnte man ihn aus dem Lungenapparat herausnehmen, in dem er am Leben gehalten worden war. Nach einem weiteren Monat konnte er das Krankenhaus im Rollstuhl in sehr gebessertem Zustand verlassen und zu seiner Familie zurückkehren. Er nahm dann im Rollstuhl seine frühere Tätigkeit als Buchhalter wieder auf; den letzten Berichten zufolge hat er in den vergangenen Jahren weiterhin arbeiten und seine Stellung

[4] Ich bin Dr. *Alfred Corvin*, der den Patienten klinisch beobachtete, für die Erlaubnis, seine klinischen Daten und Befunde zu verwenden, sehr zu Dank verpflichtet; analytische Deutung und interpretierende Kommentare stammen von mir.

in befriedigender Weise ausfüllen können, natürlich stets im Rollstuhl. Von Interesse ist ferner, daß der Patient vor seiner Polio-Erkrankung sich niemals zeichnerisch oder sonstwie künstlerisch betätigt hatte.

Da der Patient nicht analysiert wurde und meine eigene Rolle auf die eines Beraters *par distance* beschränkt war, kann ich die Einzelheiten dieses partiellen, aber dennoch bemerkenswerten Genesungsprozesses nicht mitteilen, der unter den beschriebenen spezifischen Umständen durch „restaurative" Kreativität in Gang gesetzt wurde oder doch zumindest in psychodynamischer Verbindung dazu stand. Ich möchte jedoch auf die Träume über das Liegen im *Sarge* und das *Begräbnis im Regen* sowie auf die Zeichnungen des Erkerfensters und des Ozeans und der sonstigen Wasserszenen aufmerksam machen. Frühere Untersuchungen (*Niederland,* 1956) über die Symbolik von Wasser, Meer, Flüssen und mit Wasser verknüpften Elementen in Phantasien, Träumen, künstlerischen und symbolischen Darstellungen hatten mich längst darüber belehrt, daß entscheidende, mit Schwangerschaft, Geburt und Wiedergeburt verbundene Strebungen im Unbewußten ihren symbolischen Ausdruck in solchen synoptischen Wasserszenen finden. Diese können aus regressiv-narzißtischen Phantasien hervorgegangen sein — möglicherweise erzeugt durch den Aufenthalt in der eisernen Lunge (dem „Sarg" des Traums, letztlich dem Mutterleib) —, die der Patient mit Hilfe eines reataurativen Externalisierungsprozesses durch seine kreative Produktivität zu transzendieren vermochte. Ferner möchte ich auf die symbolische Bedeutung des weit ausladenden *Erkerfensters* hinweisen, das der analytisch geschulte Beobachter leicht als eindeutigen Bezug auf Schwangerschaft und Geburt erkennt.

Wir wollen nun einen weiteren Faktor betrachten, der in diesem Fall direkt mit dem kreativ-restaurativen Prozeß verknüpft erscheint: die *Hand.* Daß die Hand oder der Arm andere Teile des Körpers symbolisch darstellen können — gewöhnlich mit phallischer Symbolik —, ist aus der klinischen Psychoanalyse natürlich wohlbekannt. Ebenso bekannt ist die überragende Rolle der menschlichen Hand für die Bildung und die ersten Leistungen des kindlichen Körper-Ichs — *Hoffers* „Hand-Mund-Ich" (*Hoffer,* 1949, 1950). Die Hand, die nach *Hoffer* beim Kinde anfänglich „mit dem Mund eng verbündet war, um innere Spannungen zu eliminieren", bewahrt diese Funktion das ganze Leben hindurch. Bald erwirbt sie die Fähigkeit, zu berühren, zu halten, zu greifen und jeden Punkt innerhalb des Radius des ausgestreckten Arms zu erreichen. Innerhalb dieses Radius hat die menschliche Hand die einzigartige Fähigkeit, wie ein Vogel im Fluge zu funktionieren, nämlich jeden beliebigen Punkt innerhalb eines Umkreises zu erreichen, der nur durch die Länge des Armes und die Stellung der Fin-

ger begrenzt wird. Die Hand ist ferner Träger libidinöser und aggressiver Energien, wie dies durch ihre liebkosenden wie aggressiven Funktionen evident ist. Durch den einfachen Akt des Ausstreckens und Berührens eines Objekts entweder der Außenwelt oder des eigenen Körpers kann die Hand libidinöse und/oder aggressive Impulse auf jeden Punkt innerhalb der Reichweite des Armes übertragen. In Ausübung etwa ihrer aggressiven Funktion als Exekutivorgan des gestreckten Armes können sich Hand und Arm in einen veritablen Dreschflegel verwandeln, zum Beispiel beim Schlagen oder Ohrfeigen eines anderen Menschen. Hinsichtlich des bemerkenswerten Genesungsprozesses des an Poliomyelitis erkrankten Patienten, der dem Tode nahe war, bin ich daher geneigt anzunehmen, daß seine Hand zum „Sammler" und „Vollstrecker" aller ihm noch verbliebenen Körperbesetzungen wurde, die der kranke Mann in seinem Bemühen um Gesundung auf den kreativen Akt (das Zeichnen) konzentrierte und in seinen symbolischen Wasserszenen bildhaft zum Ausdruck brachte.

Abgesehen von den bereits erwähnten Attributen illustriert die menschliche Hand auch vorzüglich *Freuds* Amöben-Gleichnis. In diesem Sinne stellt sie den körperlichen Gegenpart dessen dar, was *Freud* über das Denken als Probehandeln mit kleinsten Besetzungsquantitäten und ihrer Abfuhr durch den psychischen Apparat sagte. Im alten Griechenland wurde die Hand als Verkörperung der „vollziehenden Gewalt" des Menschen, als Lebensseele angesehen. Man glaubte, daß sie Zeugungskräfte besitze oder selbst ein Fortpflanzungsorgan sei. Im Talmud (Sota 36) wird bei Erörterung der Josephsgeschichte im Alten Testament (insbesondere der Unterdrückung von Josephs geschlechtlichem Verlangen nach Potiphars Weib) erwähnt, daß „Samen aus seinen Fingern kam". Für die Hebräer drückt sich Gottes Liebeskraft ebenso wie die Macht zu zerstören in „seinem ausgestreckten Arm und der erhobenen Hand" aus. Im alten Ägypten wurde die „Lebensflüssigkeit", die zeugend und schöpferisch ist, in der Weise verbildlicht, daß sie verliehen wurde, indem die Hand entweder auf das Rückgrat gelegt wurde oder an ihm hinunterglitt (*Niederland,* 1965 b). Im kaiserlichen Rom grüßte man sich durch Erheben[5] der Hand, eine Sitte, die *salutare* genannt wurde, d. h. einander durch den Gebrauch der erhobenen Hand *salus* (Gesundheit) zu bieten, wovon sich unsere heutigen Bezeichnungen „salve" und „save" (wie in „God save the King") herleiten. Hierher gehören wahrscheinlich auch gewisse mythische Vorstellungen über die Hand, zum Beispiel die, daß das Schicksal eines Menschen aus den Linien seiner Hand zu erkennen sei.

5 Die phallische Symbolik der erhobenen Hand ist unschwer zu erkennen.

Ich glaube, wir haben nun einen Punkt erreicht, jenseits dessen klinische Evidenz und unsere daraus gezogenen Schlußfolgerungen aufhören, als verläßliche Richtlinien für weitere, vorwiegend theoretische Überlegungen zu dienen. Natürlich könnte man aus dem klinischen Bereich allein noch viele weitere Beobachtungen anführen, etwa die von *Kris,* daß in Streßsituationen in einem kindlichen Milieu Kinder ihre Angst dadurch zu überwinden versuchen, daß sie zu einem gesteigerten Spiel der Phantasie und zum Malen ihre Zuflucht nehmen — von Interesse auch für die Streßsituation unseres Patienten in der eisernen Lunge —, oder *Linns* (1955) neurologische Forschungen, wonach in gewissen Frühstadien des Körper-Ichs eine experimentell nachweisbare Fusion der Hand-Gesichts-Brust-Empfindungen besteht. Diese „Trias" bildet nach *Linn* „das archaisch-primordiale Konglomerat der primitiven Selbstrepräsentanz".

Eine Untersuchung all dieser Daten unter dem Aspekt der analytischen Ich-Psychologie führt uns zu zwei weiteren Schlüsselfaktoren, die mit dem Problem der Kreativität verbunden sind: Wahrnehmung und Energie. Was die Wahrnehmung anlangt, so habe ich bereits *Greenacres* Hinweis auf die erhöhte Sensibilität des Künstlers und im Zusammenhang damit auch meine eigenen Beobachtungen erwähnt, daß diese Eigenschaften — zumindest bei den von mir studierten Patienten — nicht notwendigerweise als angeboren angesehen werden müssen. Einer meiner Patienten, ein Schriftsteller, nahm die Umwelt ganz anders wahr als ich: Als er beispielsweise von einem Straßenverkäufer eine Eistüte erstand und später in der Analyse darüber berichtete, sprach er von dem alten Mann, der ihm die Tüte verkauft hatte, von den Runzeln und Falten in seinem *Gesicht* und von der *Hand* des Mannes, die in den Behälter langte, um die süße, weiße Creme herauszuholen (die genannte Gleichsetzung von Gesicht, Hand und Brust scheint hier im kreativen Prozeß im buchstäblichen Sinne hervorzutreten). Schließlich, so berichtete der Schriftsteller, erinnerten ihn die Linien und Runzeln des Gesichts an die tiefen Furchen, die der Pflug des Bauern in den fruchtbaren und schmerzdurchwühlten Ackerboden zieht (man beachte den zugleich libidinösen und aggressiven Schluß). Dieser Patient hatte eine Trichterbrust, die auf eine frühkindliche Rachitis zurückzuführen war, von der er aber glaubte, daß sie durch die Nachlässigkeit seiner Mutter verursacht worden sei. Er haßte sie deshalb bewußt während seines ganzen Lebens, und dies war einer der Gründe, die ihn in die Analyse brachten.

Andere Patienten sprachen von den körperlichen Mißempfindungen, die an der Stelle oder in der Nähe ihrer Mißbildung auftraten. Sie beschrieben solche Mißempfindungen als „nagend", „schmerzhaft", „bedrückend", „störend", „quälend" oder mit analogen Bezeichnungen. Derartige Empfindun-

gen riefen nicht nur lokalisiertes Unbehagen hervor, sondern auch Zustände von Ruhelosigkeit und Ärger, die sich gelegentlich bis zur Wut steigerten. Während solcher Phasen haßten die Patienten den Analytiker, der in der Übertragung die „schlechte" Mutter repräsentierte. Sie geißelten die Mutter als die vermeintliche Ursache der Mißbildung und überschütteten mich und meine therapeutischen Bemühungen mit ätzendem Hohn. Die sie quälenden Empfindungen und Störungen gaben während der Analyse zu ärgerlichen Ausbrüchen und Erregungszuständen, aber auch ungewöhnlichen Assoziationen im Sinne schöpferischer Gedankengänge Anlaß.

Niemand hat die Quellen der Wahrnehmung besser beschrieben als *Freud* in „Das Ich und das Es": „Der eigene Körper und vor allem die Oberfläche desselben ist ein Ort, von dem gleichzeitig äußere und innere Wahrnehmungen ausgehen können ... ein Bewußtwerden der Denkvorgänge durch Rückkehr zu den visuellen Resten (ist) möglich ... Das Denken in Bildern ist also nur ein sehr unvollkommenes Bewußtwerden. Es steht auch irgendwie den unbewußten Vorgängen näher als das Denken in Worten und ist unzweifelhaft onto- wie phylogenetisch älter als dieses." An dieser Stelle muß die häufig zitierte Äußerung von *Kris* über die „Regression im Dienste des Ichs" erwähnt werden. Obschon auf manche Situationen anwendbar, die dem Analytiker bekannt werden, und insbesondere auf die analytische Situation selbst, habe ich mich nicht völlig von ihrer Gültigkeit in bezug auf den kreativen Prozeß als solchen überzeugen können. Vielmehr schien bei den kreativen Patienten, die ich klinisch beobachtete, der Umfang der psychischen Leistungsfähigkeit quantitativ und qualitativ weiterreichend, so daß sie das gesamte Spektrum von den frühesten Modalitäten des Denkens, Fühlens, Erlebens, Wahrnehmens etc. bis zu den geistigen Funktionen höchster Ordnung umfaßte. Ich hatte den Eindruck, daß diese größere Spannweite bei meinen kreativen Patienten mit der Uneinheitlichkeit der Besetzungsverteilung libidinöser und aggressiver „Quanten" — sit venia verbo — zusammenhängt. Anstatt von einer „Regression im Dienste des Ichs" zu sprechen, bin ich daher eher geneigt, diesen Zustand in Beziehung zur gesamten Ich-Organisation zu setzen, die bei den zur Diskussion stehenden Personen sowohl deutliche „regressive" als auch „progressive" Züge aufwies und den Einfluß unablässiger Stimuli zur Wiederherstellung verlorengegangener (oder verloren geglaubter) Liebesgüter zeigten.

Was das Problem des Ursprungs und Charakters der in all diesen Prozessen wirksamen psychischen Energie angeht, glaube ich in Übereinstimmung mit anderen Analytikern, daß diese Fragen vorerst noch nicht beantwortet werden können. *Hartmanns* Formulierungen über Sublimierung, die Umwandlung von psychischer Energie, die konfliktfreie Sphäre des Ichs und

dessen eigene „neutralisierte" Energie stellen zweifellos wichtige Beiträge dar, wenn ich auch als Kliniker gestehen muß, daß ich niemals einen kreativen Menschen gesehen habe, der nicht ernste, offenbar alles durchdringende Konflikte hatte[6]. Nicht selten findet die gesteigerte Selbstwahrnehmung, insbesondere des eigenen Körpers und seiner intensiven Reaktionen auf Stimuli, klinisch Ausdruck in hypochondrischen Befürchtungen und psychosomatischen Beschwerden, die den Beobachter — wie auch den Betroffenen selbst — auf einen geschwächten Gesundheitszustand schließen lassen. Die subjektive Empfindung, hilflos, „leer", mißgestaltet oder krank zu sein, kann zeitweise eine solche Intensität erreichen, daß Gefühle der Entkörperlichung oder der Desintegration des ganzen Körpers auftreten. Einige meiner Patienten äußerten solche Empfindungen und Ängste. Ich denke, daß man diese Zustände dem gestörten Gleichgewicht der Besetzungsverteilung zuzuschreiben hat, das es dem Individuum nicht erlaubt, seinen Körper als ein festgefügtes, zusammenhängendes und einheitliches Ganzes zu erleben. Eine anschauliche Schilderung eines solchen gestörten Zustandes findet sich in *Dostojewskijs* „Aufzeichnungen aus dem Kellerloch":

„Ich bin ein kranker Mann ... Ich bin ein böser Mensch ... Ich bin kein anziehender Mann. Ich glaube, daß meine Leber krank ist. Allerdings weiß ich überhaupt nichts über meine Krankheit und weiß nicht sicher, was mir fehlt. Ich konsultiere deshalb keinen Doktor und habe es noch nie getan, obwohl ich vor der Medizin und den Ärzten Respekt habe."

Durchforscht man das Leben — und die Leiden — schöpferischer Persönlichkeiten, so wird man sich in zunehmendem Maße der erheblichen Energiequellen bewußt, die ihnen zur Verfügung stehen. Es hat den Anschein, als konzentrierten sich alle Energien auf den kreativen Prozeß, und als handelte es sich um eine Regression nicht so sehr im Dienste des Ichs als im Dienste der *Wiederherstellung* des Ichs, ja mitunter des *Überlebens* des Ichs. Was ich aus der Analyse meiner Künstler-Patienten hinsichtlich der Quellen und des Wandels der ihnen für ihre kreative Tätigkeit verfügbaren Energie gelernt habe, läßt mich zu *Freuds* Bemerkung über den Körper als die Quelle all dieser Vorgänge und zu einer früheren Beobachtung von ihm zurückkehren (1914), daß bei gewissen physischen Zuständen narzißtische Energie an den Ort der organischen Störung „fließt", wo der Reizzufluß „gebunden" wird. Diese Beobachtung scheint mit meiner Ansicht betreffs der ungleichen Verteilung der Körperbesetzung bei meinen Patienten und

6 In seinem Aufsatz über „Creativity and sublimation" (American Imago XXIV, 1967) bestätigt *J. Stamm* meinen Eindruck, indem er die Rolle „primitiver, nicht-neutralisierter aggressiver Kräfte in der Kreativität" unterstreicht. *Stamm* spricht auch von der Bedeutung des Ich-Ideals für die künstlerische Aktivität. Die mit dieser Produktivität verbundenen *Unsterblichkeitsaspekte* habe ich an anderer Stelle behandelt (*Niederland*, 1965 a).

der fokalen Überbesetzung *in loco laesionis*, d. h. am oder nahe dem Ort der Mißbildung, in gutem Einklang zu stehen. Wie schon gesagt, begegnet man diesen fokalen Überbesetzungen auch in Körperregionen, die vom eigentlichen Läsionsgebiet entfernt sind. Das gestörte Besetzungs-Gleichgewicht innerhalb oder außerhalb des Läsionsbereiches kann so zur Quelle ständiger Reize libidinöser wie aggressiv-restaurativer Art werden. Einer der Wege, mit diesen permanenten Reizen fertig zu werden, ist in meiner Sicht die Kreativität. Obwohl *Freud* es in seiner Arbeit über den „Narzißmus" etwas anders ausdrückt, können wir seine Formulierungen für unser Verständnis dieser Vorgänge benutzen, insbesondere seine Bemerkung, daß im Fall körperlicher Krankheit Besetzungen auf das eigene Ich zurückgenommen und im Bemühen um Genesung „wieder ausgesandt werden". Auf diese Weise wird der Versuch unternommen, den beschädigten Körperkonturen oder -bereichen ihre ursprüngliche (d. h. idealisierte) Form zurückzugeben und gleichzeitig die abgezogene narzißtische Energie den Objektrepräsentanzen wieder zuzuwenden. Dies wird erreicht, wenn der Künstler, der in seinem lebenslangen Kampf oft so verzweifelt allein steht, die Empfindung hat, daß das, was er durch seine Dichtungen, seine Bilder oder Skulpturen zu sagen hat, für die Umwelt bedeutungsvoll geworden ist.

Ich behaupte also, daß bei diesem Vorgang des „Wiederaussendens" die allgemeinen Besetzungen wie die mit ihnen einhergehenden fokalen Überbesetzungen nebst all ihren aggressiven und libidinösen Komponenten auf das Kunstwerk als außerkörperliches Objekt, d. h. auf die Leinwand, den Marmorblock, das wissenschaftliche oder künstlerische Vorhaben, an denen die gerade entstehende kreative Arbeit sich vollzieht, projiziert werden. Ich glaube, den Beweis dafür nicht nur in der außergewöhnlichen Energiemenge gefunden zu haben, die in den kreativen Prozeß investiert wird, sondern auch in dem geschaffenen Werk selbst, das oft erkennbare Züge der überbesetzten Bereiche in Gestalt typischer oder atypischer Abkömmlinge des ursprünglichen Objekts aufweist.

Zusammenfassend sei gesagt, daß die Fehlverteilung der Körperbesetzung in toto, insbesondere die der fokalen Überbesetzung spezifischer Körperbereiche, bei den schöpferischen Leistungen bestimmter Individuen, bei denen im frühkindlichen Alter verursachte narzißtische Dauerstörungen nachweisbar sind, eine Rolle spielt. Die analytische Erforschung einer Gruppe kreativer Patienten, die unter langwährenden psychischen Folgen angeborener oder früherworbener körperlicher Defekte litten, ergab, daß die Nachwirkungen dieser Art narzißtischer Verletzung bestehen blieben. Hierbei muß die Vergeblichkeit fortgesetzter Bemühungen um die Behebung des Körperdefekts und die daraus resultierende weitere narzißtische

Kränkung hervorgehoben werden. Sie führt zu aggressiv gefärbten intensiven Strebungen, das deformierte und gestörte Körperbild zu reparieren, seine Selbstrepräsentanz als einheitliches *Ganzes* wiederherzustellen und so ein positives, intaktes Selbstgefühl zurückzugewinnen. Meine Patienten erreichten dies, indem sie abgezogene libidinös-aggressive Energien in den kreativen Akt einbrachten, der sich im Laufe der analytischen Behandlung im wesentlichen als ein reparativer und re-kreativer Akt erwies. Es soll hier nicht behauptet werden, daß Kreativität stets mit den im Vorstehenden erörterten Bezügen verbunden ist. Als weitere Faktoren seien genannt: die bei allen meinen Patienten beobachtete gesteigerte Bisexualität, früher Objektverlust und damit verbundene restaurative Strebungen, bleibende Auswirkungen des fast unvermeidlich gestörten Gleichgewichts der Mutter-Kind-Beziehung bei Patienten mit angeborenen (oder früherworbenen) organischen Schäden — alle diese Elemente stellen Komponenten der künstlerischen Produktivität solcher Menschen dar. Da der Körper oder Teile desselben selbst Objekte sind, müssen Mißbildungen als eine Form von *Objektverlust sui generis* angesehen werden. In der Tat waren charakteristische Trauerreaktionen, der „Erkennungsschock" („recognition shock"), von dem ich an anderer Stelle gesprochen habe (*Niederland*, 1965 a), und andere klinische Manifestationen bei allen meinen schöpferisch tätigen Patienten festzustellen. Vom Standpunkt der Ich-Psychologie aus empfiehlt es sich, im Auge zu behalten, daß das Ich als vermittelnde und Problemlösungsinstanz hauptsächlich auf dem Wege über Abwehr- und verwandte Mechanismen wirkt; hingegen ist das Ich als kreative Instanz in der Lage, mit freieren und mobileren Mechanismen zu arbeiten, die den Trieben näherstehen und das Individuum instand setzen, in die tieferen Bereiche psychischen Wirkens einzudringen und aus ihnen im wesentlichen unversehrt emporzutauchen.

Wenn wir nun das Feld der klinischen Beobachtung verlassen und uns in historische Bezirke hinauswagen, mag es gestattet sein, einige dieser Prozesse in einem größeren Rahmen zu betrachten. Folgende Fragen wären zu stellen: Da es keine Kunst ohne Künstler gibt — welche Rolle spielen das Körperbild und seine Wandlungen bei der Entwicklung primitiver künstlerischer Produktivität oder überhaupt in der Geschichte der frühen Kulturen? Klarer ausgedrückt: kommt dem Körperbild gewisser mißgestalteter Individuen, beispielsweise dem des Krüppels, des Zwerges, des Lahmen, möglicherweise eine besondere Stellung in der langen Reihe künstlerischer, kultureller und kreativ bedeutungsvoller Leistungen zu, wie sie im Laufe der Jahrtausende historisch in Erscheinung traten? Betrachtet

man gewisse primitive Schöpfungen im Lichte unserer Studien, oder genauer: betrachtet man jene primitiven, in Stein gemeißelten Zeichnungen oder die von paläolithischen und neolithischen Künstlern aus Knochen oder Ton geformten Figuren und Statuetten, die so oft körperliche Mißbildungen, rachitische Deformierungen und ähnliche aus Krankheit oder Verletzung resultierende körperliche Anomalien zeigen, so kann man nicht umhin, sich zu fragen, ob nicht eine gewisse Verknüpfung zwischen jenen rohen künstlerischen Produktionen der Vorzeit und dem abnormen Körperbild der namenlosen primitiven Künstler bestand, die sie schufen. Niemals ist eine angemessene Erklärung für diese Massen in Stein gehauener Buckliger, mißgestalteter Zwerge (oder Kinder?), Krüppel mit verkrümmtem Rückgrat und grotesk mißgebildeter Körper gefunden worden, die Prähistoriker zumeist als Kultgegenstände irgendwelcher Art, als Talismane zur Abwendung von Unglück oder dergleichen bezeichnen. Selbst wenn dies der Zweck der rätselhaften Statuetten war — wie steht es mit den vorgeschichtlichen Meistern und Gestaltern, die sie formten? Ist es nicht einleuchtend anzunehmen, daß im Verlauf der Frühgeschichte des Menschen es eben die körperlich weniger aktiven, etwa die Verletzten, die Lahmen oder sonstwie kranken Mitglieder der Gruppe waren, die in der Höhle zurückgelassen werden mußten, während die physisch tauglichen Männer auf die Jagd gingen und die wohl allzeit schwangeren und allzeit nährenden Frauen der Höhlenbewohner mit der Pflege des Nachwuchses beschäftigt waren? Wäre es also so, daß aus der Schar jener Verletzten, Mißgestalteten oder Kranken, die zurückgelassen wurden, die ersten Bildhauer und Künstler der Gruppe hervorgingen, d. h. jene, die rohe Gestalten entsprechend dem subjektiven Erleben ihres eigenen Körpers zu schnitzen und zu meißeln begannen: primitive künstlerische Versuche, die ursprünglich reparativer Art waren, und die durch unbewußte Identifikationsprozesse zusätzlichen Auftrieb erhielten?

Wie *Muensterberger* und andere gezeigt haben, bestehen gute Gründe für die Annahme, daß der Neid des Mannes und die daraus gegebene Rivalität mit der Frau wegen ihrer Fähigkeit, Leben hervorzubringen, zum Teil oder auch gänzlich für seine größeren Fähigkeiten auf dem Gebiet künstlerischer und wissenschaftlicher Schöpfung verantwortlich sind. Wenn das Leben im weiblichen Körper seinen Anfang nimmt, ist es dann nicht einleuchtend, die Anfänge der Kunst mit der magischen und aggressiven Identifizierung primitiver Männer mit dem allzeit schwangeren, allzeit gebärenden Weib in Beziehung zu setzen — *Männer, die wegen ihrer körperlichen Untauglichkeit oder ihrer Abneigung gegen die Jagd gezwungen waren, zurückzubleiben, und zwar in unmittelbarer, gedrängter und ständiger Nähe der nährenden oder schwangeren Mütter in der Höhle?* Wie bereits erwähnt, ist eins der bleibenden Merkmale einer körperlichen Mißbildung eben die erhöhte bisexuelle Neigung, d. h. die Tendenz zur Identifikation mit dem Weiblichen. Infolge unseres spärlichen Wissens in bezug auf die „klinischen" Aspekte frühzeitlicher künstlerischer Schöpfungen, die mit auffallender Häufigkeit verkrüppelte, mißgestaltete oder schwangere Individuen zeigen, befinden wir uns in unerschlossenem Territorium. Nichtsdestoweniger könnten die wenigen verfügbaren Marksteine, einschließlich der in dieser Arbeit aufgezeigten, einen neuen Anreiz zu weiteren Forschungen auf dem Gebiet der Geschichte, der Vorgeschichte und der Archäologie bieten. Führt der verborgene Weg, den der kreative Prozeß durch Jahrtausende gegangen ist, von ursprünglich narzißtischer Verletzung mit ihren psychologischen Rückwirkungen und den daraus resultierenden Wandlungen der Körperbesetzung zu unablässigen restitutiven Anstrengungen und ihrer Kulmination in der künstlerischen Tat? Die bemerkenswerte Lebendigkeit, die dem Realismus der Körperformen jener vorzeitlichen künstlerischen Objekte innewohnt, scheint mit einer erhöhten Empfänglichkeit für den Einfluß gewisser psycho-physischer Zustände verwandt zu sein (oder ihr zu entstammen?), jener überbesetzten Aufmerksamkeit nicht unähnlich, der man bei Künstler-Patienten begegnet, die unter körperlichen Mißbildungen leiden. Wenn zeitgenössische Historiker und Prähistoriker die Schöpfungen jener primitiven Künstler vorwiegend als religiöse Kultgegenstände betrachten und in ihnen einen Versuch erblicken, bestimmte körperliche Zustände (durch Gestaltung und getreue Neu-Erschaffung — re-creation — der gleichen Zustände) zu beeinflussen, dann kommen ihre Ansichten unseren eigenen bezüglich der Bedeutung magischer restaurativer Prozesse *in concretu et arte* recht nahe.

Insbesondere Archäologen scheinen durch das erstaunliche Können der primitiven Künstler oder Handwerker beeindruckt. Bei den Cro-Magnon-Menschen der mesolithischen Kultur und den Höhlenbewohnern der Aurignac-Periode arbeiteten diese Künstler in fast unzugänglichen Winkeln der Höhle, als ob sie des Schutzes vor Gefährdung durch potentielle Eindringlinge (Menschen oder Tiere) bedurft hätten, denen gegenüber sie wegen ihrer körperlichen Schwäche hilflos gewesen wären. Obwohl einige der Höhlenzeichnungen Tiere in Bewegung zeigen, kann die große Mehrzahl der Tierbilder, entsprechend ihren hervorstechenden „klinischen" Merkmalen, in zwei Gruppen eingeteilt werden: trächtige weibliche Tiere oder solche, die — wie sich aus ihren Stellungen ergibt — tote oder gefallene Tiere darstellen, die in das schützende Obdach gebracht wurden. Ferner gibt es eine beachtliche Anzahl schwangerer Frauen. Viele der weiblichen Figuren stel-

len verschiedenene Aspekte der Schwangerschaft dar, wobei die Geschlechtsmerkmale stark überbetont, d. h. *über-besetzt* sind (Bild III)! Hier kommt noch ein weiterer Aspekt hinzu: die Hände körperlich untauglicher,

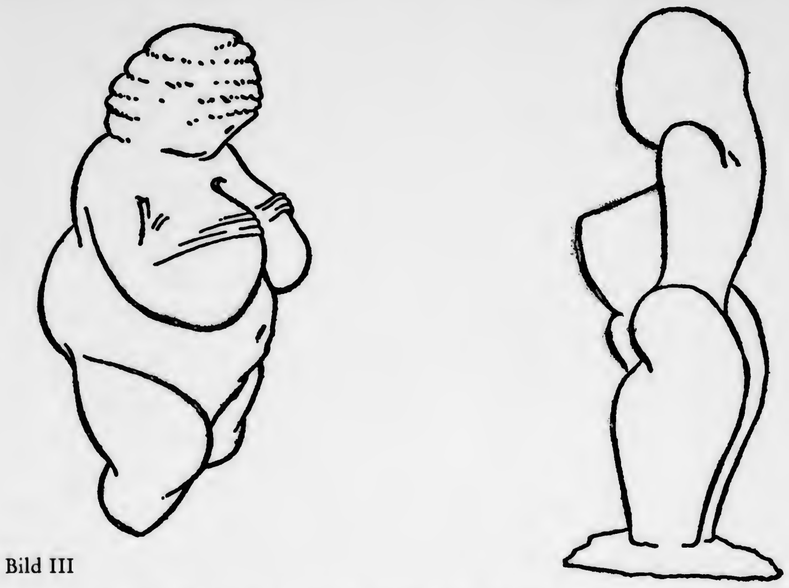

Bild III

Aus: *R. Linton* „The Tree of Culture". New York (Knopf) 1956, S. 142. Die Kunst der Steinzeit liefert den Beweis für die Bedeutung der Besetzung: Geschlechts- und mütterliche Merkmale werden betont, d. h. überbesetzt, während die Gesichter der Figürchen unausgefüllt (unterbesetzt) sind. (Aurignac-Periode)

für die Jagd ungeeigneter Männer wurden vom Gebrauch der Waffen befreit und konnten als Instrumente im Dienste anderweitiger Funktionen benutzt werden. Mit anderen Worten, *die Befreiung der Hand machte ihren Gebrauch für verfeinerte menschliche Handlungen möglich.* Die visuelle Funktion, ebenfalls von ihrer fixierten Bindung an Jagd, Mord, Beute und Angriff befreit, konnte gleichermaßen restaurativen und potentiell kreativen Bemühungen dienstbar gemacht werden.

Analytisch gesprochen wäre die künstlerische Produktivität also *une méthode de retrouvaille de l'objet perdu,* wobei das Objekt Teil des Körpers des Subjekts selbst oder ein Objekt der äußeren Welt ist. In einem bemerkenswerten Passus, den ich in einem Brief *Schliemanns* fand (*Niederland, 1965 b*), schreibt der „Vater" der modernen Archäologie, damit beschäftigt, aus einer Anzahl von Kandidatinnen eine geeignete griechische

Gattin auszuwählen: „In Griechenland ... sind die Mädchen so schön wie die Pyramiden." Hier wird die Gleichsetzung lebendiger weiblicher Schönheit mit der majestätischen Schönheit der im Grabe ruhenden Vergangenheit, die für *Schliemann* eine besondere Bedeutung hatte, mit frappanter Eindeutigkeit ausgesprochen. *Schliemanns* Mutter, Sophie, war kurz nach ihrer letzten Schwangerschaft gestorben, als er neun Jahre alt war. Seine ihm am nächsten stehende Kusine, die ebenfalls Sophie hieß und einen frühen Mutterersatz für ihn darstellte, starb wenige Wochen, bevor er seine erstaunliche archäologische Laufbahn einschlug, die ihn zum Entdecker des antiken Troja und zum ersten Vorkämpfer der Erforschung einer bis dahin unbekannten Kultur — der Welt der seit langem ausgestorbenen mykenisch-minoischen Völker — werden ließ. Der Weg, den er bei seinen Ausgrabungen einschlug, kann den Analytiker nicht überraschen, wenn man die Art und Weise in Betracht zieht, in der er seine archäologische Arbeit leistete. Es war wesentlich für ihn, von seiner Frau, einer *mater rediviva,* begleitet und von den Epen *Homers* geführt zu werden, die ihm sein Vater während seiner Kindheit vorgelesen hatte. Der Name des griechischen Mädchens, das er heiratete, war *Sophie Engastromenos,* das heißt: Sophie, die Schwangere. Es war *Freud,* der Jahre später über *Schliemanns* außergewöhnliche Leistungen auf dem Gebiet der Archäologie an *Fliess* (*M. Bonaparte et al.,* 1954) schrieb: „Ich habe mir *Schliemanns Ilias* geschenkt und mich an seiner Kindheitsgeschichte erfreut. Der Mann war so glücklich, als er den Schatz des *Priamos* fand, denn Glück gibt es nur als Erfüllung eines Kindheitswunsches."

Nach *Homers* berühmter Beschreibung war der Schild des Achill, den der *lahme* Gott *Hephaistos* geschmiedet hatte, mit künstlerischen Darstellungen geschmückt, die an Schönheit, Kraft und Bewegung ohnegleichen waren. Eben die Beweglichkeit vieler dieser Szenen scheint mittels der Mechanismen des Ungeschehenmachens und der Umkehrung zum körperlichen Defekt ihres Schöpfers in Beziehung zu stehen: „Einen *Reigen* auch schlang der *hinkende Feuerbeherrscher* ... Blühende Jünglinge dort und vielgefeierte Jungfraun *tanzten den Ringeltanz* ... den *Tänzern* hingen goldene Dolche zur Seit' an silbernen Riemen. *Kreisend hüpften sie bald mit schöngemessenen Tritten leicht herum* ... Bald dann *hüpften sie wieder in Ordnungen gegeneinander* ..." *Homers* Beschreibung des künstlerischen Meisterstücks ist reich an ähnlichen Darstellungen erlesener Beweglichkeit, die von dem *„lahmen Feuerbeherrscher"* bewirkt wird, und „als er nun jedes Gerät vollbracht, nahm er und legt es gehäuft vor Achilleus' göttliche Mutter" [7] (Hervorhebungen vom Verfasser). *Homer* selbst war der Überliefe-

[7] Zit. nach der Übertragung von *Johann Heinrich Voss.*

rung nach blind; *Moses* litt an einer Sprachstörung; *Ödipus* hinkte, wie sein Name besagt.

Wenden wir uns nun von den prähistorischen Themen ab und den geschichtlich belegten Daten zu: *Ben Johnsons* und *Darwins* lebenslange Kränklichkeit, wobei die des ersteren möglicherweise auf eine frühkindliche Poliomyelitis zurückzuführen ist, *Talleyrands* und *Byrons* Lahmheit, *Keats'*, *Chopins* und *Robert Louis Stevensons* Tuberkulose (und die Krankengeschichten vieler anderer kreativer Persönlichkeiten) sind allzu bekannt, als daß sie weiterer Ausführungen bedürften.

Wenige Familien sind in der europäischen Genealogie ausführlicher behandelt worden, und zwar sowohl vom historischen als auch vom klinischen Standpunkt, als die Habsburger mit ihrem charakteristischen körperlichen Merkmal — der Habsburger Lippe. Unter ihnen gab es viele begabte Persönlichkeiten mit künstlerischen, musikalischen, mystischen und anderen kreativen Neigungen *(Karl V., Maximilian I., Philipp II., Rudolf II., Maria Theresia)*. Der berühmte Feind der letzteren, *Friedrich d. Gr.*, litt an einer schweren Mißbildung des Penis. *Kristine von Schweden*, die „Minerva des Nordens" und Gönnerin von *Descartes*, hatte in ihrem ersten Lebensjahr eine leichte, aber bleibende Verletzung der linken Schulter erlitten. Ihre späteren königlichen Gewänder mußten besonders zugeschnitten und angeordnet werden, um die ungleiche Höhe der beiden Schultern zu verbergen. Weniger bekannt ist *Heinrich Heines* Verletzung. Während er sich als Jüngling in Berlin aufhielt, wurde ihm mit dem Degen eine Verwundung in der Lendengegend zugefügt. Da diese Tatsache in den Standardbiographien selten erwähnt wird, obwohl ihre lebenslangen Nachwirkungen vom Dichter selbst in einem seiner Briefe, wenn auch nur nebenbei, berichtet werden, zitiere ich daraus: „Ich habe viertehalb Jahre in Berlin gelebt ..., wo ich von Krankheiten aller Art, unter andern von einem Degenstich in die Lenden heimgesucht worden bin, den mir ein gewisser Scheller aus Danzig beigebracht, dessen Namen ich nie vergessen werde, weil er der einzige Mensch ist, der es verstanden hat, mich aufs empfindlichste zu verwunden" (*Heine*, 1876).

Da *Heine* die Verletzung in der Inguinalgegend während seiner späten Adoleszenz zugefügt wurde, sei daran erinnert, daß die Adoleszenz dem Individuum „eine zweite Chance" gewähren kann — um *Eisslers* (1958) Worte zu gebrauchen —, indem sie „Kräfte, die in der Struktur gebunden waren", freisetzt. Die daraus resultierende Reorganisierung und Restrukturalisierung des Ichs kann zu Veränderungen von Besetzungen, neuen Identifikationen, erheblich geänderten Zielsetzungen etc. führen. Ich habe eine solche Entwicklung in meiner Studie über *Schliemann* beschrieben, der im Alter von 19 Jahren bei einem Schiffbruch beinahe umkam und unter den psychischen und physischen Folgen dieses Traumas sein Leben lang litt. Es könnte scheinen, als stünden einige der eben genannten Beobachtungen im Gegensatz zu dem, was zuvor über die Verborgenheit und das Geheimhalten der hier untersuchten körperlichen Defekte bzw. Anomalien gesagt wurde. Obwohl äußerlich nicht sichtbare Mißbildungen sich eher dazu eignen, verborgen und geheimgehalten zu werden, muß hinzugefügt werden,

daß auch in Fällen äußerlich wahrnehmbarer Mängel häufig Abwehrmechanismen am Werke sind, insbesondere Verleugnung, Isolierung, Verschiebung, Umkehrung und Projektion. Mittels solcher Abwehrmechanismen kann das betreffende Individuum *bewußt* glauben, daß es einen durchaus normalen Körperbau besitze. *Greenacre* (1958) sprach von der kleinen Statur des Forschers *Stanley* als von „einer Tatsache, die man aus seiner Autobiographie kaum erfahren würde". Das gleiche gilt für *Rudolf Virchow*, den Begründer der modernen Pathologie, und für *Daniel Moritz Gottlieb Schreber*, den Schöpfer der Schreber-Gärten in Deutschland und Vorkämpfer der modernen Gymnastik.

Beethoven und *Schopenhauer*, der Maler *Menzel* und der Dichter *Leopardi* waren beträchtlich unter Durchschnittsgröße. *Schopenhauer* hatte überdies einen angeborenen Hörfehler, und *Leopardi* war von Kindheit an verkrüppelt. *Alexander Pope* hatte eine Verkrümmung des Rückgrats; er wurde nicht größer als 1,35 Meter. *Voltaire* war ein so kränkliches Kind, daß während seines ersten Lebensjahres niemand glaubte, er könne am Leben bleiben. Mit 21 Jahren beschrieb er sich selbst als „dünn, lang, fleischlos, ohne Hinterbacken". *Victor Hugo* war nach Aussage seiner Biographen ein zarter und kranker Knabe „mit einem riesigen Kopf, der für seinen Körper zu groß war; — er sah wie ein mißgestalteter Zwerg aus". Die Beschreibung erinnert an die Rachitis, unter der einer meiner kreativen Patienten während seiner Kindheit gelitten hatte. *Ernest Jones, rara avis* unter den Psychoanalytikern, der einen autobiographischen Bericht über seine Entwicklung gab, sagt in seinen posthum veröffentlichten *Free Associations* folgendes über sich aus: „Ich war mickerig und kränklich (in meinen frühen Tagen) ... mit ausgeprägter Rachitis und einer nicht sehr glücklichen Konstitution ... Ich wußte, daß ich gern Arzt werden wollte, solange ich zurückdenken kann."

Zwei der größten Soldaten der Weltgeschichte, *Prinz Eugen von Savoyen* und *Napoleon*, waren von kleiner Statur. Die schwedische Nobelpreisträgerin *Selma Lagerlöf* war durch eine Poliomyelitis in der Kindheit zum Krüppel geworden. *Michelangelo* war ein zartes und kränkliches Kind; mit 18 Jahren erlitt er bei einem Faustkampf mit einem Mitschüler einen Nasenbeinbruch, und sein Gesicht blieb für immer entstellt. *Hemingways* bemerkenswerte Geschichte multipler Verletzungen begann in seiner Schulzeit und umfaßt eine gebrochene Nase, ein ernstlich verletztes Auge und ein teilweise behindertes Bein. *Somerset Maugham* haßte seine kleine Gestalt so sehr, daß er sich ständig aufreckte und die Schultern straffte, um größer zu erscheinen. Die Tatsache, daß der Held von *Maughams* größtem Roman „Der Menschen Hörigkeit" einen Klumpfuß hat, ist für Inhalt und Handlung von stärkster Bedeutung.

Bei *Lincoln*s hagerer und übergroßer Erscheinung scheint es sich um eine Manifestation des Marfan-Syndroms, einer seltenen Stoffwechselstörung, gehandelt zu haben, die durch Mißbildungen des Knochenbaus, übermäßiges Wachstum der Gliedmaßen, eingesunkenen Brustkorb und andere Unregelmäßigkeiten der Knochenstruktur gekennzeichnet ist. Die

Unfälle, die *Talleyrand* in seiner frühen und *Toulouse-Lautrec* in seiner späten Kindheit zu Krüppeln machten, übten ihren schicksalhaften Einfluß auf Leben und schöpferische Fähigkeiten der Betroffenen aus. *Jean-Jacques Rousseau* litt anscheinend an einer angeborenen Mißbildung der Blase, die Harnverhaltung, Enuresis und eine bedenkliche klinische Symptomatologie während seines ganzen Lebens zur Folge hatte. *Georg Christoph Lichtenberg* und *Moses Mendelssohn*, Philosophen des 18. Jahrhunderts, waren bucklig. *Mozart* litt unter mancherlei Beschwerden. Von seinen sieben Geschwistern überlebten nur zwei, und seine Schwester schildert ihn als klein, dünn, mit blassem Gesicht, Ohren ohne Läppchen und einem Körper in ständiger und rastloser Bewegung. Sein Tod, durch viele Legenden verdunkelt, ist verschiedenen Ursachen zugeschrieben worden, die von der Tuberkulose bis zur Vergiftung reichen. *Kierkegaard* war verkrüppelt, und es besteht Grund zu der Annahme, daß auch *Kant* mißgestaltet war. *Johannes Kepler*, ein frühgeborenes Kind, war von sehr zarter Gesundheit; im Alter von vier Jahren bekam er die Pokken und wurde fast blind, wodurch seine Sehkraft für immer beeinträchtigt blieb.
Es ist ferner interessant festzuhalten, daß der berühmteste Philosoph der Geschichte, *Sokrates*, nach überlieferter Meinung mit einer Knollennase, untersetzter Statur und anderen entstellenden Merkmalen behaftet war. In *James A. Micheners* Meisterwerk „The Source" ist der Verfasser des ersten Psalms ein Flüchtling, der unter Mordanklage steht, ein Mann ohne Heim, mit einer häßlichen Narbe am Halse, der von seiner „Zeit der Qual, dem Wimmern des Lammes in der Nacht und dem schmerzgeplagten Ochsen" singt.

Die bisher akzeptierte analytische Erklärung, daß eine körperliche Behinderung oder Mißbildung gewöhnlich in vorbestehende konflikthafte Angst hineingearbeitet (oder „integriert") wird, ist nicht völlig überzeugend. Durch die Ergebnisse der vorliegenden Arbeit wird sie jedenfalls nicht bestätigt. Ich habe den Eindruck, daß unter bestimmten Bedingungen diese Faktoren von großer Bedeutung sind, und zwar hauptsächlich wegen der bleibenden Beeinflussung des subjektiven Körperbildes als unvermeidlicher Folge früher physischer Schädigung. Reparative und restaurative Aspekte fehlen in solchen Fällen nie. Wenn es wahr ist, daß der Künstler schafft, was er sieht und fühlt (*Zola* definierte Kunst einmal als „la nature vue par un tempérament"), dann muß das Erleben des eigenen Körper-Ichs zu einer der Quellen der Kommunikation des Künstlers mit anderen werden.
Von besonderem künstlerischem wie biographischem Interesse ist der „Fall" — sit venia verbo — des großen französischen Malers *Jacques Louis David*, einem der Gründer der neoklassizistischen Schule, Zeitgenosse von *Ludwig XVI.*, *Robespierre* und *Napoleon*, welch letzterer ihn zu einer Art „Kunstdiktator" in Frankreich erhob. Von den meisten Biographen und Kritikern wird *David* als eine der am wenigsten sympathischen Persönlichkeiten in der Geschichte der bildenden Kunst betrachtet, und in der Tat ist die Mehrzahl seiner glattflächigen, frostigen Gemälde mit ihren starren Figuren und ihrer gradlinigen Ausgestaltung („Der Schwur der Horazier", „Napoleon am St. Bernhard-Paß" usw.) kaum dazu angetan, wärmere Gefühle beim Beschauer zu erwecken. Dennoch war ich durch seine Darstellung von „Marats Tod" so beeindruckt, daß ich auch diesen Bezügen bei meinen psychobiographischen Forschungen weiter nachging und nunmehr glaube, der Frage der übertrieben symmetrischen, flächenhaften, *glatten* Gestaltung in den Bildern *Davids* nähergekommen zu sein: Der Künstler litt zeitlebens an einer tumorähnlichen Verunzierung der rechten Wange, die die natürliche Gesichtssymmetrie (und wahrscheinlich auch die Funktion der Fazialismuskulatur) erheblich störte. Es gibt ein Selbstbildnis *Davids* aus dem Jahre 1794, das diese Deformierung schattenhaft andeutet und zeigt, wie sehr er auf das Verborgenhalten des wohl als erheblichen Makel empfundenen Defekts bedacht war. Auch hier sei erneut betont, daß es m. E. nicht auf die Art oder Ausdehnung des Defekts per se ankommt, sondern auf das *Selbsterleben* des Künstlers und dessen (unbewußtes) Streben, das psychophysische Geschehen reparativ-bildnerisch transformiert in seinem Schaffen zu externalisieren. Die eigenartige Beseitigung jeder Unebenheit in den *David*schen Gemälden, die ausgesprochen flächenhafte Gestaltung und Ausglättung, ja „Verglasung" der vielen Figuren in seinen Kunstwerken, die man ihm von kunstkritischer Seite so oft entgegengehalten hat, bleiben ohne Bezug auf diese psychodynamischen, zutiefst im subjektiven Körpererlebnis wurzelnden Zusammenhänge unverständlich. Der Maler *Henri Rousseau* litt übrigens ebenfalls an einer Verformung im Kopfbereich, die er stets vor der Umwelt geheimzuhalten versuchte.

Obwohl über *Cervantes* Entwicklungsjahre wenig bekannt ist, steht doch fest, daß er als junger Soldat — lange bevor er seinen Don Quijote zu schreiben begann — während der Schlacht von Lepanto im Jahre 1571 schwer verwundet wurde. Er erhielt drei Schußverletzungen, zwei davon in die Brust, während durch die dritte seine linke Hand für immer verkrüppelt wurde — *„zum Ruhme der rechten"*, wie er später sagte. Diese treffende Feststellung enthüllt die scheinbar intuitive Einsicht des Genies in seine restaurativen Fähigkeiten in nuce. Hier wird die Reorganisierung von Körperbesetzung, die unter dem Einfluß traumatischer Ereignisse während der Adoleszenz (und wahrscheinlich auch später) erfolgen kann, ausdrücklich benannt. Es wurde bereits gezeigt, daß ein ähnlicher Verlauf bei *Heine* und anderen zu verzeichnen war. Die Tatsache, daß während *Cervantes'* späterer Jahre in der Gefangenschaft der örtliche Machthaber in Algier ihn „den lahmen Spanier" nannte, scheint auf das Vorhandensein weiterer körperlicher Schäden hinzudeuten, durch die auch andere Körperteile in Mitleidenschaft gezogen waren. In diesem Zusammenhang mag von Interesse sein, daß *Freud* in seinem Aufsatz über Narzißmus (1914) *Heine* zitiert: „Krankheit war wohl der letzte Grund / Des ganzen Schöpferdrangs gewesen: / Erschaffend konnte ich genesen. / Erschaffend wurde ich gesund."

In *Heines* Gedicht werden diese Worte der schaffenden Gottheit in den Mund gelegt. *Cervantes* erwähnt die Veränderung des Körpergefühls und seine andersartige Verteilung im Körper selbst und teilt uns diese Veränderung fast triumphierend mit, als ob er um sie als Quelle seiner schöpferischen Begabung wüßte.

Wenn es für den oberflächlichen Beobachter den Anschein haben sollte, als bestünden zwischen einigen der vorstehenden Ausführungen und *Adlers* Ansichten über „männlichen Protest" und „Minderwertigkeitskomplex" gewisse Beziehungen, kann ich nur sagen, daß diese deskriptiven Formulierungen kaum mit den in meinem Aufsatz dargelegten Modalitäten des unbewußt restaurativen Geschehens in Einklang stehen. *Alfred Adlers* Gesichtspunkte werden weder der Komplexität noch der unbewußten Qualität der hier gegebenen Prozesse gerecht. Das Problem, um das es geht, ist nicht das einer organischen Minderwertigkeit per se, sondern das der Struktur bzw. der Verformung des Körperbildes, der hierdurch beeinflußten Selbstrepräsentanz, des gestörten Besetzungs-Gleichgewichts, der irreversiblen Beeinträchtigung des Körper-Ichs und der damit verbundenen restitutiven Vorgänge und reparativen Strebungen. Diese Ansicht geht auch über *Kris'* Formulierungen hinaus (1952), der die Ich-Restitution bei gewissen Typen schizophrener Patienten hervorhob. In meiner Sicht wird das Streben nach „Ich-Restitution" zu einem wesentlichen Faktor der Kreativität bei Menschen, die frühzeitige und spezifische körperliche Schäden erlitten und dadurch eine narzißtische Dauerstörung davongetragen haben. Eine weitere Aufgabe für den Analytiker ist die Ergründung und Darstellung des *optimalen* Spielraums innerhalb der gesamten Ich-Organisation, worin dynamische, ökonomische und energetische Kräfte jenes noch zu präzisierende Stadium erreichen können, das für ihre Konvergenz auf den reparativ-kreativen Akt erforderlich zu sein scheint. Dieser optimale Spielraum scheint bei gewissen Individuen mit dem Ausmaß und der kathektischen Bedeutung ihrer narzißtischen Problematik zusammenzuhängen. Da nicht behauptet wird, daß bei sämtlichen kreativen Vorgängen dieser Weg eingeschlagen wird, bleibt abzuwarten, ob ähnliche oder andersgeartete Prozesse bei nicht-mißgebildeten Künstlern wirksam sind.

Im 20. Jahrhundert ist die Vorstellung, daß körperliche Veränderungen und künstlerische oder wissenschaftliche Kreativität miteinander in Beziehung stehen können, am nachdrücklichsten von *Thomas Mann* vertreten worden, der in vielen seiner Werke die These wiederholt, daß erhöhte Sensibilität und künstlerische Produktivität auf dem Wege über körperliche Krankheit erlangt werden können (*„Der Zauberberg"*, *„Dr. Faustus"* etc.). In seinem frühen Werk *„Königliche Hoheit"* läßt *Thomas Mann* einen

der Protagonisten, einen Dichter, unumwunden sagen: „Meine Gesundheit ist zart — ich darf nicht sagen ‚leider', denn ich bin überzeugt, *daß mein Talent mit meiner Körperschwäche unzertrennlich zusammenhängt*" (Hervorhebung vom Verfasser).

Damit rundet sich der Bogen; fast haben wir einen vollen Kreis beschrieben und kehren zu den klinischen Aspekten unseres Problems zurück. Da notwendigerweise alle unsere Beispiele aus biographischen, autobiographischen, geschichtlichen und literarischen Quellen fragmentarisch bleiben müssen und keine wirkliche Beweiskraft besitzen, scheint ihre Zusammenstellung mehr illustrativen als klärenden Wert zu haben. Wird sich die klinische Forschung für die Psychoanalyse, vielleicht in Verbindung mit Entwicklungsstudien im Längsschnitt und psychobiographischen Untersuchungen, letztlich für dies komplizierte Gebiet als fruchtbarer erweisen? Diese Frage kann jetzt noch nicht beantwortet werden. Trotzdem fällt es schwer, den Schluß zu vermeiden, daß die psychologische Bedeutung des Körperbildes oder, genauer gesagt, seiner Wandlungen und Veränderungen unter dem Einfluß gewisser, lebenslang anhaltender körperlicher Gegebenheiten einen wichtigen Faktor bei der Bildung, Bewahrung und Richtung restaurativ-kreativer Strebungen darstellt. Was *Freud* uns fast von Anbeginn der Psychoanalyse als Wissenschaft über die Bedeutung der erogenen Zonen für die psychosexuelle Entwicklung gelehrt hat, könnte fruchtbringend angewendet und auf die organischen Erlebniszonen in ihrer Beziehung zu Wachstumsprozessen im allgemeinen und auf die Erforschung der Kreativität im besonderen ausgedehnt werden.

Der Baum, in dessen Zweigen Pallas Athenes Eule haust, hat verschlungene, tiefverborgene Wurzeln.

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René A. Spitz · Vom Säugling zum Kleinkind

Naturgeschichte der Mutter-Kind-Beziehungen im ersten Lebensjahr
Mit einem Anhang von W. Godfrey Cobliner
Aus dem Englischen von Gudrun Theusner-Stampa

[384 Seiten. Leinen. 30,— DM.] Die Forschungen von René A. Spitz haben in der ganzen Welt Aufsehen erregt; sie wirkten revolutionierend in der Säuglingspflege und in der Heimerziehung von Kindern. Das Buch, in dem Spitz die Ergebnisse seiner Lebensarbeit zusammenfaßt, ist das wohl bedeutendste wissenschaftliche Werk über die Entwicklung der kindlichen Psyche von der Geburt bis zum Erlernen der Sprache.

René A. Spitz · Nein und Ja

Die Ursprünge der menschlichen Kommunikation
Aus dem Englischen von Käte Hügel
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Anna Freud · Wege und Irrwege in der Kinderentwicklung

[236 Seiten. Leinen. 20,— DM. Band 7 der Schriften zur Psychoanalyse und psychosomatischen Medizin. Gemeinschaftsverlag Hans Huber Bern · Ernst Klett Stuttgart.] Sigmund Freuds Tochter, die ihre Lebensarbeit der Kinderpsychologie gewidmet hat, gibt in diesem Buch eine systematische Darstellung der seelischen Entwicklung des Kindes. Beginnend im Säuglingsalter, verfolgt sie alle Fortschritte bis hin zur Selbständigkeit, bis zum verantwortungsbewußten Handeln. — Als dieses Buch in seiner englischen Fassung erschien, wurde es sogleich als ein Ereignis in der Geschichte der Psychoanalyse und der Kinderpsychologie gewertet.

P. C. Kuiper · Die seelischen Krankheiten des Menschen

Psychoanalytische Neurosenlehre
Aus dem Holländischen von Clemens de Boor

[278 Seiten. Kart. 19,80 DM. Band 6 der Schriften zur Psychoanalyse und psychosomatischen Medizin. Gemeinschaftsverlag Hans Huber Bern · Ernst Klett Stuttgart.] »Der Autor versteht es, die klassische Theorie (Entwicklung der Triebtheorie, Probleme der Triebschicksale u. ä.) ebenso lebendig und überzeugend darzustellen, wie jene metapsychologischen Fragen, die in Forschung und Praxis gegenwärtig im Vordergrund stehen (die psychoanalytische Ich-Psychologie, die Strukturtheorie, frühe Traumatisierung, Übertragungsvorgänge, Narzißmus und vieles mehr).« Alexander Mitscherlich, Direktor des Sigmund-Freud-Instituts, Frankfurt am Main

ERNST KLETT VERLAG STUTTGART

PSYCHIC TRAUMATIZATION

Aftereffects in Individuals and Communities

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X) see especially pp. 7–9

Introductory Notes on the Concept, Definition, and Range of Psychic Trauma

WILLIAM G. NIEDERLAND

Trauma—according to Webster, "an injury or wound, or the resulting condition" (in medicine); "a mental shock, a disturbing experience to which a neurosis may be traced" (in psychiatry)—occupies a prominent position in psychiatric, psychoanalytic, and psychodynamically oriented thinking. From both a practical and theoretical viewpoint a thoroughgoing investigation and clarification of the concept of trauma is central, not only to psychoanalysis but also to clinical and social psychiatry (including forensic and preventive psychiatry), as well as to efforts in various mental health areas generally. It may not be superfluous to mention, historically speaking, that the somewhat loose terms *traumatic neurosis, war neurosis, accident neurosis,* and *postaccidental psychological illness,* which have been part of our literature since the days long before the First World War, were originally used in medicine and that they found entrance into our science primarily by dint of their employment in medico-legal problems, military medicine, and so forth.

FORMULATIONS OF FREUD

As early as 1895, Freud and Breuer began to investigate systematically the nature and influence of trauma in "the mental life of

hysterical patients" [6] and found that their symptoms "were founded upon highly significant, but forgotten scenes in their past lives (traumas)," as Freud reformulated it in 1914 [2]. Thus the pathway was opened for a more detailed examination of how traumatic events exert their influences on symptom formation, developmental and maturational processes, character structure, and psychic life in general. Originally (1895) Freud and Breuer had described trauma as an experience in which perceptual and affective stimuli overwhelm those psychic processes which bind them and ordinarily maintain a homeostatic equilibrium in the mental apparatus [6]. In a number of followup studies Freud (1916, 1920, 1926) elaborated on the initial definition and discussed the problem of trauma and the traumatic state more specifically [3, 4]. In 1920 he wrote: "We describe as traumatic any excitations from outside which are powerful enough to break through the protective shield. . . . The concept of trauma necessarily implies a connection of this kind with a break in an otherwise efficacious barrier against stimuli" [4]. Breaking "the protective shield" or "barrier"* refers, in Freud's formulation, to the inundation of the psychic apparatus with such large amounts of stimuli, that they can neither be bound nor mastered. In 1926 Freud spoke of "early . . . traumata which the immature ego was unable to master" and of "impressions of this [early] period [which] impinge upon an immature and feeble ego, and act upon it as trauma" [4]. To these characteristics he added, in 1933, the factor of helplessness as a further important criterion in defining psychic trauma: "The essence of a traumatic situation is an experience of helplessness on the part of the ego in the face of accumulation of excitation, whether of external or internal origin" [5].

It is with more than theoretical interest that I cite these formulations in their original (if translated) wording. With the widening scope of analytic, psychodynamic, and psychotherapeutic approaches to mental illness, the current usage of the terms *trauma, traumatic state, traumatic experience* and the like, have undergone—perhaps inevitably—certain changes and modifications. Their frequent use,

* H. Krystal, in a recent paper, has dealt with the concept of the so-called stimulus barrier in some detail, some of which is summarized in the next chapter.

at times "overuse" (as Anna Freud has called it [1]), tends to bring about, in addition to the familiar generalizations in today's parlance, a blurring and ultimately a decrease in conceptual meaning and clarity. It is equally important to add that in Freud's writings, from his earliest papers to his last contributions, the part played by experiences (including fantasies) involving traumatic events is viewed as a major factor in pathogenesis. This has to be emphasized in view of occasional attempts to reduce Freud's concept of trauma to a sort of side issue by assigning to it a transient or minor role. As an illustration I mention Karl Jaspers' approach which restricts "pathological reactions . . . following a traumatic experience" to a temporary status and postulates that "after every reaction . . . there is a return to the *status quo ante* as regards the specific psychic mechanisms and functions, the capacity to perform, etc." [9]. On the other side of the spectrum Greenacre's view should be noted; namely, that no truly traumatic event is ever wholly overcome and that increased psychic vulnerability is the inevitable outcome of such experiences [7, 8]. Essentially this coincides, in a wide-ranging context, with Freud's earliest emphasis on the influence of overt sexual traumata in the causation of neuroses.

RECENT CONCEPTS OF TRAUMA

More recently, attention has been focused on defining more sharply and specifically the nature and effects of traumatic events. Kris [11] and Sandler [17] have spoken of *chronic stress trauma* as seen in persons subject to prolonged, day-by-day injurious conditions as opposed to *acute shock trauma* wherein a suddenly overwhelming stimulus (or series of stimuli) of a kind that cannot be mastered is operative. Under such circumstances the pathogenic effects of traumatic factors are most clearly discernible, and the resulting clinical picture, which may be characterized by shock, disorganization of the ego, panic, or other related responses at the time of the traumatic episode, is an impressive one. Not infrequently, closer study reveals a combination of both types—that is

to say, a shock trauma "superimposed" on a vulnerable, previously and chronically traumatized ego acts in combination with protracted stress to produce certain effects or aftereffects. Masud Khan [10] has coined the term *cumulative trauma.* Rangell [16] speaks of *traumatic processes,* and Neubauer [13, 14], referring to his work with children, has called attention to "the whole range of experience to which the child was exposed [and which] was pathogenic in nature."

TYPICAL TRAUMATIC INFLUENCES

In many cases of psychic trauma clinical evaluation may present considerable difficulty. The nature and history of trauma, onset and progression of illness, presence or absence of disorders before trauma, developmental factors, pretraumatic condition, and other anamnestic data (including the course and specific manifestations of posttraumatic illness) serve as important criteria in such evaluations. A brief review of the principal traumatic influences, though necessarily incomplete and schematic, in a more or less chronological sequence may be useful.

Prenatal, Natal, and Perinatal Trauma

During prenatal life there is predisposition to anxiety and other reactions. On the basis of work done by neurologists, physiologists, pediatricians, and other researchers there is reason to believe that intense fetal responses, especially during the later months of pregnancy, can be elicited by certain stimuli, for example, of an acoustic or kinesthetic nature. These seem to provoke responses which are in the nature of reflex action and almost certainly devoid of psychic content.

Trauma in Infancy and Early Childhood

Painful and uncomfortable situations in the earliest postnatal weeks would have a traumatic effect on the developmental process

and tend to increase the organic components of anxiety reaction. A marked elevation in early anxiety due to traumatic experiences results in an increase in narcissism, an inadequate sense of reality, and a predisposition to severe neuroses or borderline states.

Examples of massive stimulation leading to overexcitement and disorganization are:

1. Repeated exposure to primal scene, although whether such exposure is really traumatic is still an open question
2. Being tossed, played with, or tickled or teased violently
3. Frequent exposure to sudden, loud voices and noises in early infancy
4. Repeated anesthetic and operative procedures, alone or in combination

Physical restraint over periods of time is another form of trauma in infancy. Positive restraint consists in binding and holding in order to limit motion. Negative restraint results from the prolonged absence of activity-permitting situations. With intense and sudden restraint involving the entire body, the traumatic effect is quite marked.

The birth of a sibling may be more traumatic in infancy than at a later age, because speech and locomotion have not been established for the discharge of the infant's jealousy and aggressive drives.

The traumatic experiences of separation and deprivation during the formative years are created by:

1. Death or illness of one or both parents
2. Broken homes
3. Separation of parents
4. Birth out of wedlock
5. Psychotic parents
6. Parents with antisocial character disorders

The children who have suffered early separation and deprivations and serious disturbances of mother-child relationship show: (1) dis-

turbances of ego functions, (2) disturbances of instinctual drives, and (3) disturbances of superego development.

The frequently and potentially traumatic experiences mentioned in the literature are:

1. Congenital or early acquired malformations
2. Childhood bodily illness of long duration
3. Hospitalization and surgical treatment
4. Childhood observance of murder or suicide

Some precocious experiences which have traumatic effects are:

1. Specific genital seduction at an early age
2. Frequently forced feeding
3. Giving enemas early and frequently, or early toilet training
4. Training a child to perform extraordinary feats of gymnastic skill within the first 3 or 4 years of life

Trauma in Puberty and Adolescence

Very little is known about the prepuberty trauma except the self-induced traumata in prepubertal girls [6]. The traumata are provoked by the victims and are compulsive repetitions of preoedipal conflicts influencing the intensity of the oedipal phase and subsequent severity and deformation of the superego. The occurrence of such traumata is favored by the combination of: (1) the increased thrust of activity of the prepuberty years with (2) increased sadomasochism derived from pregenital phases, and (3) a strong masculine identification during the latency period.

Trauma in Adulthood

The repeated brutal and sadistic traumata inflicted on an individual or a group of individuals (such as those inflicted on inmates

of Nazi concentration camps and similar types of persecution) are characterized by:

1. The constant pervasive threats and reality of torture and death
2. Extreme deprivation and suffering
3. The necessity of absolute control and the suppression of any aggressive or altruistic reaction
4. The immersion in and confrontation with death in its most ghastly and grotesque forms as a relentless factor of daily experience
5. The cumulative survivor experience, which usually leaves a permanent psychological mark—*death imprint*— in subjects exposed to such massive traumatization

Personality changes in the survivor of such experiences are related to quantitative factors. Massive traumatic experiences of this kind have devastating effects on the total ego organization. Most survivors suffer from chronic or recurrent depressive reactions often accompanied by states of anxiety, phobic fears, nightmares, somatic equivalents, and brooding ruminations about the past and lost love objects.

The sequelae of massive and repeated traumatization are:

1. Anxiety, usually associated with phobic or hypochondriacal fears, alone or in combination
2. Disturbances of cognition and memory
3. Chronic depressive reactions characterized by guilt, seclusion, and isolation
4. Psychosomatic symptoms or disorders
5. Psychosis-like or psychotic manifestations
6. Lifelong sense of heightened vulnerability to and increased awareness of dangerous situations
7. Disturbances of sense of identity, body-image, and self-image
8. Permanent personality changes

The clinical picture composed of the above symptoms was described by me [15] and has become known as the "survivor syndrome."

CONCLUSIONS

The preceding list, though schematic and sketchy in outline, may facilitate the clinician's work in various ways. It focuses special attention on factors and manifestations not always designated as traumatogenic in the literature. It delineates specific (traumatic) events from a variety of other pathogenic conditions. Finally, it is hoped that such a summary may reawaken interest in exploring further the injurious effects of trauma on psychic life. Traumatic events are part of mankind's universal psychological experience, and various aspects of trauma have become almost commonplace. Since the term itself has frequently been used to designate any event or experience that is considered as injurious or harmful to the psychic apparatus, renewed efforts to clarify the concept of trauma and to determine more precisely its nature, range, and scope appear indicated. Only well-defined inquiries into the nature and consequences of such experiences can throw light on the silent, persistent, and at times baffling features thereof, as will be demonstrated in the pages of this issue of *International Psychiatry Clinics.*

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Psychoanalytische Überlegungen zur künstlerischen Kreativität*

Übersicht: Klinisches und biographisches Material deutet auf gewisse Determinanten der psychischen Entwicklung hin, die vielen künstlerisch produktiven Menschen gemeinsam zu sein scheinen. Die reparative Funktion der ästhetischen Produktion tritt besonders in Fällen hervor, bei denen Anomalien des Körperbildes und andere traumatische Erfahrungen nachweisbar sind.

Nie zuvor gab es ein so starkes Bedürfnis nach Literatur über die menschliche Kreativität und eine so große literarische Produktion zu diesem Thema. Das eigentliche Wesen der Kreativität bleibt stets ein Problem, das uns herausfordert, ähnlich einem „Rätsel, das in ein Geheimnis gehüllt ist", um mit Churchills treffenden Worten zu sprechen, die er in anderem Zusammenhang gebrauchte. Als Freud 1930 der Goethe-Preis verliehen wurde, sprach er vom „Rätsel der wunderbaren Begabung ..., die den Künstler macht"; in seinem Aufsatz über Dostojewski (1928) wies er auf die „unanalysierbare, künstlerische Begabung" des Dichters hin, und 1933 äußerte er sich abermals über Edgar Allan Poe. In der Tat wurde bis vor etwa zehn oder zwanzig Jahren jeder Versuch, das Problem der Kreativität aus psychologischer Sicht anzugehen, für eine Anmaßung gehalten; Kreativität war „im wesentlichen nicht erklärbar durch die Methoden der deterministischen Psychologie" (Rothenberg, 1971).

Unterdessen sind natürlich zahlreiche Untersuchungen über Kreativität erschienen, sowohl von psychoanalytischer als auch von nicht-analytischer Seite. Ohne im einzelnen auf die verschiedenen Theorien und Begriffssysteme einzugehen, die hierzu in der neueren Literatur entwickelt worden sind, mag der Hinweis genügen, daß viele der geäußerten Ansichten wohlbekannt sind. Manche Autoren versuchen nachzuweisen, daß Genie und schwere geistige Störung Hand in Hand gehen, andere trennen die psychopathologischen Züge, die man so oft im Leben sehr kreativer Menschen findet, von ihren schöpferischen Neigungen und Leistungen. Zwischen diesen Extremen finden sich mannigfaltige Mischformen; immer wird versucht, die Bedingungen und Einflüsse zu ver-

* Freud Anniversary Lecture der Psychoanalytischen Vereinigung New York (19. 5. 1975). Die englische Originalfassung erschien in *The Psychoanalytic Quarterly*, XIV, 1976, S. 185—212.

stehen, die ein Hervorbrechen mächtiger Impulse erlauben — seien diese nun libidinöser oder aggressiver Art oder beides zusammen — und zugleich die Verwirklichung dieser Impulse im schöpferischen Akt und mittels des schöpferischen Akts.

Wiederum denkt man an Freuds Aufsatz über Dostojewski (1928), in dem er den großen russischen Romanschriftsteller den „Dichter, den Neurotiker, den Ethiker und den Sünder" nennt und dann die Frage aufwirft: „Wie soll man sich in der verwirrenden Komplikation zurechtfinden?" (S. 399). Manches ist und bleibt schwer faßbar, nicht nur für uns analytische Beobachter und Forscher, sondern auch für den Schöpfer eines Kunstwerks selbst — so schwer faßbar, daß ein Genie in der bewußten Einschätzung seiner schöpferischen Arbeit ebenso fehlgehen kann wie wir mit unseren bescheidenen Versuchen einer solchen Einschätzung. Goethe und Rousseau zählten ihre Beiträge zur Optik bzw. Musikwissenschaft zu ihren bedeutenden Leistungen. Doch haben diese Arbeiten dem wissenschaftlichen Fortschritt nicht standgehalten. Dasselbe gilt von Edgar Allan Poe, der seinen Aufsatz „The Philosophy of Composition (Die Methode der Komposition)" (1846)[1] als Meisterwerk betrachtete. Diese und ähnliche Beispiele wecken ernsthafte Zweifel an dem Wert von Fragebögen über Leben und Werk von zeitgenössischen Künstlern, die heute so oft in psychologischen Untersuchungen gebraucht werden. Wie das Publikum — seien es Laien oder Fachleute — Neuschöpfungen aufnimmt, ist uns besser bekannt. So schrieb Galilei 1609 an seinen Freund, den berühmten Astronomen: „Mein lieber Kepler, was würdest Du von den hiesigen Gelehrten sagen, die sich standhaft weigern, einen Blick durch das Fernrohr zu werfen? Sollen wir lachen oder weinen?" Wieviele Forscher weigern sich auch heute noch, in das analytische Mikroskop zu schauen?

In unserer klinischen Arbeit ist die Begegnung von Patient und Analytiker vorwiegend verbaler Art. Wir arbeiten hauptsächlich mit Verständnis und Einsicht, die durch Worte gewonnen und gefühlsmäßig angenommen werden, wobei die nichtverbale Kommunikation auch eine gewisse Rolle spielt. Während der verbale Ausdruck — das Gefühl für den Klang eines Wortes und dieser Klang selbst — in einem so schöpferischen Gebiet wie der Poesie äußerst bedeutsam ist, fehlt er in der Malerei oder Bildhauerei. Als der 84jährige Maler Max Ernst gefragt wurde, was seine Lieblingsbeschäftigung stets gewesen sei, antwortete er: „Das Sehen". Damit ist hier nicht nur das physiologische Sehen gemeint, sondern ebensosehr das Hereinnehmen und Einverleiben durch die Augen; der ganze optische Apparat ist überbesetzt.

[1] Ein Aufsatz, in welchem Poe genau erklärt, wie er das Gedicht „The Raven" konstruierte (Anm. d. Übers.).

Künstlerische Schöpfungen befassen sich oft mit Erfahrungen, die sich nicht ohne weiteres in Rede oder Gespräch einfangen lassen. Nach Susanne Langer (1957) können wir wohl über sie sprechen, aber ihre Wirklichkeit existiert nur mittels der künstlerischen Wahrnehmung. Um dies noch etwas auszuführen, zitiere ich aus Leonardo da Vincis *Trattato della pittura*. Da Vinci schreibt:

> „Ich will es nicht unterlassen, mit diesen Vorschriften auch eine neu erfundene Art der Betrachtung anzuführen ... wenn du irgendwelche Mauern betrachtest, welche mit mancherlei Flecken beschmiert oder aus verschiedenen Steinen zusammengesetzt sind ... kannst du dort Ähnlichkeiten mit manchen Landschaften sehen, die geschmückt sind mit Bergen, Flüssen, Felsen, Bäumen, weiten Ebenen, verschiedenartigen Tälern und Hügeln; du kannst auch allerlei Kämpfe sehen und seltsamer Gestalten Gebärden, welche eine baldige Handlung anzeigen, bestimmte Gesichtsausdrücke, Kleider und unendlich viele Dinge. Denn bei solchen Mauern und Steingemischen geschieht dasselbe wie beim Klang der Glocken, in deren Schlägen du jeden Namen und jedes Wort findest, das du dir ausdenken kannst."

Wir haben hier eine bildhafte Aufzeichnung der geistigen Welt des Künstlers, welche mit Eindrücken, Bildern, Farben, Formen und Geräuschen (der Klang der Glocken!) erfüllt ist, die von nichtkünstlerischen Menschen gewöhnlich gar nicht bemerkt werden. Der innerpsychische Prozeß des Gestaltens neuer Beziehungen zwischen den psychischen Repräsentanzen und ihre neuartige Gruppierung zu verwobenen künstlerischen Mustern ist hier treffend formuliert. Der Künstler kann Bezüge und Bilder aufnehmen, die die meisten von uns nicht sehen. Der Analytiker, der einen Künstler-Patienten behandelt, tut gut garan, sich Leonardos Unterweisung vor Augen zu halten. Das Betrachten und Bemalen einer Mauer, das er beschreibt, geschieht auch auf der Couch des Analytikers, und die analytische Untersuchung dieser Bilderwelt, die klinisch *in statu nascendi* zu beobachten ist, kann neue Einsichten fördern[2].

Ich werde nun ein paar Thesen zum heutigen Stand des Wissens um den schöpferischen Prozeß vortragen. Zuvor ist es vielleicht nützlich zu erläutern, wie ich die Ausdrücke ‚Kunst', ‚Künstler' und ‚schöpferisch' gebrauche. Diese Bezeichnungen werden hier in Übereinstimmung mit den Bedeutungsbestimmungen von Greenacre (1957, S. 53) verwandt. Nach Greenacre ist ein Mensch schöpferisch „unabhängig vom

[2] Waelder (1960) machte auf die schöpferische Intention einer jeden korrekt durchgeführten Analyse aufmerksam.

Mittel des ... künstlerischen Ausdrucks"; ein Künstler ist ein Mensch, dessen Produkt „eine außergewöhnliche Fähigkeit zu phantasievollem Produzieren dokumentiert, originelle Gedanken, Erfindungen oder Entdeckungen zeigt"; diese Fähigkeiten werden durch Übung und Lernen ergänzt.

Der schöpferische Prozeß

Wenn wir den Prozeß beziehungsweise die Prozesse als Ganzes betrachten, können wir folgende Hypothesen aufstellen:
Obwohl die eigentliche Natur, der Ursprung und die Quellen der Kreativität noch nicht genügend erforscht sind, läßt sich sagen, daß die Rolle des Unbewußten im künstlerischen Schaffen von großer Bedeutung ist. Kreativität im üblichen Sinn ist eine angeborene Gabe und gehört als solche zum Erbgut des Menschengeschlechts. In der Frühzeit des Menschen sind Sprache und das Herstellen von Werkzeugen Teil der Evolution und tragen dazu bei, daß der Mensch Mensch wurde. Ein Blick beispielsweise auf die Höhlenmalereien von Lascaux oder Altamira zeigt, daß die Brunnen, aus denen die menschliche Kreativität schöpft, tief sind. Oder sollen wir sie unergründlich nennen?
Kreativität, verstanden als Möglichkeit zur außergewöhnlichen und originellen Leistung, ist jedoch eine verhältnismäßig seltene Eigenschaft einiger begabter Menschen. Bestimmte innere und äußere Bedingungen in früher Kindheit müssen offenbar vorhanden sein, damit sich diese Möglichkeit entwickeln und entfalten kann; das Zusammenwirken dieser Bedingungen scheint die schöpferische Aktivität und ihr Wachstum zu fördern. Wir werden sehen, daß viele Künstler unter bestimmten Bedingungen aufwuchsen; wenn man ihr Leben untersucht, findet man unter anderem ungewöhnliche Umstände bei der Geburt, bestimmte Familienkonstellationen und individuelle Erfahrungen. Die künstlerische Einbildungskraft zeugt von der Fähigkeit, auseinanderzunehmen und wieder zusammenzufügen, d. h. eingebürgerte Muster von Bezügen aufzubrechen und durch neue zu ersetzen. Dieser innerpsychische Prozeß spielt sich zwischen Selbst- und Objektrepräsentanzen ab und resultiert in schöpferischen Umgruppierungen, wobei es dem Betrachter und dem Schöpfer selbst zumeist verborgen bleibt, wie ihr Ursprung und ihre Neuschöpfungen mit der persönlichen Vergangenheit des Künstlers verknüpft sind. Dies trifft jedoch nicht immer zu. So sagt Munch: „Ich male nicht, was ich sehe, sondern was ich sah" (Steinberg und Weiss, 1954).

In der Terminologie der Ich-Psychologie kann die künstlerische Produktivität als Anpassungsleistung besonderer Art verstanden werden, die auf die Realität (den Sekundärprozeß) ausgerichtet ist, obwohl sie im Primärprozeß wurzelt und von ihm beeinflußt ist.
Die Verwandtschaft, die Psychopathologie und Kunst zu verbinden scheint, hat in der Literatur viel Beachtung gefunden. Zur Zeit sind das Vorhandensein und die Folgen dieser Beziehung noch keineswegs verstanden oder erklärt, obwohl die Vorstellung einer Verknüpfung zwischen Kunst und Psychopathologie bis auf Aristoteles zurückgeht, der meinte: „Alle außergewöhnlichen Menschen, die sich in der Philosophie, Politik, Poesie und den Künsten ausgezeichnet haben, sind offensichtlich melancholisch" (*Problemata*, XXX, 1). In meiner klinischen Arbeit habe ich nie einen schöpferischen Menschen gesehen, der nicht ernste und offenbar alles durchdringende, störende Konflikte hatte. Doch habe ich bei diesen Menschen auch kein Nachlassen der schöpferischen Schaffenskraft infolge der analytischen Therapie festgestellt. Hier ist ein warnendes Wort angezeigt. Sicher hätten diese Menschen ohne ihr seelisches Leiden nicht um eine Behandlung gebeten und wären nicht meine Patienten gewesen. Doch finden sich seit Aristoteles bis zur Gegenwart zahlreiche ähnliche Beobachtungen im nichtpsychiatrischen und nichtanalytischen Schrifttum (vgl. Wittkower, 1963).
Die genannten Hypothesen, die sehr konzentriert und schematisiert vorgestellt wurden, müssen noch weiter untersucht und ausgebaut werden. Trotzdem sollen innerhalb dieses Gedankengerüsts wenigstens einige Aspekte der Kreativität berücksichtigt werden, insbesondere diejenigen, die für den Analytiker und den auf Analyse ausgerichteten Beobachter interessant sind.
Wenn man den schöpferischen Prozeß in dieser Weise betrachtet, mag man bezweifeln, ob es richtig ist, das Wort ‚Prozeß' hier im Singular zu verwenden. Statt von einem einzigen Prozeß, der zugegebenerweise sehr verwickelt und komplex sein kann, sollte man wohl besser von *Prozessen* sprechen. So scheint doch beispielsweise die schöpferische Leistung eines mathematischen Genies in ihrer Eigenart, ihrem Gehalt, ihrem Ziel verschieden von derjenigen eines Komponisten, eines Malers oder eines Dichters zu sein. Offenbar gibt es keine befriedigende Formulierung, die alle diese Leistungen umfaßt. Wenn man aber alle Daten und alles Material der klinischen und angewandten psychoanalytischen Forschung genau betrachtet und untersucht, wird es möglich, das Vorhandensein einiger *gemeinsamer* Faktoren anzudeuten, die sich bei schöpfe-

rischen Persönlichkeiten ungemein häufig und intensiv finden. Gewisse Komponenten dieser Faktoren können mit Fug als relevant für den schöpferischen Prozeß angesehen werden.

Die verwirrenden Erlebnisse des Künstlers

Beim Suchen nach gemeinsamen Faktoren stellt man betroffen fest, wie häufig und bedeutsam verwirrende, ja, oft tragische Kindheitserlebnisse bei kreativen Menschen anzutreffen sind. Mit dieser Beobachtung allein könnte man einen ganzen Band füllen. In unserer klinischen Arbeit sind wir als Analytiker natürlich vertraut mit Konflikten unserer Patienten, deren Ursprünge in der Kindheit liegen. Ich bin geneigt, denen zuzustimmen, die meinen, daß Traumatisierungen im frühen Leben der kreativen Menschen eine besonders große Rolle spielen (vgl. z. B. Kris, 1952). Obwohl ich aus Gründen, die auf der Hand liegen, nicht auf die Lebensgeschichte meiner Künstler-Patienten eingehen kann, darf ich doch soviel über ihre Kindheitssituation sagen: Sie waren frühen traumatischen, nicht selten tragischen und verwirrenden Erlebnissen ausgesetzt, die zu den üblichen, allgemein verbreiteten Konflikten hinzukamen. Als Reaktion auf die großen Schwierigkeiten, die solche Erlebnisse verursachen, neigten die Patienten dazu, in einem Zustand erhöhter gefühlsmäßiger Reaktionsbereitschaft zu verharren, der anscheinend die bereits bestehende Überempfindlichkeit für Reize von innen und außen verstärkte.

Die Erlebnisse, deren Folgen sich im späteren künstlerischen Werk spiegeln, sind oft vorwiegend verwirrender Art. Aus den frühesten Verwirrungen im Bereich der sensorisch-kinästhetisch-visuell-auditiven Erfahrung scheint eine Neigung zu kreativem Staunen zu erwachsen, das bei begabten Menschen zum bleibenden geistigen Zustand wird. Ich glaube, daß die meisten Analytiker mit mir übereinstimmen, daß die frühe familiäre Situation des ersten Psychoanalytikers, d. h. die spezifische Familienkonstellation mit ihren komplexen und für das Kind verwirrenden Seiten, für die Entdeckung des Ödipuskomplexes, der kindlichen Sexualität, der Geschwisterrivalität usw. von Bedeutung war. Später erlebte Freud den Tod seines Vaters, ein Ereignis, das, nach Eissler (1963), in Zusammenhang gebracht werden kann mit der erfolgreichen Deutung des ersten Traumes, des berühmten Irma-Traumes, über den in der *Traumdeutung* berichtet wird.

Auch sollte nicht übersehen werden, daß der Künstler verwirrende oder tragische Erlebnisse meistert. So wie in der klassischen Tragödie der

Held, der schwer verwundet oder geschwächt ist, entweder untergehen oder das Ziel erreichen kann und im letzteren Fall triumphierend von Erfolg zu Erfolg schreitet, so mag auch die Karriere eines Künstlers in ihrem Auf und Ab einem bestimmten Weg folgen — von Isolation und Elend zu Ruhm und Ehre.

Physischer wie auch psychischer Schmerz ist eines der häufigsten Merkmale, das den kreativen Personen eigen ist. Freud nannte diesen Schmerz „Mittelelend", eine ungewöhnliche Wortverbindung, die schwer zu verstehen ist und von Max Schur im Englischen als „semi-misery" wiedergegeben wurde. Der Brief von Freud an Fliess vom 22. Juni 1894 enthält folgende Stelle: „Meine ... Ansicht, für die ich keine wissenschaftliche Begründung habe, ist die, daß ich noch 4—5—8 Jahre an wechselnden Beschwerden mit guten und schlechten Zeiten leiden und dann zwischen 40 und 50 ... verenden werde" (Schur, 1972, S. 627). Glücklicherweise kam es anders.

Das alles durchdringende Gefühl des Schmerzes und der Krankheit, verbunden mit körperlicher Empfindlichkeit und dem Empfinden, häßlich zu sein, ist wohl am besten von Dostojewski in seinen „Aufzeichnungen aus einem Kellerloch" ausgedrückt worden:

> „Ich bin ein kranker Mensch ... Ich bin ein böser Mensch ... kein anziehender Mensch. Ich glaube, daß meine Leber krank ist. Übrigens habe ich keinen Dunst von meiner Krankheit und weiß auch nicht bestimmt, was mir wehtut. Ich lasse mich nicht behandeln und habe mich nie behandeln lassen, obwohl ich die ärztliche Wissenschaft achte." [3]

Eng verknüpft mit der erhöhten Bereitschaft zu reagieren, ist die Fähigkeit des Künstlers, für das Einströmen von Sinneserfahrungen offen zu sein, sei es der Anblick eines Kornfeldes in der Sonne, der Mondschein, der sich auf den Wellen spiegelt, oder der Klang eines Wortes, das mit dem Wind verweht. Dieses bereitwillige Staunen und die geschärfte Wahrnehmungsfähigkeit werden hauptsächlich Kindern zugeschrieben, was aber nur bis zu einem gewissen Grade richtig ist. Die Fähigkeit des Künstlers, sich die gefühlsstarke Erfahrung des Staunens zu erhalten, ist eine noch nicht genügend erforschte, wunderbare Sache. Vielleicht hat sie mit einem teilweisen Verschwimmen oder Verwischen der Ichgrenzen zu tun oder zumindest mit einer nicht sehr festen Abgrenzung von Selbst und Nichtselbst. Meine Beobachtungen stimmen mit denjenigen von Nass (1971) überein, der die Fähigkeit zu Veränderungen der Ichzustände und vorübergehende Auflösungen der Ich-

[3] Zitiert nach der Übersetzung von Arthur Luther und Erwin Walter. München (Winkler Verlag) 1962.

grenzen als charakteristischen Zug kreativer Individuen feststellt. Obwohl diese Erlebnisse bei Künstlern häufig und intensiv auftreten, heißt das nicht unbedingt, daß die Realitätsprüfung oder die Selbst/Nichtselbst-Abgrenzung so problematisch wird, wie es bei psychotischen Patienten der Fall sein kann.

Einer meiner Künstler-Patienten berichtete von einer solchen Erfahrung: Als er von einem Straßenverkäufer eine Eistüte kaufte und diese Episode in der Analyse erwähnte, sprach er von dem alten Mann, der ihm das Eis verkauft hatte, von den Linien und Falten in seinem Gesicht, die den Patienten an tiefe Furchen erinnerten, wie sie vom Pflug des Bauern in den „schmerzerfüllten Boden" gegraben worden waren. Ich lasse die deutlichen Übertragungshinweise (das Gesicht des „alten Mannes" usw.) beiseite und befasse mich auch nicht mit den oral-mütterlichen Assoziationen zu Eiscreme. Ich weise aber auf die *Wahrnehmung* hin, die nicht nur die Matrix für den kreativen Akt liefert, sondern selbst schöpferisch wird, indem sie einen alltäglichen Anblick in ein Stück Selbsterkenntnis umwandelt. Ich weise vor allem auf die offensichtlich metaphorische Erwähnung des Pfluges hin, der sich in den „schmerzerfüllten Boden" gräbt. Der Patient hatte eine angeborene Trichterbrust, die er als entstellende und bleibende Furche auffaßte, die in seinen Körper gegraben worden war — als ständig „schmerzende" Wunde, die ihn in seinen Augen zum Krüppel machte, obwohl sie keine organischen Folgen hatte.

Eine andere Patientin, die Dichterin war, fand eine halbzerbrochene, verlorene Puppe auf der Straße. Sie nahm die Puppe mit nach Hause und schrieb ein bewegendes Gedicht darüber, in dem sie selbst die verlorene Puppe war. Wie ich in einem früheren Aufsatz berichtet habe (Niederland, 1975), hatte diese Patientin eine angeborene Gesichtsentstellung, die ihrem Gesicht ihrer Meinung nach ein „lebloses" Aussehen verlieh und ihr das Gefühl gab, sie sehe wie eine „tote Mumie" aus, häßlich, körperlich und geistig „halbzerbrochen". Während der Analyse der Patientin war eine vorübergehende Auflösung von Ich-Grenzen häufig manifest. Dadurch wurde zwar manchmal der Fortschritt der Behandlung verlangsamt, aber nie ganz aufgehalten.

Die Einsamkeit des Künstlers

In der Literatur überhaupt und auch in der Fachliteratur wurde oft auf die Einsamkeit des Künstlers hingewiesen. Man braucht nur an Dante, Kierkegaard, Leopardi, Schliemann, Rembrandt oder Michelangelo zu

denken. Michelangelo wurde von Raffael *solo come un boia* — ‚einsam wie ein Henker' — genannt. Als Dante als einsamer Vertriebener durch die Straßen von Verona wanderte, sollen die Mütter ihre Kinder versteckt und ihnen ängstlich zugeflüstert haben: *„Ecco l'uomo che è stato all 'inferno"* — „Das ist der Mann, der in der Hölle war". Dieses Merkmal der völligen Isolation und Einsamkeit zeigt sich auch auf einer alten Fotografie von Schliemann, der im Ausgrabungsfeld des alten Troja sitzt. Als Analytiker können wir dieses Bild zwar als eine symbolische Darstellung einer phantasierten Rückkehr in den Mutterleib auffassen, doch ist damit noch nicht alles erklärt. Schliemann kam in einem Pfarrhaus inmitten eines Friedhofs zur Welt, und er verbrachte die ersten neun Jahre seines Lebens in dieser Umgebung. Später wurde er zum Archäologen, der ständig nach Gräbern, Grüften, Mausoleen und deren Inhalt suchte (Niederland, 1967 a). Auf der genannten Fotografie ist er sozusagen in seinem eigenen Grab zu sehen; die Einsamkeit des Forschers spricht in dem Bild eine deutliche Sprache.

Das kreative Schaffen ist eine einsame Tätigkeit. Meist zieht sich der Künstler dabei von schwierigen Gefühlsbindungen an bestimmte Personen der Außenwelt zurück und ersetzt diese durch Gedanken, Vorstellungen, Phantasien und persönliche, künstlerische, kulturelle oder religiöse Bemühungen, die zu den wohlbekannten „collective alternates" [4] werden können (Greenacre, 1957), die oft ganz außergewöhnlich stark besetzt sind. Es besteht nämlich ein Unterschied zwischen der Einsamkeit des künstlerischen Menschen und derjenigen des nichtkünstlerischen Einzelgängers. Dieser Unterschied wurde von Bernard C. Meyer (1972) feinfühlig bemerkt, indem er auf den „verborgenen Partner" im Leben vieler produktiver Künstler hinwies. Gewiß ist der Künstler oft abgesondert, aber er ist ein „enthusiastischer Abgesonderter", wenn ich so sagen darf. Um noch einmal mit Leonardo zu sprechen: „Der Maler muß allein leben, betrachten, was sein Auge sieht, und mit sich selbst kommunizieren." Michelangelo soll niemandem, nicht einmal dem Papst, erlaubt haben, in seiner Nähe zu sein, wenn er arbeitete.

Die Einsamkeit des Künstlers ist Qual und Hingerissenheit zugleich, denn neue Gedanken verursachen nicht nur eine Erregung, wie sie

[4] Der Ausdruck ist unübersetzbar. Greenacre verwendet ihn, um die Beziehungen des talentierten Kindes auszudrücken, die sich nicht mehr direkt auf das Liebesobjekt richten, sondern gleichsam in konzentrischen Kreisen auf die weitere Umgebung, die Welt. Sie spricht von des Künstlers *love affair with the world*, ‚Liebesverhältnis mit der Welt' (Greenacre, 1957, S. 57) (Anm. d. Übers.).

ursprünglich mit der kindlichen Neugier verbunden war, sondern auch eine Befriedigung, da dank der Einsamkeit neue Bereiche wachsender Bewußtheit und des Wissens erschlossen werden. (Die tiefere Bedeutung dieser Befriedigung liegt in ihrem Zusammenhang mit unbewußten Geburtsphantasien.) Der Sekundärprozeß dient dazu, unter den vielfältigen Möglichkeiten auszuwählen, sie zu prüfen und an andere weiterzugeben. Der innere Zustand des Künstlers *in statu creandi* wird von Schiller sehr schön ausgedrückt, wenn er den alten griechischen Dichter Ibykus „des Gottes voll" nennt, d. h. voll von des Gottes kreativen Kräften. Kafka schrieb in einem seiner Briefe, daß die ganze Welt in seinem Kopfe sei. Man stelle sich vor, was das heißt: ein Gehirn, das die ganze Welt enthält, sozusagen ein literarischer Kosmos! Ich habe ähnliche Bemerkungen von Musikern in bezug auf musikalische Themen gehört, die „innen" verborgen seien, zum Ausdruck und zur Offenbarung drängten.

Man tut gut daran, sich zu erinern, daß der Schriftsteller an seiner Schreibmaschine und der Maler vor der Staffelei oft zu Einsiedlern werden, die aus ihren Arbeitszimmern, nach den treffenden Worten von Bush (1969), „gegen außen abgeschlossene heilige Stätten" machen, die dem freien Spiel der Phantasie und der Vorstellungskraft dienen. Auf diese Weise geschieht es, daß der Künstler mindestens zeitweise in einem *hortus conclusus,* einem abgeschlossenen Garten lebt, der ihn nicht nur vor der Verwirrung und Unruhe der Außenwelt schützt, sondern auch vor ermüdenden Problemen der Gefühlswelt und der Beziehungen zu anderen Menschen. Unter solchen Bedingungen taucht in begabten Personen die Welt der unterdrückten visuellen, auditiven und kinästhetischen Erinnerungen auf, die der Künstler in schöpferische Handlung umsetzt. Dies schließt allerdings gesellige Bedürfnisse zu anderen Zeiten nicht aus; es kann sogar ein übertriebener Drang nach Gesellschaft bestehen, der der Abwehr (Verkehrung ins Gegenteil, Verneinung) dient. Manche Autoren haben in diesem Zusammenhang auf den Reizhunger des Künstlers hingewiesen. Der Wiener Schriftsteller Peter Altenberg, der gewöhnlich den ersten Teil der Nacht in Gesellschaft von Menschen verbrachte, die dem Wein gerne und viel zuzusprechen pflegten, wurde einst gefragt: „Wann schreiben Sie Ihre Bücher, Herr Altenberg?" Er antwortete: „Wenn ich allein bin, um drei Uhr in der Früh'." Dies trifft auch auf E. T. A. Hoffmann zu, dessen groteske Phantasien ein Körperbild widerspiegeln, das ans Ungeheuerliche grenzt und z. T. auf seinem Gefühl beruht, „ein Monstrum von Häßlichkeit" zu sein.

Körpergefühle und Wahrnehmungen

Freud lehrte uns, daß „das Ich vor allem ein körperliches" ist (1923, S. 253). Freuds Spuren folgend schrieb John Rickman (1940) den Aufsatz „On the Nature of Ugliness and the Creative Impulse". Er betrachtet vor allem den Zusammenhang von schöpferischen und aggressiven Strebungen im Künstler und postuliert, daß der „Abscheu vor der Häßlichkeit" eine vis a tergo-Kraft sei, die den Menschen in die kreative Leistung schleudere. Dies stimmt mit neueren Beobachtungen von Greenacre (1957) überein, daß die Überempfindlichkeit der Sinne des Künstlers für äußere und innere Reize und seine größere Fähigkeit, diese Reize wahrzunehmen, ihn von Kindheit an in einen genaueren und intensiveren „Wahrnehmungsbezug zum eigenen Körper und auch der Umgebung" bringt.

Lowenfeld (1941) und Kris (1952), die Einsichten der Arbeiten von Greenacre und anderen vorausnahmen, beschreiben die unbewußten Zusammenhänge zwischen psychischem Trauma und künstlerischer Erfahrung. In meiner eigenen Arbeit habe ich mich auf die ständigen und oft schwerwiegenden Kränkungen des kindlichen Narzißmus und deren Wirkung auf die schöpferischen Möglichkeiten des einzelnen (Niederland, 1965) konzentriert. Bei den analysierten Patienten konnte die narzißtische Verletzung mit Gefühlen der Unvollständigkeit in Zusammenhang gebracht werden, die von früher körperlicher Zartheit oder Schwäche, von längerer Krankheit im Kindesalter, angeborener oder erworbener Entstellung und tatsächlichen oder phantasierten Anomalien herrührten. Diese Gefühle ließen ein reiches, geheimes Phantasieleben entstehen, das um Wiedergeburt und Wiederherstellung kreiste, im Sinne einer Wiedererlangung des phantasierten vollkommenen Zustandes, wie er vor der Kränkung oder der Erfahrung der Unvollkommenheit bestanden hatte und nun zum Ausgangspunkt der Strebungen und Bemühungen nach Rückführung in diesen ursprünglichen Zustand wurde. Die Bildung der Selbstrepräsentanz geht derjenigen der Objektrepräsentanz voran, und diese frühe Selbstrepräsentanz übertrifft alle anderen an Intensität der Besetzung. Eine unvollständige oder unzusammenhängende Selbstrepräsentanz verlangt nach innerpsychischer Vervollständigung.

Künstler-Patienten, die in ihrer Kindheit narzißtische Kränkungen der beschriebenen Art erlitten oder später Erlebnissen ausgesetzt waren, die diese frühen Traumata wiederbelebten, zeigten auffällige Schwankungen in ihrem Muskeltonus und ihrem Körpergefühl, je nachdem,

ob sie sich in einer Periode künstlerischer Aktivität befanden oder nicht. Bei einer Gruppe von acht analytisch beobachteten Patienten, die alle schöpferisch tätig waren, fand man Vorstellungen, wonach sie körperlich unvollständig, mißgestaltet, häßlich oder sonstwie mangelhaft seien. Während der schöpferischen Arbeit fühlten sie sich dagegen komplett, stark, ganz und ohne Mangel oder Ungenügen, wobei die Minderwertigkeitsgefühle wieder auftauchten, sobald sich bei der Arbeit Schwierigkeiten zeigten. Dieses Auf und Ab des Körpergefühls war sehr ausgeprägt. Die frühen Traumata, die fast immer zu einer Störung des Gleichgewichts in der Mutter-Kind-Beziehung führten, hatten die kindlichen Allmachtsgefühle gestört und die Bildung eines stabilen, nicht defekten Körper- und Selbstbilds verhindert. Bei den Analysanden kehrten die Phantasien, unvollständig und mangelhaft zu sein, wieder zurück, sobald eine schöpferische Arbeit abgeschlossen war. Manchmal dachten sie sogar, sie hätten die Leistung gar nicht vollbracht. Bei seinen Untersuchungen von Zwillingen fand Glenn (1974) ähnliche Beispiele für Gefühle der Unvollständigkeit und äußerte die Ansicht, daß sie auf die Kreativität Einfluß hätten.

Wir wissen, daß viele frühe Traumata mehr oder weniger spontan überwunden werden. Wenn besondere Situationen vorliegen, wie sie hier beschrieben wurden, sind solche spontanen Bewältigungen weniger häufig, da die Besetzung des Körpers ungleich verteilt ist, die betreffenden Menschen gefühlsmäßig besonders erregbar sind und auf Reize verstärkt reagieren. Normalerweise ist die Diskrepanz zwischen den psychischen Repräsentanzen des *realen Körpers* und des *Ideal-Körpers* in bezug auf Merkmale, Gestalt und äußere Erscheinung gering. Bei meinen Künstler-Patienten waren die Unterschiede zwischen den Repräsentanzen sehr groß, und sie erlebten ihre Unvollständigkeit und Mangelhaftigkeit so stark, daß daraus eine treibende Kraft für unbewußte Wiederherstellungstendenzen wurde.

Die schöpferische Tätigkeit ist bei diesen Patienten eine unbewußte Neu-Schaffung des Körper-Ichs, das wegen der ungleichmäßigen Besetzung des Körpers ständig irgendwelchen Reizen von innen ausgesetzt ist, wie ich es in einer früheren Untersuchung über die Beziehung zwischen Kreativität und phantasierten oder tatsächlichen Mängeln beschrieben habe (Niederland, 1965). In bezug auf die letzteren gilt Freuds bekannter Ausspruch „die Anatomie ist das Schicksal". Wenn man diese Aussage nur auf die geschlechtliche Anatomie bezieht, vernachlässigt man die Erfahrungen buckliger Menschen wie Alexander Pope, Lichtenberg, Moses Mendelssohn oder von körperlich Behinderten wie Byron, Walter Scott, Leopardi und Toulouse-Lautrec, oder von chronisch Kranken wie Watteau, Chopin, John Keats, Robert Louis Stevenson, Eugene O'Neill, Marcel Proust, Steven Crane, George Orwell und vieler anderer. Der verkrüppelte Kierkegaard empfahl eine völlige Rekonstruktion des Selbst als Heilmittel gegen Verzweiflung. Thomas Mann läßt in *Königliche Hoheit*, einem frühen Roman, eine der Romanfiguren, einen jungen Dichter, sagen:

„Meine Gesundheit ist zart — ich darf nicht sagen ‚leider', denn ich bin überzeugt, daß mein Talent mit meiner Körperschwäche unzertrennlich zusammenhängt."

H. G. Wells, der während seiner Adoleszenz und auch noch zu Beginn des Erwachsenenalters schwer an Lungentuberkulose erkrankt war, spricht von seiner schöpferischen Arbeit als von einem „Wettrennen mit dem Tode". André Malraux schreibt in seinen *Anti-Memoiren*, daß der Künstler beim Schaffen eines Kunstwerks eine Heldentat vollbringe: er trotze dem Tode.

Theoretische Begriffe wie Körperbild, Selbstbild, Selbstrepräsentanz usw. weisen auf unsere Unfähigkeit hin, zu erforschen, was ich „das subjektive Erleben des Körpers" (the felt experience of the body) genannt habe (Niederland, 1967 b, 1973). Darunter verstehe ich die Gesamtheit der ausgesprochenen persönlichen, alle Bereiche umfassenden und stets gegenwärtigen Erfahrungen, die, nach Schilder, den Hintergrund bilden für das lebenslange Ineinandergreifen von Ich-Funktionen des kinästhetischen, auditiven und visuellen Bereichs mit denen des perzeptiven, sensorischen, emotionalen, kognitiven Bereichs. Vor diesem Hintergrund sieht der Künstler mannigfaltige Welten[5], eine Beobachtung, die wenigstens zum Teil von Rothenbergs Untersuchungen über das „Janus-Denken" (1969, 1971) bestätigt wird. Unter „Janus-Denken" versteht er die Fähigkeit des Künstlers, „zwei oder mehr Gedanken und Bildvorstellungen gleichzeitig ... zu erfassen und zu ver-

[5] Falls es einem oberflächlichen Betrachter scheinen sollte, daß einige der angeführten Beobachtungen mit den bekannten Ansichten Adlers (Minderwertigkeitskomplex, männlicher Protest usw.) verwandt seien, möchte ich betonen, daß ich seine Terminologie eher beschreibend als erklärend finde. Die Formulierungen von Adler werden weder der unbewußten Natur noch der Komplexität der beschriebenen Prozesse gerecht. Meiner Meinung nach liegt das Problem nicht in der organischen Minderwertigkeit oder Mangelhaftigkeit an sich, sondern in der Formierung des Körperbildes und Selbstbildes, im gestörten Besetzungsgleichgewicht, in der Ich- und Überich-Beeinträchtigung sowie den unbewußten Spiegelungen davon, ferner in den Gefühlsschwankungen, die das ganze Leben hindurch bestehen, wobei Wiederherstellungstendenzen, unbewußte Geburtsphantasien und damit verwandte seelische Prozesse besonders hervortreten.

wenden", seien diese auch widersprüchlicher oder gegensätzlicher Natur. Da die Beeinträchtigung der Allmachtsgefühle und die restitutiven Bemühungen schon erwähnt wurden, mag es genügen, sich an die folgende Aussage Freuds (1913, S. 111) zu erinnern: „Nur auf einem Gebiete ist auch in unserer Kultur die ‚Allmacht der Gedanken' erhalten geblieben, auf dem der Kunst." W. H. Auden schrieb, daß er „zum Dichten verletzt" worden sei („hurt into poetry"). Diese Worte erinnern an Ortega y Gassets Aussage, daß das Kunstwerk die Aktualisierung der Lebensgeschichte des Künstlers sei — und zwar, so möchten wir hinzufügen, als unbewußter Versuch der Selbstheilung.

Dies bringt uns zum Körperbild des Künstlers zurück, das meiner Meinung nach von größerer Bedeutung ist als man im allgemeinen realisiert. Es beeinflußt die Ichgrenzen und eine Menge anderer Ichfunktionen. Dies kann z. B. an den Kunstwerken der beiden französischen Maler Henri Rousseau und Jacques-Louis David gezeigt werden. Die Auswirkungen einer ständigen narzißtischen Kränkung zeigen sich immer wieder in ihren Werken.

Wir wissen kaum etwas von der Kindheit Henri Rousseaus, der nach seinem Beruf auch *Le Douanier*, ‚der Zöllner', genannt wurde. Er trat verhältnismäßig spät in seinem Leben als Maler in Erscheinung und wird von vielen Kunstkritikern als Begründer der naiven Malerei und Pionier der modernen Kunst betrachtet. Seine Biographen, die in seiner Kunst stets neuen Widersprüchen begegneten, warfen die Frage auf: „War er ein Heiliger oder ein Verrückter?", ein Primitiver ohne Kultur oder ein großer, echter Künstler, „einer der Väter der modernen Malerei", um mit Robert Cowley zu sprechen?

Als ich die Bilder von Rousseau unter dem ergiebigen Aspekt betrachtete, den eine genaue Beobachtung des Körperbildes liefert, und als ich die figürlichen Gruppierungen in diesen Bildern anschaute, postulierte ich aufgrund meiner Überlegungen, daß es möglicherweise hinsichtlich seines eigenen Körperbildes eine Besonderheit gegeben habe. Als ich weiter suchte, fand ich etwas heraus, das mir mindestens ansatzweise eine Antwort zu geben scheint. Ich stieß auf eine Kopie seines alten Militärpasses, der ausgestellt worden war, als er im Alter von 19 oder 20 Jahren Soldat in der französischen Armee war. Dieser Paß enthält unter der Rubrik „besondere Merkmale" die Bemerkung „linkes Ohr fehlt". In den Standard-Biographien wird dies kaum erwähnt. Wir wissen nichts vom Ursprung dieser Verkrüppelung, ob sie angeboren oder erworben war, noch, auf welche Weise und wann sie ihm zustieß, wir wissen nur, daß sie bereits vorhanden war, als der Militärpaß ausgestellt wurde. Wenn wir an die Gestalt seiner Köpfe denken, bemerken wir, daß manche Gemälde von Rousseau die Beziehung zwischen seinem Körperbild und seiner Kunst verraten. Viele seiner Bilder, z. B. der „Knabe auf Felsen", zeigen die porträtierten Menschen mit einem fehlenden Ohr. Natürlich liegt es mir ferne zu behaupten, damit seien unsere Fragen voll und ganz beantwortet worden. Doch können wir ohne Schaden Ortega y Gassets Ansicht wiederholen, daß Kunst die Aktualisierung der Lebensgeschichte des Künstlers sei oder, in analytischer Sprache: die Aktualisierung seines eigenen Körperbildes. Das jeweilige Körperbild wird üblicherweise als ein verschwiegener Prozeß angesehen; in den Bildern von Rousseau spricht es eine deutliche Sprache.

Wir wollen uns nun Jacques-Louis David zuwenden, dem berühmten Gründer der neoklassizistischen Schule. Den meisten Betrachtern fällt auf, wie glatt und ebenmäßig seine Werke sind, wie glasartig, ja gleichsam eingefroren seine Bilder wirken. Alle Kunstkritiker haben dieses glatte, symmetrische Aussehen kommentiert. Bereits vor hundertfünfzig Jahren sprach Delacroix abschätzig von der „frostigen Darstellung" der Gemälde von David. Wir bemerken diese Eigenschaft am deutlichsten bei den Bildern „Der Schwur der Horatier", „Der Tod des Sokrates" und den bekannten Portraits von Napoleon.

Die Untersuchung der psychischen Lebensgeschichte unter dem Aspekt des Körperbildes ermöglicht es uns wiederum, mehr als bloße Kunstkritik zu betreiben. David hatte eine bleibende und quälende Verunstaltung des Gesichts, das dadurch asymmetrisch und deformiert wirkte — das Gegenteil dessen, was man auf seinen Gemälden sieht, die sorgfältig in klassisch regelmäßiger Art ausgeführt sind. David litt unter einem Gesichtstumor, der sich auf der rechten Seite oberhalb seiner Oberlippe befand und bis zu einem gewissen Grad auch sein Sprechen beeinträchtigte. Wir wissen nichts Sicheres über Art und Ursprung dieser Gesichtsanomalie, die auf seinem unvollendeten Selbstportrait von 1794 und ebenso auf seiner Büste im Louvre zu sehen ist. Eine analytische Untersuchung seiner Schriften verschafft uns weiteres Belegmaterial für die vermutete Umkehrung in seinem Schaffen. In seinem Aufsatz „Die Kunst und die Antike" schrieb er: „Seinen Gedanken einen Körper und eine vollkommene Gestalt zu geben — dies und nur dies heißt ein Künstler sein."

Es gibt aber ein Bild von David, das nicht in dieses Schema paßt. Derselbe Maler, der von Delacroix und vielen andern wegen der übermäßig „frostigen Darstellung" seiner Gemälde kritisiert wurde, war fä-

hig, ein Bild zu malen, das wohl die bewegendste Darstellung eines sterbenden Menschen in der Kunst ist: „Marats Tod".

Vom analytischen Standpunkt aus erwähne ich die folgende Tatsache aus der psychischen Lebensgeschichte, um unser Verständnis zu vertiefen. David, der ursprünglich Jakobiner und Mitglied des Nationalkonvents war, stand Marat sehr nahe und soll nach dessen Ermordung viele Wochen lang in einem „Zustand der Benommenheit" verharrt haben. Ich meine, daß er unter dem Gefühlseindruck dieses Ereignisses sich für kurze Zeit von seinen selbst auferlegten Regeln, nach symmetrisch ausgeglichenen, neoklassizistischen Richtlinien zu arbeiten, befreien konnte und fähig war, das Bild „Marats Tod" zu malen.

Die medizinische und psychiatrische Geschichte Goyas wird seit langem von Kunsthistorikern, Biographen, Klinikern und Forschern, die am Zusammenhang von Kreativität und Krankheit interessiert sind, erforscht. Die künstlerische Laufbahn Goyas stellt eine eindrückliche Illustration des Zusammenhangs der subjektiven Erfahrung des Körperzustands mit der künstlerischen Produktivität dar, wobei ich hier einige Faktoren beiseite lasse, die ich anderswo besprochen habe (Niederland, 1972). Nachdem er von einer schweren Krankheit betroffen worden war, die fast zum Tode führte und ihn für etwa ein Jahr arbeitsunfähig machte (1792—1793), gelang es ihm, den erwähnten Zusammenhang *in statu nascendi* zu beobachten und sogar darüber zu schreiben. Ich zitiere aus einem Brief, den Goya am 4. Januar 1794 an Bernard de Yriarte, den Direktor der San Fernando-Akademie in Madrid, schrieb:

„Mein Herr, um meine *Vorstellungskraft*, die *durch mein ständiges Brüten über mein Leiden beinahe abgetötet war*, wieder in Anspruch zu nehmen, ... habe ich mich an ein paar Salon-Bilder gewagt. Es ist mir geglückt, in diesen Gemälden Platz für Beobachtungen zu finden, die nicht so gut in Auftragsbilder passen, und ich konnte meiner Phantasie und meinen schöpferischen Kräften Spielraum lassen. Ich denke daran, diese Bilder vielleicht der Akademie zu unterbreiten." (Hervorhebung vom Verf.)

Obgleich wir nicht genau wissen, welche Bilder Goya an Yriarte sandte, wissen wir doch von einem doppelten, schwerwiegenden Verlust, der ihn in diesen Jahren traf. Eine Krankheit raubte Goya vollständig und für immer das Gehör; das Ende seiner Liebesbeziehung mit der Herzogin von Alba, die damals als schönste und berühmteste Frau Spaniens galt, ließ ihn isoliert, verbittert und voller Rachgefühle zurück. Diese Erfahrungen könen Schritt für Schritt anhand der auffälligen Veränderungen, die sie für seine Kunst mit sich brachten, nachvollzogen werden. Vor 1793, dem Jahr seiner Krankheit, entwarf Goya Tapisserien und war ein begehrter Porträtmaler; er malte reizende Dekorationen und

sanfte Genre-Bilder, auf denen spielende Kinder oder elegante Damen beim Picknick, auf der Schaukel, mit einem Sonnenschirm usw. dargestellt sind. Nach dem zweifachen Objektverlust ging er zu völlig anderen Themen und Darstellungsweisen über. Zuerst kamen die „Caprichos", massive Anklagen, die zum Teil gegen die Gesellschaft, zum Teil gegen die Herzogin gerichtet waren, die ihn verlassen hatte und von der er sich verraten fühlte.

Der zweifache Verlust, der den eigenen Körper und das Liebesobjekt betraf, scheint mir Goyas Verletzbarkeit durch spätere Verluste verstärkt zu haben, was z. B. in den dann folgenden Bildern „Schrecken des Krieges", „Sprichwörter" und in den „Schwarzen Bildern" zum Ausdruck kommt. Ich sehe den tieferen Grund für die traumatische Wirkung, die den Verlust des Liebesobjekts auf Goya ausübte, in der Tatsache, daß seine Mutter als Angehörige des spanischen Adels durch ihre Heirat mit Goyas Vater, einem Handwerker und Zunftangehörigen, etwas für Spanien höchst Ungewöhnliches getan hatte. Im Leben Goyas können wir eine ähnliche Wendung feststellen: aus dem Künstler in Saragossa wurde der Erste Königliche Hofmaler in Madrid.

Die „Pinturas Negras" vermitteln ein Gefühl der Verzweiflung und der Einsamkeit, die an Auslöschung grenzt und daher an das Problem des Überlebens des Ichs rührt. In einem Bild, das einen Hundekopf darstellt, versinkt ein einsames und hilfloses Tier im Boden; es wird sozusagen in den Sand und die formlose Weite des leeren Raumes eingesogen und ist auf der Schwelle des unausweichlichen Todes. Gleichzeitig herrscht in dem Gemälde eine eigenartige Wachheit, eine flehende Verzweiflung in Ausdruck und Haltung des einsamen Hundekopfes, wobei die Komposition des Bildes mit der Leere des Raumes und dem drohenden Verschwinden aller Dinge beinahe unheimlich wirkt. Eine auffallende Umkehrung findet sich im Gemälde „El Coloso". Der massive Kopf des Riesen gleicht demjengen Goyas; es ist ein Riese, der über die Erde schreitet, während jedermann vor ihm flieht und davonrennt — sozusagen eine Weltzerstörungsphantasie in Aktion, wobei die kolossale und überwältigende Gestalt des Riesen hervorgehoben wird. Ich neige dazu, in diesen und anderen Bilder von Goya psychologische Dokumente ersten Ranges zu sehen (Niederland, 1972, 1973).

Nach diesen Beispielen aus der bildenden Kunst wollen wir uns dem Zutagetreten des Körperbildes in der Literatur zuwenden. Die schöpferische Selbstbehandlung einer physischen Entstellung findet sich auch in den Meisterwerken von Nicolai Gogol, zwar nicht in Form von übertrieben symmetrischer und ebenmäßiger Gestaltung, sondern durch

Komödie und Satire. Dieser russische Dichter war ein Mensch von fast zwergenhaftem Wuchs, sein Gesicht wurde von einer riesigen Nase beherrscht, die eine solche Beweglichkeit und Größe hatte, daß er damit in Gesellschaft Kunststückchen vorführen konnte. Er pflegte die Spitze seiner Nase mit seiner Unterlippe zu berühren, was ihm nach seinen eigenen Worten ein Lustgefühl bereitete. Wie Nabokov, einer seiner Biographen, der übrigens kein Freund der Psychoanalyse war, schreibt, findet sich in Gogols Erzählungen ein Schwelgen im Schnuppern, Niesen, Schnarchen, Riechen und anderen Nasenaktivitäten. In einer seiner Erzählungen verschwindet die pickelige Nase des eingebildeten, arroganten Bürokraten Kowalioff auf rätselhafte Weise aus dessen Gesicht. Sie hat sich in aller Heimlichkeit vom Gesicht des Trägers gelöst und stolziert in prächtiger Kleidung die Straße herunter. In einer anderen satirischen Erzählung sind die Bewohner des Mondes nichts als Nasen. Die komische Wirkung dieser Geschichten ist in Filmen und Theaterstücken wiedergegeben, ihre symbolischen Bezüge und die darin enthaltenen Ängste wurden von Friedman (1951) und Greenacre (1958) beschrieben. Greenacre erwähnte die Unfähigkeit Gogols, körperliche Beziehungen zu Frauen einzugehen. In der Tat läßt Gogol Kowalioff sagen: „Ohne Nase ist ein Staatsbürger kein Staatsbürger", d. h. ohne Nase oder ihre symbolische Entsprechung ist ein Mann kein Mann.

Für den Erforscher des kreativen Prozesses ist die blühende Bildersprache des Körperlichen aufschlußreich, der der Dichter hier offen und ohne Hemmungen Ausdruck verleiht. Es ist klinisch zu beobachten, daß Clownerien und Komödien die unverhüllte Darstellung von Elend erlauben, besonders auch die Darstellung des körperlichen Elends. In Gogols Werken ist die Welt von sichtbaren, lebendigen Nasen bevölkert, genauso wie das Gesicht des Autors von seinem beweglichen und unanständig rüsselartigen Organ gezeichnet war. Die Selbstwahrnehmung des Körpers ist wiedererschaffen und künstlerisch in phantasievolle Erzählungen verwandelt worden, die um das Körperliche und um die mit dem Körper-Ich zusammenhängende Kreativität kreisen. Eine ähnliche Umkehrung ist in den Werken von James Thurber zu finden: Unglück wird in Humor und Satire verwandelt.

Objektverlust und Trauer

Worin besteht ein Verlust? Es kann der Tod eines geliebten Menschen sein, der Weggang einer wichtigen oder beschützenden Person, Veränderungen oder Beeinträchtigungen des Körper-Selbst, die Erfahrung

der physischen oder psychischen Leistungsschwäche oder das anhaltende Gefühl einer narzißtischen Kränkung und Demütigung (Cath, 1965). Da das Objekt Teil des Selbst ist, *gleicht die Erfahrung des Objektverlustes derjenigen des körperlichen Verlustes.*

Da das frühe Körperbild und Selbstbild offenbar seelische Repräsentanzen von Schlüsselfiguren aus der Außenwelt enthalten, muß der Verlust eines solchen wichtigen Objekts notwendigerweise einen schädigenden Einfluß auf das Körperbild und auf die Selbstrepräsentanz haben. Freud (1928) definierte das Körperbild als Ansammlung oder Ablagerung verinnerlichter Bilder, die die Selbstrepräsentanz und die verinnerlichten Repräsentanzen des Liebesobjekts enthalten. Daher erweckt das Verschwinden einer wichtigen Person durch längere Abwesenheit oder Tod ein Gefühl, das dem körperlichen Defekt entspricht oder ihm vergleichbar ist [6].

Einige Analytiker haben ein klinisches Syndrom bei frühem Objektverlust beschrieben, das durch pathologisches, d. h. endloses Trauern, eine stetige Beschäftigung mit dem Tod und Schuldgefühle charakterisiert ist, alles Symptome, die den unbewältigten Schmerz kundtun. Der Tod spukt im Schaffen mancher Künstler in dramtischer Überdeterminiertheit. Der Dichter W. H. Auden antwortete auf die Frage, was er von der Kunst halte: „Die Kunst ist unsere Hauptmöglichkeit, mit den Toten das Brot zu brechen." Eine Episode aus dem Leben Somerset Maughams mag dies weiter illustrieren. Maughams Neffe Robin berichtet von einer Beobachtung, die er während der letzten Lebensperiode des Dichters machte:

> „Vor ein paar Jahren speiste ich mit ihm allein ... Er war krank und sein Geist irrte manchmal umher. Plötzlich murmelte er: *‚Ich werde ihren Tod nie überwinden. Ich werde ihn nie überwinden.'* Einen Augenblick lang dachte ich, er meine meine vielgeliebte Schwester Kate, die kurze Zeit vorher gestorben war, aber als er weiterredete, realisierte ich, daß er an *seine Mutter* dachte, *die seit über achtzig Jahren tot war.*" (Hervorhebung vom Verf.)

Die Mutter von Somerset Maugham starb, als er ein kleines Kind war. Die seelische Repräsentanz der *mater aeterna* zusammen mit dem Bedürfnis nach der Wiederherstellung des zerstörten Objekts und damit verwandte Faktoren scheinen bei begabten Personen eine treibende Kraft zu sein, welche sie auf den Weg der erschaffenden oder, besser gesagt, wiedererschaffenden Arbeit bringt. Der ursprüngliche Verlust in der Psyche des Künstlers bezieht sich nach Gilbert Rose (1973, S. 588) auf

[6] Pollock (1975) hat den Verlust eines Elternteils durch Tod in der Kindheit von über 1200 kreativen Menschen nachgewiesen.

die „dyadische Einheit mit der Mutter", und die schöpferische Handlung „befriedigt den unbewußten Wunsch, dies erlebte Einssein mit der Mutter wieder zurückzugewinnen". Wir erinnern uns daran, daß das englische Wort *alone* von *all one* kommt (entsprechend dem deutschen Wort *allein — all ein*).

Der Vater von Edgar Allan Poe verließ die Familie, als Poe noch keine zwei Jahre alt war, und seine schöne junge Mutter starb an Tuberkulose, bevor er dreijährig war. Die Mutter verbrachte die letzten paar Monate ihres Lebens mit ihren beiden Kindern, dem zukünftigen Dichter und seiner einjährigen Schwester Rosalie, in dem Zimmer einer schmuddeligen Pension in Richmond, Virginia. Man kann mit guten Gründen annehmen, daß Poe nicht nur Zeuge des Todeskampfes war, den seine sterbende Mutter in ihren letzten Lebenswochen ausfocht, sondern daß er sogar tatsächlich eine ganze Nacht in dem kleinen gemieteten Zimmer in Richmond neben dem toten Körper seiner Mutter verbrachte, bis am nächsten Morgen Nachbarn kamen und das Kind von der Leiche der Mutter trennten, eine Episode, die in dem monumentalen Werk von Marie Bonaparte (1933) nicht erwähnt wird.

Die lebenslänglichen Folgen dieses traumatischen Ereignisses können wir in vielen Werken Poes bemerken, von den frühesten Gedichten über den Kummer, den ein Liebender beim Tod einer Frau empfindet, bis zum immer wiederkehrenden Thema der „verlorenen Schönen" und endlich zum Gedicht „The Raven", das er gegen Ende seines Lebens verfaßte; vom tödlichen Geheimnis, das in „Der Untergang des Hauses Usher" verborgen ist, bis zu den sich im Grabe windenden Leichen in „Das vorzeitige Begräbnis", dem makabren Inhalt von „Die längliche Kiste", den schrecklichen „Tatsachen im Falle Valdemar" und dem Grauen in „Die Maske des roten Todes". (Poes Mutter hatte während der letzten Wochen in Richmond in Anwesenheit des Kindes unter starken Blutstürzen gelitten.) Die Schlußstrophe des Gedichts „Annabel Lee" lautet:

„And so, all the *night-tide, I lie down by the side*
Of *my darling*, my darling, *my life* and my bride.
In the sepulchre there by the sea.
In her *tomb* by the sounding sea" (Hervorhebung vom Verf.).

(Und so lege ich mich zur Nachtzeit neben meiner Liebsten nieder, meiner Liebsten, meinem Leben, meiner Braut — dort im Grabmal beim Meer; in ihrem Grab beim rauschenden Meer.)

Poe offenbart damit in dichterischer Weise sowohl eine Phantasie als auch das tatsächliche biographische Geschehen. Was Poe später in so

vielen seiner Geschichten darstellte, ist der halblebendige und halbtote Zustand einer geliebten, schönen Frau. Gleichzeitig erregt und abgestoßen vom Tod, stellte Poe in seinem Werk den verheerenden Objektverlust seiner Kindheit dar, den er mit späteren Verlusten vermischte und verschmolz[7]. Nach dem Tod seiner Mutter wurde Poe von der Familie Allan adoptiert; weitere Verluste ließen nicht auf sich warten.

Die Suche nach einem verlorenen Elternteil kann auch auf einem andern Gebiet kreativer Tätigkeit gezeigt werden, beispielsweise am Leben des Afrika-Forscher Henry Stanley. Sein wirklicher Name war John Rowlands; als er Schiffsjunge auf einem britischen Schiff in New Orleans war, wurde er von einem Mann namens Henry M. Stanley adoptiert und übernahm dessen Namen. Er war als uneheliches Kind zur Welt gekommen und von seiner Mutter in ein Waisenhaus gebracht worden. Später erforschte er den afrikanischen Dschungel, den Kongo-Fluß, den Verlauf und die Quellen anderer Wasserstraßen. Er wurde berühmt, als er nach Jahren des Suchens im Dschungel den seit langem vermißten Livingstone fand und ihn mit den vertrauten und oft belächelten Worten „Dr. Livingstone, nicht wahr?" begrüßte. Alle Entdeckungsreisen von Stanley sind offensichtlich eine Suche nach den verlorenen Eltern; Flußquellen und Wasser können symbolisch mit der Geburt und der Mutter gleichgesetzt werden, Livingstone wird als der wiedergefundene Vater eingesetzt. Deshalb können wir die ersten Worte, die Stanley an Livingstone richtete, analytisch interpretieren als „Vater, nicht wahr?" oder „Vater, wie ich hoffe".

Der alles durchdringende Einfluß unbewältigten Schmerzes kommt besonders quälend in den Werken von Edvard Munch zum Ausdruck. Wie Poe war er als kleines Kind beim Tod seiner tuberkulösen Mutter anwesend, und seine Bilder, z. B. „Der Schrei", „Die tote Mutter", „Die toten Liebenden", handeln von Verzweiflung und Tod. Munch war es, der sagte: „Ich male nicht, was ich *sehe*, sondern, was ich *sah*."

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[7] Ich danke Dr. Bernard C. Meyer, der mir nach meinem Vortrag in einer persönlichen Mitteilung einige wenig bekannte Zeilen aus einem Gedicht von Poe, das dieser „Romance" nannte, zusandte. In der ursprünglichen Version des Gedichts waren die folgenden Zeilen enthalten, welche in späteren Fassungen weggelassen wurden: „I could not love except where Death / Was mingling his with Beauty's breath. / Or Hymen, Time and Destiny / Were stalking between her and me." (Ich konnte nicht lieben, außer wenn der Tod seinen Atem mit dem der Schönheit vermischte, oder wenn Hymen, Zeit und Schicksal zwischen uns wandelten.) Dr. Meyer machte mich auch auf eine gestrichene Stelle in Poes „Metzengerstein" aufmerksam, wo es heißt: „Die schöne Dame Maria! Wie konnte sie nur sterben? Und dazu noch an Schwindsucht ... in der Blüte ihres Lebens ... im niedergehenden Jahr, um so für immer in den prachtvollen Herbstblättern begraben zu sein."

Seine Mutter starb an Tuberkulose, als er ein fünfjähriger Knabe war, also auf der Höhe der ödipalen Periode; einige Jahre später starb seine Schwester an derselben Krankheit. Das „Totenzimmer" und „das kranke Kind" sind immer wieder auftretende Themen seiner Malerei. Der Verlauf der künstlerischen Entwicklung ist nie einfach. Als Erwachsener verbrachte Munch einige Jahre in einer psychiatrischen Klinik. Eine Bildhauerin unserer Zeit, die viele Verluste in ihrem Leben erleiden mußte, sagte sehr prägnant: „Ich habe mich der Kunst zugewandt, die meine Rettung war und das eine in meinem Leben, das ich nicht mehr verlieren konnte." Wiederum handelt es sich um Kreativität im Dienste des Überlebens des Ichs.

Das Ich im kreativen Prozeß

Als Gegensatz zu den affektiven Stürmen, die in den Bildern von Munch und in Goyas „Pinturas Negras" dargestellt sind, möchte ich das „ozeanische Gefühl" erwähnen, über das sich Romain Rolland in einem Brief an Freud vom 5. 12. 1927 äußerte. Er beschrieb es ihm als

„Ein Gefühl, das er die Empfindung der ‚Ewigkeit' nennen möchte, ein Gefühl wie von etwas Unbegrenztem, Schrankenlosem, gleichsam ‚Ozeanischem' " (Freud, 1930 a, S. 421 f.).

Ähnliche Beschreibungen finden sich in den Werken von Bertrand Russell und anderen. Es ist wohl möglich, daß bei manchen Künstlern diese beiden affektiven Zustände (die Stürme und das „ozeanische" Gefühl) nebeneinander bestehen oder vielmehr die Tendenz haben, sich zu vermischen. Ein Lyriker, der in Analyse war, sprach von seinen Gefühlen zuerst als von einem „kosmischen Tosen" und später von „etwas Schwebendem, Schwingendem, etwas nicht Faßbarem, Ausgedehntem", so als ob für ihn die Zeit stillstünde. Die beiden Ich-Zustände, die wir sogar als „veränderte Bewußtseinszustände" auffassen können, wenn ich auch glaube, daß in starkem Maße unbewußte Elemente darin enthalten sind, waren bei diesem Patienten fast gleichzeitig da. Ich habe den Eindruck, wir wüßten mehr über die Kreativität, wenn wir mehr von der Pathologie und dem Schwanken des „ozeanischen Gefühls" verstünden.

Damit verwandt ist die Empfindung einer starken, nicht zu befriedigenden Nostalgie, die zeitweise, besonders wenn sie allumfassend und durchdringend ist, bestimmte Eigenschaften mit dem „ozeanischen" Gefühl gemeinsam hat. Wir denken an Prousts *Auf der Suche nach der verlorenen Zeit*, wo er sagt: „Das wahre Paradies ist das Paradies, das

man verloren hat." Einer meiner Patienten ging auf sein Nostalgie-Gefühl näher ein und sagte mit Ungestüm, es sei seine beste Eigenschaft, die ihn zwar leiden, aber aus ihm auch einen „ewigen Träumer" und Sucher mache. Er war Schriftsteller, Gelehrter und Historiker, der weit herumgereist war, um revolutionäre Bewegungen früherer Zeiten an Ort und Stelle zu studieren, und der auf originelle Art über ihr Entstehen und ihren Zusammenbruch schrieb. Für ihn war Geschichte nicht eine Wissenschaft, sondern ein lebendiger Prozeß. In seiner eigenen frühen Lebensgeschichte spielten Traumatisierungen eine ungewöhnlich große Rolle. Ich meine, man könne mit Sicherheit sagen, daß es ohne das Nostalgie-Gefühl mit seiner anhaltenden Suche nach dem Vergangenen wenig Poesie und vielleicht weder Geschichte noch Archäologie gäbe. Nostalgie-Gefühle spielten im Seelenleben mancher meiner Künstler-Patienten eine bedeutende Rolle. Indem die Erinnerung mit einem Wunsch verbunden wird, entsteht die vielleicht differenzierteste Form der Regression. Die Aufgaben des Gedächtnisses, vor allem seine Speicherfähigkeit und die Wiedergutmachungsfunktion, treten hier hervor und regen den kreativen Impuls an. Solch verschiedene kreative Individuen wie der Archäologe Schliemann und der Komponist Leoncavallo sprachen von der Flut von Erinnerungen, welche unter dem Einfluß von Ereignissen, die frühere Traumata wiederbelebten, hervorstürzte und sie zu schöpferischem Handeln brachte, den einen zur Entdeckung des alten Troja, den anderen zur Komposition seiner einzigen noch gespielten Oper *Der Bajazzo*. Leoncavallo selber sagte, er habe diese Oper „unter Schmerzanfällen" geschrieben, als *un nido di memorie in fondo all' anima* (‚ein Nest von Erinnerungen, das tief in der Seele verborgen war') plötzlich aus seinem Inneren emportauchte (Prolog, *Der Bajazzo*). Goya malte sein letztes großes Werk „Das Milchmädchen von Bordeaux" gegen Ende seines Lebens. Lange nach den „Caprichos", den unheimlichen „Desastres de la Guerra" und den „Pinturas Negras" kehrte Goya zu der fraulichen Wärme und Schönheit des „Milchmädchens" zurück und fing auf der Leinwand das Bild der *mater aeterna* ein.

Kreative Produktivität auf irgendeinem Gebiet hängt vom Funktionieren des Ichs und des Über-Ichs ab. Zum Teil geht es um autonome Ich-Funktionen; andere, wie die Phantasie, die Bilderwelt und Symbolbildung, stehen dem Primärprozeß nahe. Gewisse Ich-Anteile sind möglicherweise in ihrer Entwicklung retardiert. Eissler (1971 a) postuliert einen Entwicklungsdefekt in der Überich-Struktur, der zu Spannungen führe, die nach Abfuhr drängten. Weiter postuliert er eine Eigenschaft, die er die *doxalethic function* des Ichs nennt (vom griechischen

doxa ‚Einbildung', ‚Wahn', ‚Schein' und *aletheia,* ein Begriff, der sich auf denjenigen Wissensbereich bezieht, der in der Suche nach Wahrheit erfaßt und überprüft werden kann). Dieser etwas schwerfällige Ausdruck beschreibt die Ich-Funktion, die, nach Eissler, den Künstler in Phasen erhöhter Kreativität vor dem Ansturm überwältigender innerer Reize schützt, wenn im kreativen Akt archaische Erfahrungen — wie halluzinatorische Wunscherfüllung, Allmachtsdenken, magisches Denken, überbordende Phantasien und Gefühle — auftauchen. Sie hilft ihm, sich gegen ein Überflutet-Werden durch chaotische Denkweisen und gegen weitere Regression zu wehren — eine Gefahr, der der Psychotiker oft erliegt (Eissler, 1971 b).

Im schöpferischen Akt lebt der Künstler zeitweise in dem erwähnten *hortus conclusus,* einem abgeschlossenen Reich schöpferischer Möglichkeiten, das Zugang zum Denken und zur Bilderwelt des Primärprozesses bietet, aus dem der Künstler wieder auftaucht, wenn das Werk, das ihn bestätigt, vollendet ist. Das künstlerische Produkt ist selbstbestätigend, weil sich der Künstler nach Vollbringen der Aufgabe als Schöpfer dieses Produkts erweist. Die Stärkung seines oft zerbrechlichen Selbst wird auf dreierlei Weise bewirkt: Das künstlerische Produkt gibt ihm Sicherheit, daß er fähig ist, etwas Neues zu erschaffen und erfüllt so den unbewußten Wunsch des männlichen Künstlers, schwanger zu werden und zu gebären. Es liefert ihm — und bei Erfolg der Welt überhaupt — den Beweis, daß er der Schöpfer dieses Produkts ist. Durch seine Identifizierung mit dem Produkt wird ihm bestätigt, daß er fähig ist, sich selbst neu zu schaffen und zwar in einer vollkommenen, nicht mehr unvollständigen oder mangelhaften Form.

Unser Verständnis der Kreativität ist noch sehr mangelhaft. In diesem Aufsatz habe ich nur bei einigen wenigen Aspekten verweilt und habe so wichtige Faktoren wie das Ichideal und die Energiequellen, die dem Künstler für seine kreative Leistung zur Verfügung stehen, nicht einmal gestreift. Auch das Problem der Aggression, die Teil der schöpferischen Kreativität ist, wurde nicht genügend berücksichtigt. Schmerz will herausgeschrien und gehört werden, Kummer will Tränen vergießen, und die Welt in Kafkas Kopf weigerte sich, wortlos zu bleiben.

Wenn der Künstler mit seiner schöpferischen Arbeit ein Selbstgefühl bekommt und die Gefahr der Auflösung des Ichs durch überwältigende Affekte kleiner geworden ist, vollzieht sich der kreative Prozeß. Da dieser Vorgang notwendigerweise weder die narzißtischen Wünsche noch die Allmachtsphantasien erfüllen kann, muß die lange, mühselige Arbeit immer wieder von neuem begonnen werden. Sie führt zu weiteren Leistungen und auch zu unvermeidlichen Mißerfolgen, die den Künstler dazu anregen, erneut eine Restitution zu versuchen. Eine Niederlage kann so durch ein neu erschaffenes Werk wettgemacht werden; durch immerwährende Kreativität kann ein Gefühl der Überlegenheit, ja vielleicht sogar der Unsterblichkeit erworben werden.

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(Übersetzung: Annabeth Hinderling, Zürich)

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BULLETIN

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THE SURVIVOR SYNDROME: FURTHER OBSERVATIONS AND DIMENSIONS

WILLIAM G. NIEDERLAND, M.D.

IN A NUMBER OF PREVIOUS PUBLICATIONS I have dealt with the after-effects of brutal persecution, methodical starvations and coercion, cruelty, torture, constant fear and helplessness, and other types of traumatization endured by surviving victims of the Nazi concentration camps. As early as 1961, and in a series of follow-up writings (1964, 1968, 1977), I described the multidimensional consequences of these shattering experiences and noted that the traumatization sustained by the victims appears to be of such magnitude, severity, and duration as to produce, in many cases, a recognizable clinical entity which—for the sake of brevity—I have called the "survivor syndrome."

It has become almost fashionable of late to call any frightful human tragedy a "holocaust." To use the term in this way only erodes its stark significance, but is also apt to reduce our understanding of the Nazi atrocities and the specific clinical sequelae in the surviving victims. Not infrequently, I have seen lengthy case histories, composed in good hospitals, which contain but one sentence or two with regard to the patient's traumatic persecution experiences: "X spent twenty months in the concen-

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Presented at a meeting of the Swiss Psychoanalytic Society, Zurich, August 3, 1980.

tration camp Auschwitz," or "Y was an inmate of Bergen-Belsen and Dachau toward the end of World War II." Then, if the patient is depressed and elderly, the medical record— with no detailed exploration of the traumatic past and possible post-traumatic reactions—offers the diagnosis: "involutional depression," or the like. Eissler (1967) has dealt with some aspects of this situation and its consequences, especially with reference to the legitimate indemnification claims of such victims in the German compensation courts. On the basis of such inadequate diagnostic formulations and the lack of appropriate specifications, the survivors' justified claims for indemnification are often rejected by the courts, and a connection between their experience and later psychic illness is summarily denied.

I therefore wish to state from the outset that clinical experience over the past thirty years in the diagnosis, treatment, and forensic-psychiatric analytic evaluation of concentration camp victims has taught me that the psychological and physical traumas of persons brutally persecuted, incarcerated, and tortured rarely heal. Even after a latency period of many years, certain manifestations of the survivor syndrome may become readily demonstrable. As the most pertinent indications of this syndrome, I mention the following.

Chronic or recurrent states of depression. They are often outwardly bland and carry a somatic "mask" in the form of neuralgic-rheumatic pains, headaches, backache, gastrointestinal disturbances, muscular weakness, and "general asthenia" (Bastiaans, 1957). Only on deeper exploration does the therapist learn of the patient's marked tendency to isolation, withdrawal, and brooding seclusion, at times interrupted by outbursts of rage. Most frequently, however, a state of anhedonia and wordless sadness predominates. These patients hate questions and hate answers. Though constantly haunted by the persecution experience, they tend to remain silent about it—relentlessly, if vainly, trying to deny and forget it. Intrusive questions remind them of the interrogations by the Gestapo which were highly dangerous. Any response deemed by the Gestapo as uncooperative was followed by severe punishment. Moreover, in the concentration

camps, every sign of aggression had to be suppressed; it would have resulted in being shot, hanged, or incinerated. Dante's description of the *Inferno* is here applicable point-blank; *Lo pianto stesso li piangere non lascia* — "the tears themselves [cried inside] do not let them cry."

Anhedonia, a condition closely related to unresolved grief and the state of wordless sadness described above manifests itself in an incapacity for or intolerance of the most innocuous types of overt pleasure, such as enjoying company, a concert, a good movie, or even a joke. Krystal (1968, 1979[1]) has emphasized the preponderance of this symptom in massively traumatized survivors of the concentration camps. Anhedonia may or may not be accompanied by sexual impotence or frigidity, respectively. If sexual gratification does occur, it may be followed by self-reproaches with regard to the very pleasure experienced during sexual activities. I have not observed perversions such as described by Freedman (1978) among my survivor patients, with the exception of one case of exhibitionism which did not concern a former concentration camp inmate, but a male refugee who had succeeded in escaping from central Europe before full Nazi occupation. In this respect I agree with Blum (1978) who stresses that "there is no constant relationship between perversion and massive trauma," though the survivor's trauma exacerbates sadomasochistic tendencies.

Anxiety—a prominent symptom among survivors—is associated with fear of renewed persecution and transparent phobic fears. The ringing of the phone or door bell, particularly in the morning, is apt to reawaken the memory of the dreaded appearance of the Gestapo, which used to show up during the early morning hours to make their arrests or force entire families to evacuate the house for *Einlieferung* into the ghettos and later deportation.

The transparent phobias also refer to uniformed men in general. Still today, I see in my practice former victims of

[1]In a lecture titled "Psychic Sequelae in Holocaust Survivors," Presented at the National Jewish Conference Center, New York, November 4.

persecution who become acutely afraid when they catch sight of a uniformed policeman in the streets of New York. The New York police, dressed in dark blue uniforms, remind these patients of the S.S. men. The fear of them is so alive and ever-present that even today some of the patients promptly hurry into a side-street or hide in a house entrance as soon as they become aware of the sight of a policeman.

Anxiety dreams and certain types of "re-run" nightmares, which reflect the persecution experiences virtually *in situ et concreto,* are common. In these dreams the former victims see themselves chased, running, hiding in ditches, behind bushes, houses, or piles of corpses. Some of the dreamers are caught by the uniformed persecutors; others succeed in escaping at the last moment, in their dreams. When they wake up, often with screams and in panicky fear, they tend to remain frightened for long periods of time, until it gradually dawns on them that it was all a dream.

Hypermnesia concerning the persecution events is, indeed, one of the subjectively most tormenting manifestations of the survivor syndrome. It bespeaks the survivors' overly sharp, distinct, and virtually indelible memories as far as persecution events are concerned. At times these extremely painful remembrances are clearly selective: the pale, emaciated face of the mother when she was last seen; the curved shoulders of the father who was pushed into one of the cattle cars of a train that never returned; the whimpering of the hungry children in the ghettos by day and night; the face and figure of the brutal Nazi guard mercilessly beating a prisoner with his rifle butt; the body of a woman who tried to escape and remained hanging lifelessly in the electrically charged wires of the fence surrounding the camp.

At other times the memories, though equally sharp, encompass the whole physical and mental atmosphere in the concentration camp. What follows is the verbal testimony of a former inmate of Auschwitz with regard to the dreaded *selections* (Levi, 1961):

> October 1944. . . we know what it means because we were here last winter. . . it means that in the course of these months, from October till April, seven out of ten of us will die. Whoever does not die will suffer minute by minute, all day, every day. . . the fight against hunger, cold, forced labor fills up every thinking moment. . . . One feels the selections arriving. *Selekcia,* the hybrid word of Latin and Polish is heard once, twice, many times. . . in the latrines we show each other our chests, our buttocks, our thighs, and we reassure each other: "You are all right, it will certainly not be your turn this time. . . ." The crematorium chimney has been smoking for ten days. . . . The young tell the young that all the old ones will be chosen. The healthy tell the healthy that only the ill ones will be chosen. . . . The selection took place this morning. . . The S.S. man, in a fraction of a second, with a glance at one's back and front, judges everyone's fate. . . and this is the life or death of each of us. In three or four minutes our barrack of 200 men is "done" as is the whole camp of 12,000 men in the course of the afternoon.

Alterations in the sense of identity and related problems, clinically observable with a relatively high incidence, constitute part of the survivor syndrome. They affect body image and self-image as well as the sense of space and time, and are subjectively felt as a lasting impairment of the self. Many a survivor has expressed this impairment to me in the following terse words: "I am a different person." In severe cases the statement may be more ominous: "I am not a person anymore."

One of my survivor patients told me that at the time of liberation from the concentration camp his weight was down to 94 lbs. and he looked like a "plucked chicken." Though he is now of normal weight and appearance, he cannot be sure—he told me—that he has not the looks of a plucked chicken still today, and with great regularity he refuses to leave his home, in order not to be seen by other people. I believe also that here the marked hypermnesia relative to his concentration camp days and se-

vere emaciation, in addition to masochistic features, is involved in these feelings and behavior. Such patients, in my view, are not psychotic *stricto sensu,* although psychosislike pictures involving confusion, lost and bewildered states, disorientation as to the present and past, and disturbances in reality testing may occur. A clinical example will illustrate these points.

R. F., now 59 years of age, comes from a religious Jewish-rabbinical background in Hungary. Equipped with false Christian identification papers, he succeeded in eluding the Nazi occupiers of Hungary until the summer of 1944, when he was arrested and deported to Auschwitz. He was liberated in 1945 in near-dying condition, and came to this country in 1951. He soon showed a variety of mental symptoms among which he himself mentioned, as subjectively most disturbing, his state of "confusion between present and past." He spoke of this during the first therapeutic session. He knows he is living in Brooklyn, New York, which has been his residence for nearly three decades. However, in winter, when walking through the snowy streets, he cannot help thinking of the murderous foot-march from Auschwitz in the company of thousands of other persecution victims, without food and proper clothing, during the midwinter of 1944–45 as the liberating allied armies approached and the inmates were forced by the S.S. to evacuate the camp. Most of the marchers died of exposure or were shot as stragglers by the accompanying Nazi guards. When there is snow is New York today, he thinks of those events, sometimes through the whole winter, and then becomes increasingly confused and unsure whether he is still in New York or back on the foot-march through the ice and snow of his Auschwitz days. At present he works in a sheltered workshop not far from his home, is a good worker, a conscientious tailor who does his job scrupulously and regularly. But when his inner "doubts"—New York or Auschwitz?—reach delusional or semidelusional heights, he does not dare leave his home and stays away from work for days or weeks.

Psychosomatic conditions. Numerous observers, among them

von Baeyer (1964), Eitinger (1964), Winnik (1966), Hoppe (1968), and others, have pointed to the frequent occurrence of psychosomatic conditions among survivors of persecution. Winnik reported that the frequency of peptic ulcers, vascular diseases, and hyperthyroidism was significantly higher among postwar immigrants from European countries—mostly persecution survivors—than in the rest of the population in Israel. Among 145 survivors examined by Hoppe, 28 persons suffered from asthma, ulcer, hypertension, and other psychosomatic disorders; virtually all of those examined (144) had insomnia, tension headache, and gastrointestinal disturbances, regardless of age, sex, personal and sociocultural background.

My own observations are in full agreement with these findings. Though my approach was not a statistical one, I was impressed by the number of gastric and duodenal ulcers, cardiovascular difficulties, and hormonal dysfunctions I encountered among my survivor patient population. In virtually all, the symptomatology of "masked" depression combined to intensify the clinical picture. In addition to the usual hypothetical views regarding the correlation between stress and psychosomatic disorders inasmuch as their possible etiology is concerned, I wish to draw attention to a factual element as another determining factor in the prevalence of such conditions among survivors. Since in the concentration camps it was mainly the functioning and appearance of the body which to a large extent helped the inmates survive (starvation, forced labor, physical maltreatment, recurrent selections), it is now *the body that tells* about the deprivations and sufferings in the camps. There and then the body had to be kept going at all costs. Today, posttraumatically, it responds via *body language,* expressing its formerly and forcefully suppressed woes and aches through somatization and resomatization. The aggression, likewise totally and necessarily suppressed in the camps, serves to augment this process. It is probable, therefore, that in those victims whose very survival depended on the functioning and appearance of their bodies, the cathexis of the body image has changed in toto.

Hence, I submit, the preponderance of multiple somatic complaints in the survivor population.

Survivor guilt and unresolved grief. Most survivor patients studied by me had sustained total or nearly total family loss. In the grievous world of the sole survivor, unresolved mourning and guilt prevail. Some of them, at one time or another during the exploration, express it this way: "I should not be in your office, doctor. I should be where my parents, my children, my brothers and sisters are." Then they continue tearfully: "I should be where they are buried . . . if I only knew where . . . I would go there." Many, sad as they are, cannot say anything. But beneath their elaborate defenses of repression, denial, isolation, or projection such or similar feelings persist nevertheless. Even those who do express their grief and the wish to find and see the graves of the beloved dead deny the common knowledge that at best they would find some particles of ashes near the crematoriums of Auschwitz, Birkenau, Bergen-Belsen, Maidanek, Stutthoff, etc., in whose gas ovens their family perished.

In many cases the memory of the dead begins to obsess the mourner's mind. One sad survivor accuses himself for his "failure" to save his family; he happened to be a student at a university in southern France, and escaped via Spain and Portugal to the United States, while his parents and younger brother remained *ausweglos* (without exit visa) in distant Slowakia and then were deported to and killed in Auschwitz. Another guilt-ridden survivor blames herself for having "deserted" her mother, when the latter at their arrival in the concentration camp was placed on the left side, *die schlechte Seite,* while she—a strong and tall young woman—was put to the right, that is, to forced labor in the *Schneiderei,* and later kitchen work.

The fact of being the sole survivor of an entire family group exterminated by the Nazis weighs heavily on all of them. It represents a lifelong burden of pain, shame, and guilt. The guilt feelings and guilt anxieties in an unresolved grief situation, psychoanalytically speaking, are usually considered as being

based on early hostility and death wishes with regard to the family members wiped out in the course of the holocaust. In the patients under scrutiny (during the past 35 years I observed and studied close to 2000 survivors of the holocaust) I cannot accept this explanation. It is true that masochistic tendencies are operative in many of them, but in the great majority it is the survival itself that stands at the core of the inner conflict. The holocaust survivor identifies himself with the beloved dead whom he feels he should join in death, so much so that the phenomenological attitude in a number of my patients, with respect to their taciturn behavior, pale complexion, shuffling gait, etc., often is that of being walking corpses themselves.

On the basis of my long-standing research, I have reason to believe that the survival is unconsciously felt as a betrayal of the dead parents and siblings, and being alive constitutes an ongoing conflict as well as a source of constant feelings of guilt and anxiety. I further believe that this is the crucial factor in the "general asthenia" which Bastiaans (1957) found in his patients. Instead of adhering to past formulations, the analyst treating such patients will do better by developing in himself a *hyperacusis to guilt* as suggested in one of my earlier papers (1968).

Psychic vulnerability in holocaust survivors. It is evident that the components underlying the survivor syndrome are prone to maintain a constant state of inner tension and torturing harassment in the individuals or groups that survived the holocaust. The intensely adverse emotional and physical reactions to the sight of swastikas, Nazilike uniforms, Neo-Nazi parades (such as in Skokie) are well known. These reactions manifest themselves most clearly in an increased frequency of sleep disturbances, nightmares, anxiety dreams, tachycardia, and other symptoms. However, the psychic vulnerability also has a positive aspect, as the recent Skokie situation indicated. The will to resist was reawakened among a considerable number of former persecution victims who were ready to combat and disperse, by physical means, the intended Nazi parade (which, as such, never materialized).

At present it is still too early to draw definite conclusions from these events. But the possibility of new therapeutic procedures designed to replace the sense of hopelessness, passivity,[2] and despair by appropriate methods of rekindled activity should not be ignored. As De Wind (1971) has stated, tested psychotherapeutic and analytic approaches should be used in all cases of massive traumatization. But the reversibility of the survivor syndrome (or "concentration camp syndrome," as the same author calls it) remains doubtful. Certain aftereffects of the massive traumata inflicted on the victims appear to be inaccessible to any therapeutic technique heretofore applied. For this reason an open-minded search for further methods appears indicated.

Discussion

The foregoing observations concerning the components of the survivor syndrome represent but a condensation of its various ingredients, psychodynamic aspects, and clinical manifestations. The present paper offers but a survey of the main clinical characteristics of the survivor syndrome. Its deeper implications concerning unresolved grief, anhedonia, amnesia versus hypermnesia, tendencies toward regression, psychosomatic illness, and other aspects would need much further elaboration. Nonetheless, some further data should be added here.

In recent years the family formation among survivors and the fate of holocaust-family children have received much attention, at times more ample than that conferred on actual survivors. After all, it is they who lived for years in the shadows of the gas ovens and were personally exposed to unheard-of atrocities and brutalities. As a mother who survived the concentration camp Theresienstadt once told me: "I received the beatings and had to live in the camp on 200 or 300 calories a day;

[2]Lifton (1976) frequently refers to *psychic numbing* of the survivor.

my daughter writes the books about the holocaust."

Obviously, as far as the aftermath of the holocaust is concerned, the impact on the offspring is of great importance. The survivors unconsciously view their children, born after liberation and in areas far removed from the places of their ordeal, as resurrected members of their lost families, in particular as the living replacements of the younger siblings who perished during the Nazi persecution. In this sense the holocaust-family children are *replacement children* and often are treated as such. In view of the persecution history of the parents and the offspring's replacement position in the parents' inner world, it becomes clear that the aftereffects of the holocaust, in one way or another, are bound to affect the children.

To be sure, the children of survivors represent a very heterogeneous group. To say that the parents' emotional scars "are being handed down unto the next generation, the heirs of the holocaust," as H. A. and C. B. Barocas (1979) put it, oversimplifies a highly complex phenomenon that will necessitate more elaborate studies in order to arrive at solid conclusions. Survivor families are those in which one or both parents survived incarceration in Nazi concentration camps or a precarious existence in clandestine hideouts (stables, attics, forests). The features of the survivor syndrome, as demonstrated above, are varied and manifold. Its impact on the children requires not only full awareness of its existence and components (parental depressions, taciturnity, rages, etc.), but should never be overlooked in the evaluation or treatment of the children.

Sonnenberg (1972) and Blacher (1978) have supplied added dimensions to the understanding of the survivor syndrome in holocaust survivors by noting the presence of a special and relatively mild form of survivor syndrome in patients subjected to or associated with heart surgery. Both authors correctly point to the differences and the apparently unique characteristics of the survivor syndrome in persecution victims. According to Blacher, his surgical cases were "acute, short-lived and easily treatable, compared with the chronic, intractable

symptoms" discussed by me. Variants of the survivor syndrome here described undoubtedly exist. In my 1968 paper I pointed emphatically to the advisability of further researach on survivors of "natural disasters (earthquakes, floods, fires, etc.) in order to delineate more fully the psychic sequelae" in survivors of such catastrophies and compare them with the detailed observations communicated. This suggestion still holds.

Summary

Clinical experience over three and a half decades in the evaluation, diagnosis and treatment of close to 2000 concentration camp survivors indicates that we are dealing with a type of massive traumatization of such magnitude and severity as to cause a recognizable clinical entity I have named *"the survivor syndrome,"* which develops irrespective of age, sex, and individual or sociocultural background. The clinical symptoms and characteristic features of this syndrome are described in some detail. The condition is chronic, in many cases severe, and presents unique difficulties to both patient and therapist. The influence of the psychic disturbances on the offspring is frequent and notable. Further research on the syndrome and comparative studies on its occurrence in survivors of natural disasters is suggested. But *one* fact can be stated with certainty: The effects of the holocaust on the survivors linger on.

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Estratto dalle " MEDIZINISCHE MITTEILUNGEN "1933,fascic.4,pg.100,quale articolo di riassunto da: Dr.W.Niederland: "Affezioni neuro-psichiche d'oggi ",1933, Casa Editrice Lühe - Lipsia.

IL TRATTAMENTO DELLA STITICHEZZA ABITUALE.

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Innumerevoli sono le persone che soffrono di ipotonia intestinale abituale e che devono penare per anni,talvolta tutta la vita, nello sforzo di ottenere una digestione regolare.E per questi stitici cronici la defecazione regolare costituisce una vera e propria " pena",nel senso immediato della parola, accompagnata da molestissimi disturbi soggettivi. Tentate invano molte cure, la maggior parte di tali pazienti si presenta - prima o dopo - in sanatorio. I Direttori di case di cure fisico - dietetiche, come la nostra, hanno in cura ogni anno centinaia di tali casi di stitichezza abituale cronicizzata.

Il medico sanatoriale dispone quindi di un materiale d'osservazione straordinariamente vário, e,sotto qualche aspetto,unico.P.es.,il sanitario ospedaliero o il pratico annoverano l'ipotonia intestinale tra i reperti accessori, al contrario del medico sanatoriale, che si occupa appunto delle gravi ed ostinate disfunzioni del ricambio nel loro vario manifestarsi attraverso le molteplici affezioni gastro -enteriche (dello stomaco,fegato, cistifellea ecc.),attraverso le conseguenze e le complicanze postoperative o post-partum sul tratto digerente (p.es. aderenze,atonia), o attraverso disturbi di origine nervosa. Anzi, a proposito di questi ultimi, si rileva come sia tuttora troppo poco nota ai pratici la frequenza della causa psichica nella stitichezza abituale, con o senza concomitante disposizione individuale

neuropatica, come lo dimostra il psichiatra R e i c h a r d t [1]. La disposizione generale d'animo, patemi, pensieri, inibizioni e depressioni psichiche possono determinare, per via vegetativa, l'ipotonia intestinale cronica; e, viceversa, i disturbi derivanti da stitichezza continuata possono assommarsi alle componenti neuropatiche, ed in modo speciale a quelle di costrizione. La cosidetta ipocondria da stitichezza ne fornisce un esempio classico. Indipendentemente da ciò, il numero degli affetti da malattie del tubo digerente, e segnatamente da forme accompagnantesi con stitichezza, segna al giorno d'oggi un forte aumento. Secondo H. S t r a u s s [2] nel corso di questi ultimi 8-10 anni le affezioni gastro - enteriche si sono raddoppiate e fin triplicate. Strauss porta tale fatto in nesso causale con l'uso di grassi di qualità scadente, con il mutamento operato nel regime alimentare dalla introduzione del sistema americano e dell'orario continuato, e col conseguente spostamento della colazione. Adduco inoltre una mia osservazione personale, che rientra nel campo della patologia geografica: nel mio istituto, posto in prossimità del confine svizzero e frequentato da svizzeri e da tedeschi in proporzione circa di metà e metà e nella mia qualità di medico esercitante in territorio di confine, ho potuto riscontrare una notevolissima maggioranza - sia nel numero quanto nella gravità - di casi di stitichezza nella popolazione svizzera nel confronto con quella tedesca. Tale osservazione concorda coi dati di R ö s s l e [3], il quale, nelle autopsie da lui eseguite come patologo, ha potuto notare " una notevole maggior frequenza a Basilea che non a Jena" di malattie del ricambio, come cirrosi epatica, diabete, adiposità, carcinoma ecc. " Particolarmente frequenti " - continua Rössle - "ho riscontrato a Basilea i diverticoli stercoracei del crasso, e precisamente nella proporzione del 16.8 % contro l' 1,3 % riscontrato a Jena". Tale constatazione collima con l'osservazione da me fatta sulla notevole frequenza di casi di stitichezza nella Svizzera. Queste differenze non sono affatto spiegate; tuttavia si presume che esse siano determinate dalla differente alimentazione.

Molti sono i mezzi terapeutici per la cura della ipotonia intestinale. Basti ricordare l'enorme numero di lassativi esistenti e la terapia fisica. Il mezzo curativo di gran lunga più importante e più efficace è la dieta. Mentre gli altri metodi di cura, e segnatamente l'uso di

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1) Allgem.u.spez.Psychiatrie, Jena 1923
2) Münch.med.Wschr.1933, N.2.
3) Jahresk. f.ärztl. Fortbildung 1932, N°1.

lassativi, hanno un'azione quasi prevalentemente sintomatica e portano con sè il pericolo dell'abitudine, la dietetica dell'ipotonia intestinale rappresenta una forma di terapia strettamente causale. L'alimentazione comune povera di cellulosa (" priva di fibre vegetali crude ") a base di molta carne, uova,pane bianco,panini,dolciumi,verdura in scatola, non contiene in sufficenza la sostanza necessaria per la formazione di scorie del ricambio e di feci, tale perciò da stimolare l'attività funzionale dell'intestino.Mancano in essa le fibre vegetali di cui è ricca la verdura, e le quali, col loro naturale contenuto di cellulosa, formano - per così dire - l'impalcatura delle masse fecali. Si cercherà quindi di stimolare la funzione intestinale mediante un dietetico ricco di fibre vegetali (verdura cruda). Ciò non basta, naturalmente, in quei numerosi casi di stitichezza cronica, nei quali la peristalsi intestinale è ipotonica da anni. La terapia di questi casi deve seguire la via fisiologica, mirando all'aumento di volume del contenuto intestinale per ottenere evacuazioni copiose, ricche di materiale, abbondanti. Messomi alla ricerca di un mezzo terapeutico vegetale che così operasse - aumentando cioè la massa fecale e stimolando in pari tempo la funzionalità dell'intestino - sono pervenuto, dopo molti infruttuosi esperimenti con svariate sostanze, al NORMACOL . Tra tutti i rimedi medicamentosi da me prescritti nel corso di anni per combattere la stitichezza,il Normacol si è dimostrato di gran lunga il migliore. L'ho applicato con brillante risultato in tutti i casi di ipotonia abituale dell'int

stino,e particolarmente in pazienti affetti da forme inveterate con peristalsi ipotonica da lungo tempo. In questi ultimi casi non si deve mirare ad ottenere subitamente, per mezzo di drastici, una scarica fecale spesso troppo ingente, ma bensì a procurare al paziente,seguendo la via fisiologica, delle defecazioni regolari per ritmo e quantità. Il Normacol permette di seguire tale orientamento fin dall'inizio della sua applicazione, consentendo esso di ottenere delle evacuazioni normali, regolari, con masse fecali tenere e voluminose. Lo raccomando quindi costantemente per l'uso continuato ai pazienti anche dopo la cura sanatoriale, come accessorio dietico al regime alimentare.

Particolarmente prezioso mi si è dimostrato l'ausilio del Normacol nella cura di persone nervose o neuropatiche degenti nel sanatorio. In tutti quei casi nei quali la componente nervosa predomina nella genesi della disfunzione intestinale, è di assoluta importanza il conferire un ritmo regolare ed una notevole abbondanza alla defecazione. Come R i c h a r d t ebbe efficacemente a rilevarlo [1], molti neuropatici " sono per disposizione legati all'osservanza strettissima dell'orario,pretendono di andare alla seggetta sempre alla medesima ora,si disperano se la defecazione si fa attendere, e ricorrono allora a manovre di costrizione comprimendosi il ventre e chiedendo aiuto ai purganti." In tali pazienti nervosi ed inquieti il regolare la defecazione riveste un'importanza di vitale interesse ed il fatto di poter avere in un giorno una o due evacuazioni facili ed abbondanti rappresenta per essi un elemento di tranquillità,il cui valore non deve assolutamente sfuggire al medico curante.Del resto l'atto defecatorio gioca, più che non lo si creda, un ruolo di primo piano nella vita di molte persone; ed in tal riguardo si potrebbe fin parlare - mi si perdoni la parola - di un " avvenimento".Avevo in cura un paziente di 52 anni, un uomo quieto,assennato,provveditore agli studi, che ad ogni occasione mi descriveva con la più minuziosa

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1) Allgem.u.spez.Psychiatrie,Jena 1923

esattezza ogni particolare delle sue evacuazioni, secondo l'aspetto, il colore,la quantità,l'odore ecc. Egli soffriva da anni di un'ostinata stitichezza che potè in breve venir debellata completamente e senza recidive mediante la prescrizione e l'osservanza di un dietetico appropriato, con l'aggiunta di Normacol. La scomparsa della affezione segnò, anche, la fine della ipocondria e delle idee fisse sulla defecazione.

In pazienti di età avanzata la questione del regolare la attività intestinale merita particolare interesse da parte del medico. Al contrario, assai frequentemente tale problema viene lasciato insoluto. Poichè il paziente di miglior condizione sociale non parla volentieri dei disturbi causatigli dalla stitichezza e dei timori che tali disturbi logicamente gli incutono,il medico non rivolge,talvolta, la propria attenzione su questo importantissimo punto. Io sono certo, p.es., che la tanto diffusa idea fissa del carcinoma abbia le sue radici - e talvolta forse non del tutto a torto - in una reale stitichezza ostinata, avvertita dal soggetto come un tormento, e nelle conseguenti laboriose defecazioni ottenute a stento con pressione e fatica. Nella stragrande maggioranza di tali pazienti si riesce,perlomeno,mediante una coscienziosa ed efficace regolazione della funzione digerente, ad eliminare l'idea fissa del carcinoma. Questi soggetti si sentono come liberati da un incubo quando la disfunzione intestinale, che costituisce la loro pena quotidiana,cede alla restaurata attività dell'intestino, e quando essi si sentono nuovamente in sicuro possesso di una digestione normale,regolare e piena.

Estratto dalle " Medizinische Mitteilungen"1935,fascic.6,pg.157,quale articolo di riassunto dal libro "Neurastenia,la malattia di ognuno"dell'Dott. W.Niederland.Falkenverlag,1935.

IL TRATTAMENTO TERAPEUTICO DELLE MALATTIE FUNZIONALI

GASTRO - ENTERICHE.

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Già in un mio precedente articolo (apparso nel N°16 delle Ärztl. Sammelblätter 1934) ho cercato di esporre i principi generali da seguire per una cura dietetica redditizia della neurastenia. Col presente lavoro voglio dimostrare come si debbano seguire in pratica le direttive fissate precedentemente,nel citato articolo, e precisamente in un campo quanto mai vasto di cui il medico deve occuparsi quasi ogni giorno: quello delle malattie funzionali gastro-enteriche. Il defunto chirurgo A. K r e c k e [1] ha riferito che nel periodo 1927 - 1930 la sua clinica ospitò complessivamente 942 pazienti affetti da tali malattie : di questi, 242 presentavano ulcera gastrica,186 carcinoma dello stomaco o dell'intestino,mentre negli altri 514 non fu possibile mettere in evidenza alterazioni anatomiche di sorta , sia nel tratto digerente quanto negli altri organi.Krecke designa giustamente tale reperto come del massimo interesse e pone la domanda:" Che cosa faceva difetto in questi ultimi pazienti ?"

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1) Münch.med.Wschr.1933,N.23

Infatti, anche se l'esame più accurato non permetteva di apprezzare alterazioni anatomiche del tubo gastro - enterico, purtuttavia in quasi tutti questi casi si riscontrava una serie di disturbi, che potevano venir designati in generale come irregolarità della funzione digerente: iper - o ipocloridria, mancanza d'appetito, spasmi intestinali, e nella massima parte dei pazienti, stitichezza ostinata. Già in passato ho avuto modo di scrivere che il medico formatosi negli ospedali, su casi gravi, è incline ad un certo scetticismo di fronte a pazienti che lamentano i disturbi sopraccennati e, non riscontrando in loro la presenza di alterazioni organiche, li classifica semplicemente come " nevrastenici ".

Così facendo non si arriverà mai a buon fine; come è pure errato dire al paziente:" Lei non ha nulla, non si metta delle brutte idee in testa". Non si ottiene con ciò nessun risultato e si spinge il malato, che si sente privo di aiuto e in assoluta balia di se stesso, nelle braccia dei ciarlatani. Eppure la cura di queste forme rappresenta un campo assai fruttifero della terapia, nel quale anche il medico pratico può cogliere i migliori successi senza dispendio di tempo e fatica. Sembra, al riguardo, essere ancor troppo poco noto ai medici, per es. che la stitichezza cronica risale spesso a cause psichiche, (disposizione generale d'animo, patemi, dispiaceri, inibizioni ecc.) benchè dopo i fondamentali lavori di P a w l o w, H e g e r, K a t s c h ed altri si conosca appieno l'influenza capitale eser-

citata dalla sfera psichica sugli organi della digestione. Con riferimento a ciò, rilevo una osservazione fatta da H.S t r a u s s, secondo il quale il numero delle malattie del tubo gastro-enterico nel corso degli ultimi dieci anni si è raddoppiato e fin triplicato. Ricordo inoltre gli esperimenti compiuti su animali da von B e r g m a n n,il quale dimostrò sul coniglio affamato che mostrando all'animale una carota, tutto l'apparato gastro-enterico si mette in moto, e che pizzicando il soggetto in un orecchio la peristalsi intestinale si blocca di colpo.

I reperti clinici,i risultati delle statistiche e delle esperienze su animali hanno dunque messo in evidenzal'azione capitale dei fattori psichici sulla funzione digerente. Qual'è la posizione del medico rispetto alla terapia di tali casi ? Essa è rimasta per molti, purtroppo, al livello di quella degli antichi medici greci, magistralmente descritti da P l u t a r c o(De cup.div.):"Quando il medico si trova al cospetto di un paziente che giace sul suo letto, geme e non vuol mangiare nulla, e quando egli ha fatte tutte le debite osservazioni e palpazioni ed ha stabilito l'assenza della febbre, dice: " Si tratta di una malattia dell'anima " - e se ne va." Tale procedura ,in uso ancora oggigiorno, può ascriversi in parte al fatto che molti medici non si sentono adatti allo svolgere una cura psicoterapica per la quale spesso manca loro il tempo,tanto più che, riconosciuta la natura funzionale della malattia,il malato cessa ai loro occhi, di essere un malato.

Purtuttavia, al di fuori della psicoterapia e della cura medicamentosa, che si rivela troppe volte inefficace, conosciamo un mezzo terapeutico <u>sicuro e straordinariamente efficace</u> per il trattamento delle turbe funzionali gastro - enteriche: <u>il regime alimentare</u>. E proprio la disfunzione più frequente dell'apparato digerente, la ipotonia intestinale cronica, rappresenta forse il campo migliore,nel quale una razionale cura dietetica porta il miglior frutto,poichè

essa agisce in due direzioni. In primo luogo un'alimentazione ricca di fibre vegetali crude ("ricca di cellulosa") agisce immediatamente sulla funzione intestinale ipotonica, stimolandola, e permette di ottenere un alvo aperto con feci abbondanti, quantitativamente notevoli. Quest'ultimo elemento è della massima importanza in quanto l'alimentazione comune povera di fibre vegetali crude, e cioè a base di molta carne,pane bianco,uova,dolci,latte,ecc.,non lascia residui di rifiuto bastanti per la formazione di una considerevole massa fecale. Molto spesso la stitichezza è dovuta appunto alla sola mancanza di un sufficente bolo fecale. Per aumentare in quantità il riempimento dell'intestino,uso volentieri prescrivere - in aggiunta al dietetico - sostanze vegetali favorenti la digestione e dotate del potere di rigonfiarsi una volta giunte nell'intestino stesso. Sono ricorso in tal modo ai semi di lino, alla crusca ,ed al NORMACOL,il quale mi si è dimostrato particolarmente efficace. Al proposito osservo che non bisogna cercar di ottenere delle scariche fecali violente (talvolta indesiderabilmente violente) ricorrendo ai drastici, ma,al contrario, evacuazioni normali e abbondanti. La nostra esperienza ci ha attestato che il NORMACOL, con la sua azione " di aumento e di risolvimento della massa fecale "(von N o o r d e n), è particolarmente indicato per tale compito. Tra tutti i numerosissimi mezzi medicamentosi esistenti per la cura della stitichezza abituale, il NORMACOL si è dimostrato il migliore ed il più sicuro.
In secondo luogo un trattamento dietetico razionale, rigidamente os-

servato, è di grande vantaggio anche in riguardo al fattore psichico di tali affezioni. Col presentare ad un malato nervoso,inquieto, distratto, un piano dietetico preciso e razionale(a base di abbondante verdura cruda,frutta e succo di frutta),piano che egli dovrà osservare coscienziosamente per settimane ed eventualmente per mesi, noi lo costringiamo contemporaneamente ad un regime razionale di vita, al seguire determinati principi basilari dell'alimentazione,alla osservanza di importanti regole dietetiche. In tal modo si riesce non solamente a distrarre il paziente da eventuali conflitti psichici,ma lo si costringe anche ad una certa tensione della volontà per mutare, sulla scorta del piano propostogli, quelle che erano state fino a quel momento le sue abitudini di vita e di alimentazione. In sostanza questo lavorio interno per tendere ad uno scopo ben definito, non è altro che un processo di autoeducazione. Occorre tener presente che noi educhiamo un soggetto per natura nervoso e debole di volontà,interessandolo al lavoro che noi compiamo per ristabilirne la sua salute, anzi affidandogli parte integrante di questo lavoro; e tanto meglio se in questo compito possiamo ricorrere ad un mezzo tanto utile come lo è un regime in preminenza vegetariano, che influisce nel contempo beneficamente sulle funzioni vegetative. Analogamente efficace si dimostra una cura con digiuno assoluto in uno o più giorni: infatti essa rappresenta non solamente un benefico riposo per l'apparato digerente, la cui attività viene spesso sforzata, ma anche un atto di autoeducazione,esercitando così un'in-

fluenza immediata sulla sfera psichica.

L'essenziale è - a mio modo di vedere - il lato nuovo di queste considerazioni, è il fatto che il trattamento dietetico , che fino ad oggi sembrava trovare la sua principale indicazione nelle forme morbose gastro -enteriche non funzionali, è invece da adottarsi di principio anche per la cura delle forme funzionali del tubo digerente.Anzi, esso trova qui un campo di applicazione quanto mai proprio e vasto: nella terapia di influenza regolatrice sulle turbe funzionali gastro-enteriche di origine vegetativa. Mentre il dietetico prescritto nelle alterazioni non funzionali, come ad es. il dietetico per l'ulcera gastrica, le gelatine,ecc.,rappresenta un'alimentazione uniforme al massimo grado e sopportabile solamente per un periodo limitato, la terapia alimentare da noi consigliata poggia su basi alquanto più larghe. Essa si svolgerà - ad un dipresso - sulle seguenti linee fondamentali:

1. Alimentazione strettamente commisurata al necessario,con eventuali inserzioni di giorni di digiuno, di giorni di esclusiva dieta di tè e di frutta.
2. Regime alimentare povero di albumina, con esclusione assoluta delle usuali pietanze di carne,pesce,uova (la carne è permessa 2 - 3 volte in settimana).
3. Poco sale nella preparazione dei cibi, pane integrale al posto del pane bianco,eventualmente NORMACOL ai pasti principali.
4. Molta verdura cruda(tutti i giorni a mezzogiorno)sotto forma di insalata cruda,frutta : carote,pomidoro,asparagi,cavolfiori, cavoli acidi, spinaci,rabarbaro,funghi,barbanera, endivia,lattuga, crescione,aglio,cetrioli,cavoli di Bruxelles; frutta d'ogni genere; succo di frutta.
5. Vietati i voluttuari dannosi, segnatamente il caffè,l'alcool,la nicotina.
   Riguardo a quest'ultimo punto osservo che un regime alimentare

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Naturalmente non si limiterà il trattamentp alla sola dietetica.Questa rappresenta - per così dire - il pernio intorno al quale devono coordinarsi tutti gli altri procedimenti terapeutici. Tra questi accenno subito alla chinesiterapia ,particolarmente indicata in casi di rilassamento della muscolatura della parete addominale o di enteroptosi, sia come ginnastica attiva con accentuati movimenti del tronco e dell'addome, sia in unione ad esercizi respiratori,nel qual caso occorrerà considerare di maggior importanza la respirazione ritmica addominale e diaframmatica. Questo trattamento si dimostra utile anche nei non rari casi di disturbi da eccessiva raccolta di aria nel tubo gastroenterico (nella cosidetta sindrome cardio -gastrica di R o e m h e l d), che secondo la mia esperienza rappresenta l'unico caso di affezione funzionale dell'apparato digerente,nel quale la dietetica a base di verdura cruda deve venir applicata con circospezione ed in ogni modo sempre dopo una dieta di transizione piuttosto lunga (a base di latte acido, siero del burro, Joghurt, Kefir,Normacol).

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Estratto dalle " Medizinische Mitteilungen"1935,fascic.6,pg.157,quale articolo di riassunto dal libro "Neurastenia,la malattia di ognuno"del Dott. W.Niederland.Falkenverlag,1935.

IL TRATTAMENTO TERAPEUTICO DELLE MALATTIE FUNZIONALI

GASTRO - ENTERICHE.

Dr.Wilhelm Niederland
dell'Ospedale Civile di Schönlinde i.B.(Primario Dr.R. Stohr).

Già in un mio precedente articolo (apparso nel N°16 delle Ärztl. Sammelblätter 1934) ho cercato di esporre i principi generali da seguire per una cura dietetica redditizia della neurastenia. Col presente lavoro voglio dimostrare come si debbano seguire in pratica le direttive fissate precedentemente,nel citato articolo, e precisamente in un campo quanto mai vasto di cui il medico deve occuparsi quasi ogni giorno: quello delle malattie funzionali gastro-enteriche. Il defunto chirurgo A. K r e c k e [1] ha riferito che nel periodo 1927 - 1930 la sua clinica ospitò complessivamente 942 pazienti affetti da tali malattie : di questi, 242 presentavano ulcera gastrica,186 carcinoma dello stomaco o dell'intestino,mentre negli altri 514 non fu possibile mettere in evidenza alterazioni anatomiche di sorta , sia nel tratto digerente quanto negli altri organi.Krecke designa giustamente tale reperto come del massimo interesse e pone la domanda:" Che cosa faceva difetto in questi ultimi pazienti ?"

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1) Münch.med.Wschr.1933,N.23

Second Intentional Exposure

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Infatti, anche se l'esame più accurato non permetteva di apprezzare alterazioni anatomiche del tubo gastro - enterico, purtuttavia in quasi tutti questi casi si riscontrava una serie di disturbi, che potevano venir designati in generale come irregolarità della funzione digerente; iper - o ipocloridria,mancanza d'appetito,spasmi intestinali, e nella massima parte dei pazienti,stitichezza ostinata. Già in passato ho avuto modo di scrivere che il medico formatosi negli ospedali, su casi gravi, è incline ad un certo scetticismo di fronte a pazienti che lamentano i disturbi sopraccennati e,non riscontrando in loro la presenza di alterazioni organiche, li classifica semplicemente come " nevrastenici ".

Cosi facendo non si arriverà mai a buon fine; come è pure errato dire al paziente:" Lei non ha nulla,non si metta delle brutte idee in testa".Non si ottiene con ciò nessun risultato e si spinge il malato, che si sente privo di aiuto e in assoluta balia di se stesso, nelle braccia dei ciarlatani. Eppure la cura di queste forme rappresenta un campo assai fruttifero della terapia, nel quale anche il medico pratico può cogliere i migliori successi senza dispendio di tempo e fatica. Sembra, al riguardo, essere ancor troppo poco noto ai medici,per es. che la stitichezza cronica risale spesso a cause psichiche,(disposizione generale d'animo,patemi,dispiaceri,inibizioni ecc.) benchè dopo i fondamentali lavori di P a w l o w, H e g e r, K a t s c h ed altri si conosca appieno l'influenza capitale eser-

citata dalla sfera psichica sugli organi della digestione. Con riferimento a ciò, rilevo una osservazione fatta da H.S t r a u s s, secondo il quale il numero delle malattie del tubo gastro-enterico nel corso degli ultimi dieci anni si è raddoppiato e fin triplicato. Ricordo inoltre gli esperimenti compiuti su animali da von B e r g m a n n,il quale dimostrò sul coniglio affamato che mostrando all'animale una carota, tutto l'apparato gastro-enterico si mette in moto, e che pizzicando il soggetto in un orecchio la peristalsi intestinale si blocca di colpo.

I reperti clinici,i risultati delle statistiche e delle esperienze su animali hanno dunque messo in evidenzal'azione capitale dei fattori psichici sulla funzione digerente. Qual'è la posizione del medico rispetto alla terapia di tali casi ? Essa è rimasta per molti, purtroppo, al livello di quella degli antichi medici greci, magistralmente descritti da P l u t a r c o(De cup.div.):"Quando il medico si trova al cospetto di un paziente che giace sul suo letto, geme e non vuol mangiare nulla, e quando egli ha fatte tutte le debite osservazioni e palpazioni ed ha stabilito l'assenza della febbre, dice: " Si tratta di una malattia dell'anima " - e se ne va." Tale procedura ,in uso ancora oggigiorno, può ascriversi in parte al fatto che molti medici non si sentono adatti allo svolgere una cura psicoterapica per la quale spesso manca loro il tempo,tanto più che, riconosciuta la natura funzionale della malattia,il malato cessa ai loro occhi, di essere un malato.

Purtuttavia, al di fuori della psicoterapia e della cura medicamentosa, che si rivela troppe volte inefficace, conosciamo un mezzo terapeutico <u>sicuro e straordinariamente efficace</u> per il trattamento delle turbe funzionali gastro - enteriche: <u>il regime alimentare</u>. E proprio la disfunzione più frequente dell'apparato digerente, la ipotonia intestinale cronica, rappresenta forse il campo migliore,nel quale una razionale cura dietetica porta il miglior frutto,poichè

essa agisce in due direzioni. In primo luogo un'alimentazione ricca di fibre vegetali crude ("ricca di cellulosa") agisce immediatamente sulla funzione intestinale ipotonica, stimolandola, e permette di ottenere un alvo aperto con feci abbondanti, quantitativamente notevoli. Quest'ultimo elemento è della massima importanza in quanto l'alimentazione comune povera di fibre vegetali crude, e cioè a base di molta carne,pane bianco,uova,dolci,latte,ecc.,non lascia residui di rifiuto bastanti per la formazione di una considerevole massa fecale. Molto spesso la stitichezza è dovuta appunto alla sola mancanza di un sufficente bolo fecale. Per aumentare in quantità il riempimento dell'intestino,uso volentieri prescrivere - in aggiunta al dietetico - sostanze vegetali favorenti la digestione e dotate del potere di rigonfiarsi una volta giunte nell'intestino stesso. Sono ricorso in tal modo ai semi di lino, alla crusca ,ed al NORMACOL,il quale mi si è dimostrato particolarmente efficace. Al proposito osservo che non bisogna cercar di ottenere delle scariche fecali violente (talvolta indesiderabilmente violente) ricorrendo ai drastici, ma,al contrario, evacuazioni normali e abbondanti. La nostra esperienza ci ha attestato che il NORMACOL, con la sua azione " di aumento e di risolvimento della massa fecale "(von N o o r d e n), è particolarmente indicato per tale compito. Tra tutti i numerosissimi mezzi medicamentosi esistenti per la cura della stitichezza abituale, il NORMACOL si è dimostrato il migliore ed il più sicuro.
In secondo luogo un trattamento dietetico razionale, rigidamente os-

servato, è di grande vantaggio anche in riguardo al fattore psichico di tali affezioni. Col presentare ad un malato nervoso,inquieto, distratto un piano dietetico preciso e razionale(a base di abbondante verdura cruda,frutta e succo di frutta),piano che egli dovrà osservare coscienziosamente per settimane ed eventualmente per mesi, noi lo costringiamo contemporaneamente ad un regime razionale di vita, al seguire determinati principi basilari dell'alimentazione,alla osservanza di importanti regole dietetiche. In tal modo si riesce non solamente a distrarre il paziente da eventuali conflitti psichici,ma lo si costringe anche ad una certa tensione della volontà per mutare, sulla scorta del piano propostogli, quelle che erano state fino a quel momento le sue abitudini di vita e di alimentazione. In sostanza questo lavorio interno per tendere ad uno scopo ben definito, non è altro che un processo di autoeducazione.Occorre tener presente che noi educhiamo un soggetto per natura nervoso e debole di volontà,interessandolo al lavoro che noi compiamo per ristabilirne la sua salute, anzi affidandogli parte integrante di questo lavoro: e tanto meglio se in questo compito possiamo ricorrere ad un mezzo tanto utile come lo è un regime in preminenza vegetariano, che influisce nel contempo beneficamente sulle funzioni vegetative. Analogamente efficace si dimostra una cura con digiuno assoluto in uno o più giorni: infatti essa rappresenta non solamente un benefico riposo per l'apparato digerente, la cui attività viene spesso sforzata, ma anche un atto di autoeducazione,esercitando così un'in-

fluenza immediata sulla sfera psichica.

L'essenziale è - a mio modo di vedere - il lato nuovo di queste considerazioni, è il fatto che il trattamento dietetico , che fino ad oggi sembrava trovare la sua principale indicazione nelle forme morbose gastro -enteriche non funzionali, è invece da adottarsi di principio anche per la cura delle forme funzionali del tubo digerente.Anzi, esso trova qui un campo di applicazione quanto mai proprio e vasto: nella terapia di influenza regolatrice sulle turbe funzionali gastro-enteriche di origine vegetativa. Mentre il dietetico prescritto nelle alterazioni non funzionali, come ad es. il dietetico per l'ulcera gastrica, le gelatine,ecc.,rappresenta un'alimentazione uniforme al massimo grado e sopportabile solamente per un periodo limitato, la terapia alimentare da noi consigliata poggia su basi alquanto più larghe. Essa si svolgerà - ad un dipresso - sulle seguenti linee fondamentali:

1. Alimentazione strettamente commisurata al necessario,con eventuali inserzioni di giorni di digiuno, di giorni di esclusiva dieta di tè e di frutta.
2. Regime alimentare povero di albumina, con esclusione assoluta delle usuali pietanze di carne,pesce,uova (la carne è permessa 2 - 3 volte in settimana).
3. Poco sale nella preparazione dei cibi, pane integrale al posto del pane bianco,eventualmente NORMACOL ai pasti principali.
4. Molta verdura cruda(tutti i giorni a mezzogiorno)sotto forma di insalata cruda,frutta : carote,pomidoro,asparagi,cavolfiori, cavoli acidi, spinaci,rabarbaro,funghi,barbanera, endivia,lattuga, crescione,aglio,cetrioli,cavoli di Bruxelles; frutta d'ogni genere; succo di frutta.
5. Vietati i voluttuari dannosi, segnatamente il caffè,l'alcool,la nicotina.
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highly creative persons of wide renown cannot present their findings in convincing detail for reasons of confidentiality, much in this area remains unclear and unexplored.

Nevertheless, a number of propositions can be offered, as far as present-day knowledge regarding the creative process is concerned. First, however, it may be convenient to clarify briefly the meaning of such terms as "creative", "art", and "artist" as used in the present context. In the following pages, these designations are employed in accordance with Greenacre's (1958) formulation with reference to

> the creative individual no matter what the medium of his artistic expression may be, i.e., the person whose work-product shows . . . unusual capacity for imaginative creation, original thought, invention or discovery,
>
> in addition to the skills resulting from learning and practice.

Creative Proccess

As for the creative process or processes, a number of propositions can be summarized as follows:

Although the true nature and sources of the process have not yet been sufficiently clarified, the role of the unconscious in creativity is of considerable, and in most cases decisive, import.

Human creativity, in the ordinary sense, is an innate endowment and, as such, is part of the patrimony of the human race. Its early development—tool making and language, for example—belongs to the realm of evolution and includes the larger problem of how man came to be man.

Creativity, in the sense of original and exceptional achievement, is a relatively rare characteristic of certain persons that, all probability, is an innate gift. The development and full unfolding of this potential require the presence of internal and external conditions, especially in early life, the confluence of which appear to culminate in the creative process or act.

Individual experiences and influences of various kinds, among them certain types of physical and psychiatric illness, appear to stimulate artistic potentialities in a gifted person. The creative mind is able to absorb, organize or reorganize, and communicate these experiences in a way different from that of the person not thus endowed. Artistic production can be understood as an adaptive phenomenon of a special kind that, albeit rooted in and influenced by the primary process, is oriented toward reality (secondary process).

The relationship that seems to link art and psychopathology has received much attention in the current professional and nonprofessional literature. At present, the existence and consequences of these relations are far from being fully established or explored.

The foregoing propositions are still in a state of flux and are open to further inquiry, elaboration, and precision. It is, nonetheless, within this broad framework of reference that the aspects of creativity of particular interest to the psychiatrist are considered here. Looking at the creative process and its psychology, one may question the customary use of the word "process" in the singular. Instead of speaking of a single process, however intricate, one should, perhaps, speak of processes and examine the multiple roots and mechanisms, since the creative achievement of a genius in mathematics seems to be different, not only in the nature of the accomplishment but also in its content and aim, from that of a composer, painter, or poet. No adequate formulation appears to cover them all. However careful scrutiny and study in depth of all data and findings from clinical and applied research make it possible to suggest the presence of certain common factors that can be observed in many creative persons with uncommon frequency and intensity. Among these factors some components may properly be considered to be relevant to the creative process or processes

52.1b-1

52.1b Psychiatry and the Creative Process

WILLIAM G. NIEDERLAND, M.D.

Introduction

Human creativity has been called a challenging, fascinating, and valuable, albeit perplexing, phenomenon. In no previous period has there been so strong a demand for, and massive outpouring of, literature on creativity as there is today, but its true nature has remained obscure, something akin to "an enigma wrapped in a mystery inside an enigma" to quote Churchill's formulation, used by him in a different context.

Freud, in his 1928 study "Dostoevsky and Parricide" (Freud, 1953), speaks of the great Russian novelist as "the creative artist, the neurotic, the moralist, the sinner" and then poses the question, "How is one to find one's way in this bewildering complexity?" In the same essay, he mentions the writer's "unanalyzable artistic endowment" and in a later comment, on the occasion of his acceptance of the Goethe Prize in 1930, Freud points to "the riddle of the miraculous gift that makes an artist." In the 1933 preface to Marie Bonaparte's book on Edgar Allan Poe, he reiterates his position when he suggests that the psychoanalyst, instead of seeking to explain artistic creativeness, limit himself to studying the motifs and factors "which awaken genius and the sort of subject matter it is fated to choose." Until a decade or two ago, any attempt to explain creativity in psychological terms has been viewed as presumptuous and, as Rothenberg (1968) notes, the act of creation itself as "instrinsically unexplainable by means of deterministic psychology."

The problems are compounded by several facts. The creator of a work of art is usually unaware in his conscious thinking of the mental processes striving for expression before or during the creative effort. The conscious evaluation of the work done by a genius and personally appraised by him may be so erroneous that, for example, Goethe and Rousseau, as Eissler (1971) has shown, thought of their contributions to the study of colors and to music, respectively, as their greatest accomplishments, whereas these contributions lost their value and meaning shortly after their creation. This fact alone, in addition to others, raises doubts concerning the validity of questionnaires, frequently used in psychological research with regard to the lives and works of contemporary artists.

In clinical-therapeutic settings, on the other hand, the encounter between patient and psychiatrist is essentially verbal; verbal understanding and insight, emotionally accepted, are the main tools of such work. In the artistic realm, however, nonverbal expressions—such as perceptions of shapes, colors, body feelings, and similar experiences—often predominate, and although verbal expression is highly significant in certain areas such as poetry, it is almost totally absent in painting and sculpting. One of Leonardo da Vinci's "Precepts of the Painter" (MacCurdy, 1956) seems to be uniquely suited to coping with this situation. Da Vinci wrote:

> I will not refrain from setting among these precepts a new device for consideration . . .this is that if you look at any walls spotted with various stains or different kinds of stones, if you are about to invent some scene you will be able to see in it a resemblance to various different landscapes adorned with mountains, rivers, rocks, trees, plains, wide valleys and various groups of hills. You will also be able to see divers combats and figures in quick movement, and strange expressions of faces, and outlandish constumes, and an infinite number of things". . . . With such walls and blends of different stones, in whose clanging you may discover every name and word that you can imagine.

The psychiatrist who treats an artist-patient does well to take cognizance of this striking description of an artist's vivid imagery. The wall gazing and wall picturing, as Da Vinci describes them, also occur on the analytical couch, and their meaningful exploration in depth can be of therapeutic value in a clinical setting. The artist can regain the past in the creative process artistically; the therapist, through the analytical process, can help to regain it verbally and emotionally.

Applied psychoanalytic research is beset by problems of a different sort. The dearth of authentic data with regard to a child who later turns into a genius is notorious. As Coler (1968) correctly states: Too much biographical material is suspect. However, well documented and thoroughly researched applied analytical studies are apt to encounter covert or frank hostility from both analytical and nonanalytical quarters. The studies are either regarded as speculative or dismissed by adducing such truisms as "a dead patient cannot talk back." Since geniuses rarely enter clinical analysis and since the few psychiatrists and analysts who have observed and treated clinically

highly creative persons of wide renown cannot present their findings in convincing detail for reasons of confidentiality, much in this area remains unclear and unexplored.

Nevertheless, a number of propositions can be offered, as far as present-day knowledge regarding the creative process is concerned. First, however, it may be convenient to clarify briefly the meaning of such terms as "creative", "art", and "artist" as used in the present context. In the following pages, these designations are employed in accordance with Greenacre's (1958) formulation with reference to

> the creative individual no matter what the medium of his artistic expression may be, i.e., the person whose work-product shows . . . unusual capacity for imaginative creation, original thought, invention or discovery,

in addition to the skills resulting from learning and practice.

Creative Proccess

As for the creative process or processes, a number of propositions can be summarized as follows:

Although the true nature and sources of the process have not yet been sufficiently clarified, the role of the unconscious in creativity is of considerable, and in most cases decisive, import.

Human creativity, in the ordinary sense, is an innate endowment and, as such, is part of the patrimony of the human race. Its early development --tool making and language, for example-- belongs to the realm of evolution and includes the larger problem of how man came to be man.

Creativity, in the sense of original and exceptional achievement, is a relatively rare characteristic of certain persons that, all probability, is an innate gift. The development and full unfolding of this potential require the presence of internal and external conditions. especially in early life, the confluence of which appear to culminate in the creative process or act.

Individual experiences and influences of various kinds, among them certain types of physical and psychiatric illness, appear to stimulate artistic potentialities in a gifted person. The creative mind is able to absorb, organize or reorganize, and communicate these experiences in a way different from that of the person not thus endowed. Artistic production can be understood as an adaptive phenomenon of a special kind that, albeit rooted in and influenced by the primary process, is oriented toward reality (secondary process).

The relationship that seems to link art and psychopathology has received much attention in the current professional and nonprofessional literature. At present, the existence and consequences of these relations are far from being fully established or explored.

The foregoing propositions are still in a state of flux and are open to further inquiry, elaboration, and precision. It is, nonetheless,within this broad framework of reference that the aspects of creativity of particular interest to the psychiatrist are considered here. Looking at the creative process and its psychology, one may question the customary use of the word "process" in the singular. Instead of speaking of a single process, however intricate, one should, perhaps, speak of processes and examine the multiple roots and mechanisms, since the creative achievement of a genius in mathematics seems to be different, not only in the nature of the accomplishment but also in its content and aim, from that of a composer, painter, or poet. No adequate formulation appears to cover them all. However careful scrutiny and study in depth of all data and findings from clinical and applied research make it possible to suggest the presence of certain common factors that can be observed in many creative persons with uncommon frequency and intensity. Among these factors some components may properly be considered to be relevant to the creative process or processes.

Body Feelings and Perceptions

As Freud wrote in (1923), it is the body itself

> from which both external and internal perceptions may spring . . . the ego is first and foremost a body-ego.

Following the trail opened by Freud, the British psychoanalyst John Rickman (1957) wrote "On the Nature of Ugliness and the Creative Impulse." Therein he postulated, in connection with the prevailing psychoanalytic theory of the restorative function of art, the "horror of the ugly" and the urge to change it as a *vis-a-tergo* that thrusts man into constructive work "in art, in science and even in the humble tasks of our daily round". Focusing on the interplay of creative and destructive impulses

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in the artist, Rickman sees in the artist and his work evidence for "the triumph of the creative impulse over the forces of destruction". He speaks of the artist's flight to beauty, away from the unbearable ugliness and misery that pervade reality.

Greenacre (1957), in more specific terms, has emphasized the artist's heightened perceptiveness of, and increased sensitivity to, the external world, an inborn reaction pattern of intensified awareness that not only permeates the artist's personal relationships in life but also gives rise to the formation of "collective alternates" (nature, cosmos, and universe) of great importance to the creative mind.

Further research (Niederland, 1964, 1965, 1967) has focused attention on the presence of a permanent and often severe injury to infantile narcissism and its germinative effect on the creative potential. In the cases observed, the narcissistic injury was derived from early physical frailty or disability resulting from congenital malformations, bodily anomalies, or protracted illness in childhood. The lead in this direction of research was provided by Freud in his studies "On Narcissism" in 1914 (Freud; 1957) "The Uncanny" in 1919 (Freud; 1948), and "The Ego and the Id" in 1923 and by Kris in his *Psychoanalytic Explorations in Art* (1952).

Artist-patients who as children sustained injuries of the types mentioned or in adulthood were exposed to experiences involving the reactivation of such early traumata showed marked alterations in body tonus and body feelings before and during periods of creative work. Patients who had felt small, empty, dwarfish, hollow, or shrunken before, lost these feelings during creative activity, in the course of which sensations of being whole, strong, and complete took over. On analytical scrutiny, these alterations in body tonus were traced to corresponding changes in self-representation. After the creative job was done, the old feelings of being physically defective and incomplete returned. Such alternating body experiences and other manifestations existing before, or emerging during, the creative state—usually overdetermined in view of concomitant psychological disturbances (depression and anxiety)—can be analytically understood as derivatives of unresolved conflicts of a specific character.

As is well known, many psychic traumata of early life find a more or less spontaneous solution through mastery in childhood. The presence of an early body defect prevents a spontaneous solution. Rather, the defect tends to remain an area of unresolved conflict through its concreteness, permanence, narcissistic significance, and resultant cathectic maldistribution. It strongly influences self-representation and the imaginative and symbolic processes, giving rise to a florid and secretive fantasy life. The permanent injury attaches itself to the subject's inner world of self-representations and object-representations, and it tends to intensify personal tensions and the familiar conflictual anxieties—castration fear, aggression, vengefulness, and lifelong rancor—from early life on to the point of massive influence on character formation and ego-superego development. Under average conditions, the usual discordance between the mental representations of the body in the flesh and the body in the mind—in regard to their respective attributes, shapes, and appearances—is a moderate one. In physically damaged persons, the discrepancy between these representations tends to remain inordinate and so strong that it can constitute a major compelling force toward acting out. In gifted persons, the urge toward bodily reparation frequently takes the path of creative restitution. The art historian Hauser (1958), without referring to the psychoanalytic findings here presented, speaks of art as "a remedy against life's imperfect, fragmentary nature."

In a middle-aged, female artist-patient whose left arm was moderately deformed as a result of a birth injury (high forceps), the defective arm and large areas of the body surface were hypocathected. This could be ascertained in psychoanalysis through fantasies, dreams, and frequent references to the body areas, mentioned as rubbery and quasi nonexistent. Her eyes and right arm, with which she painted, were hypercathected. The case history included the fact that the injured arm had been kept in traction for more than a year during infancy, and her development through childhood and adolescence had been adversely affected.

Her constant efforts to keep the physical defect out of sight and from everyone, including herself (denial), compounded her difficulties. She became a loner, holding herself aloof from emotional involvements. With her undamaged arm she painted numerous naissance and renaissance pictures—water scenes, lakes, rivers, and similar themes symbolyzing birth or rebirth. She also made her home near a lagoon and painted herself as a crippled, misshapen child, lying prostrate at the foot of the St. Rochus cathedral and imploring the medieval saint to save her from the misery of her crippled existence. In reality, she was not crippled, although she was somewhat limited in left-sided arm movements. St Rochus is the healer of plague and pestilence in early and Medieval Christian thinking. The transference implications—that is, the patient's implied expectance to be cured by the therapist in the miraculous manner of St. Rochus—are apparent.

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The concept of the body image is more complex than is generally realized. The influence of body image and self-image on artistic production is certainly great. Some biographical notes based on applied analytical studies of the lives of famous artists supplement the clinical material.

A poignant example is the art work of the French painter Jacques Louis David (1748-1825), who founded the neoclassical school and later became court painter to Napoleon, under whose regime he acted as a sort of art dictator in France. Earlier, he had been a Jacobin and a member of the revolutionary convention. Most art critics have commented on the smoothness and evenness of David's paintings, their glacial and smooth appearance, often blaming the artist for the "chilly" surface quality and "frigid execution" (Delacroix) of much of his work, which leaves the viewer cold or indifferent in the face of what, nonetheless, is recognized as superb artistry. David's famous canvases "Oath of the Horatii," "Death of Socrates," and the portrait of "Bonaparte au Mont St. Bernard" clearly indicate this emphasis on surface and symmetry. On the other hand, the same artist was able to paint in "Marat Assassinated" one of the most moving pictures in the history of art.

Jacques Louis David

One is inclined to return, in view of such contradictions, to Freud's 1928 question (Freud; 1953), "How is one to find one's way in this bewildering complexity?" Body experience and body imagery perhaps provide at least a partial answer. An early self-portrait by David shows an extensive and disfiguring area on the artist's right cheek, possibly a large but benign tumor that caused a marked facial asymmetry. Biographical data, moreover, indicate that the disfiguring lesion or tumor located above the right upper lip, impaired the artist's speech and that it was a permanent disfigurement. (No facial surgery was available in those days.) The excessive symmetry and stiff-upper-lip configurations of many of David's paintings may be related to the physical imperfection that through reversal and projection in the creative process is undone, as it were, and creatively healed.

Of course, no certainty exists as to the correctness of this interpretation. However, one of David's principal maxims in creating neoclassicism should be noted. This principle was: To give a body and a perfect form to one's thought, this —and only this— is to be an artist.

The artistic reversal of a physical deformity, not by symmetrical and compensatorily smooth Gestalt, but through satire and comic creation in literary work, can be traced in the fictional masterpieces of Nikolai Gogol (1809-1852). This Russian genius was a little man of almost dwarfish appearance whose face was dominated by a giant nose of such dimension and mobility that he would perform parlor tricks with it, he could easily touch the tip of his nose with his underlip, a feat that gave him, according to his own account, exquisite sensual pleasure.

Gogol

Friedman (1951) and Greenacre (1958) have dealt with the psychodynamic aspects and other implications of Gogol's life. As his biographer Nabokov (1944)—no friend of psychoanalytic approaches—has remarked, there is an orgy of sneezing, snoring, sniffing, smelling, and other nasal activities in Gogol's fiction. In one of his stories entitled "The Nose", the pimpled nose of a self-important and arrogant bureaucrat, Kovalev, mysteriously disappears. It has stealthily detached itself from the face of its desolate bearer and parades in glorious attire down the street. In another story, the inhabitants of the moon are nothing but noses. The comic effect of these imaginative tales has been recaptured in films and plays. Their symbolic connotations and concomitant anxieties do not require detailed interpretation. Greenacre, commenting on Gogol's intense fears and fantasies, mentions his inability to have any physical relationships with women. In fact, Gogol has Kovalev say: "Without a nose, a citizen is not a citizen"—to wit, without a nose or its symbolic equivalent, a man is not a man.

Of interest to the student of the creative process is the author's florid body imagery, here brought to life overtly and in unrestrained fashion. As is clinically observable, clowning and comedy permit the undisguised display of misery. In Gogol's wondrous tales, the world is peopled by visible and living noses, precisely as their creator's face was overwhelmingly marked by his huge and mobile proboscis. The felt experience of the body is here transformed, almost rectilinearly, into creative literary experience and production.

clowning

The psychiatric history of the great Spanish painter Francisco José de Goya y Lucientes (1746-1828) offers an impressive illustration of the linkage between subjective body state perception and artistic creativeness. After having been stricken by a near fatal disease that incapacitated him for about a year (1792-93), Goya was able to observe this *in statu nascendi* within himself and to report on it in a letter that has been preserved.

Goya

Until recently, Goya's three episodes of psychiatric and physical disorder had been variously diagnosed as syphilis, neurolabryinthitis, schizophrenia, psycptic depression and involutional melancholia. There is reason to believe, however that these recurrent attacks of illness — which were accompanied by partial paralysis, convulsions, partial blindness, impairment of hearing and speech, hallucinatory experiences, and semicomatose states -resulted from Goya's periodic overexposure to lead white. This toxic compound was the most frequently used pigment in his paintings. Its toxic properties were totally unknown at Goya's time. The fulminating onset and charac-

psychotic

teristic symptons of the life-threatening disease in 1792 to 1793 in all likelihood point to a form of encephalopathia saturnina (Niederland, 1972) as a determining factor in the causation of the illness. (Figure 1) Some time after his partial recovery, Goya wrote to Bernardo de Yriarti, director of the San Fernando Academy in Madrid, the following letter, dated January 4, 1794:

Sir,

To engage *my imagination*, which had been *almost deadened* by constant brooding over my sufferings and to cover at least in part the expenses resulting from that state of affairs, I have ventured upon a few cabinet pictures. In these paintings I have been able to find expression for my *observations that would not fit readily into work on order*, and I also could *give way to my imagination and inventive powers*. I have thought to submit them to the Academy . . . to rest assured, however, I thought it advisable to send the pictures first to you . . . . to inspect them, taking into consideration the relevant circumstances . . .[italics added].

After this revealing, cautiously worded statement about the sufferings and change in his observation and imagination, he emerged from the ordeal a different person or, perhaps more precisely speaking, a different artist (Figures 2 and 3). Once a painter of gentle genre pictures and a tapestry designer in elegant rococo style, he became an artist who took a harsh and vengeful view of the world without and within. As the art critic Canaday (1968) writes: Goya's life was split in two near its midpoint by an illness that almost killed him . . . a new Goya emerged, Goya the human and bitter social observer . . . whose picture of nightmares explored the most desperate realities." Without going into further details of Goya's colorful artistic career (colorful, literally as well as figuratively), one may, say that the 1772-93 illness profoundly affected not only his personal life but also his artistic style and creative accomplishment. It was in connection with the sensorial-perceptual inner changes memtioned in his 1794 letter that Goya began to emerge as the great master in representational art known to posterity.

Many more examples can be added to these case histories: Bryon's, Talleyrand's, and Walter Scott's lameness; Leopardi's, Lichtenberg's, Kant's and Alexander Pope's physical deformities; Chopin's, Keats', Schiller's, Steven Crane's, Kafka's, and Robert Louis Stevenson's tuberculosis; Cervantes's, Heine's, Toulouse-Lautrec's, and Hemingway's massive bodily injuries; Kepler's, Bonnard's, Joyce's, Prescott's, James Thurber's, Sean O'Casey's, and Aldous Huxley's visual impairments.

Sampling is rarely convincing, and selective data are not necessarily representative data. That the creative process, nevertheless, involves body experiences of the character described has become abundantly apparent. Although early physical defectiveness (and its mental reverberations) may not be the cause, certainly can be and often are the spur to creative—that is unconsciously re-creative—efforts. Toulouse-Lautrec put it this way: If my legs had been a little longer, I should never have painted.

Object Loss and Grief

One of the most profound influences on the creative process is the experience of loss, grief, and death. Within limits, the experience of object loss resembles that of body loss. Object loss relates to an object in the outer world; body loss relates to an object that was once part of the self. But it is known that a sharp distinction between the mental representations of the inner world and of the external world develops comparatively late in childhood. Indeed, the earliest body and self-image, appear to contain close representatives of the outer world (parents and siblings) deep inside. Thus, object loss is bound to affect body imagery and self-representation profoundly.

Death haunts the creations of many artists in dramatic overdetermination. The poet W. H. Auden, in a 1971 interview (Levy) goes so far as to say: "Art is our chief means of breaking bread with the dead . . . " Among contemporary works, the writings of the concentration camp survivor and novelist Elie Wiesel certainly corroborate Auden's point in full. Of older writings, the stories and poems of the Swiss author Conrad Ferdinand Meyer are of interest. Incidentally, one of Meyer's short stories, "Die Richterin," was the first work of literature subjected by Freud to analytical investigation and interpretation, in 1898 (Niederland, 1960).

When Meyer was 15 years old, his father died. The father had held office as a Swiss magistrate in the cantonal administration of Zurich and was also known as an expert on the history of various communities and regions of Switzerland. It is, therefore, worth noting that Meyer's first literary ventures were epic-dramatic fragments on historical personalities—for example, the emperors Otto III and Frederick II, the king Henry IV, and members of the Borgia family. These initial literary attempts were started by the young writer shortly after his father died; they can be understood as unconscious efforts to regain the lost

paternal object. The predominant themes in Meyer's later novels and poems are dying heroes and historical personages at the end of their lives, such as Pescara, the dying Cromwell, Hutten's last days, and Jürg Jenatsch.

Gogol, whose vivid body imagery can be traced in his literary works, went through a similar experience. His father died when Gogol was 16 years old. A few days after the father's funeral, the young Gogol wrote to his mother of his definite plans to become a writer.

Object loss is the most frequent factor in the causation of depression. Since the body image, as Freud wrote in 1923, is an aggregate or deposit of internalized images encompassing the self-representation and internalized representations of early key figures, the disappearance of such a significant figure, through prolonged absence or death, produces a feeling of body loss. Some analysts have delineated a clinical syndrome of early object loss, characterized by unresolved grief, pathological (interminable) mourning, preoccupation with death, sense of guilt, and their psychological and psychosomatic manifestations. The need for restitution leads to a search for the vanished object, a search that in gifted persons takes the road of creative restitution. This inner search for the lost object or objects is the unconscious force behind creative conceptualizations and the initial step in the direction of creative activity (Muensterberger, 1962).

The need to restore the body's completeness and the need to restore the lost or destroyed object frequently combine in the highly cathected, narcissistically pursued attempt at restitution. The special danger for the artist so involved lies in the blurring of the boundary between the self and the object representations, with a resultant break in reality testing and other clinical consequences. Under unfavorable circumstances, the intense degree of drive arousal, that accompanies such pursuits is apt to overwhelm vital functions of the total ego organization by destroying, for instance, the boundaries between internal reality and external reality.

A more felicitous outcome is described by H. G. Wells in his autobiographical statement that he owes in his exceptional literary career to two broken legs, which altered the course of his life: first, the fracture of his own leg at the age of 8 and, second, that of his father's, an event that brought about the breakup of the paternal business, a rearrangement in the family conditions, and Wells' immersion in the world of books and literature. Without discounting the sequence of these realistic events, one may legitimately draw attention to their unconscious meaning—that is, the father's failure in business and his partial mutilation and subsequent demotion equated unconsciously with demise. In addition to the debased father figure, Wells' further struggle with serious health problems must be considered. He suffered from tuberculosis and an obscure kidney condition, both of which were thought likely to kill him. It is not surprising that among the various appellations chosen by an alert and admiring biographer, Dickson (1969), one stands in direct relation to the above events: Wells, the reconstructor.

The contributions of both object loss and body sensitivity to creative thought are readily apparent in the case of Somerset Maugham. He hated his short stature so much that he was always pulling himself up and bracing his shoulders to appear taller. His lifelong affliction was a severe stammer, which at times was disabling and distressed him deeply. It is highly probably that the marked deformity—congenital clubfoot—of the hero of his greatest novel, *Of Human Bondage*, is a displacement and projection of the writer's distressing body feelings. Maughham's mother died when he was 8; 2 years later, his father died. After Maugham's death in 1965, his nephew Robin, in one of the most moving episodes concerning the author's life, reported how deep the object loss was and how it remained virtually unhealed:

> A few years ago I dined one night alone with him . . . He was ill and in pain, and his mind sometimes wandered. Suddenly he muttered: *"I shall never get over her death. I shall never get over it."* For an instant I supposed that he was referring to my much-beloved sister Kate who had died recently, but as he went on talking, I realized from the context of his words that he was thinking of *his mother who had been dead for over eighty years* (Italics added).

Not all creativity springs from restorative strivings *proprio et strictu sensu*. Down the ages, the preoccupation with death and the fear of death have been recurrent themes in representational art. Among contemporary paintings, Picasso's Guernica has become a monument to the sadism and cruelty of modern time. Its macabre content symbolizes the fury of destruction that pervades the world today.

The subject of death predominates in the works of two other modern painters, the Swiss Ferdinand Hodler (1853-1918) and the Norwegian Edvard Munch (1863-1944). The relationship of the death theme in the art of these masters can be traced, with great certainty, to severe traumata in their early lives.

Hodler's childhood was marked by the deaths of his parents and several siblings. This tragic background asserts itself in his numerous canvases, filled with the imagery of death.

Edvard Munch's mother died of tuberculosis when he was 5; her death was followed by the deaths of two sisters when he was still young. He witnessed the death of his mother and one sister. The experience of these early traumata is reflected in the death scenes that Munch recreated on canvas. According to Steinberg and Weiss (1954), the authors of an analytical study of the art of Munch, the shocking sight of the painter's dying mother was a childhood visual trauma that he attempted to master through his creative work. The authors quote Munch's words: "I don't paint what I see, but what I saw." In "The Scream," probably the artist's most famous work, a horrified figure covers the sides of the head and the ears, while standing turned away, in fear and fright, from a partly reddish landscape (Figure 4). Steinberg and Weiss see the reddish landscape as symbolizing the dying mother (see Figure 5), whose death was preceded by pulmonary hemorrhage, and the figure's head turned away as the perceptual avoidance of the terror-producing scene.

The succession of deaths in the early lives of Hodler and Munch is paralleled in the childhood histories of other creative personages.

Bertrand Russell's childhood was marked by the successive deaths of his mother and older sister when he was 2 and by his father's and grandfather's deaths when he was 4 and 6, respectively. The psychoanalyst Bennett Simon connects these early losses which involved helplessness, loneliness, and aggression on the part of the orphaned child with Russell's autobiographically reported episode of mystical illumination at 28 and his turning defensively to the philosophy of pacifism later on.

In another analytical study, Slochower (1969) calls attention to the recurrence of the themes of disease, death, and suicide in Thomas Mann's fiction and to the suicide of Mann's sister in 1910, 1 year before the creation of "Death in Venice," one of Mann's masterpieces. In that story, a secret epidemic of deadly disease invades the city of Venice, with the hero in the end succumbing to its hushed-up ravages. In *The Magic Mountain*, Thomas Mann emphatically states that the path of genius leads through the valley (or mountain) of death.

Art historians have spoken of a turning point in the life and work of Rembrandt van Rijn (1606-1669). The range of Rembrandt's art is exceptional and extensive. After a decade of prosperity and success, a series of personal misfortunes—beginning with the death of his first wife, Saskia, in 1642—changed his outlook and artistic career. Turning from the world of fashion and wealth, in which he had made a fortune as fashionable portraitist, Rembrandt altered the scope of his art and began to concentrate on portraying man's spiritual life. His art became increasingly divergent from popular taste, painting commissions became rare, and he sank into financial difficulties. In 1656, he was declared bankrupt; his home and valuable art collection were sold at auction. The downward trend in his personal and economic circumstances continued until 1669, when he died destitute and almost forgotten by most of his contemporaries.

A succession of deaths—which played a notable role in the lives of Hodler, Munch, and Russell—also marked the childhood of Johann Sebastian Bach (1685-1750). His father and mother died in rapid succession when Bach was 9. Of his seven siblings, only two brothers and possibly one sister survived.

The conventional picture of Bach has been that of a placid and solid burgher, prototype of the establishment (Church) and preoccupied with composing music, playing the organ at the St. Thomas church in Leipzig, siring children (22 altogether), and attending to family needs. The psychic reality was different. Much of Bach's creative work is permeated by themes of death or its denial (resurrection). This has been attributed, in the main, to the *Zeitgeist*—that is, the cultural influences, the pietistic climate of the times, and Bach's involvement in churchly matters. Without disregarding such manifest issues, one may point to Bach's lifelong preoccupation with death, which was so strong that even pietistically inclined contemporaries criticized him for what they felt was his undue emphasis on tragedy, grief, and longing for death (*Komm, süsser Tod . . .*).

A letter, written by Bach during his prick period of musical *Schaffens* in Leipzig, to a friend and former schoolmate, Georg Erdmann, throws light on the composer's state of mind. In this letter, Bach bitterly complains about the infrequency of disease and death during a certain winter in the city of Leipzig. (Bach's contract with the trustees of the St. Thomas church stipulated an extra fee of a few florins for every funeral at which he officiated as the cantor of the church; because of the low mortality rate during that particular winter, this supplemental source of income fell to a minimum). Apart from the frankly aggressive attitude documented by this letter and by other incidents in his life, its content

reveals the unresolved inner conflict resulting from early object loss. Analytically speaking, the feelings expressed in the letter to Erdmann can be understood as follows: Others, in their childhood, were spared the tragedy of parental death to which I, Johan Sebastian, was so helplessly and relentlessly exposed during my childhood.

One of the classic cases showing the powerful and pervasive impact of close contact with death on the creative process is Edgar Allan Poe. His father deserted the family when Poe was 2, and his beautiful, young mother was dying of tuberculosis before he had reached the age of 3. The mother spent the last few months of her life with her two children—the later poet and his 1-year-old baby sister Rosalie—in a crammed, dingy rented room in Richmond, Virginia. There is reason to believe that Poe, like Edvard Munch, not only witnessed the death struggle of his moribund mother but actually stayed close to her lifeless body in the small, dark rooming house in Richmond for an entire night, until neighbors entered the next morning and separated the child from the mother's corpse. Poe's fixation on this tragic early experience and the image of the dying mother can be followed through his writings: from the earliest poems about the sorrow that comes to a lover on the death of a woman he loves through the ever-recurrent theme of the beautiful lost beloved to "The Raven," written near the end of his own life; from the deadly mystery hidden in "The House of Usher" to the writhing corpses in "The Premature Burial," the macabre content of "The Oblong Box," and the horror in "The Mask of the Red Death." (Poe's mother had suffered numerous pulmonary hemorrhages during the weeks and months preceding her death.) The mother's name was Elizabeth. The self-revealing last stanza of the poem "Annabel Lee" reads:

Edgar Allan Poe

> And so, all the night-tide, I lie down by the side
> Of my darling, my darling, my life and my bride,
> In the sepulchre there by the sea—
> In her tomb by the sounding sea.

What Poe depicts graphically in many of his stories, is the half-alive and half-dead state of a beloved person ("The Oval Portrait"). In view of such florid death imagery and the pervasive longing for dying or dead female beauty, some biographers (Schwaber, 1971) emphasize the "wildly perverse quality" of Poe's fancy, his "necrophilic imagination," and his "genius for self-defeat." As plausible as these descriptions are with respect to the surface qualities of Poe's work, its essence can be more fully understood by the use of genetic and psychodynamic methodology. Simultaneously enthralled and appalled by death, Poe in his writings repeated the early traumatic experience—that is, the devastating object loss in his childhood, later compounded by and fused with subsequent losses in adolescence. To repeat it through the creative process meant to master it. Since in Poe's case the compelling need to repeat transcended the limits of artistic production in poetry and stories and forced its way into important matters of life itself, such as marriage and personal relations, as it frequently does in other cases, the doors to so-called self-defeat were opened. As a contemporary writer, the novelist Julian Green—whose descriptions are filled with despair, anger, and rage—puts it: "I cheat the violence that forms the basis of my nature by writing books."

Object loss is not always caused by death. Early separation and abandonment, in meaning and psychological reverberations, can come close to it. At the age of 6, Rudyard Kipling—who was born in Bombay, India, in 1865—was taken by his parents to England for schooling and was deposited, with his sister Alice, in a foster home at Southsea. The parents returned to India, and the young boy remained with the foster parents, "Uncle Harry" and "Aunty Rosa," for 5 years. He later called their home "the house of desolation." He suffered from impaired vision all his life and, from his Southsea days on, needed two types of spectacles to correct his visual dificiency. Later on, he wrote a famous collection of impressions and memories that appeared as a novel under the title *The Light That Failed*.

Kipling

After several years, the family was reunited. At 16, Kipling returned to India, settled for a time in Lahore, then in Allahabad, and soon began an active life devoted to writing and traveling. The voluminous writings were mostly in the nature of great storytelling; at times, in the words of Sommerset Maugham, they expressed "the relish for the rough and tumble, the ragging, the brutal horseplay of fourth-form schoolboys." Kipling's travels assumed the character of worldwide journeys and wanderlust. This syndrome belongs to the symptoms of depressive states. It often represents a defense against, or equivalent of, depression. The wanderer who travels from place to place and removes himself from one external situation to another actually attempts to find the bountiful oral mother with whom he seeks reunion. Kipling's restlessness was notorious; but his writings and wanderings made him the Empire's poet. Perhaps no one has expressed the root and meaning of the wanderlust phenomenon better than has Kipling in his poem "The Explorer:"

Wanderlust

> Something Hidden. Go and find it. Go and look
> Behind the Ranges—
> Something lost behind the Ranges. Lost and
> Waiting for you. Go!

These brief vignettes in no way present a picture of the multidimensional, in part still unfathomable, factors involved in the creative process. Rather, they are intended to give some glimpses, however anectodal and synoptic, of the formative influences from within and without and to highlight the inner pressures that are characteristic of creative people and that fiercely strive for expression in their lives and artistic achievements.

As in the case of Eros and Thanatos, there is a marked antinomy between creativity and death. In the struggle between the two, as has also been shown by other authors, Eros, can be used to stave off Thanatos. For a time, the use of the creative act as a means to ward off death may be successful. In the end, of course, death is bound to triumph.

Although the artist is destined to fail in his unconscious attempt—at times also conscious attempt (Niederland, 1965)—to acquire personal immortality for himself, he may still emerge from the unequal struggle as victor, albeit in a different sense: If he succeeds in imparting true and lasting value to his artistic works, they will endure and, by withstanding the test of time, will ultimately immortalize him as their creator.

The Ego

Creative productivity in any field depends on the functioning of the ego and its abilities, the convergence of which in the creative process gives a definite direction and aim to the effort. The ego controls access not only to mobility, use of language, and exercise of personal skills but also to perception, integrative thinking, cognition, volition, reality testing, problem solving, and a variety of other mental faculties. Some of these are autonomous ego functions; others stay close to the primary process, such as fantasies, imagery, and symbol formation. Parts of the ego may lag in their development and, usually in consequence of trauma, may remain fixated on early modes of functioning.

Although the ego organization of all humans is composed of such elements, certain ego functions appear to be better suited for creative activity, facilitating the activation of the creative potential. As has been shown, restitutive—reparative tendencies can act as autoreconstructive forces in a *vis-a-tergo* fashion. The artist's heightened perceptual and sensorial reactivity to stimuli likewise enhances the task of self-expression. Also, the capacity for symbolization, imaginative thinking, and feeling, so important for creative activity, appears to be greater and richer in the artist than in the person not thus endowed. The ego of the artist has the capacity to communicate personal experiences and feelings by the artistic percept, be it verbal or nonverbal. The activation of the creative process is linked to the ego's ability to regress in the service of its creative (or re-creative) strivings to the deeper strata of mental functioning, reaching and tapping their repressed contents without disintegrating under the burden of this voyage into the inner world. Such "regression in the service of the ego" (Kris, 1952 presupposes a flexibility and resiliency on the part of the ego not commonly encountered otherwise, except perhaps in psychoanalysis, where, however, the presence of the analyst's auxiliary ego and the nature of the insight-gaining process itself serve as safeguards against a potentially dangerous descent of uncontrollable proportions. The artist must avoid the inner chaos that a major regressive movement, initiating the creative process, is apt to produce and to create—out of the plethora of impressions, perceptions, sensations, thoughts, and emotions. A novel formation—that is, the artistic product—is comparable to the chiasma of birth, with which, indeed, it has been equated. Since the act of creation involves the production of something new, it symbolically represents birth, with all its uncertainties, anxieties, labor pains, and other connotations.

The act of creation may also become a vehicle for the discharge of aggression. The artist, by virtue of his creating something new and breaking with established patterns, is often a rebel, both feared and opposed, yet at the same time admired and envied. His regressive involvement may intensify preexisting psychopathology but may, at the same time, provide an outlet for his conflicts. The synthetic function of the ego aids in uniting such contrasts, reconciling conflicting ideas, and promoting creative activity. With regard to the high drive arousal in states of intense creativity, in which all layers of the personality are hypercathected, Eissler (1971) postulated the presence of a special ego function, called by him "doxaletheic" (from the Greek *doxa*, meaning illusory, delusional-minded, and *aletheia*, referring to the confirmable, cognitive realm of knowledge in the search for truth). The somewhat cumbersome term designates essentially that function of the ego that, in phases of high creativity, protects the artist, the scientist, and the inventor, against the onslaught of overwhelming internal

52.1b-10

processes such as archaic experiences, hallucinatory wish fulfillment, omnipotent or magic thinking, and excessive imaginings and feelings—and helps him to escape from the chaos of irrational modes of thought and conduct—a danger to which the psychotic so often succumbs.

Related to this is the ego's capacity for single mindedness, isolation, and lonely, at times brooding, mentation, accompanied by a withdrawal from emotional involvements with the outer world and their replacement, in the psyche, by ideas, projects, and efforts at problem solving. These factors are predominant in the creative work of inventors and scientists, to whom the laboratory or research project may serve as "a self-insulating sanctuary" (Busch, 1969). When fully absorbed in such endeavors, the creative person tends to turn into a recluse, leading—for all practical purposes—a solitary existence. Also, the novelist at his typewriter and the artist at his easel, while immersed in acts of creation, often become recluses and thereby convert their rooms into sanctuaries for the free play of fantasy and imagination.

By virtue of such immersion in the creative act, the artist comes to live, for periods of time, in a *hortus conclusus* away from the strife and turbulence of the world, a walled-off garden of his own making, in which subterranean rivers of fecundity flow and from which he emerges, after the completion of the creative work, with the affirmative value of the product he created. It is self-affirmative because he emerges, with the task completed, as its progenitor.

hortus conclusus

Since the entire process of creativity, as a rule, proceeds "side by side with the underlying conflict" (Stamm, 1969), the affirmation of the artist's own and often fragile self is an important part of the outcome of the creative process. The artistic productivity, if successful in outcome and leading to public acclaim, provides this affirmation in at least a 3-fold manner: It gives assurance that the artist is able to produce something new, something that heretofore had not been in existence, thus gratifying the male artist's wish for giving birth like females; it offers proof to the world and to himself that he is the progenitor of the product, therefore its maker and, in a sense, a god-like creator; and, through his identification with the artistic product, it confirms his capacity to recreate himself in a perfect—i.e., no longer incomplete and deficient—form.

With the mastery over these and many more internal and external vicissitudes, the creative process has run its full course. Since, by necessity, it cannot fulfill any of the highly narcissistic wishes and expectations attached to it, the long travail is bound to be renewed, leading to further accomplishments and to inevitable failures.

Suggested Cross References

Children's reactions to illness are discussed in Section 36.3. Maternal deprivation is discussed in Section 41.1. Children's reactions to death are discussed in Section 28.2. Freud and ego analysis are discussed in chapter 8. The concept of community mental health in general and preventing mental illness in particular is discussed in Chapter 43. Further analysis of the socio-economic aspects of psychiatry as applied to one's place of residence or cultured milieu can be found in Section 52.1k.

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10

The Pre-Renaissance Image Of The World And The Discovery Of America

WILLIAM G. NIEDERLAND

It may be said from the outset that the greatest geographic discovery of modern times—with all the technical accomplishments of our era, including spaceships, lunar landing—was nevertheless the discovery of America. It laid the groundwork for the modern western world, its development, spectacular growth and, possibly, its present decline.

Though studies on the history of discovery and exploration are well known and fill entire libraries in this country as well as abroad, it is noteworthy that relatively few psychoanalytic contributions have been devoted to this subject. The reason for this apparent lack may lie in the fact that clinically-oriented analysts, primarily occupied with journeys into the minds of patients, may have little time for, or interest in, the investigation of provinces outside the scope of clinical work. On the other hand, analysts concerned with applied analytic research have traditionally focused attention on psychobiographic and pathographic inquiry, studies in the fields of art and literature and similar subjects. Additionally, the field of psychohistory has brought the two fields of history and psychology together.

It must be noted, however, that the very words customarily used in the present context, that is, *discovery, penetration* and *exploration* of new lands, *uncovering* their location and nature, etc., are indicative of the unconscious implications inherent in these activities. The matrix of history is geography. Even the perennial *meditationes de prima philosophia*

about life and its secrets—where, wherefrom, whereto—express underlying geographical concepts and ideas which, viewed analytically, imply *in nuce* the basic libidinal strivings of every human. How indeed did these discoveries come about and how did they affect men's minds?

More specifically, geographic search and discovery involve *Gaea, mother Earth,* the *oceans,* i.e., water (thus, again mother), and ultimately the *universe.* As analysts know, the young child's universe is mother as well. In other words, the pursuit of geography and its culminating success of discovery means the conquest of Gaea and the consequent accumulation of more and more knowledge about her internal and external attributes, shape, form, and other mysteries. Human anatomy, after all, is the geography of the body, as I said in a previous paper, and the water—the ocean—as the *womb of life* was not seen so only by poets down the ages, but also by scientists today.

In my 1956 and 1957 papers on river symbolism and ocean lore, I examined analytically the correlations between ancient world maps, geographic descriptions and unconscious fantasies. In the present paper I shall focus on those historical geographic aspects of the discovery of America the understanding of which, in my opinion, can be enriched and sharpened through their examination along psychoanalytic lines. I refer to the haunting anxieties, pervasive fears, and superstitious visions to which the history of discovery is linked. Their concatenation in the minds of men constituted for centuries, if not millennia, a massive psychological impediment against the discovery of new lands, especially those located beyond the *orbis terrarum,* the terrestrial land mass which was thought to be surrounded by a river, *oceanus fluvius,* encircling the entire earth.

Since the earth itself was thought to be a spherical disk, navigators venturing to the imaginary border of this circumfluent river would fall over its edge and never return. Not only was the sea filled with enormous whirlpools, monstrous demons and dragons with man-devouring *jaws* lying in wait for everyone who entered it, but the ocean and its secrets—according to religious belief—belonged to God and was not to be explored by humans. It does not require analytic acumen to understand this prohibition as an expression of the sexually-tinged fantasy that the ocean, the great water (mother), is the domain of father (God) who is sternly opposed to any filial intrusion. The classic example is the stern Biblical command with regard to discovering and uncovering: "the nakedness of thy mother thou shalt not uncover..." (Leviticus 18:7). The punishment for such intrusion was castration in multiple and dramatic ways, as is shown in Illustration 1.

This picture, published one year after the discovery of America (then still unknown as the *quarta pars mundi,* a new continent) demonstrates the severe castrative punishments meted out to intruders of the sea,

shown here as mutilated or crippled inhabitants of unknown islands

Illustration 1

From Hartmann Schedel, "World Chronicle" (Nuernberg, 1493 A.D.).

The German text describes the abnormal *Gestalt* of the human creatures that inhabit the earth outside the known regions of the *orbis terrarum*. Though basically human-like, all these creatures are malformed in one way or other: dog-headed, one-eyed, one-legged, with horns, elephant ears, etc.

overseas: people without a leg, tongue, or nose; dog-headed people; others *monucoli* (one-eyed men); *acephalic* people to whom even Shakespeare refers in *Othello* as "men whose heads do grow beneath their shoulders," and other human creatures who are permanently deformed and mutilated, as you see them graphically represented in this illustration. I may add that Hartmann Schedel's *Geography,* from which it is taken, offers only a culmination and "scientific" documentation of some of the numerous myths and opinions held through centuries of geographical lore, but believed to be true and factual. Indeed, one of the major difficulties which Prince Henry the Navigator encountered when he began to center his exploratory efforts on the circumnavigation of the western coast of Africa, was the recruitment of captains and crews for his ships. Henry himself probably never sailed beyond sight of land. It was common belief that ships sailing beyond Cape Bojador would "melt with fervent heat" as in a furnace and the sailors would have to "bathe in fiery floods." I may add that our word *furnace* is derived from the Latin *fornax* or *fornix* from which the term *fornication* stems. Virtually all geographic maps between the 12th and 15th centuries show large areas in the West named *mare tenebrosum,* "sea of darkness" or "sea of

pitchy darkness,'' as well as other regions inscribed *zona torrida, zona inhabitabilis et impermeabilis,* or the like. Maps were then made in no inconsiderable numbers and Roger Bacon (born c. 1210), one of the most original thinkers of the Middle Ages, and a distinguished expert in matters of natural science, strongly recommended the study of geography to both professionals and laymen so that they might be ready to recognize and then repulse the dreaded invasion of the savage tribes of Gog and Magog mentioned in the Bible and living somewhere outside the known *orbis terrarum*. (One is reminded of contemporary fears of flying saucers and possible invasions by extra-terrestrial creatures.)

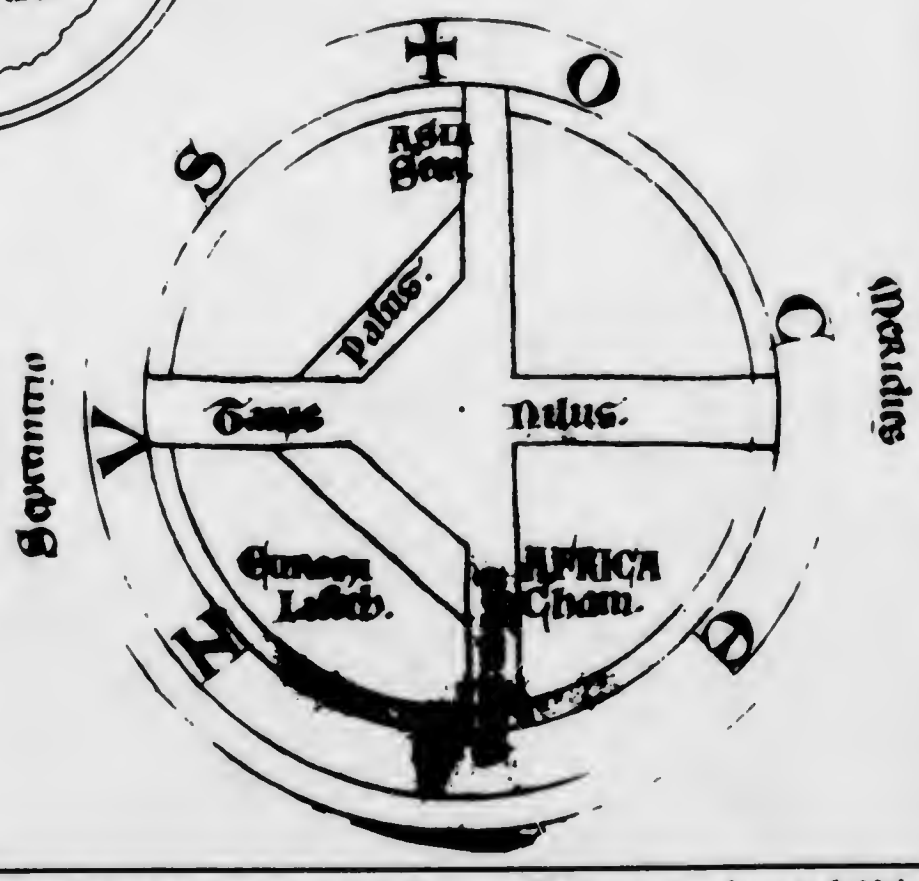
The earlier *Mappae Mundi,* including the so-called T-maps, the Spanish Beatus maps from the 10th and 11th centuries, the famous world map engraved on silver by Ibn Idrisi, the Moorish geographer at the court of Roger II, the learned king of Sicily, and the earliest medieval map attributed to St. Isidorus, Bishop of Seville (570-636), show the image of the earth as it was conceived through the entire millenium 500 A.D. to 1500 A.D. (Illustrations 2 and 3).

Illustration 2

The World of Pomponius Mela, Roman Geographer (c. 40 A.D.).

On later (medieval) maps we find in the area of "ALTER ORBIS" the terms *Zona Inhabitabilis, Zona torpid,* or also BRUMAE (Fogs)

Illustration 3



As you note, on most of these maps which are all "east-oriented," i.e.,

the *east* appears in the upper part of the chart (where in modern maps north is located), we find the usual medieval conception of the known world in the form of a circular or oval area, the Mediterranean separating Europe from Africa; the ocean as a circumfluent river encompassing all the lands; the location of paradise on top of the map, with the depiction of Adam and Eve; and Jerusalem in the center as the *umbilicus terrae,* the navel of the earth. Adornments of various kinds—Aeolian bags, human figures, fantastic creatures, and the like—complete the picture.

With reference to much of this, historians have often spoken of "foolish" notions and "hoaxes" which have played a major role in the history of discovery. Indeed, I know of no historian or geographer—including contemporary ones—who, instead of dealing with these pictorializations of then available knowledge (or lack of knowledge) in a more or less pejorative way, would have subjected the nature and background of these pictorialized fantasies to a full psychological study. Admittedly, their understanding requires careful analytic content examination in addition to historical and geographical knowledge. The Pre-Renaissance concept of the world, based essentially on Aristotelian teachings, invariably divided the earth into two spheres of the elements, "water" and "earth." Aristotle describes his basic view with reference to this in a single sentence in *Physica* (Book IV, chapter 5) which reads: "The earth rests inside the water..." The imagery connected with an all-encompassing river surrounding the habitable land mass is but an elaboration of the Aristotelian concept. It is likely, however, that the Aristotelian cosmos is derived from earlier sources which influenced the development of European thought. Among them I mention the oldest known world map engraved on a Babylonian clay tablet and possibly dating to King Sargon I, c. 2300 B.C. It depicts a part of Babylonia surrounded by the circular, all-enveloping ocean which, in this case, is the mighty river Euphrates that bisects the round disc of the known world (Illustration 4).

Illustration 4

Viewed analytically, it becomes clear that for thousands of years the *Imago Mundi* was seen anthropomorphically, that is, in terms of the human body, or more specifically, the female body in its state of fecundity, with the fetus inside the maternal body. The ocean is the "mother-water" and the earth is the fetus therein, born out of the water. In other words, the early cosmogony of the earth reflects the imagery of the fetus emerging out of the amniotic fluid. A graphic reconstruction of the Babylonian idea of the shape of the world, based on the archeological excavations of Leonard Woolley in Babylonia and Ur, supports this impression at which I had originally arrived on purely analytical grounds. In other words, the *body image* via projections, externalization and expansion *is turned into the world image,* with the maternal body as the universe and the earth as the fetus inside. The whole domain of discovery is replete with fantasies about the human body.

What in fact was the earth in all these early cosmologies? No one knew, of course. Thus, it is not surprising that the structure and shape, unknown to Pre-Renaissance scientists, yet subject to the intense interest of scientists as well as laymen, were conceived in human terms, with body-related fantasies and body image—projections into the outer world abounding and ultimately filling the blank spaces on those numerous world maps. Freud's statement about "thirst for knowledge [being] inseparable from sexual curiosity" appears fully applicable in this context.

In the lore of the sea, waterways and lakes, a beautiful and seductive woman frequently emerges from and disappears into the depth which at the same time is populated by hidden demons and man-devouring monsters: the fantasy of the *vagina dentate—Jaws,* if you wish—seems obvious.

Analysis of a further set of fantasies related to the lore of the water supports our hypothesis. The ocean was filled not only with dangerous demons and crackens, but also with islands of happiness and bliss, with *Insulae Fortunatae.* Since I have dealt with these fantasies in my papers on "The Naming of America" (1965) and "California" (1971), suffice it to refer briefly to the cartography already presented. It provides a documentary backdrop against which the fantastic history of geographic discovery unfolds, almost like a dream on a dream screen. The famous Hereford Mappamundi drawn in the Cathedral of Hereford at the end of the 13th century, shows in addition to three pairs of *Insulae Fortunatae* a legendary isle with the inscription: *hic sirenae habundant* (sirens abound here). The *Higden world map,* drawn in Cambridge, England, at about the same period, has among its locations an isle with the legend: *hic habitant homines patricidae* (here live the men who murdered their fathers). The oedipal connotations are clear. On the famous *Behaim globe* of 1492, the year of the discovery of America, we see mermaids and mermen sporting at the site of the Canary Islands. The Pareto map even

has two islands, called *Daculi* (from the Italian for "cradle") and *Bra* which, according to the inscription on the map, are helpful in facilitating childbirth for pregnant females.

By the time Columbus started out on his epoch-making voyages, the Atlantic Ocean was filled with imaginary islands where humans were supposed to live in infantile bliss, free from pain, laws, and any form of restraint. On his third voyage which brought Columbus to the American mainland, he named one of the straits between today's Trinidad and Venezuela *Boca del Dragón* (Jaws of the Dragon). At the same time he sent to the Spanish Court this official account:

> The earth...is not round in the form they (Ptolemy and other geographers) describe it, but is...in the shape of a pear which is round everywhere but where the stalk is, for there it is higher; or it is like a very round ball, on one part of which is placed something like a woman's breast and this nipple part is the highest and closest to heaven...

With this we have arrived at the discovery of America *strictu sensu*. Thus far I have suggested the pre-history of this discovery inasmuch as psychoanalysis can contribute to its fuller understanding. As analysts, we do not underestimate the many other factors involved such as political, economic, dynastic, and religious, though our chief concern is directed toward those of a primarily unconscious nature. We may thus ask: what does it all add up to? I think the analytic scrutiny of the data presented provides at least a partial answer to this question, because I believe we have found the *reason why America both enchants and disappoints,* for from bygone days on up to the present, America, in the minds of men, has been indeed an enchanted isle of maternal bounty and abundance as indicated in these early geographic documents.

In the unconscious, the originally presumed insularity of America attached itself to fantasies of "woman, virgin, mother and womb," as I put it in my previous papers, and ultimately to fantasies of birth and rebirth. At the time when masses of immigrants from Europe or other countries of the world began to settle in America, they did so with the unconscious image of a huge *Isle of Fortune* and its concomitants, that is, sharing in the mother's magic powers, bounty and abundance. The fact that the New World concretely often provided greater food supplies and other elements for a better life (space, freedom, food, action) added realistic connotations to these underlying fantasies. A century or two after the discovery of America there began a never-ending movement of people which, at times, reached the proportions of a new and veritable migration of peoples.

Conversely, one may speculate whether many disturbing phenomena

of the present social-economic-political reality, in addition to actual crises and uncertainties, are not rooted in the same unconscious imagery: the frustrations, the anger, the feeling of deprivation or of not having received one's proper share—all this may well be connected, unconsciously, with experiences at marked variance with the expectations initially linked to the image of a land of plenty and bliss, that is, the bountiful, all-feeding, all-giving mother. Again, this is not to ignore or minimize legitimate demands contesting the existence of countless social, economic and racial inequities. The elucidation of unconscious factors operative in the historical process never excludes the investigation of other causative elements arising out of a reality situation with its much needed requirements for improvement and reform. My principal effort in the present study has focused on the historical process—and its unconscious concomitants—operative in one great historical event: the view of the world prior to the discovery of America.

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Psychoanalytic Concepts of Creativity and Aging

Psychoanalytic Approaches to Creativity

WILLIAM G. NIEDERLAND, M.D.

Creativity and the little we know of the creative process as such appear so deeply rooted that analytic exploration, not unlike other investigative methods, has failed to shed sufficient light on the nature, sources, and dynamics pertaining to its psychology. Instead of a single process, however intricate and complex, one should perhaps speak of processes and consider the multiple roots or components of these processes, since the creative work of the scientist or mathematical genius, for instance, seems to be different from that of a poet, painter, composer, playwright, or sculptor, and no single formulation covers them all.

Freud (1933) suggested in his preface to Marie Bonaparte's book on Edgar Allan Poe that the analyst limit himself to studying "the factors which awaken [genius] and the sort of subject matter it is fated to choose." In an earlier paper, the essay on Dostoevsky, Freud (1928) had spoken of the writer's "unanalyzable artistic talent." In the more than 40 years which have passed since Freud

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made these comments, we have come to know something of the sources and content of *artistic* creativity, at least. Some of its prerequisites and conditions have been studied analytically in considerable detail, including certain characteristics observable in the evolvement of those mental states in which artistic work is performed, which have been described by Kris as the "inspirational" and "elaborative" stages of creativity. With reference to this, I have suggested in my study on Schliemann (1965) that a two-pronged approach of this kind appears somewhat limited in emphasis and scope, since it tends to focus attention on the more dramatic features of the process—that is, the so-called "creative spell," "creative flash," or climax phenomenon—which fascinate the observer by their, at times, spectacular emergence, and to neglect the more silent features of the process, such as incubation, preliminary or latent stages, preparatory links, and other relationships.

Looking at the process or processes as a whole, one can observe a number of factors which seem to be of significance in the creative productivity of a given individual. I have been able to elucidate some of these factors during analytic and psychotherapeutic work with a number of patients who came to treatment for reasons other than their creativity, namely for reasons of ill health, and to observe a wide range of emotional conflicts and conditions involving varying degrees of pathology which in some cases were moderately serious, but which in other cases had disabling effects—or nearly so—on their personal, social, and professional lives. The number of these creative individuals seen in an active analytic practice such as mine is comparatively small—12 individuals altogether—and therefore no definite conclusions as to the nature of the creative process can be offered in the present report.

Among the features common to these artistically creative patients, the following findings can be stated in very general terms:

1. *A more or less considerable degree of psychopathology* was common to all my patients. Here a word of caution is indicated: without emotional suffering they would not have asked for treatment and thus would not have become my patients. It may be noted, however, that this finding can be amply encountered in the

nonpsychiatric, nonanalytic, and nonmedical literature. In fact, it is readily accessible to us in the life histories of and biographical studies on creative people, and can be found frequently in their own statements as well.

2. *The ego's marked capacity for single-mindedness, isolation, and lonely, often brooding, mentation.* One could write a separate analytic study on the loneliness of the creative person, as well as the lonely hours of creation—Rembrandt, Van Gogh, Schliemann, Gauguin, Goya, Kirkegaard, Beethoven, Michelangelo, the latter described by his contemporary Raphael as being "lonely like a hangman."

The features of total isolation and loneliness can be seen in an old photo of Schliemann showing the founder of modern archeology sitting alone in his excavation trench of ancient Troy. As psychoanalysts we might be tempted to consider this picture as a representation of a return-to-the-womb fantasy. Without excluding such representational aspects, on the basis of historical material one arrives at further genetic considerations. Schliemann was born in a vicarage situated in the midst of a cemetery. Later on he became an archeologist and you can see him in this picture sitting in his own tomb, as it were, the explorer's loneliness speaking out of the picture with striking eloquence.

3. *A withdrawal from complex emotional involvements with the outer world* and the latter's replacement—in the mind—by ideas, projects, plans, personal, cultural, religious or scientific strivings, which become the well-known "collective alternates" and which are often cathected to an extraordinary degree. These factors are predominant especially in the creative work of inventors and also scientists, to whom the laboratory or research project may serve as a "self-insulating sanctuary," as Marshall Busch puts it, a sort of personal refuge from painful emotional problems and involvement with people. While absorbed in the act of creation, the artist —unknowingly, as a rule—tends to turn into a recluse, leading, for all practical purposes, a solitary existence. Of course, this does not rule out the presence of gregariousness at other times, even an excessive gregariousness which may very well serve defensive purposes.

It should be noted that the novelist at his typewriter, the artist

at his easel, while absorbed in the acts of creation, often become recluses and thereby convert their rooms into sanctuaries for the free play of their fantasies and imagination. Thereby unconscious fantasies are lived out in relation both to the product being created (born) and to the unseen audience which is to admire the product in days to come. In my analyses of several artists, it became apparent that the unseen audience—unconsciously present during the creative work— was the elusive *mater eterna,* a fantasy based on an unconscious identification with the preoedipal mother and the wish to prove that he, the artist, is able to create, i.e., to give birth like her. In some cases I was also able to elucidate a revenge fantasy, that is, the wish to take revenge upon the mother for rejecting him in the oedipal setting or for not having taken care of him earlier when siblings arrived. One of my patients frequently said that his mother was an idiot, and in his artistic productions he felt that he had to prove that the audience was as idiotic as his mother. This also affected the transference where he had to prove that the analyst was idiotic too. On analysis, it turned out that his frequently expressed feeling that this mother was stupid was his way of stating she did not understand that she should not have left him. She had often gone away and left him alone as a child. The agony of feeling and being left alone during childhood was very real in three of my patients. It emerged with particular poignancy in a picture done by an artist patient in which the patient painted himself lying prostrate and in utter despair before the analyst's office when the analyst was on vacation.

4. *A special, usually restive and moody relationship to reality,* which, qualitatively and quantitatively speaking, the artist feels not merely in a different way but also more sharply and keenly than the noncreative person. Since artistic creation is closely linked with symbol formation and via symbolism to the primary process, Kris's concept of "regression in the service of the ego" is applicable, although I prefer to speak of regression in the service of *ego restitution,* at times even ego survival. In my research on Schliemann I came across several deeply moving letters in which the explorer, after having been prohibited by the Turkish and Greek authorities to excavate further, appealed to the Italian authorities to permit him to dig in Pompeii or any other place in Italy. In one of his

letters he implied that if they did not give him such permission he could not go on living. He wrote in effect that digging and excavating for him was living and continuing to live. While this correspondence was going on, the authorities seem to have relented, and they permitted him to continue his excavations. But he really didn't want to dig in Pompeii. Pompeii was for him a "new city," destroyed "only" in the year 70 A.D. He was interested in prehistoric, earlier sites, which were much older than Pompeii, and similar locations that existed and flourished at the time of the Roman Empire. His passionate interest in prehistory had its psychodynamic-genetic source in his own life, since there had existed another Heinrich Schliemann, an older brother who was aged eight when our Heinrich Schliemann was born, but who died and was buried in the very same cemetery near which the archeologist was born a short time before the death of his brother.

All symbolization, according to Kubie, has a dual anchorage, one end residing in the body ego (as we know, the original and foremost part of the total ego organization). With reference to the work of some of my artist patients, their artistic creations often dealt with experiences of a kind not readily amenable to talk or discourse.

5. *A heightened sensory, perceptual, and intellectual sensitivity to stimuli* from within and/or without. Greenacre (1957) has described this heightened sensorial-perceptual sensitivity which she considers an inborn quality of the artist. While I am in agreement with most of her observations, I cannot fully agree with this last point, since precisely the artist's greater sensory responsiveness and heightened sensitivity to his inner and outer world could be traced in the majority of my artist patients to object loss, the object being one in the external world or part of the subject's own body. On analysis, the creative efforts of the artist turned out to be, on the deepest level, ongoing restitutive or restorative efforts in the sense of a search constantly reactivated and reconstituted to regain, on a different plane, the state prior to the factual or fantasied onset of the object loss (or more precisely, the mental representation of the lost object). Often the loss is indeed a severe one, and of considerable consequence. The death of a significant figure early in life in creative individuals is a finding—a very frequent

finding—to which I have added losses which affect the body ego—early illnesses, deformities, physical deficiencies, and so forth.

6. *A special function of the ego which can be described as "the restitutive function"* and which, on further analysis, may well turn out to be related to or part of what I am inclined to call the "modulating" function of the ego. I am inclined to point to the restitutive and modulating functions as pivotal factors in artistic activity. In a true work of art, every part affects, modulates, and reinforces every other part, and ultimately forms a unified and integrated whole. Here probably lies one of the main differences between genuine art and what goes under the name of psychotic or schizophrenic art. The restitutive function of the ego serves to reinstate the actual or fantasied condition prior to the object loss, irrespective of its occurrence in the external world or the subject's own body. It further serves to undo the narcissistic injury and to regain in this magic-restorative way the lost omnipotence of infancy. If the restitutive strivings find their pathway along the lines of creativity, new groupings of mental events are formed with rediscovery of once familiar experiences, and this reconstruction and reconstitution are achieved in a completely novel fashion usually unrecognizable to the artist himself.

Since I am aware of the complexity of the processes involved, as well as of the few data and clues at our disposal concerning the psychology of creative work, I wish to clarify these thoughts with the aid of some illustrations from art history.

Those who have studied Rembrandt's life and work know about the great turning point in his artistic career. After a decade of prosperity and success as a fashionable portraitist, a series of severe losses, beginning with the death of his first wife, a mother figure, changed his outlook and type of work. Turning from the world of fashion and wealth, Rembrandt in his mid-years altered the scope of his art and began to concentrate on portraying man's spiritual life. As a result, painting commissions became rare, he went bankrupt, and his home and collections had to be sold at auction in 1656. He died in 1669, destitute and almost forgotten.

I also wish to share with you, tracing in some depth and scope, certain aspects of Goya's art, the alterations of which in mid-life seem to be related to a combined and two-pronged object loss, one

concerning his own body and one derived from the loss of his great love object in the external world, the Duchess of Alba. In Goya's life and artistic career a turning point seems to have occurred during the years 1792-1796 when he was between 46 and 50 years of age. This period begins with a fulminating illness which felled him for a whole year, an almost fatal disease from which he recovered but which left him partially paralyzed for many months and then, after recovery, almost totally deaf—permanently. Some time after his physical recovery he began his famous love affair with the Duchess of Alba, then the most celebrated beauty and also the wealthiest woman in Spain, who after a few years may have become tired of the aging, deaf artist. She left him, and he felt betrayed.

The difference between the young Goya and the Goya after these events can best be understood by comparing his art work before and after this devastating illness of 1792-1793. One becomes aware of a decided change from lighthearted eighteenth-century art, albeit all unconventional in subject matter or in handling, with something quite timeless, which has been referred to as "perhaps the most powerful of commentaries on human crime and madness made in artistic terms" (Huxley, 1943, p. 9).

Until 1792 Goya had been known as a fashionable portrait painter and tapestry designer. Before his illness he made many paintings and designs in conventional style: the lady on the swing and the lady with a parasol are quite familiar. These paintings are lighthearted and in the spirit of joy and play. He also painted many scenes with children, of youngsters climbing trees, playing joyfully at games, and so forth. Goya's paintings in the conventional rococo style of the time also belong to this early period.

Some time after the Duchess began to lose interest in him, Goya's work became filled with merciless revenge themes expressing mounting rage and despair. One can follow the progression of revenge fantasies in his series of drawings and etchings called "Caprichos." An early one shows the Duchess of Alba as a human being, but being carried by monstrous men; but you still see the Duchess as a recognizable human person. The Duchess of Alba is next seen as a street-dancer or a streetwalker, surrounded by fiendish-looking men and presided over by a monstrous creature of giant

size and birdlike shape. In another picture she is reduced to a totally nonhuman creature, toadlike and dwarfed, with animal legs and surrounded by catlike male figures. One of them is plucking her wings. One can perhaps infer that this represents the artist's attempt to prevent her from running away, mutilating her and thus preventing her from leaving him. Be that as it may, one can observe an almost step-by-step progression of the artist's revenge fantasies in the characteristic changes that occur in his artistic productions at that time.

My impression is that the two-pronged loss mentioned above made the artist sensitive to other object losses and related experiences, and that his famous artistic series "Los Caprichos," later followed by "Disasters of War" and "Proverbs," are extensions in depth and scope of this development. Moreover, I believe the reason the loss of the Duchess was such a traumatic experience for Goya lies in the fact that Goya's mother—who had been an *hidalga,* a woman of minor Spanish nobility—had done a most unusual thing in Spain; she married a craftsman, Goya's father, who was a gilder. In Goya's own life a similar situation existed in his love relation with the Duchess of Alba. The rage and florid revenge fantasies resulting from her desertion seem to have encompassed and engulfed his inner world. Other important influences, such as the invasion of Spain by French armies, the bloody and endless atrocities committed during the wars that followed, and many other factors contributed to the same development, I am inclined to believe. In several Black Paintings, the "Pinturas Negras," a distinct quality of preoccupation with impending catastrophe and death can be noted. The "Pinturas Negras" convey, in addition to anything else, a sense of loneliness and despair that bespeaks of loss and destruction; for example, the loneliness and despair which emanate from the painting of a dog's head—a lone dog, sinking into the ground and helplessly lost in the emptiness or nothingness of space indicating extinction perhaps in quicksand or something resembling it. At the same time there is a marked and moving, almost unearthly, quality in the picture, a strange wakefulness in the posture and appearance of the lost animal, which is at once alerting and despairing in the amorphous magic light that surrounds the lonely head of the creature, and announces the loss of

virtually everything, as it were. The creature's head seems to be caught in the last moments of its struggle for survival.

One of the Black Paintings is named "El Coloso," the giant. I think it represents a world-destruction fantasy: a giant, supernatural in size and posture, strides across the earth, and everyone flees in panic and despair. Looking at the face and body of the giant, although the face is shown only in profile, I believe one can recognize in it a certain resemblance to one of Goya's self-portraits in his old age. Again, a sense of impending death and destruction emanates from the "El Coloso" picture.

SUMMARY

In considering some of the problems involved in the study of creativity, I have focused upon issues pertaining to disturbances in body image and the trauma of loss, both of which I believe to be pertinent to the creative process. Although its nature and sources are still essentially obscure, certain components (or ingredients) of the process (or processes) appear to be related to object loss and reparative-restitutional efforts to replace these losses. Among the relatively few data and clues concerning the psychology of creative work, there is ample evidence in support of the assumption that at least in a number of cases the creative act serves as a restitution of objects, lost in reality, destroyed in fantasy, or both.

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3 Trauma, Restoration, and Creativity

William G. Niederland, M.D.

Restoration hang thy medicine on my lips.
–Shakespeare, *King Lear*

The past is never dead; it is not even past.
–William Faulkner

EXPLANATORY NOTES ON THE CONCEPT, DEFINITION, AND RANGE OF TRAUMA

Trauma–according to Webster, "an injury or wound, or the resulting condition (in medicine); a mental shock, a disturbing experience to which a neurosis may be traced (in psychiatry)"–occupies a prominent position in psychiatric, psychoanalytic, and psychodynamically oriented thinking. From both a practical and theoretical viewpoint, a thoroughgoing investigation and clarification of the concept of trauma is central not only to psychoanalysis, but also to clinical and social psychiatry, psychology, the study of the creative process, as well as efforts in various mental health areas generally.

It may not be superfluous to mention that, historically speaking, the somewhat loose terms "traumatic neurosis," "war neurosis," "accident neurosis," and "postaccidental psychological illness" that have been part of our professional literature since the

days long before World War I, were originally and often erroneously used in medicine, finding entrance into early psychoanalysis primarily by dint of their employment in medico-legal issues, forensic psychiatry, disability problems in military medicine, and frequently vain or fruitless attempts at rehabilitation. Any study, even thought, of a possible relationship of trauma to creativity was totally omitted. A decidedly clinical approach to what were regarded as definitely clinical problems prevailed.

Of course, as early as 1895, Breuer and Freud began to investigate the nature and influence of trauma in the mental lives of patients, and discovered that these patients' symptoms "were found upon highly significant, but forgotten scenes in their past lives (traumas)," as Freud reformulated it in 1941. Thus the pathway was opened for a more detailed examination of how traumatic events exert their influences on symptom formation, developmental and maturational processes, character structure, and psychic life in general. Originally, Breuer and Freud (1893–1895) had described trauma as an experience in which perceptual and affective stimuli overwhelm those psychic processes which bind them and which thereby ordinarily maintain a homeostatic equilibrium in the mental apparatus. In a number of follow-up studies, Freud (1916, 1920, 1926) elaborated on the initial definition and discussed the problem of trauma and the traumatic state more specifically. In 1920 he wrote: "We describe as traumatic any excitations from outside which are powerful enough to break through the protective shield . . . the concept of trauma necessarily implies a connection of this kind with a break in an otherwise efficacious barrier against stimuli." Breaking "the protective shield" or "barrier" refers, in Freud's formulation, to the inundation of the psychic apparatus with such large amounts of stimuli that they cannot be bound and/or mastered. In 1926 Freud spoke of "early . . . traumata which the immature ego was unable to master" and of "impressions of this [early] period [which] impinge upon an immature and feeble ego, and act upon it as trauma." To these characteristics he added, in 1933, the factor of helplessness as a further important criterion in defining psychic trauma: "The essence of a traumatic situation is an experience of helplessness on the part of the ego in the face of accumulation of excitation, whether of external or internal origin."

It is with more than theoretical interest that I cite these formulations in their original (if translated) wording. With the widening scope of analytic, psychodynamic, and psychotherapeutic approaches to mental illness, the current usage of the terms "trauma," "traumatic state," "traumatic experience," and the like has undergone – perhaps inevitably – certain changes and modifications. The frequent use of these terms, at times "overuse" (as Anna Freud has called it), tends to bring about, in addition to the familiar generalizations in today's parlance, a blurring of distinctions, and ultimately a decrease in conceptual meaning and clarity. It is equally important to add that in Freud's writings, from his earliest papers to his last contributions, the part played by experiences (including fantasies) involving traumatic events is viewed as a major factor in pathogenesis. This has to be emphasized in view of occasional attempts to reduce Freud's concept of trauma to a sort of side issue by assigning it a transient or minor role. As an illustration, I mention Karl Jaspers's (cited in Niederland, 1966) approach which restricts pathological reactions following a traumatic experience to a temporary condition, and postulates that there is a return to the *status quo ante* with regard to specific psychic mechanisms and functions. On the other side of the spectrum, Greenacre's (1952) view should be noted that no truly traumatic event is ever wholly overcome and that increased psychic vulnerability is the inevitable outcome of such experiences. Essentially, this coincides in a wide-ranging context with Freud's earliest emphasis on the influence of overt sexual traumata in the causation of neuroses.

More recently, attention has been focused on specifically defining the nature and effect of traumatic events. Kris (1952) has spoken of "chronic stress trauma" seen in persons subject to prolonged, day-to-day injurious conditions as opposed to "acute shock trauma" wherein a suddenly overwhelming stimulus (or series of stimuli) of a kind that cannot be mastered is operative. Not infrequently, closer study reveals a combination of both types, that is to say, a shock trauma superimposed on a vulnerable, previously and chronically traumatized ego acts in combination with protracted stress to produce certain effects or aftereffects. Some authors have used the terms "cumulative trauma" or "traumatic processes." In many of these situations, clinical evalu-

ation may present considerable difficulty. The nature and history of trauma, onset and progression of illness, presence or absence of disorders before trauma, developmental factors, pre-traumatic condition, and other anamnestic data (including course and specific manifestations of post-traumatic illness) serve as important criteria in such evaluations. Though necessarily incomplete and schematic, a brief review of the principal traumatic influences, in a more or less chronological sequence, may be useful.

Prenatal, Natal, and Perinatal Trauma

During prenatal life there is a predisposition to anxiety and other reactions. On the basis of work done by neurologists, physiologists, pediatricians, and other researchers, there is reason to believe that intense fetal responses, especially during the latter months of pregnancy, can be elicited by certain stimuli, for example, of an acoustic or kinesthetic nature. These seem to provoke responses which are in the nature of reflex action and most probably devoid of psychic content.

Trauma in Infancy and Early Childhood

Painful and uncomfortable situations in the earliest postnatal weeks would have a traumatic effect on the developmental process and tend to increase the organic components of anxiety reaction. A marked elevation in early anxiety due to traumatic experiences results in an increase in narcissism, an inadequate sense of reality, and a predisposition to severe neuroses or borderline states. Examples of massive stimulation leading to overexcitement and disorganization are (1) repeated exposure to the primal scene, although whether such exposure is really traumatic, is still an open question; (2) being tossed, played with, or tickled or teased violently; (3) frequent exposure to sudden loud voices and noises in early infancy; and (4) repeated anesthetic and/or operative procedures.

Physical restraint over periods of time is another form of trauma in infancy. Positive restraint consists in binding and holding in order to limit motion. Negative restraint results from the prolonged absence of activity-permitting situations. With intense and sudden restraint involving the entire body, including a variety of congenital deformities of the musculo-skeletal system, the traumatic effect is quite marked.

The birth of a sibling is more traumatic in infancy than at a later age because speech and locomotion have not been established for the discharge of the infant's jealousy.

The traumatic experiences of separation and deprivation during the formative years are created by (1) the death or illness of one or both parents; (2) broken homes; (3) separation of parents; (4) psychotic parents, and (5) parents with antisocial character disorders, the first three obviously including object loss. Children who have suffered early separation deprivation and serious disturbances of the mother-child relationship manifest impairment of ego functions, disturbances of instinctual drives, and interference with superego development.

Frequent potentially traumatic experiences mentioned in the literature (Niederland, 1965, 1967) involve perceived body loss: (1) congenital or early acquired malformations; (2) childhood bodily illness; and (3) hospitalization and surgery.

Precocious experiences which have traumatic effects include (1) specific genital seduction in early infancy; (2) frequently, forced feeding; (3) frequent and early enemas, administered forcefully; and (4) premature toilet training.

Trauma in Puberty and Adolescence

Little is known about prepuberty trauma except for one group of cases in which traumata are provoked by the victims and are compulsive repetitions of preoedipal conflicts influencing the intensity of the oedipal phase and subsequent severity and deformation of the superego. The occurrence of such traumata is favored by the combination of an increased thrust of activity during prepuberty years, with marked sadomasochism derived from pregenital phases, and a strong masculine identification during the latency period.

Trauma in Adulthood

Brutal and sadistic traumas inflicted on an individual or a group of individuals, such as inmates of Nazi concentration camps, are characterized by (1) constant pervasive threats and reality of tor- | adj Holocaust

ture and death, (2) extreme deprivation and suffering, and (3) the need for absolute control and suppression of any aggressive or altruistic reactions.

Personality changes in the survivors of such experiences are related to quantitative factors. Massive and repeated traumatic experiences of this type have devastating effects on ego organization. These sequelae, ~~known as the~~ "survivor syndrome," are:

1. Anxiety.
2. Disturbances of cognition and memory.
3. Chronic depressive reactions.
4. Psychosomatic disorders.
5. Psychosis-like picture manifestations.
6. Tendencies to isolation and brooding seclusion.
7. Disturbances of the sense of identity, and of body- and self-image.
8. Survivor guilt.

The above summary, though schematic and sketchy, may serve to facilitate the therapist's work in various ways. It focuses special attention on factors and manifestations not always designated as traumatogenic in the literature. It separates specific (traumatic) events from a variety of other pathogenic conditions. Finally, it is hoped that such a summary may reawaken interest in exploring further the injurious effects of trauma on psychic life. Traumatic events are part of mankind's universal experience and various aspects of trauma have become almost commonplace. Only well-defined inquiries into the nature and consequences of such experiences can throw light on the silent, persistent, at times compensatory and auto-reconstructive features thereof, as I hope to demonstrate in the remainder of this essay.

THE LOSS/RESTORATION PRINCIPLE: A DYNAMIC INGREDIENT OF THE CREATIVE PROCESS

I should now like to explore some of the specific traumata to which, according to my research (1965, 1967, 1975, 1976, 1981), many poets, writers, artists, and scientists have been subjected

in early life, mainly the traumata of object loss and what I have called body loss, the latter referring to physical handicaps, bodily malformations, protracted illness in childhood, long periods of frailty, and similar conditions. To a degree, the experience of object loss resembles that of body loss. Object loss relates to a love object in the external world; body loss relates to an object that once was part of the self. However, a sharp and fully determined distinction between the mental representations of the inner and outer world develops comparatively late in childhood. Even in adult life this lack of determinate distinction is not at all rare, especially under the impact of such serious bodily injuries as amputation and the like. The experience of "phantom limb" is too well known to require further elaboration. In these cases the human mind "creates" a limb that has ceased to exist. Artistic creativity, in particular, "intimately involves the body," as Fisher (1973) so aptly puts it.

With regard to bodily losses and their restorative-creative potential, a brief historical review may be useful. Hephaestus, the god of art and artisanship (there were no sharp differences between the two in those days), was lame. His masterwork, according to Homer, was the Shield of Achilles, replete with depictions of figures dancing, running, fighting – all of them in active and impressive motion. Among all the gods on Mount Olympus the "renowned lame god", as Homer calls him, was the one who understood, promoted, and created art. Homer himself, according to tradition, was blind. Socrates, the great philosopher of antiquity, was physically misshapen, had a bulbous nose, and was otherwise unattractive in physical appearance. To go still further back, Moses, the most prominent figure of the Old Testament and founder of the Hebrew religion, was *aral sefoyajim*, as the scriptural text has it – that is, he suffered from a speech defect of such intensity that his brother Aaron had to serve as his mouthpiece for his talks with Pharaoh, to "let my people go." We all know, of course, the story of Demosthenes the greatest orator of the classical Greek world, who, impelled by a most serious speech defect, forced himself to practice speaking through a mouthful of pebbles in order to overcome that deficiency. In early Persian literature a poet was viewed in two ways: in one, he was likened to a butterfly flying about a burning candle and being seriously injured by its flame; in

the other, he was identified with a lovesick nightingale which bleeds on the thorns of bushes, yet creates its beautiful songs.

Turning to less ancient sources, I should mention Cervantes, whose left arm was wounded by a bullet during the battle of Lepanto. It remained paralyzed "ad majorem gloriam dextrae," as he later wrote–for the "greater glory of my right arm and hand," with which he created his immortal *Don Quixote.* Cervantes thus expressed, almost in analytic terms, the shift of body cathexis from the deficient body part to the healthy and active one which he used in creating his celebrated work.

Christy Brown, the crippled Irish author of, among other novels, the best-selling *Down All the Days,* died in 1981 at the age of 49. Brown was a victim of congenital cerebral palsy. In his early years he could neither stand, walk, nor feed himself, and his speech consisted largely of grunts understood only by family members and close friends. He could not control any part of his body except his left foot. With this foot he learned to write by holding a paint brush with his toes. In analytic terms, his one intact body part became compensatorily hypercathected. Robert Collis, a physician who specialized in cerebral palsy, encouraged him to write and use his foot in this way. Therapeutically speaking, such medico-psychological support is of extreme importance–helpful guidance and prudent encouragement reinforce the patient's own restorative efforts. To quote Brown:

> From very early on I had the urge to write. As far back as I can remember I was always writing bits and pieces–poems, short stories, essays. That was my release. My brothers got it kicking footballs or loving women, but I had to compensate for being handicapped, and the only way I could do it, was to put my thoughts down on paper.

Two other Irish authors, O'Casey and Joyce, less handicapped and much more prominent in literature than Christy Brown, may also be considered in this connection. Both had serious visual deficiencies from childhood on. O'Casey, who lost his father at an early age, suffered from greatly impaired vision. Joyce probably offers the supreme example as far as the relationship between creative achievement and visual defectiveness is concerned. In

Ulysses he virtually makes us see Dublin, the Liffy River, Leopold Bloom and his wife, the city by night and day, local places and all the rest, as though we were with him in person sharing all those sights and experiences. Let us note, therefore, that in 1920, still working on *Ulysses* and approaching middle age, Joyce was in a state of near-blindness. Before that time he had undergone at least ten eye operations and could often barely see. Entire chapters or subchapters of *Portrait of an Artist as a Young Man* deal with his eye troubles and the incapacity of school teachers and other adults to understand them. This same man, so close to blindness, *sees* the world as it really and symbolically is, and makes us see it too, in his creative work.

The French painters Degas and Monet were likewise afflicted by poor vision, the former from childhood on, the latter during the final period of his life–one of the most creative and exciting in his artistic career. It was during that period that Monet worked on the completion of his famous Water Lily series with its numerous revisions and variations, while repeatedly undergoing eye operations for a "degenerative cataract" condition which, according to his Paris eye doctor's diagnosis, had reduced the painter's vision to one-tenth in the left eye and to only perception of light with good projection in the right. Degas, on the other hand, with his difficulty in seeing landscapes and countryside, concentrated on painting ballet dancers and racehorses throughout most of his life. As his eyesight continued to fail, he undertook to work with new media and techniques, especially sculpture, engraving, and experimentation with lithography, wax, etc. At the age of 70 or so, when he was almost totally blind, he persisted in working with these new techniques. Both artists overcame the "degenerative" processes in their visual systems by what I am inclined to call "generative-creative-restorative repair" in the very areas threatened or reduced through loss.

Allen (1974) has focused our attention on "the ability to be inwardly curious, to employ self-directed scopophilia without hampering anxiety", a capacity which he describes as "a fundamental first step in the creative process". Indeed, this "wish to look," often sexually and erotically tinged, i.e., scopophilia, and the permission to do so, may play a great role in the exploration of new

fields and the attraction of the unknown, or in the search for the "hidden deep" which I have described in my papers on river and water symbolism (1956, 1957). According to Allen, the exploratory endeavors of Freud, Darwin, Pasteur, Einstein, and others are notable examples of this capacity, which, in accordance with my findings, may be intensely stimulated by preceding losses and, if dormant, set into motion by such losses.

An impressive example of the loss/restoration principle in poetry and fiction is offered by Kipling, who in his early life suffered both object and body loss later followed by such generative-creative activity. Object loss is not always caused by death. Early separation and abandonment, in symbolic meaning and psychological reverberations, can approximate it. At the age of six, Kipling–born in Bombay, India, in 1865–was taken by his British parents to England for schooling and "deposited" by them in a foster home at Southsea. He later named this home in which he remained for five years "the house of desolation." His parents left him in the care of the owners of that "house of desolation," "Uncle Harry" and "Aunty Rosa," and returned to India without telling the young boy of their imminent departure. Throughout his life, he suffered from impaired vision, a case of extreme congenital myopia which was neither recognized nor treated by his real or surrogate parents during those early years. After the much belated recognition of his impairment, two types of spectacles were required in order to correct it. Subsequently, as a writer, he composed a collection of reminiscences, impressions, and fantasies (in my experience as a psychoanalyst, I have often found fantasies to be distorted, at times not so distorted, memories) which appeared in the literature as a novel under the ominous title *The Light That Failed.* Much later, in our time, the novel was produced as a film with the same title.

Of further interest in the present context is this fact: Kipling, who in childhood had lost his parental home in distant India and along with it his parents, with whom he was reunited only after a number of years, was able to express the loss/restoration principle or process poetically by giving lyrical expression to its roots and meaning. In his poem "The Explorer" it appears characteristically as an imperative, which, indeed, it often is:

> Something *hidden.* Go and find it. Go and *look*
> Behind the Ranges–
> Something *lost* behind the Ranges. *Lost* and
> *Waiting for you.* [italics added]. Go!

Precisely so did Kipling's career evolve–ceaseless traveling, writing, exploring, and moving from place to place, across the seas, mountains, and valleys. His literary achievement has sometimes been attacked by the imputation that he made of himself the poet of the British Empire, glorifying its existence and extolling its might. This may be so. But even a brief glance behind the poet's "inner" ranges sheds light on this attitude and much of his literary work. How intensely a gifted little boy, abandoned in the "house of desolation" of Southsea, trapped in its narrow streets and in the dimness and constriction of his myopia, must have longed for the spaciousness of the Empire, which in his day was worldwide and virtually without limits. The striving for expansion and mobility is one of the elements of the creative experience, certainly understandable in the case of Kiplng.

Another example of early corporeal traumatization is that of Sir Walter Scott, who was stricken by polio at the age of two and walked with a permanent limp. As a writer, he created the figure in *Ivanhoe,* of the invincible knight in shining armor who helps the downtrodden and infirm, turning his enemies into limp and stricken figures while he himself is never defeated.

Byron likewise was lame. His lameness, not the result of polio but caused by a birth defect, was incurable at the time and his need to wear an "iron on his leg" up to his college days is described by friends and biographers. As an author of poetry and drama, Byron matured with amazing speed and created an enduring literary universe of rhyme, lyrics, narratives, impassioned confessions, and brilliant letters. Without going into the detail of this superb creative output, suffice it for us to witness *Childe Harold's Pilgrimage* from country to country, sea to sea, across rivers, lakes, and mountains–not unlike Kipling's at a later date. Quite clearly, the hero of the pilgrimage is Byron himself, or more precisely, he represents the poetically and wishfully projected image of the physically unimpaired, bodily perfect, and magically re-

stored Byron. In fact, just before his death in Greece in 1824, while fighting on a desolate battlefield for Greek freedom, his last words reportedly were: "AVANTI, AVANTI" ("Forward, Forward")–the lame poet transmuting and denying his lameness until the very last moments of his turbulent life.

What about the lives of highly creative individuals in other fields? Mention of polio brings quickly to mind Franklin Delano Roosevelt's life and achievement. Stricken by the disease before reaching middle age, he lost the use of both his legs. Five years later, he became president of the United States and subsequently, with Churchill, the leader in the war against Hitler. Equally important and lasting were his creative efforts in the field of social security, which, against weighty opposition, he introduced as an innovative institution on a nationwide basis while simultaneously fighting for the acceptance of many related social services never before considered either necessary or important for the well-being of the government of the United States and its people.

His wife, Eleanor, was plagued by the triple handicap of early object loss–her mother and father died when she was eight and ten years of age, respectively–physically unattractive appearance, and marked resultant shyness and isolation. Later, the plain, shy, and awkward girl turned into an eloquent, active, and almost ubiquitous figure. During the last fifteen years of her life she became the American voice of humanity, a woman of unbroken inner strength (in spite of a virtually broken marriage with Roosevelt before his death), and sovereign in her own right.

This leads us to a consideration of physical ugliness as a leitmotif in the careers of certain creative personalities. Michelangelo, whose glaring facial disfigurement due to a distorted and misshapen nose, fractured in a pre-adolescent fistfight which made him the ugliest among hundreds of his fellow Renaissance artists, walked alone through the streets of Rome *"solo come un boia,"* "lonely as a hangman," according to his contemporary Raphael. This unusually ugly man created, among his many outstanding artistic works, two of perhaps the most impressive examples we know of masculine beauty–the statues of David and Moses.

With regard to physical ugliness as a potential *stimulus creandi,* I have referred above to Socrates and his misshapen figure. The list includes at least four other great philosophers: Hans Christopher Lichtenberg, Emanuel Kant, Moses Mendelsohn, and Søren Kierkegaard, all crippled at an early age, hunchbacks in fact. Moreover, Kant was known as the shortest man in Koenigsberg where he taught philosophy, and Arthur Schopenhauer was so characterized in Danzig, Goettingen, and Frankfurt. Physical "short" comings of this type, later converted into spiritual greatness, are not limited, of course, to one or two nationalities. The Americans Ralph Waldo Emerson and Theodore Dreiser were known as "ugly ducklings" among their contemporaries. So was the Russian Nicolai Gogol with his enormous nose and conspicuously short stature. His schoolmates called him the "mysterious dwarf." John Keats was small, stocky, and never grew beyond 5′4″ in height. Gustave Eiffel, the builder of the tall, erect Tower, was short and stooped. So was Alexander Pope who suffered from a marked curvature of the spine. An even more surprising addition to this list of creative "shorties" is the best known artist of our century–Pablo Picasso, whose height was 5′2″. Unconsciously, like children, we are prone to think of great men and women as being great–tall and big–in bodily terms as well. Often, the reverse holds true and promotes restorative action. The crippled Toulouse-Lautrec said it directly: "If my legs had been a little longer, I would never have become a painter."

William Faulkner, Sir Arthur Evans, discoverer of the Palace of Knossos on the island of Crete, and the original Dr. Faustus whom Goethe celebrated in his greatest work, belong to the same category of defective body growth. They were all abnormally short and of poor physique. The lifelong emotional reverberations reemerge, at least in part, in their very accomplishments. Evans excavated the giant palace and Dr. Faust, the legendary alchemist, tried forever to find the gold of physical beauty, eternal renewal (rebirth), and the fountain of youth. Victor Hugo, whom his biographers describe as looking like "a deformed dwarf," created the grossly misshapen yet immortal figures in literature Quasimodo and Rigoletto.

Though being short in a taller world does not exactly belong to the category of "body loss" in the sense described above, the subjective experience of such an individual may approximate that of

defective body growth, of having been wronged or literally kept "down" by Mother Nature. It is known that Picasso frequently expressed concern about his small physical stature, brooding and talking about it in worried terms. Gogol's work, too, offers an almost classical example. In one of his wondrous tales the pimpled nose of a conceited bureaucrat, Kovalev, disappears mysteriously. During the night it has stealthily detached itself from the face of its bearer and, in broad daylight, parades gloriously attired down the street. In another satirical story, the inhabitants of the moon are nothing but grotesque and mobile noses. One of Gogol's poems depicts his whole body transformed into a stately and upright nose, a fantasy which suggests to the analytically trained reader the familiar "body-phallus" equation.

All this is not to say that bodily imperfections or deficiencies produce creative work. Such a simplistic view would be absurd and must be rebuked. Physical defectiveness, rather, tends to stimulate the imagination, to activate a rich and florid fantasy life, compensatory mechanisms, reaction formations, symbolic processes, restorative ego functions and, in gifted individuals, to promote creativity. The influence of narcissistic injury to the body image and self-representation certainly is marked. Moreover, the "doors of perception" (to use Aldous Huxley's term) are more widely opened while the superego's control over thoughts and feelings are reduced. The same holds true for object loss, if and when the intense reactions of grief, sorrow, anger, rancor, and embitterment are gone or alleviated.

Huxley, whose defective eyesight interrupted his education at Eton and who wrote not only the lucid "Doors of Perception" but also "Eyeless in Gaza" and "Brief Candles," was able to enlighten us more with his half-blind eye than most people can with perfect vision. In his many brilliant writings he offered luminous glimpses of his world and personal tragedy, especially his lifelong fight against blindness. So did James Thurber, whose left eye, at the age of six, wass destroyed by an arrow accidentally shot by his brother William. Before long his good right eye began to go bad so that later in midlife he became totally blind. Though he never got over the shock which he sustained as a young boy, he continued working creatively as an artist and writer until the end of his life.

Under certain circumstances the creative process may be set in motion with a sort of *blitzkrieg* intensity and speed. Petrarch, who is generally thought to be the spiritual father of the Renaissance, was 14 years old when his beloved young mother died. On his return from her funeral, he wrote his first poem, which begins with the words: "... of thy glory my tongue will sing forever." Peter Weiss, author of *Marat de Sade*, and a painter as well as producer and director of famous Swedish films, was a refugee from Nazi Germany whence he fled with his Jewish family as a young adolescent. In his autobiographical novel *Exile* he describes his incestuous love for his sister, who died in his presence a short time after their escape from Germany. On the day following his sister's death, he created his first piece of art–a painting. Auden's comment on art as "our chief means of breaking bread with the dead" relates to these occurrences almost point blank.

A touching episode from the life of W. Somerset Maugham highlights the enduring impact of early object loss. Maugham's mother died when he was a young child. His nephew Robin (cited in Niederland, 1976) reports the following event which took place during the writer's last period of life:

> A few years ago I was alone with him ... and his mind sometimes wandered. Suddenly he muttered: '*I shall never get over her death. I shall never get over it*'. For an instant I supposed he was referring to my much beloved sister Kate who had died recently, but as he went on talking, I realized that he was thinking of his *mother who had been dead for over eighty years* [italics added] (p. 204).

The creative work of Edgar Allan Poe cannot be understood, in my opinion, without specific reference to the nature and influence of object loss in his early childhood. His father deserted the family when Poe was two, and his beautiful young mother was dying of pulmonary tuberculosis before he had reached the age of three. The little family, consisting of the tubercular mother, the future poet, and his one-year-old sister, lived in one small dingy room in a boarding house in Richmond, Virginia during the final months of her illness. Almost daily her condition grew worse. The young Edgar (the middle name Allan was added much later, after the mother's demise) not only observed for days and weeks the

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mother's hopeless struggle with her illness, but also witnessed her death in that dingy room on a cold night in December. Indeed, there is reason to believe that he stayed close to the mother's lifeless body throughout that entire night until neighbors entered the next morning and separated the child from the mother's corpse.

The influences of these highly traumatic experiences are strikingly concatenated in much of Poe's creative output–from the earliest poems about the sorrow that comes to a lover on the death of a beautiful woman through the ever-recurrent theme of "the lost one" to the macabre croak of "The Raven;" from the deadly mystery hidden in "The Fall of the House of Usher" to the sinister content of "The Oblong Box" and the writhing corpses in "The Premature Burial" and the terrifying "Facts in the Case of M. Valdemar." They all reflect the "terrifying facts" in the poet's own early life, particularly those of that dark night in December when the young child was in close contact with his mother's body, as the closing stanza of the "Annabel Lee" describes it:

> ... and so all the night-tide, I lie down by the side of my darling, my darling, my life and my bride in the sepulchre there by the sea, in her tomb by the sounding sea.

I am inclined to assume that both the noise of the "sounding sea" and the raven's endless croaking have something in common in the young boy's traumatic experience–the sound of the death rattle in the lungs of the dying mother during that very night.

> Ah, distinctly I remember, it was in the bleak December....

It is easy to dismiss these lines as an obvious rhyme, and leave it at that. Searching a little more deeply, however, I discovered that the date of the mother's death was indeed the night of December 9. It is of course unlikely that the future poet, then only close to three, would have known that the traumatic loss was suffered precisely in December. To the analyst, however, the date serves to reaffirm the way in which later knowledge and early trauma tends to coalesce in the mind, especially in the creative mind.

In the end, the poem is the essential thing. By rigorously analyzing Edgar Allan Poe's poetry or Somerset Maugham's novels, with a clear view of their personal lives and avoiding all peripheral detail, one arrives at the true significance of their, in a sense, profoundly autobiographical literary works. Analysis demonstrates, furthermore, that these works were, in effect, the expression of intense strivings for restoration in which memory and images, experience and perception, facts and fantasies coalesced in a consuming search for survival and truth. Besides Somerset Maugham's early object loss, we know that he hated his short physical stature so much that he was always pulling himself up and bracing his shoulders in order to appear taller. He was also a chronic stammerer. Thus, the fact that the hero of his greatest novel, *Of Human Bondage*, has a clubfoot is not incidental to his story but all-important. To the non-analytic reader this may appear farfetched. To the analyst, the indication of a marked shift of body experience and body cathexis, creatively elaborated, is evident. It requires a Cervantes to express it in the much more convincing terms already cited.

THEORETICAL CONSIDERATIONS

In studying the roots and vicissitudes of the creative process, it is difficult to avoid the recognition that hardships, handicaps, early losses, physical infirmity, or related traumata play a significant, often decisive, role in promoting artistic productivity. Certain illnesses–bodily, mental, or both–have long been recognized as unconsciously motivating and propelling forces in the formation, maintenance, and direction of the creative process. In the prolific work of Thomas Mann, it is mainly the routes of physical illness (*The Magic Mountain, Dr. Faustus*) or weakness and frailty (*Tonio Kroeger*) which lead to creative strivings. In an earlier novel, *Royal Highness*, Mann has one of the protagonists, a poet, say outright: "My health is delicate. I dare not say unfortunately, for I am convinced that my talent is inseparably connected with bodily infirmity."

Freud, to be sure, is more circumspect. In his paper on Dostoevski (1928) he refers to the great Russian novelist as "the crea-

tive artist, the neurotic, the moralist, the sinner" and then poses the question: "How is one to find one's way in this bewildering complexity?" In the same essay, Freud speaks of "the unanalyzable artistic endowment," and reiterates this position with equal restraint a few years later (1933).

Edmund Wilson's *The Wound and the Bow* (1941) emphasized the "literary value" of trauma and the conception of "superior strength as inseparable from disability". In this sense, Wilson can be viewed as the originator of the "wounded man" theory of creativity, though his approach – so popular in America – lacks the specifics of Freud's findings and the analytic data provided independently by Greenacre (1957, 1963), Rochlin (1953), Stamm (1971), and myself.

My theory of the loss/restoration principle is based essentially on Freud's 1908 statement that everything we lose must be *replaced*, and is supported by my psychobiographical studies and clinical observations (1965, 1967, 1975). This principle reflects the view that a human being cannot be without an object, and when loss does occur – be it body or object loss – the object or body part must be replaced, because the individual can achieve only partial compensation or substitution within him or herself. Narcissism represents but a partial substitution and certainly not a solution – it is, obviously, a pathological formation. Object loss is also a critical factor in the psychogenesis of certain emotional disorders such as grief, depression, anxiety, survivor guilt, and psychosomatic pathology. The object cannot be lost altogether, however, via the creative process it is restored through externalization on canvas, stone, paper, marble, or even the little black dots which, in musical composition, can turn into rousing, "living" symphonies or operas. Pollock's (1970) "mourning-liberation" process pertains here, too.

In body loss, the body image and self-representation are intensely affected. Under normal conditions, the body image is felt as a coherent and complete unit. When physical defectiveness occurs, in fact or fantasy, strivings to restore the lost sense of coherence or completeness set in and take the pathway, in talented individuals, of creative action or reaction.

With respect to this last point – talent, gift, innate endowment – it should be said that the sources of such apparently genetic factors are most difficult to determine and, up to the present, uncertain. As a pertinent example, let us consider the famous Bach family. Johann Sebastian Bach was just one of a series of great musicians in a line that included his grandfather, uncle, father, sons, and various other family members. Johann Sebastian himself became an orphan at nine years old. When both his father and mother died in rapid succession, ~~and~~ he was "farmed out" to an older married brother in whose house he spent several miserable years. Thus, it is quite difficult to decide how much of Johann Sebastian's creative capacity was due to innate endowment, early object loss, identification, or traumatization. As far as our present-day knowledge goes, we are not able to arrive at a satisfactory answer with regard to these questions. Further research, including thoroughgoing psychobiographical, psychosocial, and clinical studies, will be needed to draw meaningful conclusions and arrive at fully convincing validation. In this sense, the present paper is intended to promote further study in a field for which additional scientific data on the correlations between the lifework of an author or artist, his or her creative career, actual life events, traumatic experiences, fantasies, and inborn capacities are indispensable.

The aftereffects of trauma are multifarious and complex. Most studies of these effects have focused, understandably, on psychopathology following the traumatic event or events. My approach indicates that, although many traumatized individuals continue to suffer from major emotional problems, a number of such persons can overcome the trauma, at least to an extent, via creativity, which, in this aspect, represents a self-healing, autoreconstructive, and adaptive process. This process, in the concreteness of the creative experience (in writing painting, sculpting, composing, as well as in scientific creativity), works *from the inside out* and thus turns, in essence, into a *procreative* act. Thomas Mann, in *Death in Venice*, speaks of the artist's "secretive procreative delights," which, in my opinion, are present in every creative person's unconscious mind and may make him or her feel godlike, or close to it. Eissler (1971a) postulates the presence of what he calls the *doxatheleic*[1] function of the ego, which protects the artist, in phases of high creativity, against the on-

[1]From the Greek *doxa*, meaning illusory, delusional-minded, and *aletheia*, referring to the cognitive and confirmable realm of knowledge.

slaught of overwhelming inner stimuli, omnipotent or magical thinking, and archaic and hallucinatory experiences, a function which does not always operate adequately, however, as the tragic cases of Van Gogh, Sylvia Plath, and others indicate.

Still, in the great majority of cases, the ego functions of creative people, in particular those afflicted by body loss, object loss, or both, are such that they help them see things in a novel or different way and to produce on this changed "background within" something which did not before exist–that is, something new, original, and, if successful, of lasting value. In closing I wish to mention that in the present essay I have focused my research on the Loss/Restoration Principle and its significance for the creativity of famous figures in literature and art without presenting affirmative findings from clinical studies and observations already presented in my previous publications on the subject. Ameliorating the emotional impact of grievous loss, amputation, and disfigurement was the primary aim of those earlier studies.

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The Birth of H.G. Wells' *Time Machine*: An Analytic Outline of Its History

by

William G. Niederland, M.D.

Most art critics rate H. G. Wells as one of the most influential writers of the first third of this century. His prolific literary output comprises more than 150 books, in addition to an almost countless series of articles, short stories, pamphlets, reviews, etc.

His first literary masterpiece which brought him world fame, was *The Time Machine*, a science fiction story written during the years 1886-1895. *The Time Machine* is an ingenious device that enables its inventor, the *time traveller*, to leave the present and travel in a few instants into the distant future. The *time traveller* in his machine comes to rest in the year 802701 A.D., when he encounters the humans of that period divided into two groups, the *Eloi* and the *Morlocks*.

The analysis of the work indicates that the forward leap in time--denying the present and carrying the time traveller into a fantasied futuristic world--is connected in all likelihood with its author's serious tuberculous illness and other conditions at the specific period of the book's inception. The defensive-regressive mechanisms which played a role in the author's life at that time, are explored analytically and the underlying creative effort to reach, via the created product, a period *prior* to the illness is discussed.

9/4/74 Marlette to Mark Kanzer

ADDENDUM

to the paper "THE BIRTH OF H.G. WELLS' S TIME MACHINE: AN ANALYTIC OUTLINE OF ITS HISTORY"

After the presentation of this paper at the annual meeting of the American Psychoanalytic Association, Dr. P. Castelnuovo-Tedesco, Torrance, California, wrote to me with regard to the names "Morlocks" and "Elois" used by H. G. Wells in his story.

Since I consider Dr. Castelnuovo-Tedesco's note an interesting approach to the significance of these names (which eluded me), I wish to add his (tentative) interpretation to the above text: "... the name MORLOCKS is close to MOLOCH,...an idol worshipped especially be the ancient Phoenicians and Amorites... idol-worshipping heretics of ~~Israel~~ Israel borrwed the custom of sacrificing babies on the altar to Moloch or else casting them on the lap of his image after it had been heated read-hot... the name ~~MORLOCKS~~ MORLOCKS with its predominance of consonants has harsh, biting and... 'masculine' connotations. By the same token the name ELOIS is very close to HELOISE, a woman's name... Here we have a predominance of vowels, which gives the word a soft, pliable... and 'feminine' connotation. At any rate, these may be hints of the old dichotomy between active and passive, masculine and feminine, strong and weak, adult and childlike, which must have been especially strong in Wells at that time of illness".

ALAN PARKIN, M.D. 276 ST. CLAIR AVENUE WEST, TORONTO 7 TELEPHONE WA 1-7225

March 11, 1974.

William G. Niederland, M.D.,
1143 Fifth Avenue,
New York, New York,
U.S.A.

Dear Doctor Niederland,

I have been invited by Doctor Segel, Chairman of the Program Committee of the forthcoming Annual Meeting of the American Psychoanalytic Association, to act as discussant of your paper"The Birth of H.G. Wells' 'The Time Machine' ". I have been very pleased to accept this invitation as I found your paper a very stimulating one which pursues some lines of thought in which I have been interested.

I do look forward to meeting you in Denver and to listening to the presentation of your paper.

Yours sincerely,

Alan Parkin

Alan Parkin, M.D., F.R.C.Psych.,
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Copy

March 17, 1974

Dear Dr. Parkin,

Thanks for very much for your letter of March 11th.

I am delighted to learn that you'll be the discussant of my "Time Machine" paper at the Denver Convention and to meet you in person on that occasion.

The paper itself is only a very "brief communication" of course; it is essentially a continuation of my studies on creativity which were published in the Psa. Study Child, 1965, and The American

January 6, 1967. The 2nd edition of the Comprehensive Textbook of Psychiatry, now in print for publication later this year, will have a more detailed outline by the Task Committees.

[illegible]

Second Intentional Exposure

CLINICAL OBSERVATIONS ON THE "SURVIVOR SYNDROME"

By

William G. Niederland, M.D.

New York, N. Y.

Clinical experience over a number of years in the diagnosis and treatment of concentration camp survivors and victims of similar forms of persecution appears to indicate that we are dealing with a type of traumatization of such magnitude, severity and duration as to produce a recognizable clinical entity which--for brevity and want of a better term--I have named the "survivor syndrome." I have used this term to sharpen our understanding of the multifold clinical manifestations encountered in survivors of persecution and to differentiate the clinical picture from other forms of psychopathology.

MAIN CHARACTERISTICS OF SURVIVOR SYNDROME

The syndrome appears to be characterized by the persistence of multiple symptoms among which chronic depressive and anxiety reactions, insomnia, nightmares, personality changes, and far-reaching somatization prevail. More specifically, psychiatric-forensic evaluation of about 800 survivors of Nazi persecution revealed that the survivor syndrome is composed of the following manifestations :

1. Anxiety--the most predominant complaint. It is associated with fear of renewed persecution, sleep disturbances, multiple phobias, anxiety dreams and characteristic "re-run" nightmares. With regard to the

latter, one of my observations has been that many patients suffer from chronic insomnia partly because they seek to limit their hours of sleep because their dreams and nightmares reflecting the concentration (camp) experience in concretu et situ, are unendurable for them.

2. Disturbances of cognition and memory, such as: amnesias, hypermnesias, and-especially upon awakening from nightmares, confusion, with disorientation between the present and the period of persecutions. Also, "lost and bewildered" states as well as dissociative phenomena.

3. Chronic depressive states, covering the whole spectrum from masochistic character changes to psychotic depression. The incidence and severity correlate closely with survivor guilt and certain specific traumata, such as: loss of children, parents, siblings, history of rape, and others.

4. Tendency to isolation, withdrawal, and brooding seclusion; tenuous and unstable object-relations, with marked ambivalence ~~notable in~~ and lasting disturbances of object-relations.

5. Psychotic and psychosis-like pictures were observed with a relatively high incidence. Regressive and primitive methods of dealing with aggression result in schizophrenic-like symptoms without the consistency or the "process" apparent. Isolated symptoms like night-time persecutory hallucinations, states of depersonalization, hypochondriasis, or paranoid manifestations have in this group a very specific history and determination.

6. Alterations of personal identity; impairment in the sense of personal identity, sense of time and space, body image and self image. These alterations are subjectively felt and lasting, as evidenced by the patients'

x) Pat., at liberation from Auschwitz down to 90 lbs., saw himself looking like "a plucked chicken"

frequent complaint: "I am now a different person" (in severe cases: "I am not a person".) Projection of the last 4 slides

7. Psychosomatic conditions including:

a) Diseases related to chronic tension states;

b) Gastrointestinal conditions, peptic ulcer and related symptoms;

c) Cardiovascular disturbances, with or without hypertensive states;

d) Typical "survivor triad:" headaches—persistent nightmares—chronic depression,

and various other psychosomatic complaints.

8. Of great importance—not only phenomenologically—is a certain "living corpse" appearance or behavior which many of the victims show and which seems to be derived from the prolonged confrontation with death in the camps. This walking or shuffling corpse appearance gives the victim a ~~macabre,~~ shadowy, ~~or~~ (at times almost) ghost-like imprint, difficult to describe, but which seems to be in the nature of an all-pervasive psychological scar on the total personality. The present author has described this phenomenon as early as 1961 and other observers (Lifton, 1963, DeWind, 1967) have reported similar findings in their series of observations.

These findings and the correlation between the details of persecutions, the losses in objects, home, position and family and the above described syndrome were confronted with clinical reports in the psychiatric and psychoanalytic literature and a high correlation rate was found. The problem of survivor guilt ~~will be considered presently. It~~ emerges clinically as a form of unresolved grief and mourning. Behind the self-reproaches were found repressed rage and resentment against the lost parents for failing to protect the patients from the persecution.

Since the above outline represents only a schematic and general classification, I hasten to discuss some of the predominant clinical features in greater detail.

The most prevalent manifestation in the symptomatology of the survivor syndrome is a chronic state of anxious, bland depression. Many patients suffering from this condition present themselves wearing a somatic mask. Some clues to these somatic equivalents of depression are fairly readily recognizable. When first seen, the patient often appears pale-faced, sallow, sitting huddled and silent in the waiting-room chair. He demonstrates little or no spontaneous activity. There are usually vague, non-specific physical complaints such as localized aching, gastrointestinal disfunction, and rheumatic or neuralgic symptoms. Complaints of fatigue, lassitude, and feelings of heaviness or emptiness are common. Depressive fatigue is characterized by a feeling of intense unpleasantness and is unrelieved by rest or relaxation. Sleep disorders are extraordinarily frequent and include early morning awakening as well as the fear of falling asleep at night because of the dread of tormenting nocturnal experiences such as nightmares, awakening in terror, hallucinatory or semi-hallucinatory reliving of the past. etc/. Restrictive social or asocial behavior accompanied by withdrawal from human contact, seclusiveness, brooding preoccupation with the past, chronic apathy alternating with short-lived outbursts of rage, flattening and blunting of affect, and the like are common. Another important characteristic of such patients is their inability to verbalize the traumatic events. In fact, the experience is of such a nature that it cannot be communicated.

PSYCHODYNAMICS:

I am aware that much of the foregoing is essentially descriptive, and I therefore turn to a brief consideration of the dynamic factors involved in the pathogenesis and persistence of the syndrome. On the basis of our experience

of pre-concentration camp days, we were accustomed to looking at the traumatic neurosis as an essentially self-limiting condition which could be clinically and dynamically delineated. It was related to the disruption of the ego's protective barrier by an overload of incoming and overwhelming stimuli. In this concept the effects of a single trauma or a set of traumata, intense though they were, could usually be dealt with by the ego according to certain defensive operations and patterns, by dint of which the ego tries to rid itself of the noxious effects of the traumatogenic overstimulation. The persistence of profound alterations in the ego and superego structure of our patients (alterations in the sense of identity, of affect, etc.) as well as the frequent and simultaneous presence of anxiety, agitation, depression, multiple somatic disturbances in their symptomatology, suggest the emergence—under extreme conditions—of a different clinical condition heretofore not described in our literature: the survivor syndrome. The concept of traumatic neurosis does not appear sufficient to cover the multitude and severity of the clinical manifestations which I briefly discussed. Lifton (1968, "DEATH IN LIFE", p. 483) has aptly characterized the survivor's mode of being as the "life of grief."

At this point, presentation and explanation of several slides to illustrate the above text in a graphic manner.

THESE WERE made from original drawings and paintings by former concentration camp victims who were studied clinically and psychiatrically and who showed the characteristic symptomatology and underlying dynamics of the survivor syndrome.

In order to understand more fully the pathogenesis of the survivor syndrome, I repeatedly stressed the need for a sharper focus on the all-pervasive guilt of the victim as well as the need for a sort of <u>hyperacousis to guilt</u> on the part of the therapist who has to be aware of the difficulties because of repression, elaborate defenses and denials that tend to obscure the guilt. The patients' guilt-ridden fear of emotional closeness,

their frequent attempts to assuage guilt, their repetitive guilt-ridden fantasies and dreams about death, violence, destruction and their lost love-objects, do not only demonstrate the marked ambivalence toward the latter (intensified by the parents' apparent failure to protect the victim from the persecution), but also result from the sadistic incorporative fantasies leading directly to guilt in orally-regressed personalities and situations. It is well to remember that the concentration camps were giant machines established for the destruction of human lives either outright via the gas chambers or via the methodical fostering of regression to archaic and, more specifically, oral-incorporative levels. The destructive aspects of oral-sadistic incorporation are known to us through the work of Freud, Abraham, Fenichel, Lewin and others. The infantile ego, experiencing rage and frustration from unfulfilled oral needs, reacts with a sense of guilt in the face of severe and prolonged oral deprivation, compounded by a total lack of narcissistic supplies, as it was not by the victims in the concentration camp situation. The inevitable later frustrations which the survivor's ego met in the post-liberation phase and continues to meet today, especially in the new countries of refuge, re-evoke the earlier frustration in the camps and thereby the concomitant sense of guilt, leaving it with a feeling of permanent, all-pervasive, unresolved guiltiness and grief.

It is my impression that this is one of the predominant factors underlying the clinical picture of the survivor syndrome. Tragic as (is) the lot of survivors of persecution (and of other types of massive traumatization, it represents a unique chance for the study of the effects of massive trauma on the psyche, and for preventive action from multiple sources — sociopolitical, medical, psychological. Such action is urgently needed.

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CLINICAL OBSERVATIONS ON THE SURVIVOR SYNDROME

Henry Krystal, M.D.(F); Detroit, Mich., and
William G. Niederland, M.D., (F), New York, N.Y.

1968

Summary :

This study combines our observations of about 2000 survivors of Nazi persecutions, with the detailed statistical study of 150 cases. The latter was designed to test some of our observations and theoretical formulations regarding the "survivor syndrome," composed of the following :

1) Anxiety. The most predominant complaint; associated with fears, sleep disturbances, characteristic "rerun" nightmares and various "triggered" phobias.

2) Disturbances of cognition and memory, such as: amnesias, hypermnesias; and especially upon awakening from nightmares, hallucinations, with disorientation between the present and the period of persecutions. Also, "lost and bewildered"states.

3) Chronic depressive problems, covering the whole spectrum from masochistic character changes to psychotic depression. The incidence and severity correlates closely with survivor guilt and certain specific traumata, such as : loss of children, parents, siblings, history of rape, and others.

4) Tendency to isolation and brooding seclusion; schizoid object-relations, with great ambivalence notable in disturbances of object-relations.

5) Psychosis-like pictures were observed with a relatively high incidence. Regressive and Primitive methods of dealing with aggression result in schizophrenic-like symptoms without the consistency or the "process" apparent. Isolated symptoms like night-time persecutory hallucinations, hypochondriasis, or paranoid ideation, have in this group a very specific history and determination.

6) Alterations of personal identity; impairment in the sense of identity, body image and self image.

7) Psychosomatic disease. A very consistent psychosomatic picture :
   a) Diseases related to chronic tension states, such as : headaches, backaches, joint diseases such as pallindromic arthritis.
   b) Allergic disease, peptic ulcer and related symptoms, as well as diaphragmatic hernia and sterility and miscarriages.
   c) Anxiety and depressive equivalents manifest in all possible disturbances of the autonomic nervous system.
   d) Cardiovascular manifestations, with or without hypertensive states.

The correlations between the details of persecutions, the losses in objects, home, position and family to the above described syndrome were confronted with our experiences in psychiatric and psychoanalytic treatment. We considered the problems of survivor guilt. It represented a form of pathological mourning. Behind the self-reproaches were found repressed rage and resentment against the lost parents for failing to protect them from the persecutions. There was frequent inability to lift the repression from, and own up to, unconscious identifications with the aggressors.

These problems magnified regressive trends, in which the patients experience their wishes as endowed with omnipotent powers. Because of this

magical thinking, they are constantly threatened by their repressed aggressive wishes. Their reaction formations are not successful, and obsessive-compulsive mechanisms are employed to ward off aggression. These often fail as well and must be replaced by projection or even phantasies of fusion with the object. Thus, paranoid or schizophrenic-like mechanisms may make their appearance.

Discussion of Dr. Alexander's Paper

"On Contempt"

By William G. Niederland, N.Y.

The study of affects, moods, mood changes and affectivity, in general, constitutes an important, though in various aspects still unexplored area of psychoanalysis. We therefore owe a debt of gratitude to Dr. Alexander for his efforts to throw light on this multi-faceted, at times still controversial domain of our investigation. In augmentation of this controversy, no doubt, I should like to begin my discussion by posing a question:

Are we really so sure--at the present state of our knowledge--that there is an "instinct" of aggression, as Dr. Alexander puts it? Indeed, he seems to take its existence for granted when he speaks of "contempt [being] one of the ways in which the negative affects (whose energies derive from the instinct of aggression) reach their zenith". As for the negative aspects, for instance, Dr. Alexander--in his metapsychological formulations regarding the affect of contempt--points to its "equally pathological absence".

Such difficulties, of course, become readily apparent in studying the problems which Dr. Alexander's paper poses. As we all know, the analytic theory of aggression is much less developed and less comprehensive than the psychoanalytic theory of libido. Hence analysts have paid less attention to, and as a consequence know less about aggression, its nature, concomitants and disorders. Hence also the fact that the analytic approach to aggression presents more problems than does the treatment of predominantly libidinal disturbances. Hence, thirdly, the great importance of studies such as those by Dr. Alexander for the clarification

of our concepts and refinement of our methods.

I find Dr. Alexander's contribution highly methodical and most valuable especially in his systematic approach from general and "linguistic considerations" of the term contempt via phenomenology to metapsychological, social, historical, and clinical implications, the latter concerning those forms of contempt which amount to serious pathology. If I may add, here on Austrian soil, to Dr. Alexander's clarification of linguistic terms the German word for contempt, it is Verachtung or verachten (the verb) which is related to aechten, that is, to deprive a person of his dignity and status as a human being, to make him less human or even non-human. Again, here on Austrian soil, it may be well, if painful, to remember that both on an individual and wide-ranging level precisely this happened only a generation ago, when thousands of human beings were equated to vermin ("laestiges Ungeziefer") and thus reduced to the status of non-humans or subhumans ("Untermenschen"). We also know that such a process is not limited to one region or nation. One has but to think of expressions like "gook" or "nigger" in order to realize that similar processes were or are operative in other parts of the world too. Under certain circumstances it is apparently sufficient, especially on a group level, to set into motion that readiness or proneness to feel contempt which leads, in Dr. Alexander's words, to attitudes of "unbridgeable enmity" toward other groups. In fact, such attitudes can culminate in the almost complete dehumanization and deanimation of the despised object, with the latter being turned into a valueless or, literally, lifeless thing. (As Lt. Calley put it graphically: "It was not a big deal". For the young lieutenant the real value was the body count, i.e., the number of cut-off ears or fingers used to arrive at the number of "gooks" killed.) Even without going to such extremes in our exemplification, suffice it to mention the story of the two men travelling in Italy on the same train. One of the travellers was a Neopolitan, the other, a Florentine. . . . . .

March, 1974

Discussion of Dr. Stumpf's paper on Jack London

It is refreshing as well as enlightening to hear (and read) a paper that studies not only psychobiographical aspects and developments in their historical perspective—as does Dr. Stump's—but includes, in addition the analytic observations and findings related thereto.

Dr. Stump's study, especially its early part, deals with such historical aspects: both the history and climate of the times concerning his chosen subject, as well as in a sense a history of Dr. Stump's own interest in Jack London's life and work; his initial and follow-up reactions to the writer's work, style, topics, and development are stated and explored—a rare feat in an analytic investigation and presentation.

In this way, Dr. Stump succeeds in bringing his subject to life, also in dealing with the reproach, not directly expressed in his paper, but so often raised against applied analytic writings, namely the reproach that there is no living patient to deal with, that a "dead patient cannot talk back", that there are no resistances and no transference, only a sort of counter transference, which indeed can become an obstacle on the road to objective study by idealizing ow reducing the subject, as the case may be. Many critics, as you know, speak of "analytic reductionism" with regard to psycho-biographical work. Well, I am delighted to state from the outset that Dr. Stump has succeeded in avoiding the

manifold obstacles and pitfalls that often beset the analytic biographer's pathway.

More specifically speaking, where Dr. Stump introduces us to certain conditions which prevailed during the last third of the 19th century--the primitive state of medicine, the prevalence of child labor, the massive infant mortality and morbidity--he gives us a vivid picture of the time in which Jack London grew up, including the state of education or, should I say, lack of education characteristic of the time. As Dr. Stump succinctly puts it: "High school education was for the few and college for the elite".

To turn to Jack London's individual development, as Dr. Stump conveys it to us: Here was an illegitimate child, the son not only of an absent, but also adventurous father who, via writing, pirating, feathering, wandering, and other doings, became famous in his own way and, in the eyes of his illegitimate son, a glorified figure. I believe the quest for the father or, if you wish, the wild father, can be seen as a pervasive theme in many of Jack London's writings and I agree with Dr. Stump's analysis that this quest for the father is demonstrated by "Jack's identification with both Cheney and John London".

On reading Dr. Stump's paper I was reminded of Henry Stanley/of Livingston fame, chronologically speaking a precursor of Jack London. Stanley was likewise an illegitimate child--his real name was John Rowland--and his roaming through the wilderness, literally in then darkest Africa, especially his consuming search for the hidden sources of rivers (birth?) (Congo, Nile) made him world famous. Even his oft-ridiculed greeting upon meeting Livingston in Africa after years of searching for him: "Dr. Livingston, I presume", always suggested

to me a certain undertone which expressed the emotionally charged and melancholy meaning: "Father, I presume". These people are in the grips of a constant unremitting quest for the Father, a search that leads them through the starry night and lonely days of their moving from place to place, country to country, at times literally and at time via language alone, through endless watery ways—often through wanderings over seven seas, bays, gulfs, oceans (mother) to Father. In this respect I should have liked to see in Dr. Stump's paper, more of the extreme edge of the driven quality, the aggressive despair, search, and actual hunger which must have animated London through the years and made him create his great works, the "Sea Wolf", the "Call of the Wild", among others. The secret craving of these men has perhaps best been stated by another writer, Kipling, who born in India, was "deposited" at the age of five, by his parents in some British foster-home and who later wrote in the poem entitled "Explorer":

"Something hidden. Go and find it. Go and look
Behind the Ranges—
Something lost behind the Ranges. Lost and
Waiting for you. Go!"

In former years, I was inclined with Fenichel and others to ascribe the Wanderlust syndrome mainly to the mother, the absent Mother; I am now inclined to add another ingredient to the syndrome, i.e., the search for the absent Father, who cannot be reached by ordinary means: (Dr. Livingston, I presume).

Dr. Stump does especially well in showing how these and other experiences enter London's fiction. Though I am far from familiar with all of London's work, I well remember the enormous appeal many of his stories in German translation

held for European youngsters. The theme of the lonely wolf, in particular, captured our interest in those days, when the fathers were absent (World War I) and the father-son rather than the mother-son relation played a prominent part in the vicissitudes and struggles of the oedipal relationship. Naturally pre-oedipal and pregenital elements also enter the picture, and I agree with Dr. Stump who points to the eternal search for the father interwoven in Jack London(s life and personality. Greenacre, as most of you know, has expounded the theme of the quest for the father and emphasizes that we are dealing in concretu et arte with the eternal search for the father in many artists, a struggle that, according to her, appears to be "an integral part of their oedipal problems". If I understood Dr. Stump's emphasis of the lonely wolf theme in Jack London's writings correctly, how arduously London searched for the real father in concretu, I find confirmation of Greenacre's statement that "the urge toward artistic creativity" may arise and be associated with predominantly phallic urges. If I may add to this the wolf's appearance, shape, behavior and aggressive pursuits, I find Dr. Stump's point about London's "fantasy of finding the powerful, missing father, Cheney", actually and in person convincing. I also agree with the assumption that London was well aware of Cheney's romantic history and that the interests and similarities between the father and son—"both were pirates, writers, sailors, barroom brawlers and social protesters", confirm the identification aspects stressed in the present paper. I even wonder whether the choice of the wolf, with all its oral-aggressive, yet prevalently phallic and masculine attributes, has not certain psycholinguistic connections. The wolf, at least in European literature and thinking, is really a wild, untamed, and dangerous dog, a sort of superdog, if you wish, and the Latin name is canis lupus, or chien, in French. Therefore, my question to Dr. Stump: did

London know any of these languages, for inst., the French chien (the father's name was Cheney, linguistically and phonetically very close to chien) and did he know the old Latin saying: homo homini lupus est, medicus medico lupissimus?

There emerges here a point which I missed in Dr. Stump's presentation: letters, diary entries, personal notes written by London, perhaps preserved somewhere; in other words, primary source material which could have shed light on some of his questions and assumptions.

Another remaining problem is that of London's early death at the age of 40 which Dr. Stump ascribes to London's depression and resultant suicide. I am inclined to agree. If the diagnosis was uremia, for which there was no cure at the time, and the presence of kidney stone attacks does not necessarily exclude uremia, this not only was a demasculizing disease in those days, but also destroyed the capacity to create, to express even in fantasy and in writing, the untamed phallic urges and drives, except in a very subdued, half incoherent way. Uremia is a disease, the knowledge of which haunts and depresses the patient severely, even as London's illegitimacy haunted him all his life. It may well be connected with his death. There is a short story among Jack London's prolific literary output which appears to illuminate this state of mind—a story of rotten eggs entitled "The One Thousand Dozen". In the story, the rotten eggs lead its owner to suicide, and the calculations of the lethal dosage found at the dying writer's bedside reminded me of the minute calculations in the mentioned short story.

I thank Dr. Stump for the opportunity to read and discuss his thought-provoking paper.

Discussion of Dr. Bernstein's Paper on Bach

~~Human~~ Creativity has been called a challenging, fascinating, ~~highly~~ valuable, albeit ~~and at the same time~~ perplexing problem.

The perplexing aspect of the problem ~~becomes clear almost~~ emerges right at the beginning of Dr. Bernstein's ~~scholarly~~ paper: One of the ~~characteristics~~ of great creativity, by customary definition and usage of the term, is the creation of something new, something that had not existed before, and was brought ~~to the light of the day~~ into being by the act of creation which - for this ~~very~~ reason, and on other grounds - has been often compared, ~~or~~ to ~~even~~ equated ~~to~~ with birth ~~and delivery~~, with all its uncertainties, fears, and labor pains. ~~Scrutinizing~~ (and other connotations) In Preparation for Bach's life and work, Dr. Bernstein specifically ~~explicitly emphatically~~ notes: "Bach... was disinterested in destroying the old so as to create something new, but wished to preserve and bring together that which had been. He is specifically not interested in creating new forms ....His passion is to summarize, and in so doing to exhaust the heritage from his musxical forefathers... "

Here we have paradox I, if I may ~~express~~ put it this way. Being no musician and speaking with no knowledge whatever on musical ~~and creativeness~~ matters, I ~~looked through~~ perused some of the ~~current~~ literature and found full confirmation of Dr. Bernstein's point. To quote from a recently published book (not on Bach, but ~~on~~ x) quoted on "The Arts and Human Development" by Howard Gardner), the author has this to say about Bach:

> "Bach was one of the most conventional composers who ever existed. He accepted forms and formulations ready-made from his predecessors, and he was none the worse for it, because he succeeded... in making something greater out of the precedent than it had ever been before".

Even so, a paradox II presents itself ~~at this point, also~~ in this context. Creative genius, as we know from many analytic studies and as also Dr. Bernstein has it ~~nowadays~~, is almost always "associated with severe psychopathology".

x) quoted from F. Blom "The Limitations of Music"

The question, therefore, may be raised: Where, or wherein, lies Bach's severe pathology ? Reading Dr. Bernstein's two papers on Bach, I must confess that I am not entirely convinced on this point. Again, in my ignorance on musical talent and ways of expression, I corresponded with a European colleague, and repeatedly musicanalogist, who wrote a good deal about Bach's litigious and querulous behavior, and spoke of Bach as a "pathological or paranoidally-tinged querulant" — but is this so ? I am sure that Dr. Bernstein knows all about this and can tell us perhaps more in his reply to this question.

More specifically speaking, let me focus on a few genetically and psychodynamically interesting aspects. Dr. Bernstein correctly stresses the severe object loss in Bach's early life, especially the succession of deaths which marked his formative years, and left their life-long imprints: his preoccupation with death, his "unique ... passion for the past", "the helplessness and rage.... converted by Bach into mastery and great art" - to quote Dr. Bernstein - and other indelible consequences. I completely agree with these formulations, but cannot quite subscribe to the "abnormal development" of the synthetic function of the ego which Dr. Bernstein postulated in his paper. My question is: why abnormal ? The synthetic function, according to Nunberg, who was the first to describe and study it, represents

> " a principle of the highest order in mental life.... what appears in the Id as a tendency to unite two beings, manifests itself in the ego as a tendency to unite, not objects, but ideas, thoughts, memories... in the assimilation of internal and external elements, in reconciling conflicting ideas, uniting contrasts, and activating mental creativity" (H.Nunberg).

No doubt, as Dr. Bernstein ~~unequivocally~~ shows, the ~~ego~~ synthetic function ~~was fully at work~~ played a great role in Bach's case, in his "putting together... what had been torn apart" - by his traumatic ~~life~~ experien - ces which, as in the works of other artists, were intensely involved in his creative productivity, ~~but again: why abnormal?~~ and here I believe the synthetic function has more to do with restitution, than with regression. With Nuberg, I view the synthetic function as the instrument of the ego for uniting contrasts, reconciling contradictions, and activating the creative potential.

With regard to the ~~labor~~ born gift (p.1), it must be recalled that Bach was a member - indeed, the most gifted ~~and most prominent~~ member - of a dynasty of musicians. We analysts tend to be somewhat removed from this concept. Nevertheless, dynasties of geniuses exist. Much discussed, never settled, is the role of hereditary factors and chance mutation, in addition to those early internal/and external forces better known to us, in the production of genius. ~~Therefore~~ Permit me to mention, in addition to the Bach family, the Huxleys (Thomas, Julian, and Aldous Huxley) as well as the Alexander Bells. The first Alexander Bell was the founder of the art of elocution; the second was his son, Alexander Melville Bell, the first to use phonetics to teach language. (Prof. Higgins in Shaw's Pygmalion, converted into the modern musical My Fair Lady, uses Bell's "visible speech" method to instruct Eliza). The grandson, Alexander Graham Bell, brought the telephone to heretofore undreamed-off applications.

Another grandfather-father- grandson line were the Meckels in Germany: The grandfather was a famous anatomist in Halle, his son likewise, and the grandson gave his name to Meckel's diverticulum, ganglion, and cartilage, known to medical men all over the world. Also the Mendelsohns were such a family: Moses Mendelsohn, the first Jewish philosopher of the age of Enlightenment; his nephew, the composer Felix Mendelsohn-Bartholdi; and their descendents, up to the present, leading architects, writers, economists, and bankers. Also the Sasoon family could be mentioned in this context, the poet Siegfried Sasoon, the great financial leaders in Hamburg, Frankfurt, London

Discussion of Dr. B.C. Meyer's Paper on Houdini 2/24/76

Dr. Meyer's captivating paper is one of those which, in our both enlightening and searching way, continue his psychobiographical studies known to all of us.

Certainly, it would have required sustained research to find one's way through the thicket of fact and fancy, so amply interwoven ~~as we heard tonight~~ - in Houdini's spectacular career. And our ~~speaker's~~ author's chosen road from clinical observation ~~and scrutiny~~ via his work on Joseph Conrad's life ~~and creativeness~~, with an excursus into or, as it may be permissible to assume, at least occasional participation in the famous son's Freud-Sherlock Holmes theme, to the present Houdini study has presumably ~~probably~~ been beset by more difficulties than usually encountered in applied analytic investigation. Yet, even in his work on ~~Joseph~~ Conrad one finds already indications which point in the direction of his present subject choice, for instance, a reference in the Conrad work to - and I quote - "Conrad's efforts to escape, whether into

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fictional world of Fenimore Cooper, Captain Marryat or Mungo Park, or into that most unlikely existence for a child of Polish nobility — the life of a common sailor".

This time Dr. Meyer takes us on an analytic tour through an at least equally unlikely career in a reversed direction, as it were, that of a child of humble Jewish-Hungarian parentage to the the most celebrated escapologist of modern times, the man who called himself Harry Houdini. To put it ~~in broad caricature terms~~ basically: We are led from the world of reality into that of make-believe, with magic thinking, magic doing and ~~theatrical entertainment~~ acting en masse and in half-bewildering, ~~and~~ still half - amusing abundance. To be more specific: from the drama of real life with its familiar shackles and restraints into that of ~~unbelievable~~ unbelievable iron locks and heavy chains; from humble beginnings as the son of an obscure rabbi in Budapest and, a little later, in a Wisconsin hicktown to the celebrated ~~master performer~~ magician and "Handcuff King" performing in the capitals of the world, ~~and finally his death on Halloween — of all days or nights~~. Much of this ~~show business~~ was enacted in pantomime, as Dr. M. mentioned, which is reminiscent of an old Jewish joke on the performance of pantomime: "Wie Du redst, so redst Du, but the mouth remains mute".

Dr. Meyer delves into Houdini's family romance ~~fantasies~~, describes his passionate devotion to the mother, and relates - in the first part of the paper - how some of this was acted out in a Budapest hotel (the Royal Hotel, of course) and on other occasions. As Dr. Meyer puts it: "Together they enacted a Family Romance à deux".

Well, the "Family Romance of the Artist" in its manyfold variants is, of course, known to us since Dr. Greenacre's familiar ~~studies~~ paper on the subject. (I will point out in fact that in Houdini's life story there are many instances of "family romance".)

But is there not more to it in this particular case? Going back to the obscure beginnings, Houdini's ~~given~~ name is reported to have been Ehrich ~~Weiss~~ and his mother's name Cecilia. Without any knowledge of the early upbringing of the future performer or his genealogy, including given names, I ~~never be less wonder~~ would like to raise this question. Is it likely that the son of a Budapest orthodox rabbi, named Samual Meyer Weiss, should have been given the Scandinavian name Ehrich at birth, and that the wife of the same rabbi should have the name Cecilia? (Rebbitzin ~~named~~ Cecilia?) It does not quite fit or rather it does fit in this world of magic or magic belief.

(Could have been rather Jewish (Hebrah))

Leaving aside sore doubts about the ~~Christian~~ of the Ehrich in the son's name, I cannot refrain from expressing incredulity that the mother's given name should have been Cecilia. This is definitely a Catholic name which, in the Austro-Hungarian monarchy of those days (and probably also today), was bestowed on a female child in honor of Sancta Cecilia, a Christian martyr of the third century and patron saint of Catholic church music and liturgy. My emphasis on these, in my view, dubious data is not so much on the nomen est omen aspects per se as on the likelihood that here we may have the fist indications, from infancy on, of the mixture of fact and fancy, and faking, in the future performers life — so amply demonstrated in Dr. Meyer's paper. (Or "Mixing-Syndrom" as Hood, in his early called case of his)

[illegible] I come to my second question; I believe, this time from the father's side, but again and there was more to come, [illegible] mentioned [illegible]! The father, after his emigration to America, was a rabbi in Appleton, Wisconsin, "the leader of a small synagogue", as Dr. Meyer we are told put it. It would be most interesting to know, therefore, whether the

Appleton
father - in addition to being the Rabbi of the/synagogue - was not also the
Shochet there, That is, the ritual slaughterer - as it was frequently the case in
tasks
small Jewish congregations in those days when the ~~offices~~ of Rabbi and Shochet
were combined - and the Rabbi in his capacity as the Shochet of the congregation
slaughtered
~~many~~ /animals (cows, ~~bulls~~ oxen, sheep, lambs, etc.) in a ritualistic fashion, after
~~above and below the front and hindlegs~~ larger cattle,
the legs, feet, ankles/and all the limbs, especially of the ~~bigger animals~~ (bulls,
had ~~bound~~ fettered and roped
fattened calf ~~ion~~), ~~have~~ been/shackled, and chained (with leg irons, cuffs, ropes, and the like.
~~calves~~, also fowl,
Smaller animals such as sheep, ~~goats~~, turkeys are often slaughtered in an upside
(tied immobile legs and the ankles, wrist and wrist
down position, not necessarily in tanks, but in stalls or isolated little rooms,
and naturally all ANIMALS tried to escape therefrom — in vain, of course. However,
Bound, Houdini became the greatest escape artist ~~of~~ Drank of
No one today can say whether little ~~Oheim~~ - excuse me - Harry Houdini
witnessed such shackling and slaughtering scenes as a little boy in Appleton
and Milwaukee. ~~But~~ It is perhaps not entirely without significance that later, in
New York, both father and son became cutters in a necktie factory, of all things.
As for my assumption that the father might have been Rabbi and Shochet as well,

of that period

~~in Wisconsin~~ — this, I believe, could be ~~found~~ traced but without too much difficulty still today, through research in loco et situ in Appleton, studying old Jewish chronicles in the archives of Wisconsin synagogues, and so on. Dr. M. speaks of the boy's "horror" as he saw a Dr. Lynn's butchery of a man on open stage in Milwaukee being cut by a "frightful butcher knife"! I leave these questions open until further research, if Dr. Meyer finds it worth his while, to confirm or disproves these admittedly inferential propositions. Let us now turn briefly to the Balsamo-Cagliostro-Houdini connection, the "Sicilian connection", if I may say so. Who was Giuseppe Balsamo, alias Count Alessandro di Cagliostro ? Suffice it to say that eighteenth century Europe was as dazzled by the feats of Cagliostro as the late 19 th and early 20 th centuries by those of Houdini, and I do not find it surprising that some people refer to Houdini as "Cagliostro redivivus" or that the former "owned a large collection of memorabilia" of the latter, as Dr. Meyer ~~tells us~~ reports. If I may single out just one episode among Cagliostro's countless ventures and adventures, I wish to refer to his involvement in the notorious "Affair of the Diamond Necklace" which rocked France, played a role in the French revolution and ~~involved~~ implicated, directly or indirectly, Marie-Antoinette,

the Queen of France. (Though) the "royal gown" episode which Dr. Meyer described in the introduction to his paper and which confered royal attributes on his mother at the "Royal Hotel" was much less intricate and certainly less consequential than the "Diamond Necklace" episode, certain parallels - colored and reinforced by magic thinking - may have existed in the enactment of the mother's enthronement. In an earlier part of this paper, Dr. Meyer mentions "myth making... something of a family trait" ~~in the Kaiser-Houdini setting~~ and reports that Houdini's sister - in order to embellish her father's reputation - referred to alleged visits by the "Kaiserin Josefine" in their erstwhile Budapest home. (Incidentally, one would have liked to hear more about the brother-sister relation, in view of the unconscious river-sister equation and Houdini's not infrequent divings into rivers as his locus actionis). However this may be, the sister's referral to a non-existent "Kaiserin Josefine" may have been influenced by the fact that there was a Kaiser Josef, namely Josef II a monarch of great renown among the Jews of the Austro-Hungarian empire, because

of his liberalism and friendly attitude toward the Jewish population. Kaiser Josef II., of course, lived a century before Houdini, but so did Cagliostro. And the memory of Kaiser Josef as a humanitarian figure and friend of the Jews, who gave them equal civil rights and even raised some of them to nobility, was kept alive for ~~xxxxxx~~ more than a century. (Freud's Non Vixit - dream is replete with allusions to this monarch). Marie-Antoinette was ~~my~~ sister, ~~in as she was the sister of the great Houdini~~ of Kaiser Josef II.

If some of these Austro-Hungarian connections may appear far-fetched ~~to some of you~~, let us remember that life in magically thinking and acting circles is magic, indeed, and that Houdini, as we learned from Dr. Meyer, behaved like a reigning monarch in various ways and like Napoleon would sign "his name, imperially, with a single word". Moreover, he doctors a photograph in a way that made him appear side by side with Theodore Roosevelt, like one head of government ~~with~~ next to another.

The beheading of the brother on a different picture, on the other hand, belongs ~~in my view~~ - to the ritual slaughterer's (the Shochet-Rabbbi's) throat cutting act as already postulated ~~here earlier~~. If my assumption is currect, it would not only explain the lifelong fettering, activities, the constantly repeated escapology and related propensities, but also the ~~symbolic~~ beheading of Robert-Houdin, the erstwhile great master and namesake.

Withal, ~~Withal, some obscurities remain and, as I said already~~ (clubs), it is Dr. Meyer's merit to have guided us through this thicket of psychobiographical density in such a skillful and challenging fashion. I wish to thank him for letting me read and discuss his captivating paper which, I understand, may be part of a larger study in preparation.

Introductory Notes on the Concept, Definition, and Range of Psychic Trauma

by

William G. Niederland, M. D.

The term "trauma" was borrowed by Freud from somatic sciences and transposed to psychic states. Since then it has been used frequently but often loosely in the psychiatric literature, most often in connection with the genesis of psychic disturbance.

Thus, trauma--according to Webster, "an injury or wound, or the resulting condition" (in medicine), "a mental shock, a disturbing experience to which a neurosis may be traced" (in psychiatry)--occupies a prominent position in psychiatric, psychoanalytic and psychodynamically oriented thinking. From both a practical and theoretical viewpoint, a thorough-going investigation and clarification of the concept of trauma is central not only to psychoanalysis, but also to clinical and social psychiatry, including forensic and preventive psychiatry, as well as efforts in various mental health areas generally. It may not be superfluous to mention, historically speaking, that the ~~somewhat~~ equally loose terms traumatic neurosis, war neurosis, accident neurosis, and postaccidental psychological illness, which have been part of our literature since the days long before the First World War, were originally used in medicine and that they found entrance into our science primarily by dint of their employment in medico-legal problems, military medicine, etc. and by way of forensic psychiatry. In fact, when the term "traumatic neurosis" was first used, it was believed to be the sequelae of an external trauma with subsequent changes in the brain and

As early as 1895, Freud and Breuer began to investigate ~~systematically~~ the nature and influence of trauma in "the mental life of hysterical patients" and found that their symptoms "were founded upon highly significant, but

Jaspers: Psychoanalysis made the first breach in the belief that only organic cerebral alterations could lead to irreversible changes of the psychic apparatus, an idea maintained especially by Griesinger, Jaspers, Kraepelin and their disciples till today.

forgotten scenes in their past lives (traumas)", as Freud reformulated it in 1914. Thus the pathway was opened for a more detailed examination of the specific dynamic structure of trauma, more specifically for an investigation of how traumatic events exert their influences on symptom formation, developmental and maturational processes, character structure and psychic life in general. Originally (1895) Freud and Breuer had described trauma as an experience in which perceptual and affective stimuli overwhelm those psychic processes which bind them and ordinarily maintain a homeostatic equilibrium in the mental apparatus. In a number of follow-up studies, Freud (1916, 1920, 1926) elaborated on the initial definition and discussed the problem of trauma and the traumatic state more specifically. In 1920, he wrote: "We describe as traumatic any excitations from outside which are powerful enough to break through the protective shield...the concept of trauma necessarily implies a connection of this kind with a break in an otherwise efficacious barrier against stimuli." Breaking "the protective shield" or "barrier"* refers, in Freud's formulation, to the inundation of the psychic apparatus with such large amounts of stimuli, that they cannot be bound and/or mastered. In 1926, Freud spoke of "early...traumata which the immature ego was unable to master" and of "impressions of this [early] period [which] impinge upon an immature and feeble ego, and act upon it as trauma." To these characteristics he added, in 1933, the factor of helplessness as a further important criterion in defining psychic trauma: "The essence of a traumatic situation is an experience of helplessness on the part of the ego in the face of accumulation of excitation, whether of external or internal origin."

It is with more than theoretical interest that I cite these formulations in their original (if translated) wording. With the widening scope of analytic, psychodynamic and psychotherapeutic approaches to mental illness, the current

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* H. Krystal, in a recent paper, has dealt with the concept of the so-called "stimulus barrier" in some detail.

usage of the terms trauma, traumatic state, traumatic experience and the like have undergone--perhaps inevitably--certain changes and modifications. Their frequent use, at times "overuse" (as Anna Freud has called it) tends to bring about, in addition to the familiar generalizations in today's parlance, a blurring, and ultimately, a decrease in conceptual meaning and clarity. It is equally important to add that in Freud's writings, from his earliest papers to his last contributions, the part played by experiences (including fantasies) involving traumatic events is viewed as a major factor in pathogenesis. This has to be emphasized in view of occasional attempts to reduce Freud's concept of trauma to a sort of side-issue by assigning to it a transient or minor role. As an illustration, I mention Karl Jaspers' approach which restricts "pathological reactions...following a traumatic experience" to a temporary status and postulates that "after every reaction...there is a return to the status quo ante as regards the specific psychic mechanisms and functions, the capacity to perform, etc." ( ). On the other side of the spectrum, Greenacre's view should be noted that no truly traumatic event is ever wholly overcome and that increased psychic vulnerability is the inevitable outcome of such experiences. ( ) Essentially, this coincides, in a wide-ranging context, with Freud's earliest emphasis on the influence of overt sexual traumata in the causation of neuroses.

More recently, attention has been focused on defining more sharply and specifically the nature and effects of traumatic events. Kris ( ) and, more recently, Sandler ( ) have spoken of chronic stress trauma as seen in persons subject to prolonged, day-by-day injurious conditions as opposed to acute shock trauma wherein a suddenly overwhelming stimulus (or series of stimuli) of a kind that cannot be mastered is operative. Not infrequently, closer study reveals a combination of both types, that is to say, a shock trauma "superimposed" on a vulnerable, previously and chronically traumatized ego, acts in combination

Under such circumstances the pathogenic effects are most clearly discernible and the resulting clinical picture which is frequently characterized by shock, disorganization of the ego, panic or numbness of feeling, immobility etc. at the time of the traumatic event, is readily recognizable — unfortunately, the psychiatrist is usually absent at the occurrence.

with protracted stress to produce certain effects or after-effects. Masud Khan ( ) has coined the term "cumulative trauma". Rangell ( ) speaks of "traumatic processes", and Neubauer, referring to his work with children, has called attention to "the whole range of experience to which the child was exposed [and which] was pathogenic in nature". In many of these situations, the clinical evaluation may present considerable difficulty. The nature and history of trauma, onset and progression of illness, presence or absence of disorders before trauma, developmental factors, pre-traumatic condition and other anamnestic data (including course and specific manifestations of post-traumatic illness) serve as important criteria in such evaluations. A brief review of the principal traumatic influences, though necessarily incomplete and schematic, in a more or less chronological sequence may be useful:

I. Prenatal, natal and perinatal trauma:

During prenatal life there is predisposition to anxiety and other reactions. On the basis of work done by neurologists, physiologists, pediatricians and other researchers, there is reason to believe that intense fetal responses, especially during the later months of pregnancy, can be elicited by certain stimuli, for inst., of an acoustic or kinesthetic nature. These seem to provoke responses which are in the nature of reflex action, and almost certainly devoid of psychic content. As to somatic effects, we are familiar today with the striking prenatal effects on the gross fetus → phocomelia -!

II. Trauma in infancy and early childhood:

Painful and ~~uncomfortable~~ disturbing situations in the earliest post-natal weeks would have a traumatic effect on the developmental process and tend to increase the organic components of anxiety reaction. A marked elevation in early anxiety due to traumatic experiences, results in an increase in narcissism, an inadequate sense of reality and a predisposition to severe

neuroses or borderline states.

Examples of massive stimulation leading to over-excitement and disorganization are:

a) repeated exposure to primal scene, although whether such exposure is really traumatic, is still an open question; certainly the almost regularly occurring sadomasochistic perception of parental C.C. in primal scene points to traumatic features.

b) being tossed, played with or tickled or teased violently; children also have witnessed

c) frequent exposure to sudden, loud voices and noises in early infancy; and

d) repeated ~~anaesthetic~~ orthopaedic and/or operative procedures in early life. (as well as overstimulation, separation and increased vulnerability.)

Physical restraint over periods of time is another form of trauma in infancy. Positive restraint consists in binding, ~~and~~ fastening holding in order to limit motion. Negative restraint results from the ~~deprivation of~~ prolonged absence of activity-permitting situations. With intense and sudden restraint involving the entire body, the traumatic effect ~~is~~ can be quite marked. Also what Emmy Gibson has called "gadget experience" requires attention and further study.

The birth of a sibling ~~is~~ may be more traumatic in infancy than at a later age because speech and locomotion have not been established for the discharge of the infant's jealousy and aggressive drives.

The traumatic experiences of separation and deprivation during the formative years are created by:

a) Death or illness of one or both parents;

b) Broken homes;

c) Separation of parents with prolonged absence of the "mothering" object (cf. Spitz observations on catastrophic depression in the first year of infancy)

d) Birth out of wedlock;

e) Psychotic parents, and

f) Parents with antisocial character disorders.

The children who have suffered early separation and deprivations and

serious disturbances of mother-child relationship show: a) disturbances of ego functions, b) disturbances of instinctual drives, and c) disturbances of superego development.

The frequently and potentially traumatic experiences mentioned in the literature are:

a) Congenital or early acquired malformations;

b) Childhood bodily illness;

c) Hospitalization and surgery, and

d) Childhood observance of murder or suicide.

Some precocious experiences which have traumatic effects are:

a) Specific genital seduction before the age of one;

b) Frequently forced feeding;

c) Giving enemas early and frequently, or early toilet training, and

d) Training a child to perform extraordinary feats of gymnastic skill within the first three years of life.

III. Trauma in puberty and adolescence:

Very little is known about the prepuberty trauma except in one group of cases. The traumata are provoked by the victims and are compulsive repetitions of preoedipal conflicts influencing the intensity of the oedipal phase and subsequent severity and deformation of the superego. The occurrence of such traumata is favored by the combination of: a) the increased thrust of activity of the prepuberty years, with b) increased sadomasochism derived from pregenital phases, and c) a strong masculine identification during the latency period.

IV. Trauma in adulthood:

The brutal and sadistic trauma inflicted on an individual or a group of individuals (such as inmates of Nazi concentration camps) are characterized by:

a) The constant pervasive threats and reality of torture and death;

b) Extreme deprivation and suffering, and

c) The necessity of absolute control and the suppression of any aggressive or altruistic reaction.

Personality changes in the survivor of such experiences are not related to quantitative factors. Massive traumatic experiences have devastating effects on the ego organization.

More specifically, the sequelae of massive and repeated traumatization are:

a) Anxiety;

b) Disturbances of cognition and memory;

c) Chronic depressive reactions;

d) Psychosomatic disorders;

e) Psychosis-like pictures;

f) Tendency to isolation and brooding seclusion, and

g) Disturbances of sense of identity, body-image and self-image.

The above list, though schematic and sketchy, may facilitate the clinician's work in various ways. It focuses special attention on factors and manifestations not always designated as traumatogenic in the literature. It delineates specific (traumatic) events from a variety of other pathogenic

conditions. Finally, it is hoped that such a summary may re-awaken interest in exploring further the injurious effects of trauma on psychic life. Traumatic events are part of mankind's universal psychological experience and various aspects of trauma have become almost commonplace. Only well-defined inquiries into the nature and consequences of such experiences can throw light on the silent, persistent, at times baffling features thereof, as will be demonstrated in the pages of this issue.

Since the term itself has frequently been used to designate any event or experience that is considered as injurious or harmful to the psychic apparatus, renewed efforts to delineate the concept of trauma and determine more precisely its nature, range and scope appear indicated.

Manuscript:
"Van Nabe Playne."
A Prince of Navarre
1943

Original Manuscript

of

my first book written and published by me
in New York, 1949, and now long out of
print. It follows:

"MAN-MADE PLAGUE:

A PRIMER ON NEUROSIS"

William J. Siddall, M.D.

MAN-MADE PLAGUE: A PRIMER ON NEUROSIS

by William J. Niederland

TABLE

OF

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of my book
"MAN-MADE PLAGUE:
A PRIMER ON NEUROSIS"
published New York 1949
and long out of print.

1) the first book authored by me in
LISA

ARE YOU NEUROTIC ?

CHAPTER I

INTRODUCTORY REMARKS ON A MODERN PLAGUE

As a rule, medical books are written for medical men only.

This book is written for those who cure and those who suffer, for the few who have the power to help and the many who are in need of being helped.

Yet, this is not a medical book, at least not in the usual sense. Nor is it a treatise on lay psychiatry. It is a book on health and suffering, on strength and frailty, on mature thoughts and bitter pain, on human life and human failure. It deals with the most personal and, at the same time the most common affliction of our time: it deals with what the doctors today call neurosis, psychoneurosis or neuroticism. There is no doubt that nervous ailments have become the most frequent cause of ill-health among civilized men - the great malaise of our time.

While civilized man, in his perpetual struggle for health and happiness, has stamped out many of the physical dangers which formerly threatened his existence; while he has successfully fought against

such dreaded evils as epidemics, pestilence and other infectious diseases and has eradicated them from large parts of the world, new evils have arisen in their place, less violent perhaps in their immediate medical aspects, but none the less insistent and menacing because they are intangible.

But it is a tragedy in a still deeper sense.

Whereas, according to present-day knowledge, many physical conditions, such as infections, injuries, fevers, tumors, and other organic lesions, are due to factors which are at least in part beyond man's control (germs, virus, heredity, growth, etc.), the sufferings of the human mind which we shall discuss in these pages, are always man-made. Neurosis - psychoneurosis, neurastheniz, nervous breakdown, functional disease, nervous fatigue, call it what you will - is the modern plague, the most important health problem of the present day.

There are a great many mysterious diseases. Leukemia, for instance, and above all the deadly cancer. But so long as we are dealing with organic forms of sickness, even where the "whence" and the "why" are unknown, we always have something palpable, something pathologically and chemically demonstrable with which to deal. There is an organic basis, and we have material changes in the body, concrete and well defined modifications in the cells and tissues, in the blood chemistry, in the body fluids.

None of these things occur in what are known as functional or

or neurotic disorders. Volumes can be filled with descriptions of these conditions, but not the slightest pathological change in the organism can be found. No injury to the cells or tissues of the body can be discovered, nor can any change in the nerves themselves be detected. Hence, a neurosis is, from a strictly scientific standpoint, not a disease at all; it causes no anatomical or otherwise demonstrable changes in the body. And yet it exists. In the space of a few decades it has developed into a sort of psychic epidemic that is spreading more and more over the entire civilized world. It is today the commonest medical condition.

Most authorities agree that fully fifty percent of all adults have varying degrees of psychoneurosis, and in probably one-third to one-half of these persons the disturbances are serious enough to cause them to consult a physician. The others have vague chronic symptons which they treat themselves or try to ignore.

There is a widespread popular belief that a neurosis is a disease of the rich, and that it is most often found in the big cities and among the well-to-do. This is a foolish notion. Neurosis is neither a privilege of the rich, nor does it affect the idle alone. This sad product of our civilization flourishes in the poorhouses and slum districts of the large industrial centers no less abundantly than in the mansions of millionaires. It has found its way from the big cities to the small towns and rural areas, spreading far and wide like a real epidemic and respecting neither age, sex nor social standing.

Various complex theories have been developed in an attempt to explain this situation. Without going into details now, suffice to say that all experience, favorable and unfavorable, passes through the medium of the human mind and affects it. Will historians ever be able to tell how much the monstrostrosity of Hitler goes back to those early years he spent in a poorhouse in Vienna, brooding with hatred and rancor against all mankind? Or will it ever be possible to sum up the amount of misery and suffering in the two world wars and figure how much of it, apart from all economic, political and social causes, is the result of destructive folly and mental perversion?

The answer, in the words of the philosopher John Dewey, is that "our science of human nature in comparison with physical sciences is rudimentary, and morals which are concerned with the health, efficiency and happiness of a development of human nature are correspondingly elementary."

Why, then, is the study of human nature so rudimentary, one may rightfully ask?

Civilization is very young, and our wisdom down through the ages, as accumulated and synthesized in the form of scientific knowledge, is but fragmentary and limited. For a half-million years man lived like a beast in the forests, covered with hair, concerned chiefly with hunting for food, seeking shelter and protecting himself against wild

animals. At this stage in our past there was certainly little chance for man to probe into his own nature or actions. St. Augustine wrote in the fifth century: "Men go abroad to wonder at the heights of mountains, the lofty billows of the sea, the long courses of rivers, the vast compass of the ocean and the circular motion of the stars, and yet pass themselves by." Even as recently as two hundred and fifty years ago, the great French thinker Pascal complained that "in studying man's conduct I had hoped to find many companions; I have been deceived; those who study man are fewer in number than those who study geometry."

What we know today of human nature has for the most part been the result of scientific studies in the fields of sociology, psychology, and medicine. Of these, sociology and psychology are themselves but younger branches of that old and venerable tree of knowledge that is philosophy, and it is perhaps due to this lofty origin that the two sciences have so often remained "far away and high above,",too remote, with their intricate and abstract language, the average reader in his search for helpful formulae.

And medicine? The modern study of medicine has become very specialized, so specialized, indeed, that even the experts are experts only in part of the field. With the specialists came the introduction of instruments of precision, the development of hundreds of mechanical devices and apparatus in the diagnostic-therapeutic procedures, and with all this came the mechanization of medicine.

As a wholesome counter-movement against this development with its overspecialization and over mechanization, there is lately among doctors a growing recognition of a branch of medical science which basically is neither another specialty nor a brand-new discovery. It is called psychosomatic medicine, a new term for an old truth, since it is but a reaffirmation of the ancient principle of medicine that the mind and the body are constantly interactive and interdependent, and that the healing art extends to both body and mind.

It certainly is a step of paramount importance, this step from specialization and mechanization in medicine with their emphasis on laboratory data, chemical tests and other mechanical procedures, to the growing recognition that diagnosis and therapy require personal contact with the patient. More than half a century ago the famous clinician Trousseau warned his students in Paris: "Do not rely too much on chemistry! The great chemists were mostly poor physicians and the great physicians mostly poor chemists." No one will deny the brilliant achievements of chemistry, physiology, bacteriology, and surgery and their importance in medical science. All accomplishments of these sciences, however, have not brought us very far on our path toward the understanding of human nature. Too often the realities of human nature have been disregarded as if they were "a hopeless mass of contradictory forces". (J. Dewey).

Hence, our progress in the clinical management even of many physical conditions was not always accompanied by an equal progress in

the understanding of the underlying factors in these ailments. Conditions where with the use of all our modern mechanical equipment no physical lesion could be found, were almost entirely neglected. They were dismissed as nervous or functional, because no signs of bodily disease could be detected to account for the condition. To the psychosomatically oriented physicians of today just these nervous ailments are of the highest interest. To him the patient's life and symptoms are like the pages of a fascinating book. He reads it, and when he understands the story his knowledge and insight become his most valuable instruments for the treatment of the patient.

It is principally with the vast groups of psychoneurotic and psychosomatic problems that this book deals. When I graduated from medical school, I had for every disease scores of chemical formulae, prescriptions, potions and pills. As years went on, I began to realize that there is no disease or disorder which does not affect the patient's emotional life nor is there any illness which in turn cannot be improved or worsened by the patient's favorable or unfavorable state of mind. This had long been overlooked due to the influence of medical materialism in former years. As a young hospital interne I sometimes spent more time and effort analysing the patients' renal and intestinal excretions than studying the patients themselves.

There are distinctive personal and emotional factors in health as well as sickness. Disease is, scientifically speaking, a biological process in the living organism. To the individual, however,

disease is not only a biological process, it also is a personal experience--very often a highly emotional and painful one--which may well upset his entire life. That is the reason why human beings and their diseases cannot be understood as if only questions of organic and inorganic chemistry, blood corpuscles, bile excretion, vitamin intake and food absorption were involved. Only by using the psychosomatic approach, i.e., by considering the individual as a whole with many complex factors at work, physical as well as mental, can the physician arrive at a broader understanding of and a more penetrating insight into the dynamics of many types of ill-health.

To clarify this important point let us use an example in a somewhat oversimplified form: the electrocardiograph, our finest precision instrument for the study of certain heart conditions (an instrument so fine, indeed, that it measures the millesimal voltage differences of the electric current produced by the heart muscle in action) may well show us some minute irregularity of the heartbeat in a very distinct manner. But in a given case, it may completely fail to tell us what makes the heart beat irregularly, to reveal what causes the pathological change. Nor does it indicate the truly damaging factors at work in this particular heart or, what's more, in the owner of this particular heart. It may well be that the trouble comes from severe emotional condition or is the result of protracted stress and strain. Yet the electrocardiogram alone would never give the slightest indication of such underlying factors. Only the psycho-

somatic approach, with its investigation and sympathetic understanding of the patient's psyche, would reveal the underlying cause and enable us to render appropriate treatment.

If there is <u>one</u> thing I have learned during the two decades that I have been engaged in the science and practice of medicine, it is this: human beings are not robots. Many of us do not suffer so much from this or that organic deficiency as from our incapacity to manage our lives in a healthful and efficient manner. Among the large number of patients who are suffering from physical disease and the probably larger number of those who have no signs of bodily disease to account for their illnesses, there are virtually none who cannot be helped, at least to some degree, by sympathetic understanding, by warmth and human kindness, by sincere and selfless devotion to their cause. (Here the term "<u>cause</u>" is used intentionally, since speaking of a patient's cause - not case - emphatically points to the psychosomatic approach.)

It is in this sense that I have ventured to offer this book to the layman, and in particular to the one who is most decidedly concerned with the problems here presented, because they are <u>his</u> problems: to the patient himself. To be sure, reading about his problems will not cure him. It may help him, however, to see some of his difficulties in the light of modern science and to recognize, in the situation and problems of others, some of the features of his own plight.

C H A P T E R II

MAN, MIND and CIVILIZATION

"Disease is not a friend I care to see."
(From the Chinese)

Man does not live alone. You and I are units in a great living mechanism we call civilization. Even the poorest and most miserable among us, having neither family nor friends, is still a member of human society. As such he is part and parcel of this world, of this civilization.

Biologically and sociologically speaking, man is a group animal. Civilization is very young. So is man's nervous system, particularly the cortex of his brain, on which organ the mind is so largely dependent that scientists assume it is localized there. Looking at the natural history of man and his long evolutionary process through the ages, one finds that the nervous system, among all the structures of human organism, is, biologically speaking, the youngest and by far the most complicated.

Equipped with his brain, man has conquered the land, the sea, and the air. He has gained power over nature. He has built means of trans-

portation that bridge oceans and continents; he has constructed machines which travel faster than sound; he has reduced the dimensions of the globe and lengthened the span of life. He has learned to produce food in abundance and to control the spread of epidemics. If he desires, a word spoken by him one moment can be heard the very next moment at all points of the earth.

Thus a paradoxical situation has arisen.

Man who has greatly reduced the power of nature's external forces, has apparently not yet succeeded in gaining control over the forces of his own nature. While the death rate, the life span and the nutritional conditions of America's population are steadily improving, the rate of incapacitating disease among the same population groups is increasing. This is due to a marked decline in psychological health as revealed by the growing number of psychoneurotic and psychosomatic ailments.

Despite the progress of civilization and the accomplishments of science, the world is as full of hatred as ever (perhaps more than ever), and men are being slain by men without number, without pity, without reason. In this maelstrom of human affairs stands the individual, helpless and forlorn, and asks the age-old questions: What kind of people are we? Are we wild beasts or human beings? Is there any hope for us? Is life worth living?

Were we are, conceived and born under such apparently serene skies, and now cast into the greatest crisis that has engulfed humanity since

the fall of the Roman Empire. Here we stand, thinking of ourselves as the highest form of life, yet at the same time so filled with discontent, so shaken and distressed that an agonized "Help!" pervades the world from end to end.

There is something pathetic and highly disturbing about all this. To some extent we are all familiar with that vague feeling of uneasiness, that peculiar sensation of discomfort and malaise (sometimes explicitly expressed, more often vaguely felt) that is so utterly discrepant* with the material aspects of present-day life and that is often at the root of our inner plight. On the surface civilization has made life easier, smoother, more comfortable and less hazardous. But ours is a man-made civilisation. If life was given unto man by God, civilization was not. Civilization is man-made. If it has produced all the wealth and all the greatness of our time, it has also bred its poverty and misery. Civilization creates abundance and dearth, causes satiation and famine, provides shelter and spreads insecurity, wages wars and makes peace. Civilization sows the seeds of happiness and unhappiness, determines virtue and vice, develops the mind and accumulates the wisdom as well as the foolishness of the ages.

With this we have arrived at a point of great importance which requires some thought and consideration. The new ways of viewing civilization consider man's mind no longer as a heritage of his species, but rather as a product and an evolutionary result of civilization itself. In the light of information which has been gained during the

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*The term "discrepant" is particularly descriptive in this connection. Derived from the Latin "discrepare" it literally means "rattle, creak".

past fifty or sixty years it appears that the human mind has very gradually developed to its present state.

According to Prof. J. H. Robinson* of Columbia University "it seems to be more and more apparent that mind and reason were not part of man's original equipment, as are his arms and legs, his brain and tongue, but have been slowly acquired and painfully built up. They are themselves inventions -- things he has come upon. Like other inventions they are part and parcel of civilization -- not innate in man but dependent for their perpetuation on education in the widest sense of that term. This is so novel an idea that many readers may find it difficult to grasp, but when grasped it alters one's whole estimate of human progress. We ordinarily think of civilization as made up of mechanical devices, books and pictures, enlightened religious ideas, handsome buildings, polite conduct, scientific and philosophical knowledge, social and political institutions, ingenious methods of transportation and the rest. We think that all these things are due to man's possession of a mind which no animal has, and as a result of the exercise of reason. In a way this is true enough, only we must reconceive mind and reason and regard them just as truly a part of the gradual elaboration of civilisation as a House of Commons or a motor car, and quite as subject to improvement."

Viewed in this new light, many of the perplexities in man's relation to our world now become clearer, and some of our inner difficul-

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*J. H. Robinson: "The Mind in the Making;" also "Civilization" in Encyclopaedia Britannica, Vol. V.

ties with life will be more easily understood. If the human mind is part and parcel of civilization, then all the unsettled problems of this civilization, all defects and deficiencies in its structure, all vibrations and oscillations in its progress, must necessarily affect our mind. As the history of humanity shows, civilization is much less secure and steady than is ordinarily assumed. Precarious as it is, civilization "must be assimilated anew by each one of us for himself....It can increase indefinitely but it may also fall off tremendously, as the history of man amply testifies." (J. H. Robinson) Man's mind, so deeply and inextricably interwoven with civilization by hidden biological and psychological bonds, will grow when civilization grows, decline when civilization declines, will necessarily vibrate when civilization vibrates, and shake when civilization is shaken to its foundations.

Here, then, we can see--apart from the physical bloodshed and butchery--how great a disaster may result from violent changes in civilization's precarious make-up, such as wars, tyrannies, revolutions, social and political upheavals. Man's mind, while registering these changes like a seismograph, must perforce follow them, and this accounts perhaps for some of the disquieting features of our time: The increase of mental illness and nervous breakdowns, the growing number of "psychoneurotics" and "psychopathics," and spread of socalled "crime waves" throughout the country, the rise in delinquency, the high percentage of broken family ties, the multitude of divorces, the loss of so many moral and ethical values such as friendship, righteousness, kindliness, justice and faith.

There is no sense in condemning civilization. It would mean condemning man, condemning ourselves, and nothing would be gained. The individual cannot preserve his integrity by escaping from the troublesome reality of life into a world of dreams and fantasy. He can only save himself from defeat by taking an active part in the development and progress of mankind. Civilization, as was said before, is very young and of a precarious nature. Man has made civilization, and in turn civilization has made man. It can grow to unheard-of-heights, but it may also decline precipitously, disintegrating into confusion, terror and barbarism.

It is exactly this rise and fall, this dramatic change from stupendous progress to senseless chaos, that has affected our lives and minds so deeply. Compressed into the inconceivably short period of fifty years, our world has witnessed a turn of the scales such as probably no other generation before has ever experienced. Much of what at the beginning of the century had appeared so well-established, so firmly built on solid foundations, dissolved before our eyes, under the impact of the two world wars, as if it were particles of dust scattered by the wind in the fields.

We live indeed in an extraordinary world. The atomic bombs dropped on Hiroshima and Nagasaki shattered not only the military might of the Japanese war lords; their explosions were also felt by human nerves all around the globe. There has never been a more striking example of the long hidden fact that ~~technology has outrun~~ sociology, that ours is a lopsided civilization: While the tech-

nical sciences, with industry, transportation and commerce in their trail, are advancing at top speed, social organization of and mental adjustment to the rapid changes take place at a snail-like pace. The inner chasm thus resulting adds up to the omnipresence of fear which comes from the realization that mankind has achieved the power to destroy itself. For now it is evident that every human being has a stake in the preservation of civilization: his own life. One shudders at the thought of the grisly race between the democratic, civilized world and the forces of barbarism, and of what would have happened if Hitler's scientists had developed the atomic bomb. With the discovery of this weapon of potential self-annihilation it becomes more imperative than ever that man catch up sociologically and psychologically with the advances in the fields of chemistry, physics and technology.

Stefan Zweig, the Viennese writer who committed suicide four years ago because he would not live in this world any longer, has left us a description of what has happened to mankind in this time:

"Against my will I have witnessed the most terrible defeat of reason and the wildest triumph of brutality in the chronicle of the ages. Never has any generation experienced such a moral retrogression from such a spiritual height as our generation has. . . In this half century more radical changes and transformations have taken place than in ten generations of mankind; and each of us feels: it is almost too much! . . . My feeling is that the world in which I grew up and the world of today and the world between the two, are entirely separate worlds. . . . "

Here, then, we have life's agonizing tragedy as witnessed and recorded in the graphic language of one of the outstanding authors of ou generation. We meet, in writer after writer, the same recognition of that great malaise of our time. It is natural that those who, like Zweig, personally traversed such an experience, should suffer from it as much as he did. To some degree we all do, if only vaguely and unconsciously, immersed as we are in a world of fantastic changes and dramatic convulsions. In this sense, civilization itself is a neurotic product that forces upon us conflicts, problems, emotional and social questions in a steady stream and without number.

The question now arises: how does all this affect our physical and mental health? How does it influence our strength, our vitality, our energies? How does human nature behave in this world of storm and stress and constant change?

As far as present-day knowledge goes, man's nature, though deeply affected, does not change basically. At the same time there is sufficient evidence available that the effort to suppress the inner tensions growing out of our chaotic situation is appearing in the form of countless bodily and nervous disturbances. The increasing incidence of certain medical disorders (such as peptic ulcer, hypertension, hyperthyroidism, arteriosclerosis) seems to some extent proportional to the increasing pressure of present life conditions which, with their open or implied uncertainties, constitute an ever augmenting tax upon our health.

One of the most striking characteristics of our peaceless time is that nothing seems really finished, over and done with. All that was long forgotten and appeared erased, the barbarism of the former ages, the despotism, the tyrannies, the persecutions, the mass robberies and mass killings, have again emerged. What seemed physically and spiritually dead, left behind by mankind in its march from jungle life to urbane forms of existence has arisen again. The same battles have once more to be fought. And it is a bitter struggle. The victims are without number. Some fall on the battleground, some survive, but few come through the crisis unscathed. A very few, though, may emerge stronger and finer from the ordeal of suffering.

William Jennings Bryan who believed that "in a few years" right was beginning to rule in the place of might, was happily unaware that history was marching in the reverse direction. But Stefan Zweig who had fully experienced the tragedy of our time and had drunk too deeply of the cup of bitterness, committed suicide.

Others become guerulous or contract physical disease, age prematurely, develop heart trouble or various other ailments.

Many become "merely neurotic", seeking security in all sorts of defense and escape-mechanisms. The contradictions and instability of our civilized world are reflected in the neurotic conflicts of those who inhabit this world.

If someone should now arise and protest, "But, Doctor, what are

you talking about! There have always been wars, tyrannies, persecutions, sickness, and neurotics; it is an old story and there is nothing new to it", I could only reply, "I know, I know." Humanity's struggle against pain, disease and death is as old as man himself. The front lines, however, are no longer where they were in ancient times. Every period of human history has its specific note, its fashions, customs, problems, arts - and its diseases. Ours is an anxious and care-worn time. So are our diseases: <u>care-worn and care-born</u>. Humanity today, after passing through an era of "thunder" and "blitz", has just entered the atomic age; and its commonest disease is -- fright. Deep, hidden, and morbid fright.

If you still protest, my friend, let us have a closer look at the subject of neurosis in the following pages.

Before proceeding, however, let us remember that all-important point which was mentioned before and which cannot be stated too clearly: It was man that made civilization. Do not blame your troubles on civilization, since your mind and mine are so deeply interwoven with it that blaming civilization would but amount to blaming ourselves, without the slightest gain to any of us. If you find fault with civilization, work to improve it and correct its faults. And if you see civilization decline or in danger of crumbling - as it appears today - stand up courageously and fight. From such fighting may emerge a better life and, what's more, health. But if the defeatist in yourself continues telling you: "What's the use of it? It's all due to

civilization and its faults, I cannot help it; that is the way fate made me", then answer him with Shakespeare:

"The fault, dear Brutus, is not in our stars,
but in ourselves..."

C H A P T E R III

NEUROSIS: THE HIDDEN PAIN

Nerve -- originally meaning sinew or tendon -- has become a key-word for good health and ill health. In every day language it is used both ways, as an expression of courage or firmness (e.g.,"strain every nerve") and as a term for the opposite quality as well (in "nervousness"). This linguistic difficulty accounts for a good deal of the confusion one encounters in dealing with the subject, a confusion which grows into a veritable labyrinth of words and expressions with the free and often uncritical use of terms such as "neurasthenia", "neurosis", "psychoneurosis", "psychasthenia", "psychopathia", "nervous" and so forth.

<u>"Give a dog an ill name and hang him."</u> Many of these terms have acquired some ill-founded and unwarranted connotations as if they implied something derogatory or even suspicious. The doctor who uses the word "neurotic" in describing a patient's condition is not infrequently asked: "Does that mean that I am crazy?" Let it be said right here and now that of all the possibilities in question, insanity

would be the least correct to assume.

Nor does imagination play as big a part in neurotic conditions as it is generally thought. The real causes lie much deeper, are very intricate and usually hidden in the life history and personality structure of the individual to whom the term "neurotic" is applied. In order to get a clearer conception of what is meant, let us first consider the characteristic features that we find in the make-up of a physically and mentally healthy personality.

The normal or, better, the average personality has been defined by Dr. Edward Glover of London as being

1) free of symptoms
2) unhampered by mental fonflict
3) of a satisfactory working capacity
4) able to love someone other than himself

To Dr. Glover's four-point definition should be added, I feel from my own experience,

5) able to endure hardship and suffering without excessive impairment of the individual personality.

To me this last point seems as vital as those set forth by Dr. Glover since for human beings there is no life without loss, no health without hardship, no salvation without suffering. Man must bear and be willing to bear. This is the inexorable law of life. Those who seek to escape from it risk becoming victims of this vain attempt to evade: too often the end of the road is that trap of self-caused entanglement

which we call - neurosis.

A neurosis, then, is not a physical disease, nor is it a mental disorder in the accepted sense. And yet persons with a "neurosis"* or "psycho-neurosis"* are ill, although no physical lesion nor any form of insanity have ever been found to account for their illness. How can this take place? How can the neurotic suffer - and suffer he does - from something which apparently is non-existent? How can a man or woman, with all organic and mental faculties intact, have serious and various complaints such as headache, dizziness, fatigue, indigestion, palpitation, abdominal pains, aches, and pains in various parts of the body, shortness of breath, insomnia, anxiety and so forth?

The layman's answer to all this is simple: it's all imagination. Of a person who claims to be ill when he is not physically ill, the layman says that he is "putting it on", that he "imagines" his pains and aches or that he lacks "will-power". The sufferer is often told it is <u>"just your nerves"</u> or <u>"it's all in the wind"</u>, and his complaints are dismissed with a shrug which can mean anything from "it's nothing but your imagination" to "go home and quit worrying about yourself".

It is easy to see that these well-meant suggestions are of no great help to the patient. To him "nervous" headache is just as real, just as severe and tormenting as the headache caused someone else by the intake of too much liquor on a Saturday night; and the pain he

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* Present day knowledge makes no clear-cut distinction between these two.

feels in his "nervous" stomach hurts him just as much as the consumption of a heavy meal of doubtful quality would hurt your stomach and mine. In other words, to him who suffers those pains, the discomfort and the malaise he experiences are not imaginary. They are present and real.

Moreover, the neurotic may not even be aware of the fact that he is suffering. He may just feel uneasy, expressing a vague sensation of ill-health, general discomfort or fatigue without being able to specify his complaints. Often unable to "put his finger" on what actually hurts him, but eager to describe his troubles, he frequently resorts to such generalizations as "I always have that tired feeling", "I'm so weak I can hardly walk", or "I have pains all over my body". As indistinct as these expressions are in their general vagueness and opaqueness, to the experienced physician, in the absence of organic disease, they become distinctive signs of what the real trouble is.

The trouble does not lie in the individual's imagination; it lies in his emotions.

By origin and nature man is not a rational animal. Man's attachments to persons, to his parents, family, friends, as well as his reactions to his pleasures and pains, are not so much dependent on what he "thinks" as on what he "feels". Even man's actions are rarely the result of logical, rational thinking alone. Our first experiences in childhood, so decisive for our whole life, our interest in persons,

places and things, our love for those who care for us from the days of infancy, are emotionally, not rationally determined. This emotional element dominates the entire mind-building process during childhood, and largely influences our reactions in adult life.

Nor is the influence of the emotional element limited to man's mental sphere alone. It extends also to the functions of the organs and tissues. Emotional influences may stimulate or depress any of the many functions of the heart, the stomach, the respiratory and circulatory systems, or the endocrine glands; they may interfere with the digestion and absorption of food as well as with the blood supply of the internal organs, with the rhythm and rate of the heart beat as well as with the motility of the stomach and the movements of the bowels.

More than a century ago Dr. Beaumont, an American physician, had a patient, Alexis St. Martin, whose name soon became famous among doctors all over the world. This patient had an opening in his stomach wall, a so-called gastric fistula, caused by an injury, and Dr. Beaumont was in the habit of spying through the fistula to inspect the interior of the patient's stomach. If the patient was happy, the ingestion of food caused a state of "happiness" also to the stomach: its interior blushed rosy red all over, gastric juice poured down the stomach walls like streams of water from overflowing springs, and the whole organ worked steadily at full blast. If, however, Alexis was emotionally upset, depressed or disturbed, his stomach remained

pale, no juice was secreted and no movements were recorded.

Drs. Harold Wolff and Stewart Wolff of New York have made recent studies with a similar patient and obtained remarkable results. Their patient was Tom, a fifty-seven-year-old man of Irish stock, who had a large gastric fistula from an operation in early childhood. Tom used to feed himself through the artificial opening in his stomach for forty-seven years (drinking extremely hot clam chowder, at the age of nine, had resulted in partial destruction of the oesophageal tube), maintained a good appetite and enjoyed occasionally, with his meals, a bottle of beer or two which he would pour directly into his stomache through the opening in its wall. Through the same opening the doctors were able to inspect, by means of a lighted instrument, the interior of Tom's stomach in all its details. Looking through the patient's fistula, much like an astronomer through the telescope, they actually could see and study the emotional conflagrations caused in Tom's stomach when he was angry or furious. Sadness, discouragement and self-reproach produced prolonged pallor of the mucous membranes and lack of gastric secretion. Emotional tension such as produced by feelings of resentment, hostility, conflicts and doubts resulted in increased acid production, reddening of the membranes and other dramatic changes in the physiological appearance and functions of the stomach.

The importance of these findings can hardly be overemphasized. Emotions turn up again and again as the chief factors in indigestion

and many other gastric troubles. Basically there is nothing new to this. "Unquiet meals", says Shakespeare, "make ill digestions"

One of the best clinical examples of the way in which emotions can act unfavorably in a case of stomach ulcer is given by Dr. W. C. Alvarez of the Mayo Clinic*. One of his patients who had an ulcer told him: "My first attack came twenty-five years ago when my girl refused to marry me; the second came later when she changed her mind and I had the excitement of a big wedding; the third came, when in the crash of 1907, I got caught with all my money tied up in a copper mine; the fourth came in 1918 with the strain of my participation in the Argonne drive; and the fifth came in 1929 when I lost all my savings."

Such examples could be continued almost at will. Many facts of this kind are matters of everyday knowledge. Every woman knows that in times of anxiety headache is not unusual. We all are aware that when we are anxious or worried, we do not sleep so well, cannot concentrate, are subject to all sorts of disagreeable symptoms, to headache, exasperation, despondency and fear. This subject will be returned to later. Suffice it, for the present, to illustrate the profound effects of emotions on man's bodily and mental functions.

Emotions and their effects, then, are real, not imaginary. They are present in every one and act in various ways. "If the tensions, throbs, flushes, pangs, suffocations", says William James,

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* Walter C. Alvarez: "Nervousness, Indigestion and Pain"
Paul B. Hoeber, 1945

"were removed, no emotion would be felt." Under certain conditions these ever-present emotional forces may become so overwhelmingly active, so strong in power and intensity, that, unrestrained and uncontrolled, they may outweight all the other realities of life, making havoc of mind, will, and effort. Any individual who is under emotional stress may have difficulty in thinking clearly, reasoning logically, judging correctly, concentrating or articulating properly. Emotions may paralyse your tongue so that your speech turns into stammer, may stimulate the nerves of your skin so that you start perspiring, may make your heart beat so fast that you feel like "dying", may make you do things that you ordinarily would not do and keep you from doing things you wanted to do.

All this may happen to any one under emotional stress. In the neurotic, however, it happens more frequently, more intensely and is of longer duration. Many girls will blush if they feel embarrassed: a neurotic girl may blush every time she comes into company. When a person sees a mad dog or receives shocking news, his heart starts beating rapidly. In a neurotic state the heart may beat rapidly when the individual apparently is undisturbed; it also may waken him out of sleep and last for hours and days.

One of the greatest difficulties in the understanding of these complex mechanisms is that there is no sharp borderline between the so-called normal and the neurotic. There is no clear-cut demarcation between normality and abnormality, between healthy and unhealthy. A

student who has to take an examination may be excited, irritable, and frightened, he may have a sinking feeling in the pit of his stomach and develop headaches of severe degree, and yet he may be perfectly "normal" and far from being a neurotic. After the examination is over, the symptoms disappear, the whole thing is finished and the "patient" cured. With a psychoneurotic person it is different. In his emotional reactions to life he resembles a student who constantly has examination-jitters, yet may be completely unaware that he has them.

The neurotic individual differs from the "normal" in that his reactions to life situations are overly tense, exaggerated, unhealthy, and disturbing. In other words, the difference between a normal and a neurotic person is a matter of degree. We all long for love and affection; in the neurotic this need for affection may be greatly exaggerated, may become fierce, morbid, and distorted. We all wish to be liked and admired; the neurotic may feel miserable unless he (or she) is shown all the admiration and devotion he or she craves. Criticism is unpopular with most of us; but a neurotic person when being criticized may almost go to pieces, feel insulted and ruined.

In reality, of course, all this is much more complicated. There is far more to it than appears on the surface. Neurosis is a difficult word and stands for a more difficult matter, the mechanism of which has been explored and interpreted by the great Viennese scholar Siegmund

Freud. He was the first to recognize that "people fall ill of a neurosis when the possibility of satisfaction...is removed from them; they fall ill in consequence of a frustration...and their symptoms are actually substitutes for the missing satisfaction."* Thanks to Freud's titanic life-work we know today that a neurosis arises from certain inner conflicts hidden within the personality. These conflicts are unconscious, i. e. the person in whose mind these conflicts are at work is not aware of them. What he notices, however, are his reactions to the inner conflicts, his uneasiness, moodiness, depression and other disturbances that cause him to suffer.

When for some reason or other the individual has found the task of adaptation to life too arduous, when the realities and harsh facts of human existence have proved too difficult for a satisfactory adjustment, he may be driven to look for some means of saving himself from them. Running away from life as it is, from its reality, hardships, and privations will not help him. Since he carries his troubles within himself, also his attempts to free himself from unhappiness by divorcing his wife, from poverty by striving for wealth, from burdening social conditions by changing his job, from sexual frustration by resorting to promiscuity, will ultimately prove futile. Or he may make equally vain attempts to escape from his difficulties by lapsing into illness. Man's age-old quest for happiness undergoes in the neurotic individual a peculiar inversion: In the normal person sickness causes unhappiness; the neurotic person unconsciously tries

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* "Introductory Essays in Psycho-Analysis", p. 289

to get satisfaction out of sickness. His aim like that of any other human being is happiness. Yet his method necessarily leads to failure. The neurotic individual, in fact, unable to attain happiness and yet completely engrossed in his struggle for happiness, may be driven to attain it by lapsing into emotional illness and thus producing symptom after symptom. However, as his underlying conflicts remain unsolved, the way out is barred to him without specialized help.

The neurotic patient is unaware of this complex psychological mechanism. While he produces symptom after symptom, from a simple headache to trembling of all his limbs, from a "nervous" indigestion and nausea to actual vomiting and abdominal cramps, from a "lump" in his throat to aches and pains "all through the body", the patient with a neurosis is unaware that he tries to gain an advantage from the presence of his symptoms. The symptoms may continue for a long time, because the patient derives an advantage from them, and yet he may be completely unaware that he remains ill because of the advantage.* The complaints may well resemble those of a physical condition. But, at the bottom, there is no organic malady to account for the complaints. It is the hidden pain of life that causes the neurotic illness. The symptoms, in the words of Freud, are "substitutes for the missing satisfaction."

This is particularly true in times of crisis, such as economic

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* We must not think of this as malingering; the malingerer is fully aware that he will gain some advantage.

depressions, wartime and postwar problems, financial reverses, losses in the family and similar critical events of life. Living in an atmosphere of inner tension and unhappiness, the neurotic individual may find that the demands of life offer a "smoke screen" which can be used as a mechanism of self-deception. He then reacts by unconsciously misusing this escape-mechanism as an alibi for his inadequacy. As he is unaware of his desire to escape responsibility, he sees in his multiple failures but the results of unfavorable external circumstances and in his neurotic symptoms the physical basis of his difficulties. We call such typical attempts at self-deception "rationalizations". The symptom that arises in these situations serves as an alibi for failure. In this sense neurotic persons are builders of alibis: <u>poor builders</u>, as we shall see, of <u>poor alibis</u>.

Let me now give an example which will illustrate these points and tendencies to the reader.

The patient H. B. was a middle-aged woman of Anglo-Saxon descent and had been brought up in a broken home. Her own husband had left her some thirty years ago because he found the companionship of another woman more attractive and more to his liking than that of his somewhat troublesome wife. From the time her husband left, the patient suffered from attacks of extreme exhaustion and weakness which persisted through all these thirty years and prevented her from accepting any regular job. When her husband left, her two children were infants, and raising them properly took all her time, energy and effort.

After the children had grown up, she lived practically like an invalid, although there was no organic condition whatsoever to account for his illness. Her financial condition was rather precarious, but she did not work. The only activity she enjoyed was piano-playing. When her daughter, who nursed her affectionately through all the years, sold the piano for financial reasons, her weakness grew worse and worse; she became so exhausted that she would not leave her home for months. For some time she was bedridden. When I first saw her, careful examination revealed no organic disturbance to account for her symptoms, except a mild anemia which was cured within a few weeks. Her condition, however, did not improve. I suggested that she should take up some regular activity, telling her and her daughter that she was perfectly able to do moderate work, since there was nothing organically wrong with her. The patient refused; she maintained that she was "too weak" to work. When I insisted, she promptly began to complain of pain in her chest and later said that she had a "lump" in the chest which made her "choke". Physical examination, fluoroscopy, laboratory tests, etc., failed to reveal such a lump or any other organic basis for her complaints. I then suggested psychotherapy, explaining that in all likelihood some inner emotional "wound" festering in her mind was back of her symptoms. The patient refused psychotherapy, too. As so many neurotics, she was blind to her real problems.

I could go on telling of other cases of this type, but I believe the history of this sad-looking, suffering (yet organically well-preserved) woman illustrates some of the points made in the pre-

ceding paragraphs. The patient, after a brief and disappointing marriage, had been left by her husband. Unhappy and lonely, she fled into her illness as if it were a sort of hiding place. Though outwardly calm, she was inwardly tense and seething, emotionally unstable and frustrated, the type of person who on the surface appears placid and serene, but beneath the smooth surface is a battleground of inner conflicts and repressed emotions. Her neurosis had its roots in the frustrating circumstances of her bitter past. With all her weakness and symptoms of utter exhaustion, she was physically healthy, yet stubbornly clinging to her symptoms, sadness and unhappiness as though they were priceless possessions. Marked hostility feelings also beset her mind. When I asked her about her unfortunate marriage, there came pouring out from this seemingly placid person a veritable torrent of denunciations against the husband, against othe women and against the world in general.

Like most patients with a neurosis, she did not recognize her flight into illness nor did she sknow what she was doing to herself. She did not know flight into illness is a tragedy, perhaps the greatest personal tragedy that can occur in a human life. As a wise physician once put it: "<u>If a person is so ill as to say she is ill when she is not ill, she must be very ill indeed.</u>"

The harm which so many neurotic individuals inflict upon themselves - in an unconscious effort to construct for themselves and the world an "alibi" composed of symptoms and complaints - can only be

called a tragedy. While, literally speaking, they are neither physically nor mentally ill, they still suffer; and while they themselves suffer, they also cause suffering to others. Patients with severe neurotic conditions derive no "gain" from their illness. Ultimately they are the losers. The advantages they may gain (personal care, attention, escape from family troubles, from economic difficulties, etc.) are at best temporary. The misery of a fully developed neurosis, unless cured in time, is life-long. Running away from one's wife, as the husband did in the above case, is bad. Running away from life and retreating into self-made invalidism, as his neurotic wife did, is infinitely worse. Chronic unhappiness, protracted suffering, loneliness and sometimes complete disintegration of the personality accompany severe neurotic illness which does not become less severe because the patient persists to remain blind to the underlying causes.

The fact that frustration in life may lead to a neurosis, is one of the most important principles in our present-day approach to the problem of mental disease. Loneliness, unsatisfied sexual hunger, a social behavior, alcoholism, marital infelicity, broken homes, unfortunate personal relationships and many other types of maladjustment are in this view but milestones which mark the path to neurotic illness. Contrary to popular belief, disturbances resulting from neurotic stress do not always come within the province of psychiatry.

Frequently physical disorders arise which are psychosomatic mani-

festations of the underlying neurosis.

Emotional tensions may manifest themselves in any part of the body and express themselves in many ways. Pain, fatigue, insomnia, indigestion, paralysis, etc. --so often indicating organic disease-- may be present in the neurotic without any physical lesion. On the other hand, the presence of some bodily alteration may serve as a camouflage behind which such patients unconsciously hide their inner conflicts and emotional tensions. The neurotic, unhappy as he is, is as adept in finding excuses for himself as he is skillful in self-deceit. Thus a neurotic condition often masquerades in the guise of physical illness.

The patient H. B. showed me, when I first examined her, a series of x-ray pictures taken some years before which revealed the presence of gallstones. As every doctor knows, a patient with gallstones, after having a colic or two, will often go for years without pain and will enjoy perfect health. While under my observation, this patient never had symptoms attributable to gallbladder disease and never was physically impaired by the presence of gallstones. However, she had convinced herself and her family that she was disabled because of the gallstones, incapable of working, and fell into a state of complete inertia.

It is not always easy to uncover the hidden psychological difficulties lying behind each of the neurotic symptoms, just as it is

not easy to state clearly what a neurosis is. Instead of attempting a clear-cut definition we can perhaps best understand what a neurosis is by explaining what it is not.

If, according to Dr. Glover, the healthy average person is <u>free of symptoms</u>, the neurotic personality is not at all free of them; on the contrary, he is, as a rule, extremely productive of symptoms. If the average person is <u>unhampered by mental conflicts</u>, the neurotic individual is unconsciously yet violently torn by them. If a <u>satisfactory working capacity</u> is indicative of health, the absence of such a capacity is indicative of ill-health. <u>The inability to love someone other than himself</u> characterizes the neurotic person. And if, following my addition to Dr. Glover's four points, the average person <u>is able to endure hardship and suffering</u> without any major impair- of his individuality, the neurotic cannot or will not. The latter situation was pictured with rare insight by Sir James Paget: "The patient says that she cannot, the nurse says that she will not; the truth is that she cannot will."

Neurosis, then, is not a disease; rather, it is an attitude toward life. <u>A wrong attitude,</u> to be sure, the roots of which are buried in the unconscious mind and usually go back to childhood.

Neurosis is neither a physical nor a mental illness in the usual sense; rather, it is a way of life, <u>a wrong way of life</u>. (As we shall see later, it is really an "illness of the unconscious", but for all

practical purposes these simplified definitions are valid.)

Why is it a wrong attitude and why a wrong way to live? Because a neurosis causes suffering. Because it interferes with happiness and efficiency. Because it makes man lose faith in himself and in others. Because it leads the patient away from real life and provides him with an alibi where emotional, immature and unhealthy qualities predominate.

If we were to describe "a healthy-minded attitude", one could with many observers say: "It feels like peace." Neurosis, on the other hand thrives on conflict and frustration; it feels like lack of peace. It feels like pain, like misery, like worry and unhappiness. Indeed, it <u>is</u> misery and unhappiness. It <u>is</u> pain; not the pain of aching limbs or a badly functioning stomach to which the neurotic individual so often refers. It is the hidden pain of his inner life, the affliction of his faulty, empty, or otherwise unhealthy mode of living. It is the currency with which he pays for his escape, "an act of adaptation" that has failed.

Neurosis, in the final analysis, is nothing of which to be ashamed. It is something of which to be freed and cured.

What these patients want most of all is love. If your needs are so urgent and your hungers so desperate--needs not only physical and hungers not for bread alone--that, unfulfilled and unsatisfied, they may cause you to escape from reality and build yourself that alibi of illness which is neurosis, there still is hope for you. If you only

wish, you can be helped and cured. Your physician, of course, cannot soften the hard terms of modern life. But he can do much to lead you back on the way to reality, which is the way to health.

C H A P T E R IV

SIGNALS -- SYMPTOMS -- SUFFERINGS

The previous chapter was a difficult one dealing, as it did, with extremely complex and not generally understood mechanisms of the human mind. In the present chapter we are going to deal with more commonly known aspects and manifestations of neurotic illness. Before proceeding, however, a warning of the utmost importance is necessary, a warning I wish to direct to everyone and in particular to the non-professional reader of these pages: <u>do not try self-diagnosis!</u>

As we delve further into these problems, we shall discover more and more facts and situations which to the individual reader would seem to apply almost point-blank to his own difficulties, thus leading him to believe that he himself can solve them. Therefore, I repeat: do not attempt self-diagnosis. Only a trained physician can recognize whether your complaints and symptoms are due to emotional factors or organic disease. After having read a number of pages in this book or some other medical writings, you may feel your troubles are "just nervous". Your doctor, however, may discover that the cause of your complaints is organic, perhaps a diseased liver, an infectious condition, a tumor

in your abdomen or a mineral deficiency in your blood.

I once saw a girl, little over twenty years old and for months so dead-tired that she could hardly walk. She had a brownish, apparently sun-tanned complexion, and as she looked perfectly healthy she was considered by her family a "psychoneurotic". On examination she was found to be suffering from Addison's disease, a serious endocrine condition, and what to the superficial observer had appeared as a healthy "sun-tanned" skin was in reality a pathological pigmentation caused by the organic changes in the glandular system.

This is just one of many instances to show how dangerous a pastime it is to play doctor. I therefore say once more: Do not indulge in the risky habit of self-diagnosis. The patient who seeks advice because he feels "nervous" or "weak" or "tired" seldom realizes the difficulties and complexities of the problem he presents to his physician. The complaints are almost entirely subjective, and symptoms may occur in any region of the body. They may be local and general; physical or mental, or both.

Some of the problems which confront doctors and patients alike--the former in their capacity to help, the latter in their need for being helped -- will be discussed in the following pages. In the absence of organic illness the appearance of symptoms is, generally speaking, the signal that the individual is no longer able to cope

with his problems and the difficulties of his life situation, and

that the phase of neurotic suffering has begun. Whatever the symptom may be, it always indicates that there is fire burning under the surface of which the visible smoke is the neurotic symptom.

P a i n

Perhaps the two most common symptoms seen in sick people are pain and fatigue. Pain, whether due to organic or inorganic causes, is always a signal that something is wrong. If there is a physical lesion, e.g., an inflamed appendix, a carious tooth, or a fractured bone, the removal or correction of the lesion will relieve the pain. With neurotic patients it is different. The frequent and sometimes constant pains they have and for whiffh no local cause can be found cannot be removed by surgery nor cured by medicines.

Every so often the physician sees a patient, usually a middle-aged woman, with three, four or more abdominal scars indicating the successive removal of the appendix, the gallbladder, the uterus, the Fallopian tubes - all in addition, perhaps, to one or two exploratory laparatomies the patient underwent. The operations were excellently performed, the wounds healed rapidly and properly. The only trouble is that the abdominal pain is still present, with the one difference, perhaps, that now it is attributed to "adhesions". With the pain have remained the surgical scars - silent witnesses

not always of gallstones and other organic troubles, but also of past and present nervous storms which have shaken these patients' lives.

In this connection it is well to quote one of my professors at medical school who would caution his students thus: "If you examine a woman and find her belly looking like the face of a Heidelberg student, covered with scars and cuts, you may be sure that you have before you a bad case of nerves." With a history of lifelong ill-health, the presence of multiple and vague complaints w without any physical cause to account for them and, on deeper questioning, the detection of inner conflicts and deep-rooted emotional troubles, the diagnosis of a neurosis is practically assured.

One of the most important facts to remember is that pain may exist without any local cause and that it is a very frequent complaint in neurotic patients. When I was a medical student, no one taught me that headaches in children as well as in adults may arise from emotional causes. Headache is probably the most common complaint of all; but other pains, abdominal distress, peculiar feelings of "constriction" or "choking" in the chest (often associated with fear of pulmonary disease or cancer), neuralgic pains in the extremities, muscular aches called "rheumatic," etc., are equally prevalent. These pains which are more or less constant, are usually greatly intensified during periods of emotional upsets, increased anxiety and intensified nervous tension.

The headaches may be of many types. Often they do not amount to direct pain. Rather, they consist of peculiar feelings of discomfort, of weight or heaviness on the skull, of stuffy feelings ("as if the head were packed with cotton wool"), of a constrictive band tied around the head, pressure on the forehead or vertex, and other sensations of discomfort and distress. All these types of headache may be of nervous, emotional origin; but they may be due to organic disease, too. For a last time, therefore, I repeat my initial warning: do not try self-diagnosis! The differential diagnosis between organic and nervous pain is often difficult, and it may require all the scientific training and diagnostic art of the physician to differentiate the one from the other. I remember the case of a pale, young woman whom I found in bed with a very severe headache which had persisted for several days. The patient was crying and trembling like a child, and everything seemed to point to a psychoneurotic headache. Careful medical examination and x-ray pictures, however, revealed that the patient's sinuses were filled with pus!

A peculiar type of headache, usually occuring in periodic attacks and associated with nausea, vomiting, utter prostration and great malaise, is migraine. Many theories have been advanced for the cause of migraine. Contrary to popular belief it is not associated with disease of the liver. Its ultimate cause is controversial, but there is little doubt that the condition is essentially a personality problem. Patients suffering from this type of headache, which at times become agonizing in intensity and interfere with their working capacity, are often poorly adjusted to life, overly tense, sensitive to

bright lights, noises, smells, and have a tendency to depression and gloom. I rarely saw migrainous persons cheerful, even after they had been free of attacks for some time. "They worry inside", one could say of most of these patients. The attacks can best be understood, perhaps, as sudden outbursts of long suppressed, long concealed inner tension. Migraine seems to affect preferably perfectionists, that is the ambitious, hard-driving, inwardly tense, but outwardly subdued type of person. No underlying physical pathology has ever been found in this disease, and the often - too often - performed removal of all teeth, the washing out of the sinuses, the treatment of the tonsils, nose, etc., in these cases is useless. I have never seen migraine sufferers cured by surgery, but have observed striking improvements, resulting in complete disappearance of the attacks where the condition was treated as a personality problem.

Fatigue

"Doctor, I don't know what's the matter with me, but I seem to feel tired all the time." Patients who come to the physician with this or similar complaints, are often under the impression that their weakness, fatigue, exhaustion, continued tiredness, are due either to a physical condition or to overwork. In the great majority of cases it is neither the one nor the other. One of the significant findings of psychosomatic medicine is recognition of the fact that <u>fatigue is another common symptom among emotionally disturbed persons.</u> Next to pain it is probably the most universal symptom of neurotic illness.

Dr. Frank N. Allan of the Lahey Clinic in Boston recently studied* three hundred patients who were thoroughly examined because of complaints of fatigue, weakness or weak spells. In only twenty per cent did he find physical disorders (diabetes, heart disease, anemia, kidney trouble, tuberculosis, etc.) responsible. In eighty per cent no organic conditions were encountered, and after excluding any hidden physical disease by means of careful analysis, laboratory tests and x-ray examinations, Dr. Allan reported that "nervous conditions were held responsible in 80 per cent."

What does this mean? It means exactly what it says, that is in eighty per cent of the examined persons - or to state it more precisely, in 239 persons out of 300 - no physical lesions whatever were found to account for the complaints of fatigue and weakness. However there existed a neurotic state of one kind or other among these patients, and it was this condition that was considered the causative factor of the fatigue. In many cases the fatigue was only one symptom among numerous others which Dr. Allan's patients exhibited and which he describes in the following way: the patients with fatigue had"symptoms obviously nervous in origin such as a lump in the throat and difficulty in getting a satisfying breath" and also exhibited "nervous behavior such as flushing and weeping." The weakness was greater in the morning, wearing off during the day, and there were

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* Journal of American Med. Ass'n., 1946, 15.

patients who complained of having been tired or weak for over three years without any physical disorder to account for their complaints. In such cases, of course, the neurotic nature of the complaints is obvious.

Another interesting point about "that tired feeling" is that it is very often unaffected by long rests in bed. In neurotic patients it may develop into a sort of pernicious inertia where even the act of getting out of bed is dreaded; facing the work of the day is abhorred. In the case I described in the previous chapter, the patient H. B. did not get up from bed for days and weeks. Under such conditions the fatigue may seriously interfere with digestion, nutrition, and carbohydrate matabolism.

Sometimes fatigue is curiously selective. In this respect I may refer to a particular experience of my own. There was a well-known clinic in New York which I attended for some years, a medical clinic for poor people, which left a great deal to be desired as far as organization, management and general treatment of the patients were concerned. Every afternoon that I attended the clinic I felt completely worn out and exhausted, although my work there was not particularly heavy. I had worked in other institutions of that kind where I had been much busier and had not been so tired, after a full day's schedule, as I was here after a two hours' job. Then I realized that I did not like this particular hospital. Later some changes were made in the clinic, a new and better management took over,

and the resultant improvements had not only a good effect on the patients, but also on me: The feelings of fatigue and tiredness disappeared completely. Dr. T. A. Ross * had a patient who was fatigued by washing her niece's hair, but she could bicycle twenty miles without much trouble. Work in general, instead of making it worse, often relieves it. The patients themselves usually accuse overwork, effort, intense activity as the causes of their tired feeling. "Overwork is an extremely popular cause of a nervous condition," says Dr. T. A. Ross, "naturally so, for nothing else could reflect so much credit on the patient." Yet, real overwork is rare, especially among people who complain of constant fatigue, and in the majority of them the story of actually overworking will not stand investigation.

Perhaps the best answer to a person complaining of fatigue and overwork, in the absence of organic disease, is still the one given by a clinic patient in a New York hospital: "It ain't the work, it's the aggravation." This simple remark is literally true - because there is nothing more fatiguing in life than unpleasant emotion.

A n x i e t y

If fearlessness is, according to Ernest Jones,** "the nearest attainable criterion of normality," the most significant symptom of a

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* "The Common Neuroses", Williams & Wilkins, Baltimore 1941.
** International Journal of Psychology, 1942, 7.

neurosis is fearfulness or anxiety. It is a manifest or hidden state of fear that haunts every neurotic individual. Fear of insanity, fear of venereal disease, fear of cancer or heart disease, fear of death or suicide, fear of people or animals, are found in most of the conditions which we have here discussed and in many of those which will be dealt with later.

The majority of these patients have no overt cause for their fears, yet they are harassed by them as long as they are awake and often also in their sleep. To paraphrase President Roosevelt's famous statement: The only thing they have to fear is fear itself.

Anxiety and fear are closely related but not identical. Anxiety is a state of chronic fear, a distressing uneasiness of the mind over an anticipated ill (which never may present itself). Anxiety pervades the lives of most neurotics, handicaps and torments their minds, fills them with a sense of furtive unrest and utter helplessness. Freud has called anxiety a "danger signal" to the self. In fact, some persons go to pieces, their health ruined and their nerves shattered, not on account of this or that disease, but because of their terrible and perpetual fear of disease. The fear of cancer, insanity, accident, impoverishment, or sudden death may cause more sorrow than the misfortunes themselves. One of my patients, a robust Irishman, healthy in appearance and successful in business, who was repeatedly advised by me to go to the mountains on vacation, steadfastly refused to do so. First he made all sorts of excuses, but finally confessed that he never

went out of town because he was afraid of being in an automobile or train accident.

Even certain psychological defense mechanisms against this or that type of anxiety (for instance, the excessive striving for wealth and possession as a protection against impoverishment) may only give rise to new anxiety and more worries and more doubts. To what senseless and actually morbid developments such neurotic anxiety may lead, is best shown by the fact that as soon as a person has acquired a certain amount of wealth and possessions, the struggle for more wealth and more possessions sets in. This goes on regardless of whether all the accumulated money can ever be enjoyed by the very individual who has acquired it, and who perhaps dies - as often happens - the sudden death of heart disease, this precisely being the type of death which, next to the fear of impoverishment, he dreaded most.

Attacks of anxiety may occur suddenly and be so intense as to develop into acute panic or terror. Sometimes a patient (or his family) will call the physician at night and say that he was suddenly awakened out of a sound sleep with a horrible feeling of fear and apprehension, with his heart pounding rapidly, his breath coming in quick gasps and his skin perspiring profusely. Such attacks must not necessarily be preceded by bad dreams, and the physician often will not find any evidence of physical or mental disorder in the patient. Deeper questioning, however, will reveal that the patient suffers from a secret sense of insecurity or that in his life situation there

is some deep-rooted topic of concern over which he worries "underneath", feeling apprehensive and distrubed most of the time.

Fear in its plain, unadulterated forms, is an indispensable element in the human make-up. "On the streets of a modern city", says H. E. Fosdick*, "a fearless man, if the phrase he taken literally, would probably be dead before nightfall." Again it is fear in its exaggerated, excessive, unhealthy forms, as so-called phobias, or in its continuous, chronic, irrational character as anxiety, that dominates the mind and life of the neurotic individual. Sometimes anxiety may be hidden ("camouflaged") behind physical symptoms such as palpi - tation, pain or choking sensation in the chest. Often it is the hidden "motor" that drives the neurotic individual into alcoholism, drug addiction, sexual libertinism. At times, however, it may burst into the open with such power that man, terror-stricken and smitten with fright, becomes but a mass of quivering fear.

One of the most common forms of anxiety is chronic "worry". As was said before, the majority of those who worry most, have least to worry about. It is noteworthy that the English word "worry" is etymologically related to the Anglo-Saxon "wyrgan" and the German "wuergen", meaning "to struggle" or "to choke". Anxiety often finds release in symptom-formation. I remember a patient, an elderly and kind-hearted Jewish woman who spoke of herself as a "bundle of nerves". She sent for me at any hour, day or night, whenever she felt some

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* Harry Emerson Fosdick "On Being A Real Person", Harper 1943.

insignificant pain in her chest, neck, arms or legs. Though physically healthy, she was afraid that she had heart disease and at least once a month she wanted to be referred to a heart specialist for an electrocardiogram. "I want a check-up on my heart," she said. She always complained of pain in the heart region, though there was nothing wrong with her heart. But it was perhaps not quite coincidental that her husband, who never complained, later died of heart disease.

The tendency to worry is ultimately a deep-seated emotional reaction arising from faulty adaptation to the stresses and strains of life. There is overconcern in the attempt to meet the problems and difficulties of life, overconcern about one's self, about one's family, one's health, one's future. "I always anticipate the future", is a common assertion of chronic worriers. In reality neurotic worriers do not anticipate nor solve any future problems. Their apprehensiveness and multiple fears have little to do with the present. They are expressions of long past, yet unsolved, inner conflicts, emotional sign-posts of the "tyranny of the past."

It is obvious that worry and anxiety cannot solve problems. On the contrary, they make the individual unfit to deal rationally with his problems and difficulties. At the annual meeting of the American Medical Association at Atlantic City some years ago, Dr. Ward C. Halstead of Chicago described the case of a man who had been a failure

in business until he was operated on for a brain tumor. There was no question of insanity. The operation required only the removal of a portion of the so-called "silent area" in the brain. The patient recovered and subsequently became so successful in business that he became a millionaire. The chief change in this man, according to his wife, was that he no longer let things worry him. In fact, she thought that he no longer worried sufficiently.

The case aroused much comment at the convention. Since then the operation called "frontal lobotomy" has become more and more popular. This certainly does not mean, however, that in the future every "chronic worrier" will have to undergo a brain operation. (If this were so, they would start worrying themselves sick right now about the anticipated operation.) It only proves the destructive nature of irrational fears and chronic worries, and illustrates at the same time the brilliant results which can be obtained by their elimination. This can be accomplished in most cases as far as present day knowledge goes, psychologically and without surgery. In the final analysis it is not fear itself that makes life miserable - fear is originally a protective device and one of the most elementary of man's emotions - but the <u>fear-habit</u> and the <u>worry-habit</u> which are acquired early in life.

As Dr. Fosdick so well remarks, "as infants we started with fear of two things only, falling and a loud noise; all other fears have been accumulated since." In other words, fear is originally a sound emotional reaction. Then by the persistence of unsolved conflicts and

and their perpetuation it becomes established as a habit - a deep-seated and highly destructive habit - and ridding oneself of it is half the battle.

Nervousness and Neurasthenia

Exactly a hundred years ago, in 1847, Dr. Benjamin McCready wrote a prize essay for the medical Society of the State of New York. There are several interesting passages in this essay which deserve consideration, today perhaps more than ever before. Dr. McCready wrote:

"The population of the United States is beyond that of other countries, an anxious one. All classes are either striving after wealth, or endeavoring to keep up its appearance. From the principle of imitation which is implanted in all of us, sharpened perhaps by the existing equality of conditions, the poor follow as closely as they are able the habits and manner of living of the rich. --Every one has seen immense fortunes made in a short time by successful speculation, and a race for such speculation has infected all classes of the community. From these causes -- and the effects arising from them, we are an anxious, care-worn people. Now, however favorable this may be to our industry and enterprise, it cannot but be deleterious to health."

Today, a century later Dr. McCready's predictions were put to the test and proven true: of a total number of 4,049,000 rejections by the armed forces, in the first two years of World War II, over

657,000 men were placed in 4-F for various nervous conditions. This figure did not include illiterates or organic neurological diseases, but only those who for "certain psychoneurotic reasons" (Dr. H. L. Kretschmer, former President of the American Medical Association), i.e., neurotic disorders, nervousness, neurasthenia, emotional instability, etc., were considered unable to stand the stress and strain of military service. By the beginning of 1945 the number of men rejected or discharged from the armed forces for neuropsychiatric reasons had increased to 1,550,000." At the end of the war the total number of mentally unfit for the armed services amounted to almost three million! Other 2,000,000 able-bodied men required psychiatric help.

These figures are appalling as well as illuminating, especially when compared with the number of those rejected for physical defects. At the time when over 650,000 men were rejected for nervous disorders, only 303,000 were turned down because of musculoskeletal defects, 286,000 because of veneral disease, 260,000 because of cariovascular conditions. Only 1% of rejections were on the basis of tuberculosis and only 0.1% for infections and parasitic diseases.

What does this picture show? It proves that Dr. McCready was right when he said in 1847: "We are an anxious, care-worn people." It also shows that, If our physical health situation was not too good during the recent war, our mental health situation was much worse than

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* During the war certain medical terms used in this connection became quite popular throughout the country and expressions like "Neurotics", "Psychos", or simply "PN's" were frequently used in daily slang.

was ever suspected. This is a serious matter. Before the war neither the health authorities nor the public had a sufficient realization of the extent of emotional and nervous illness in the country.

The question now arises: what about those millions of young men who were physically fit, but were discharged or rejected for military service? They were not insane. They were not out of their minds. Most of them led and will lead a normal civilian life. Some were eminently successful in business, arts and professions. Nor were they physically sick. However, their condition interfered so definitely with the requirements and standards of the armed forces as to cause their rejection, and the reasons in the great majority of cases were: neurosis, psychoneurosis, nervousness, neurasthenia, mental illness.

There has been an unfortunately wide misinterpretation of the meaning of these terms. Many individuals have assumed that rejection or discharge from military service for such reasons signifies that the person involved is "crazy". Not so infrequently the rejectee himself thought so. On record is the case of a soldier discharged for psychoneurosis who looked the term up in the dictionary, found there also the term "psychosis", confused the terms, with the result that both he and his family became extremely worried and afraid that within a short time it would become necessary to confine him to a mental institution.

Thus there is today great need for clarification of some of these terms. Although there is a lack of clear-cut distinctions, due to the subtelty of the differences, they are not interchangeable. They indicate various conditions of psychological handicaps, all of which have one common denominator: ill-health without any detectable physical cause to account therefor.

In a neurosis a detailed history will often reveal that the patient has never been really well; that he had always been a "problem" both to himself and his environment; that he has been hampered by all sorts of disabilities for a long time; that there is a multiplicity of complaints, the onset of which is vague and often goes back to childhood. Some of these patients have undergone several operations but they do not get well and feel just as tired, weak and full of aches as before.

Ordinary nervousness, simple stated, is not as firmly anchored to the patient's innerself as is a neurosis. It is usually of shorter duration and largely due to external factors. Any person may develop a nervous state because of unusual stress and strain, lack of sleep, improper ways of eating and drinking, vitamin deficiencies, drug-intake and other external causes. Dr. Frank Allen likens a person with nervousness to a ship which has run aground because of stormy weather or because it is overladen. Calmer weather or partial unloading of the cargo enable the ship to proceed on its voyage. A person with a neurosis, on the other hand, is like a ship adrift because of engine trouble or because the rudder

or another vital mechanism has broken down. In other words, intrinsic factors predominate in a neurosis and extrinsic factors in nervousness.

I vividly recall two patients, one an elderly woman who had used a certain "red medicine" daily for almost three years to calm her "nerves", she said. The other was a young emaciated woman who, after the death of her husband five months before, had started drinking from ten to twelve cups of coffee every day. Both were extremely restless, irritable and jittery, could not sleep, had lost weight, complained of headaches and dizziness, and showed all the signs and symptoms of marked and protracted nervousness. The "red medicine" of my elderly patient was a mixture of various bfomide-compounds, and though bromides as a rule have a calming influence on the nervous system, we know that the prolonged intake of such preparations is harmful and may produce the opposite effect. The nervous overstimulation resulting from the excessive use of coffee is also well known and does not require further elaboration in this connection. Suffice it to say that both patients were promptly cured by the removal of the harmful agents, that is, by the elimination of the drug in the one case and of the coffee in the other. Conditions of mental exhaustion caused by prolonged lack of sleep, relentless effort, nutritional deficiencies, etc. also belong to this category. Adequate food-intake prolonged periods of rest, and elimination of the fatigue-producing causes are efficient antidotes against such states.

The term neur asthenia is less used today than some decades ago.

It refers to a neurotic condition which is characterized by intense mental and physical fatigue, muscular weakness, general lassitude and multiple complaints of a vague nature involving almost any part of the body. The main factor in neur asthenia (derived from the Greek, meaning nerve without strength, or nerve fatigue) is sometimes a constitutional inadequacy in which the symptoms are predominatly those of general weakness, low blood pressure and easy fatigue. More often it is a genuine neurosis in the guise of physical disability. These are the patients who so often make the rounds of the medical offices, who again and again visit some famous consultant or celebrated medical institution, in the hope of finding <u>the</u> cause of their weakness - always in search of new medicines, new tonics for their chronic fatigue, and new tests to establish and remove the cause of their troubles. Some of these people feel not at all pleased if told that the examination shows no physical disorder. They prefer going to another physician and to still another, until at last one of the many physicians consulted finds some insignificant abnormality or physical peculiarity in their long "ailing" organism. They then appear much more satisfied, and are prone to improve quickly - until, after a while, the old story of pains and aches, of fatigue and poor health, starts all over again.

Something must be said here about the "<u>nervous breakdown</u>", a term frequently used by the layman, but rarely by the physician. The reason is that "nervous breakdown" is neither the name of a disease nor a medical diagnosis. As used by the laity, it embraces almost anything

that may appear wrong with the human mind: from a rejected lover's despair to a state of morbid anx iety, from an acute emotional crisis to lifelong ill-health, from simple exhaustion to genuine insanity, from some passing grief to a typical neurosis, from the inability to concentrate to hallucinations, from hysterical panic to a psychotic episode - in short,a "hodge-podge" of many disorders and various mental conditions.

The accurate determination of the cause and nature of the affliction in a given case is the doctor's task which is often not an easy one. Indeed, it is a very important task. Mental illness is the most vital medical problem in the United States today. Many nervous ailments respond well to proper treatment. The largest number of rejections during the war, it is well to repeat, was on the basis of such ailments. The future of this country rests in the good health of its people. Here we have a national health problem of the first magnitude, quite apart from individual care and individual psychological readjustment.

I n s o m n i a

"I haven't had a decent night's sleep for weeks and months. I can't stand it much longer." Complaints like these can be heard in a busy doctor's office any day.

In fact, there are few symptoms which are more distressing and

can wreak worse havoc than insomnia continued over a long period of time. Insomnia is of several types. There are persons who have difficulty in falling asleep when they go to bed, tossing restlessly for hours. There are others who go to sleep easily enough, but waking soon find it hard to drowse off again. Some people may sleep for a number of hours, yet fail to derive benefit from it. Their sleep is not "the gentle sleep. nature's soft nurse", as the poet says, but is interrupted by bad dreams, broken by frequent moments of wakefulness, and followed by a feeling of fatigue the next morning. After such a night of broken sleep and distressing dreams the patient often awakes more tired than when he went to bed.

The ordinary causes of insomnia are worry, emotionalism, physical and mental tension. Many people start brooding and worrying the minute they turn off the lights. They carry with them the worries of the day and literally go to bed with their anxieties. They cannot relax. Instead of facing and solving their problems during the day, they work on them at night.

Others are kept awake by drugs, heavy meals late in the evening, or toxic states. I repeatedly observed sleeplessness in patients who indiscriminately took reducing pills. A woman patient once came to my office wondering why she had lost the ability to sleep well. After I learned that she consumed ten to twelve cups of strong coffee daily, I wondered why she was wondering!

Anxiety is the most frequent cause of insomnia among neurotic people. Since neurotics are notoriously poor sleepers, and are aware of it, they go to bed with a psychological handicap. They expect in-

somnia and worry about its effects: Thus they become its victims. Lying awake for minutes that seem like hours and for hours that seem like ages, they worry about what will happen to them the next day if they spend a sleepless night. Some of them are under the impression that if they sleep less than seven or eight hours they willeventually become insane. This is wrong. Nothing terrible is going to happen to them if they miss a night's sleep, or even two. Recent studies at Colgate University indicate that many of the benefits of sleep have been fully obtained by the end of the first few hours. Certain bad effects of a sleepless night are due not so much to the lack of sleep as to the neurotic tension and anxiety which go with it. Lying quietly in the dark may be almost as restful as sleep.

Finally, there are neurotic persons who feel sure that they were awake for hours when in reality they were fast asleep. I shall never forget a fifty year old Swiss patient, a vigorous and healthy looking individual, who was put under my care because of chronic insomnia. I was a young physician then and was nearly driven to despair by my inability to cure the man's insomnia which seemingly was of the most obstinate type. Each morning, during my daily rounds at the hospital, I would hopefully ask the patient whether he had slept the previous night, and each time the patient would answer: " No". It seemed an almost incurable case. One morning, after a severe thunderstorm which had lasted most of the night and kept the hospital personnel awake, I again put my question to the patient in the usual way, and he again complained that he had spent the usual sleepless night. This time I

said: "There was a good reason why you couldn't sleep last night. Nobody could possibly, with that thunderstorm." My insomnia patient looked bewildered. And somewhat hesitatingly he asked: " What thunderstorm?"

Psychosomatic Diseases

Body and mind cannot be separated. Man'c organism is a unit, an individual whole, and what affects part of it also affects the whole. In health as well as in disease the mind and the body are involved, and it is not possible to separate the two. Many physical disorders can be understood only when emotional disturbances are investigated in addition to bodily manifestations. Consequently, the key to successful therapy in many conditions is the study of the " patient as a whole", as taught and practised in psychosomatic medicine (psyche meaning soul or mind and soma meaning body).

Everyday experience demonstrates that an emotional upset may cause blushing or sudden pallor, may produce sweating, palpitation of the heart, rapid pulse, vomiting, frequent urination, increased bowel activity, menstrual irregularities. These symptoms may occur, under the influence of emotions, in any normal individual and are usually transient. We have already seen in some people, however, that such reactions occur more often and are of longer duration; they may persist and become a definite neurotic pattern.

Under certain abnormal conditions, with extreme emotional tension continuing for some time or occurring at frequent intervals, per-

manent damage may result in the organs and tissues of the body. Certain diseases,which were formerly considered as purely physical in origin and nature, have been more and more recognized as psychosomatic diseases, i.e., resulting from or seriously aggravated by continued or often repeated emotional stress and strain. Among the most common of these diseases are high blood pressure, peptic ulcer, asthma, paroxysmal tachycardia, certain skin conditions, sexual disturbances, many types of indigestion, spastic colitis, insomnia, migraine. But a number of other conditions,including,obesity, glandular disorders, certain types of heart trouble, etc., may also be included in this group; even fractures and accidents such as falls, burns, cuts, collisions can be traced to psychosomatic causes.

In some cases the psychosomatic origin is obvious. During the air raids in London delayed menstruation as a result of emotional shock was frequently observed. After the first bombing of Manila the menses stopped abruptly in a great number of American and British women, and irregular menstrual periods continued among those interned at the Santo Tomas Camp in Manila for a long time.

I know of one European woman who during the war developed an acute thyroid condition within a short time, almost overnight, when she learned that her husband had been killed in action. One of the most spectabular psychosomatic pictures is the so-called pseudocyesis or <u>false pregnancy</u>. Under the influence of strong emotions - resulting either from marked fear of or overwhelming desire for pregnancy - a

woman may believe that she is pregnant and develop all the signs and symptoms of a real pregnancy. There may be a definite enlargement of the breasts and the abdomen, cessation of the menstrual period, subjective sensations of fetal movement and, finally, actual labor pains. The condition looks in every phase so much like a real pregnancy that doctors and patients alike have been deceived in these cases. Of course, one little "detail" is always lacking - the baby - and the "blessed event", so eagerly anticipated, is unmasked as a protracted emotional condition peculiarly camouflaged.

Long standing disabilities, serious complications and even hemorrhages may be emotionally induced. Dr. Alvarez of the Mayo Clinic describes a patient with repeated hemorrhages whom he observed over a period of several years:

"Many years ago a patient with ulcer taught me the tremendous importance of emotion in the production of hemorrhage. The man was an inventor, who after years of poverty induced a big company to try out his machine. At first it worked;royalties began to flow in, and my patient saw wealth and comfort within his grasp.

"Then, with a change in the properties of some of the raw products that were being refined, the machine clogged and the company ordered it thrown out. The man immediately had a big hemorrhage, but from his bed he directed the changes to be made in the machine, and soon the difficulty was overcome. Again, for a time money flowed in; again, the machine failed, and again it was remodeled. This happened six times in three years and on each occasion the man suffered a hemorrhage."

Similar experiences in World War II were reported during the London "blitz". A marked increase of gastro-intestinal hemorrhages among the population was observed during that period of constant fear, worry, and psychic shock.

The close relationship between emotional factors and stomach ulcer, with resultant chemical changes in the stomach acidity of the patient, has been previously mentioned, when the remarkable experiments of Drs. H. Wolff and S. Wolff were discussed. In this connection Dr. F. Hoelzel made some interesting observations with his own stomach-behavior: He had been in the habit of aspirating his stomach every morning and analyzing the acidity of his gastric juice. After a long period during which he had well established the average values of his stomach acidity, there came a short time when for a few weeks he was in fear of his life because of having to give testimony against some Chicago gangsters who had broken into his home. During these weeks the acidity of his gastric juice increased to almost double the amount it had been averaging before.

Biochemical studies have long revealed that adrenaline secretion from the adrenal glands is augmented in emotional states. Adrenaline is a powerful substance, increases the blood pressure, stimulates the autonomous nervous system and the muscles, and is also a mobilizer of blood sugar in the organism. Many years ago Dr. Cannon of Harvard University has shown that fear sends momentary shots of adrenaline into the blood stream.

Psychosomatic disorders of the digestive system are legion Colitis and spastic constipation are invariably of psychic origin. Sometimes the anal region is the seat of neurotic and psychosomatic troubles such as pruritus ani, certain types of diarrhea, hemorrhoids, ur vague complaints related to the rectum.

Not so long ago I treated a neurotic woman of socially prominent parentage who suffered from hemorrhoids over a period of years. She was middle aged and highly cultured. From time to time she would indulge in violent temper outbursts. She would then use obscene language hurling vile invectives at her father whom she detested and at her husband whom she hated. Usually in connection with these emotional outbursts she would develop acute hemorrhoidal crises, with pain in the anal region, occasional hemorrhages and other symptoms related to the recto-anal arca. She came from a broken home and had lived until the age of thirty with her neurotic mother who, judging by her life story, had been an anal-sadistic person herself. The patient showed pronounced anal-erotic character traits and her behavior was in many ways a typical example of Freud's famous study on anal-erotism and character.

Certain cases of obesity undoubtedly belong to the category of psychocomatic diseases. The interdependence of the psyche and the soma manifests itself in varying degrees of emotional disturbances which determine or alter the course of the illness. Studying the life history of obese people one often finds that at the root of the evil are

emotionalism, inner conflicts, unhappiness and frustration. In their personal distress and misery these patients have come upon one outlet which is hardly a recommendale one: Overeating.

Why, among all possible activities, do they take to eating and overeating? There is a good reason for it. Recent psychological investigations have shown that the need to be loved and cared for, when denied, may express itself as a desire to be fed. This is not surprising, since from early life feeding and eating are associated with the feeling of being loved. To the child, feeding and love thus become inseparable from early infancy. Being fed becomes the equivalent of being loved, and the satisfaction of hunger is emotionally linked with a feeling of well-being and being cared for. In later life, according to Dr. Frank Alexander, the craving for love and care, when unsatisfied, may express itself as if it were a need for food to which the body then reacts with a sort of chronic hunger. Likewise the longing for love may be expressed by gastric symptoms, abdominal distress and digestive disorders.

I had a patient, an intelligent, unmarried woman, aged thirty-eight, height 64 inches and weight 243 pounds, with no particular physical symptoms except those caused by her obesity. When I insisted on a strict reducing regimen, she told me: "But, doctor, the only happiness I get out of life is when I eat." She had above-average intelligence, but was emotionally tense, highstrung, sexually unsatisfied, and felt unhappy in her environment, with an aging father, a domi-

neering sister and an indifferent brother. Unsatisfied and frustrated in her vain craving for love, she indulged in habitual overeating as an "outlet".

Many obese persons experience a certain mental relief from worries and emotional conflicts by overeating. It seems that the full stomach lends a sense of composure, calmness and transient relaxation to the emotional centers in these people. The trouble is that this relaxation is only temporary. The mental relief they gain by eating beyond their bodily needs, is in reality a pseudo-relief; it is never a genuine one. When the obesity is fully developed, resulting in the well-known, half comic and half pitiable type, the "fatty", the patient suffers more than ever from feelings of inferiority, unhappiness and emotional maladjustment. If the frequent complications are added (diabetes, arthritis, heart disease, gall-stones, varicose veins, etc.), one easily understands that the disadvantages and complications of obesity far outweigh any possible advantage.

Not in all cases of psychosomatic diseases is the emotional element immediately recognizable, nor is it always the primary cause. Emotions often act as a precipitating or aggravating factor in the clinical picture. In the majority of patients, indeed, both elements are present: Emotionalism and organic disease. The real psychosomatic problem, then, is the frequent combination of organic disease and emotional troubles in producing the complex and sometimes incapacitating disturbances which go under the names of asthma, allergy, rheumatism,

heart trouble, high blood pressure, various skin conditions and others. The "either - or" concept (either organic or functional) is, according to Drs. Weiss and English, outmoded in the field of modern psychosomatics. The patient may suffer from both, from organic and emotional troubles, just as an old teacher of mine would say: "Always look carefully at your patient, he may have lice and fleas!"

The main question in such cases is how much of the trouble is emotional and how much physical. When the atmosphere in which the patient lives is charged with conflicts and emotions to the breaking point, this factor alone may sometimes set in "motion", (as ther term "e-motional" literally expresses), long dormant symptoms of some organic disease which had been gnawing at his viscera for a long time. Emotions are movers. Any person who has an organic heart disease is certainly a sick person. But the neurotic individual who has organic heart disease adds an additional burden to the work of his heart. It is known that the severe and acute pain in the heart region which goes under the medical name of angina pectoris - a common symptom in many cardiac patients - can be brought about by physical effort as well as by emotion. The strikingly high frequency of angina pectoris among locomotive engineers, and to a somewhat lesser extent, among business and other persons in responsible positions, may be due to the emotional stress and strain connected with these occupations.

Emotions produce tension and - hypertension. Emotional upsets raise the blood pressure and accelerate the heart beat. I remember

a middle-aged, good-looking woman who had been happily married for seventeen years and had been perfectly healthy all her life. In the eighteenth year of her marriage serious conflicts between her and her husband developed almost suddenly - due to his discovery of an illicit affair in her past which she had withheld from him - and a sort of civil war resulted within the hitherto harmonious family in which their children also became involved. Her systolic blood pressure that had always been normal rose within a short time to 170 and later, with the severe tension in the family continuing, to 180. This does not mean that every case of high blood pressure is the result of an emotional disturbance. We know that many other factors, such as hereditary and constitutional influences, disturbed kidney function, sclerotic changes in the blood vessels and circulatory alterations, may play varying roles in this illness. But the emotional factor <u>tension</u> is certainly one of the most important ones in the production of the disease called <u>hypertension.</u> Samuel Hopkins Adams, in his recent biography of Alexander Woollcott, records the fact that while broadcasting Woollcott's blood pressure would rise twenty points, and adds somewhat sarcastically: "The effect on his listeners was presumably the same." Woolcott was stricken while partidipating in a radio forum in New York City in 1943 and died a few hours later. The medical diagnosis was cerebral hemorrhage caused by high blood pressure. Not all patients with high blood pressure, however, are domineering, aggressive, choleric individuals. Many belong to the category

of subdued and dependent people who habitually suppress their emotions and in whom asprotracted state of tension "goes on inwardly".

In present-day medicine asthma and the closely related allergic reactions are mainly attributed to the influence of some sensitizing substance like pollen, ragweed, dusts, foods, drugs, chemicals, animal hair, and the like. There are fashions in medicine as in any other field of human activity, and the modern conception of allergy may or may not stand the test of future progress in medical science. It can be said, however, that in any disease, organic or not, allergic or non-allergic, the personality of the patient influences the clinical picture. The following example may illustrate what is meant:

Last winter I had under my care a seventy year old asthmatic patient who was sensitive to ragweed and a few more autumnal allergens. He was bedridden, partly due to his age and generally weakened condition; yet with the fall season passed, he did not fare so badly and was expected to do better during the ensuing allergen-free winter months. Contrary to expectation he developed a series of most severe asthma attacks all through the winter, sometimes five to six attacks a week, for which no plausible explanation could be found at first. I noticed, however, during my frequent calls, an increasing resentment and hostility on the part of the patient against his wife, who had affectionately nursed him during the many years of his illness. On deeper questioning I found that the patient felt he was neglected and

not sufficiently cared for during this winter in contrast to previous years. Because of the acute shortage of nurses he had no adequately trained help at his bedside and his wife, he thought, did not give him all the attention and care he felt entitled to. In fact, the elderly wife who was a diabetic and hypertensive herself, worrying a great deal about her son in the army, had been told by me to do less nursing this year and to devote her spare time to rest and effortless social or charitable activities. This she did. But her husband resented it bitterly and reacted to it with severe asthmatic attacks, thus forcing his wife again to devote all time and strength to his care alone. Then he improved rapidly.

Well known and often mentioned is the influence of emotions on the appearance of the skin. This organ, the largest of our body, reflects our emotional state in a very definite way: By our blushing and pallor, our perspiring and getting "gooseflesh", we manifest our emotions. Certain <u>skin diseases</u> appear to be related to emotional disturbances. Some types of eczema, urticaria, and pruritus are found in persons subject to tension and emotionalism.

When I practiced in Milano, Italy, where I had my office near a public park, an excited woman once stormed into my office lamenting that a few minutes before, while walking in the park, a caterpillar had fallen from a tree, directly down her neck and back, landing inside her dress on her lower back. She felt pain and burning in that

region and was afraid the caterpillar had "poisoned" her. The woman was in a highly emotional state, fearful and excited. When I examined her I found an almost hand-sized reddened area in the lumbar region; the skin in that area was hot, red and looked congested like a giant hive. It was entirely possible that the lesion had resulted from the contact with the hairy larva which had slipped inside her dress and which she had removed from her back when she was still in the park. I reassured the patient that there was nothing to be worried about. The next day the lesion disappeared, and the skin was normal.

Two weeks later the woman came to my office again: She had been in the park and while passing under the same tree from which the larva had dropped, she felt a sudden pain and itching in her back, at the same spot as a fortnight ago. On examination there was the skin lesion again, in the same area and of the same size and shape. But there was no caterpillar this time. The patient was an intelligent, sensitive woman and she realized herself that the sudden emotion when she found herself once more under the same tree, had brought about the reaction the second time.

No one knows exactly the mechanism whereby emotions lead to bodily changes. They are the result of an interaction between mind and matter, the dynamics of which are not yet fully understood. That the digestive and cardiovascular systems are often the pathways of our emotions, can be understood to some degree from every day experience

as well as through the studies of Pawlow, Beaumont, Wolff, Alexander, and many other investigators. A smell of food makes the glands of the digestive tract secrete, in man as well as in the dog. But why emotional stress and strain may express themselves in toothache, I am at a loss to explain, although I am an example of this latter combination myself: For reasons beyond my control I had to take medical examinations three times within the past twelve years, each time in a different country and in a different language, with different technical procedures and under different scholarly systems. In short, it was not easy. The emotional and intellectual strain was great, at times perhaps too great. At any rate, although ordinarily blessed with a set of healthy, well-functioning teeth, during each of these three examinations I developed a murderous toothache. Each time, in fact, I had to undergo dental treatment, in the midst of the examination period, as if to the ample torment of the state board examination had to be added the extra-torment of dental treatment.

Well, I passed the three state board examinations. But I lost three of my best teeth. (So strange and intricate are the pathyways of our emotions and the problems of psychosomatic medicine.)

Another interesting phenomenon in this field is a peculiar mechanism which is connected with the psychological make-up of the neurotic personality: If the unbearable conflict in the patient's life demands an outlet, and the individual cannot express himself in word or action, the body will find a means of expression in its own way. The psychologi-

state of conflict, fear, anger or dissatisfaction will then be converted into a physical symptom and express itself by bodily reactions. Ties and conculsions of the muscles may be physical reactions of this kind, originating from unconscious emotional tension in the neurotic mind. If an emotionally disturbed person cannot swallow, or feels "a lump in his throat", it may mean he cannot swallow something in his life situation. If such a patient cannot breathe properly, it may mean that he has a "load on his chest".

Not so long ago I treated a young girl who suffered from a severe asthmatic condition. The patient was twelve years old, her parents were divorced and she had been placed in a boarding school in New Jersey. Suddenly she developed such severe asthma attacks that the principal of the school called the patient's mother who, in turn, called in now fewer than three physicians to take care of the sick child. However, the patient did not respond to any of the treatments administered and the asthma attacks continued unabated. Since she was in a severe asthmatic state and obviously refractory to medical therapy, her mother planned to transfer her to Arizona, or some locality where the climate is dry and known to be beneficial to people suffering from asthma. This move, though, became unnecessary. When I first saw the patient, her restlessness and peculiar pre-occupation with some unvoiced thoughts, made me feel that a psychosomatic approach to her illness would perhaps give better results than medicine or change of climate.

On careful questioning I soon learned that the girl had difficulty in her classroom and was especially poor in arithmetic. A few days before the outbreak of her present illness the teacher had taunted and made fun of her all day because of a stupid mistake she had made. Her predicament when called upon to recite the multiplication tables was so hopeless that she dreaded attending classes. She lived in an atmosphere of "catastrophic expectation", so to speak, continuously expecting disapproval, humiliation and abandonment. In the boarding school she felt forsaken by her parents and threatened by her teachers. She never told anyone how worried she was about all this, but constantly brooded over it. After telling me all this she said that it was the first time she had ever spoken of it. During a few more heart-to-heart talks, in which we discussed her unhappiness and troubles, she unburdened herself to such an extent that her asthma rapidly disappeared without the need for any further treatment. It was a typical case of conversion: The difficulty in arithmetic had been converted - unconsciously - into a difficulty of breathing. When the "load" was taken "off her chest", the asthma - obviously of nervous origin in this case - promptly disappeared.

These peculiar reactions whereby emotional tensions and conflicts are expressed in physical manifestations (converted), have also been called "body language" or "organ language". It is indeed a sort of language of which the body avails itself in such cases:

The organs, badly harassed and disturbed by long suppressed emotions, talk back. Their language, though, is not the ordinary one of words and phrases. It is a rougher language composed of pains and aches and suffering, a language spelling disease, aye, dis-ease.

Accidents, Alcoholism, and Addictions

Back in 1925 I was a medical student at the ancient university of Wuersburg, where Roentgen discovered the X-ray sone fifty years ago and where professors and students alike, imbibing "wine that maketh glad the heart of man", worshipped Dionyses, Greek god of wine, as devoutly as the magic priests of old. Every evening at six o'clock, when from the forty churches in the town the bells rang out so loudly that no other sound could be heard within a radius of five miles, I would slip out of the medical school and hasten to the near-by ancient cloister where the faculty of philosophy was housed.

There a funny-looking old man, with snow-white hair and the wizened visage of a new-born infant, taught philosophy and psychology. While he painstakingly lectured to us students on Socrates and Plato, he would sip, from time to time, the red or golden juice in the century-old goblet which always stood before him. The old man's name was Marbe, Dr. Karl Marbe, more precisely, and looking at him and his medieval goblet it was hard to tell which of the three was more advanced in years: The professor, his time-worn silver cup or the dateless wine it held.

When he had sipped enough of the sparkling stuff that, according to Byron, "cheers the sad and revives the old", he would abruptly stop talking about Plato, Aristotle and other venerable philosophers of the ancient times. He would then lecture on "accidents", yes, on accidents - and curiously enough - on accidents of the most modern type: accidents in industry, automobile, collisions, falls, burns, fractures, and the like.

The old professor, in his tiny laboratory which was really a part of the cloister's attic, had made a discovery almost as important as that made by Roentgen at a place only a mile or two away some years before. Marbe had discovered what in present-day psychology is called "accident proneness". Before Marge, it is true, two famous English scholars, Greenwood and Woods, had already expressed the opinion that "it seems that the genesis of multiple accidents under uniform external conditions is an affair of personality and not determined by obvious extrinsic factors."

Dr. Marbe, however, in segeral studies on the frequency of accidents among workers, was the first to demonstrate scientifically the existence of accident-proneness among a definite group of individuals. His study on the incidence of accidents among industrial workers has become a modern classic in the investigation of individual susceptibility. Marbe's findingsled him to assume the existence of "a psycho-physiological predisposition toward accidents which differentiates the accident-prone individual from one who does not suffer from repeated

accidents." Translating this scholarly wording into plain English, Marbe's conclusions were briefly the following.

Everyoneone knows, from daily experience, certain individuals who seem to have more mishaps of one kind or another than average people have. In studying industrial accidents among various groups of workers over a period of ten years, Marbe found that those workers who had had accidents during the first five years were inclined to have more accidents during the second five years than their fellow-workers who, under the same external circumstances, had suffered no or fewer accidents during the period under investigation. This established for the first time a statistical proof that a percentage of people actually have a predisposition (or "proneness") to accidents. Marbe's findings were confirmed by further investigations in this country. In analyzing automobile accidents in the United States, for instance, the National Safety Council discovered that drivers with a record of four accidents were 14 times as numerous as the laws of chance would indicate, while those with seven accidents were 9000 times as common. Moreover, the study revealed that in a considerable number of cases the same individuals repeated the same accidents. Further research projects undertaken by insurance companies, State motor vehicle bureaus, industries, etc., corroborated Marbe's original assumption of a definite individual predisposition to accidents in certain persons, or, as Dr. F. Dunbar states: ". . . . From 80% to 90% of all accidents are not due to defective ma-

chinery, to a physical or mental defect, or to lack of skill in the worker, but to an X-factor in the person injured."

This human x-factor which plays such an important role in accidents, can be traced to emotional and neurotic elements. In other words, the emotionally disturbed individual who is poorly adjusted to his environment, who feels unhappy in his life, his family, his personal circumstances, is more prone to suffer accidents than the healthy, well adjusted, emotionally undisturbed personality. As a worker in an hazardous industry once put it: "Hell, it isn't the work that kills us. It's the life we live outside."

What holds true of industrial accidents is no less valid in personal life. The frequency of certain troubles in one's life is not so much a sign of bad luck as of ill health. The unconscious, but overwhelming desire for attention and sympathy so predominant in the neurotic individual, the attempt to create an alibi for his multiple failures in life, will often induce the emotionally disturbed person to get entangled in innumerable difficulties and mishaps. Considering himself the poor, regrettable victim of, God knows, what evil forces - "everything happens to me", he loudly exclaims - he unconsciously wants to be a martyr and to be considered one by the environment. The severely neurotic woman I described earlier could hardly keep anything in her hands without dropping it, although she was of normal physical build and strength. Cups, dishes, a loaf of bread - there hardly passed a day that she did not drop something to the floor, without any apparent

cause. Once she came, highly excited, to my office complaining that something had flown into her eye. Careful examination revealed that there was no foreign body whatsoever in her eye.

In his desire to withdraw from a difficult domestic situation, to escape from inner conflicts and seek release from emotional tension, the neurotic may become a serious social problem, an addict. Addiction to cigarettes or coffee usually results only in harm to himself, not to society; but addiction to alcohol and certain drugs (opium, morphine, cocaine, heroin, etc.), which often result in criminal acts, is a major social problem in most civilized countries.

The relationship between alcoholism and automobile accidents is known to everyone. The layman, however, is seldom aware that there is a much closer kinship between both than appears on the surface. Just as neurosis stands at the root of what parades under the term "accident proneness", when "the maske of alcoholism" is removed, the underlying neurosis often becomes visible. Social maladjustment, escape from inner tension, hidden conflicts, unsatisfactory sex relations, continued emotional unrest, are the common milestones on the road to alcoholism. "It is so much easier to face the bottle than to face life", a dipsomaniac patient once told me. Occasional drinking does not in itself constitute addiction to alcohol. It is the driving urge for liquor that determines the addiction.. This internal drive originates from the patient's neurotic illness, the deeper causes of which usually go back to early life. Alcoholism is but a symptom of this illness.

This is not always understood. To quote a contemporary novelist: "Every one says that Jeppe drinks: no one asks why he drinks."

Although addiction to cigarettes is not a social danger, something must be said about tabagism, because of its phenomenal growth during the past few decades and its harmful effects on the health of the excessive smoker. There is no doubt that many nervous men and women are excessive users of tobacco. Loss of appetite and weight, palpitation, fast heart beat, premature aging, decreased vitality and other troublesome symptoms are common among heavy smokers, especially among women. One must not necessarily accept the views of those observers of the human psyche who assert that there is a secret sex angle in the immoderate use of tobacco. But any one who has witnessed the almost libidinous expression on the faces of neurotic, sexually unsatisfied women smoking one cigarette after another, can hardly have failed to notice that they are seeking release from emotional unrest and inner tension. Nor is it entirely accidental, as far as the use of tobacco by men is concerned, that so many cigars are named after women. Personally, I never doubted that the widespread use of tobacco in our time is in some way linked with the high incidence of neurosis among the population.

The principal drugs of addiction, besides alcohol and nicotine, are caffeine, aspirin, codeine, the barbiturates, the bromides, and worst of all, the opium derivates. In the majority of cases the cause of addiction is the same: Patients find that many of their nervous

symptoms are relieved by the use of drugs. They seek in alcohol or chemicals relief from worry, weariness of mind and body, and pain. Gradually they get into the habit of meeting many of their inner difficulties by the intake of drugs. Most of these, fortunately, require large dosage and continued use over a long period of time to produce addiction or, if of lesser power (as in the case of aspirin, phenobarbital, bromide), habituation. Generally speaking, drug addiction occurs in neurotic, emotionally unstable individuals, and though not all users of drugs "go insane", the end results are poor health, physical and mental deterioration, premature aging, and, in severe cases, death. The underlying causes of drug addiction are not in the drugs, but in the personalities of the addicts. "<u>There is only one reason</u>", says Dr. Martin H. Fischer of the University of Cincinnati, "<u>why men become addicted to drugs: they are weak men.</u>"

The word addiction frightens, disturbs or disgusts a great many people. No one is born an addict. Heredity is an excuse. Addiction is acquired, and in one sense every neurotic person is an addict. If not to tobacco, coffee, alcohol or drugs, he is addicted to poor mental habits: to his own bad, neurotic and unhealthy habits.

CHAPTER V

MEET THE NEUROTICS

The types of individuals to be discussed in this chapter are known to everyone. And yet, in the whole domain of modern life there is no group of people about whom so many misconceptions exist.

Although you meet them everywhere, in business, in politics, at school, in the court room, in the professions - and in you own family - they are seldom understood. According to the U. S. Public Health Service there are from eight to ten million people in the country who suffer from neurotic troubles. If you are psychologically untrained, you probably call them "cranks" (which is a popular synonym for "neurotic") and you may feel annoyed and impatient in their presence. If so, you are wrong. Neurotic people deserve interest and help, not scorn. They may be tiring, it is true, with their persistent complaints and countless pains and aches; but it is well to remember that many of mankind's greatest men, among them celebrated poets, artists, musicians and inventors, suffered from neurotic symptoms. As a matter of fact, neurotic persons, though emotionally unstable, are often intellectually above average.

The contemptuous attitude that many "healthy" people exhibit toward the neurotic is therefore completely out of place. On the other hand, to be a neurotic is nothing to brag about. Patients with a neurosis are ill. They deserve the same sympathy and tolerance as those who suffer from an organic disease. To most of them applies the saying of the Psalmist "An iron entered into their souls" - an iron not of ore, but of inimical experiences , early disappointments, subtly strangling feelings of guile and fear. The neurotic individual seeks from life the same things that you and I want, such as love, companionship, happiness, security, and recognition. But unlike the emotionally healthy person he feels so hopeless, so insecure, so vulnerable - because of his peculiar psychological make-up - that he develops certain trends of behavior which serve as protective mechanisms against a potentially hostile world. Such trends may be oriented around desires for isolation, dependency, prestige, power, significance, perfectionism, or self-debasement and martyrdom. In all these cases his particular tendencies bring him into conflict with the environment, and the more he pursues those neurotic trends, the greater becomes his inability to adjust to the reality around him.

A neurosis may manifest itself in many ways. It can be very difficult to classify the types or troubles of these patients, unless deviations from the "normal" are pronounced. Many neurotics exhibit not one, but entire sets of symptoms. When neurotic symptoms or attitudes are blended into the personality and become part and parcel of the indi-

vidual's make-up, we speak of character neuroses. There is no clear distinction between a neurotic symptom and a neurotic character trait. Inconsistency is perhaps the only consistent feature of a neurotic symptom. A character trait when fully established, appears in a more definite and consistent pattern. In overt neurotics this criterion does not always hold true. "About a third of my cases", writes Jung, are suffering from no clinically definable neurosis, but from the senselessness and emptiness of their lives."

Classifications nevertheless are necessary to clear a path to a better understanding of neurotic personalities. In the following pages some of the more common types among neurotics are not classified in the orthodox and methodical manner of science, but distinguished by their outstanding features and easily recognizable character traits as they appear in daily life. Here again there are no clearly dividing lines, and some necessary overlapping with neurotic characteristics previously discussed may occur. But this will only serve to bring within closer focus the various personality types now to be presented.

I. THE OVERSENSITIVE

The world at large does not tolerate sensitive individuals. Most of us have grown accustomed to anesthetizing our human feelings in wars, revolutions, economic depressions and national crises. The sensitive have failed to do so; thus they suffer.

Many in this group are frail-looking, delicate and slender individuals with poor appetite, frequent indigestion, underweight, clammy hands, and a tendency to dizziness and fainting. Whether it is a constitutional inadequacy ("asthenic constitution") or not, I am sure the cause of their multiple troubles cannot be found in any organic disease. Physically they may be healthy. Yet their history is a succession of many illnesses, long-continued periods of weakness, many disabilities, solitariness, lack of physical energy and almost life-long fatigue. In extreme cases they are touchy, peevish, irascible and petulant.

When one studies the life-histories of these people, one finds that most of them have been deprived of love in childhood, have been blamed and criticized beyond reason, and have grown up to become self-conscious, timid and lonely. Rejected or neglected by "busy", self-centered or domineering parents, they have early experienced frustration and discouragement. A pattern of insecurity has become ingrained into their personality structure. It permeates their feelings, thoughts and actions. That deep sense of insecurity is the predominant feature in their existence. It expresses itself in shyness, feelings of helplessness and ideas of unworthiness: "I am ill at ease in the presence of others", or "I seem to have nothing to say to people", or "It is hard for me to make friends", -- these are their common complaints, more often inwardly felt than frankly expressed.

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in the presence of others; the people whom every strong or loud word frightens; the shy, retiring and self-conscious ones who have never been able to unburden, much less to assert themselves and whom their more robust fellow-men carelessly push aside. Among them are some whom an unknown law of gravity seems to be drawing to remote and unworldly shores sometimes filled with much light and beauty. People are among them who in their burning thirst for beauty, unquenched in our cold and arid world, quite often perish of this thirst, succumbing early in life to consumption or some other insidious disease which their frail bodies and sensitive minds cannot withstand.

Among them are men and women who have given mankind some of its most cherished treasures in the fields of art, music, and poetry, - poets like Shelley, John Keats, or Elizabeth Barrett Browning, and composers like Chopin, Mozart, Schubert, Schumann, Berlioz, and others.

Keats, the poet who was "always roaming with a hungry heart" once said: "I was too much in solitude, and consequently was obliged to be in a continual burning of thought, as an only resource." Keats brief and brooding life was, in the words of John Kieran, " a sustained flight .....he took refuge in imagery."

Though perhaps fewer now than in the past, there are still many of these sensitive and shy individuals who walk their lonely road unnoticed, easily embarrassed by the presence of others and often made despondent by adverse criticism, enmeshed in themselves and their own solitary

thoughts -- but in whose lives may well be hoarded a veritable wealth of pentup warmth and the radiance of an unseen light, as if it were emanating from an inner sun.

2. THE HYPOCHONDRIACS

In hypochondriasis there is a fixed idea of ill-health which irradiates into all phases of a person's existence. These patients live in perpetual fear of some disease they heard or read about, of colds, infections, germs, of going crazy, of dying of a cancer or a stroke, of being deceived by their doctors, their families and fellowmen. These neurotic fears may govern their entire mental life and keep them in a state of constant emotional turmoil.

Whenever such a patient, often an elderly man or woman, notes a pain in his back, he feels sure his kidneys are affected. A slight discomfort in his chest or abdomen mades him immediately think of cancer, a mild cough of tuberculosis. He becomes panicky at the slightest rise of temperature. An ordinary headache bodes a brain tumor or some other terrible malady.

The hypochondriac seeks medical aid throughout his life and takes pills, potions, drops, vitamines, hormones, laxatives and other drugs as eagerly as if they were candies. His well-supplied medicine babinet looks like the prescription department of a country drug store.

The more bottles and boxes of medicines, tonics, sedatives, anti-spasmodics, iron tablets and aspirin pills it contains, the better he considers himself protected against the haunting spectre of disease.

Otherwise these patients may be highly intelligent, good-natured people, frequently sensible, shrewd and successful in business. Their condition tends, however, to get worse as they grow older. As their hypochondriacal ideas start spreading from matters of health to economic worries, dread of financial reverses and imminent privation, they may deteriorate mentally very quickly and become incapable of any real effort. They weep and lament, observe and nurse themselves, grow stingy and moody, and lose interest in anything except themselves and their health. In the end they may have nothing active in their minds but their hypochondriacal thoughts which fill them with silly fears and multiple worries.

A somewhat similar picture, though belonging to the compulsive neurotic group, offer those patients who suffer from phobias. A phobia is a specific fear which the person himself knows is ridiculous, but which nevertheless haunts him and makes his life miserable. At the bottom of every phobia are unsolved conflicts, often associated with unconscious guilt feelings. Some of the more common types of phobias are claustrophobia or fear of closed places, anthrophobia or fear of man, erythrophobia or fear of blushing, and syphilophobia or fear of syphilis. A true phobia is always irrational and groundless. The patient may be perfectly well, except for his specific

"phobia". If the phobia is the only symptom, it may be best interpreted as a symbol of the patient's unconscious or concealed distress: Claustrophobia, for instance, is often an expression of the patient's feeling of being trapped by his emotions and of his inability to escape. In syphilophobia the individual is not really afraid of syphilis. What he fears is his intense sex desire which he tries to suppress. One psychologist recorded over six hundred different phobias.

If to the psychologically untrained observer the complaints of a hypochondriac individual sometimes appear almost amusing, it is well to remember that his is a condition which more than any other can make life miserable. Besides, hypochondriasis is not always a more or less innocent neurotic condition. His is often combined with acute anxiety neuroses or may be the first sign of psychotic illness, especially in its early phase. Saint Francis de Sales, in one of his letters to a timorous friend, declared that "Fear is a greater pain than pain itself", and I may add that fear of disease is an much a disease as disease itself.

5. THE IRRITABLE AND AGGRESSIVE

These are people who are commonly called "nervous". Their most noticeable character traits often appear as fretfulness, aggressiveness, restlessness, irascibility, and a marked tendency to violent emotional outbursts. They are easily exasperated, always in a state of inner tension, if only temporarily; or they may do so quite unconsciously and

be completely surprised by the confusion they cause. Deep in their minds they usually harbor feelings of insecurity overcompensated by bloated ambitions, thoughts of greatness and personal superiority. Some of the underlying motives which are unconsciously at work in these people, can be perhaps expressed in the following way: I am strong and important, I am domineering and exceptional; nobody can frighten me! As every one knows, the boastful cocky and bragging person is often anything but self-sufficient. A mask of aggressiveness may cover miserable feelings of insecurity and inadequacy.

A good example of this type was Alexander Woollcott, the "fabulous monster". While he acted most of the time as a bully and a boor, in a restless and aggressive way, indulging frequently in ideas of grandeur, gratuitous polemics with and calculated insults against the people around him, he suffered from deep-rooted feelings of inferiority originating from an organic disease in childhood which had affected his sex glands. And he who became the celebrated Town Crier of the late thirties, shouting over the radio "Hear Ye! Hear Ye!" had the arrogance and venom of "an excessively sensitive man badly favored by nature and afflicted by glandular disorders ", as Edmund Wilson says. Encountering the latter on the street, Woollcott growled, "You're getting very fat", obviously, remarks Wilson, to forestall a comment upon his own corpulence.

The frequent combination of increased irritability with aggressiveness, personal vanity and autocratic behavior produces the dreaded

home and office tyrants whose unbridled outbursts and uncontrolled temper may do considerable damage in and out of the home.

Persons of this type are particularly dangerous in the role of parents, teachers and educators. Many a shy, frightened, intimidated child of the sensitive type bears the sad stamp of upbringing in an atmosphere of neurotic irritability and aggressiveness. Especially bad is the situation in families where one or both parents belong to this group. Furthermore, distressing domestic conditions are apt to arise in the case of marriage between persons, one of whom is of the overaggressive and the other of the oversensitive type. The latter is then usually doomed to complete subjection.

4. MOODY PERSONALITIES

Many neurotic patients express their inner conflicts and adjustment problems in a tendency to depression. Certain "ups and down" in mood are common in all people. Far more neurotics, however,are subject to mood swings. The picture of depression may vary from a temporary spell of "blueness" to extended periods of sadness, discouragement and brooding. Sometimes it is associated with anxiety, unrest, and various physical symptoms. The inability to enjoy life which one sees so often in neurotic persons may express itself in lack of initiative, difficulty to concentrate or remember, and inactivity. In other cases feelings of guilt and unworthiness, self-accusations

and suicidal tendencies prevail. The differential diagnosis between psychoneurotic moddiness and a manic-depressive condition can be very difficult but is of great importance, since the latter is a psychotic condition which often requires institutionalization.

Moody patients often feel and say that their life has not point, is utterly worthless, and that they are only burdens to themselves as well as to others. There is a sense of being lost and done for, a belief that everything is sad, useless and worthless. Tolstoi has left us a graphic description of the attack of depression which came upon him at the age of fifty and fundamentally altered the course of his life:

" I felt", writes Tolstoi, "that something had broken within me on which my life had always rested, that I had nothing left to hold on to, and that morally my life had stopped. An invisible force impelled me to get rid of my existence, in one way or another. It cannot be said exactly that I wished to kill myself, yet it was an aspiration of my whole being to get out of life."

The incapacity for joyous feeling which is characteristic of the moody person is frequently combined with self-condemnatory ideas always circling around the patient's own existence which he considers senseless, his unworthiness and unhappiness. There may be various manifestations of physical discomfort accompanying the depression: Headaches, ringing in the ears, lack of appetite, poor sleep, feelings

of fullness and oppression in the chest or stomach, digestive disturbances and constipation,

With increasing age, and also at the beginning of critical phases in life, such as puberty and menopause, the tendency to depressive states seems heightened—especially in women, perhaps due to their keener sensitivity and greater emotionalism in periods of crisis.

5. THE EMOTIONALLY IMMATURE

Being self-centered, egoistic and absorbed in one's own self is natural in childhood. At the age of thirty it is still understandable, though less natural; most people have by that time attained physical maturity, but psychologically they may still be adolescents. At forty or fifty years of age, however, emotional immaturity may become a source of affliction not only to the individual himself, but also to his environment.

The world today is peopled with physically mature adults whose emotional lives still follow a definitely childish pattern. They are psychological adolescents with the emotional instability and mental immaturity of under-graduate students. At the age of fifty their actions, thoughts and feelings do not differ much from those of their early youth. Their selfishness, vanity, self-importance and pompousness are manifestations of a serious psychological handicap; arrested

development characterized by emotional immaturity and failure of mental growth.

Like children they constantly change their minds. They are easily influenced by events and by people, have no clear judgment about anything, are afraid of thunder and lightning, indulge in trivial conversations and foolish thoughts. They want a life of sweets and comfort. I know a number of people, especially women, who pride themselves on their excessive "nervousness", women who at the age of sixty like to be referred to as "girls", or who speak of their grey-headed husbands as "the boys". The frequent use of such endearing terms as "baby", "honey", "sugar", especially when applied to a buxom matron, may be indicative of the underlying psychological immaturity of the users of such terms. Immature persons who remain fixated at infantile levels like to indulge in certain linguistic expressions which are characteristic of their undeveloped judgment: Everything is either "wonderful" or "terrible" to them, people are "swell" or "hateful"; if something bothers them they are immediately "ready to die"; they are easily "thrilled" and just as easily discouraged. Other evidences are pouting, conceit, fickleness and childish temper tantrums.

Emotional immaturity is ruinous. One cannot depend on such people. They lack any clear view of life. They cannot distinguish between the essential and unessential, the important and unimportant things in human existence. Many a broken home, many a castastrophe

in family or business life is the result of such arrested development: Emotionally immature persons, shifting life weathervances in the wind, lightly break sacred pledges from day to day; their love and friendship never last, their gratitude and loyalty are hollow phrases. Like little children they never stick to one thing for any length of time but jump from interest to interest, from one fad to another, and become easily bored as soon as the novelty is over.

Of course, none of us wants to grow old before his time. On the other hand, it is obvious that the self-centered, immature person cannot successfully meet the problems of life. Children cannot solve difficulties, nor can the puerile minds of emotionally immature personalities. A childish pattern is proper in childhood. The adult needs more: intelligence, firmness, understanding,decision, judgment - in short, maturity.

Time and again, after being told a sad story of marital unhappiness, I found that the reason was the emotional infantilism of one of the partners to the marriage. I remember meeting a young woman who had been married for several years. We were discussing her marriage, and the only thing she could find to say about her husband was that "he is nice and sweet". She knew nothing about his interests, his work, his aspirations and obviously didn't care to know about them. She did not consider it necessary; her new hat was to her more important.

What all these "adult infants" have in common is the persistence of primitive infantile traits and attitudes in their adult lives. Infants are necessarily egocentric; as babies they are and should be babied. Adults, however, who continuously desire the same attention and care to which children are naturally and necessarily entitled, reveal thereby that psychologically they are not adults, but infants. Emotional immaturity of one type of other is a unigersal characteristic of most neurotics and is probably their greatest single handicap. It almost inevitably leads to suffering through disillusionment, frequent conflicts and inevitable clashes with the real issues in life.

6. THE EMOTIONALLY UNSTABLE

This group is closely related to the emotionally immature, with the one difference that emotional instability may exist with ór without accompanying infantilism. In some way they are also similar to the moody type of personality, but in emotionally unstable people there are swift changes of attitudes and perpetually alternating emotions. One minute they are brimful of cheer and filled with joy of life. The next minute they are close to despair and in a state of profound gloom which may soon be followed by new cheerfulness. A strong current of inconsistency and discordancy runs through their lives, as if their interiors were heterogeneously built and their minds incompletely unified. Such unstable emotional individuals easily swing from one existence to the other. They are ambivalent persons and harbor opposing

trends in their minds in which love and hate, kindness and callousness, tenderness and cruelty so often coexist. In this sense all of us are ambivalent, but in emotionally unstable persons the oscillations are more frequent and more intense.

7. THE WEAKLINGS

The neurotic individual is not always an emotionally unstable, oversensitive and careworn person. Sometimes a neurosis expresses itself not by worrying, fighting and trouble-making, but by a more passive and phlegmatic attitude. Many people who exasperate their families and friends by apparent laziness, inertia and apathy belong into this category. The typical feature of their neurosis is weakness.

The representatives of this group are those who never can properly finish what they start, who begin a new venture with great enthusiasm and feeling their strength rapidly fade, drop it in short order. Their actions are characterized by lack of tenacity and lack of the ability to surmount obstacles. Instead of facing life they consider themselves its "helpless" victims, indulge in brooding self-pity and like to attribute their failures to the machinations of others or to "bad luck" in general. Their difficulties often are first manifested at school when they are chided by the teacher for continuous inattention. Later in life they may fall into a state of complete inertia, especially under the impact of personal or economic adversities.

Under certain circumstances the neurotic individual, though physically perfectly healthy, may lack the energy required by the simplest actions--as in the occasional cases of completely health persons who find it a great effort, reluctantly launched, to get out of bed. The daily routine of washing and dressing appears to them a matter of hard work. Thus they may arrive at a point where even the most elementary details of personal hygiene and care are neglected. Many instances of longstanding neurotic invalidism fall into this category which K. A, Menninger terms a form of "chronic self-destruction". Bored with themselves and their multiple indecisions, they like to appear as martyrs to the world, clinging to their own weaknesses and refusing to live a useful, active life.

Others in this group resort to artificial stimulants, to immoderate intake of coffee, alcohol, drugs, and similar substances which by their chronic toxic effects still further paralyze energy and in the end devitalize the entire organism. A great many neurotics are heavy smokers. Alcoholism, too, can be found in a large number of these neurotic weaklings. It is as if these people whose lives, in the words of the poet, "to really burn, lack the fuel", unconsciously try to add new "fuel" to their empty existences. Of course, the methods they choose (alcohol, drugs) are not only ineffective, they usually lead to further unhappiness and more misery.

Neurotic persons of this type, in their unconscious desire to obtain love in form of pity, often use more subtle techniques. A physical

illness, such as pneumonia or appendicitis, from which they suffered years before, becomes the "alibi" exhibited to the world as the cause of their disability. Their method, then, is simple: they capitalize on their illness. After recovering from a physical disease, they either just "sit back and look", or when skeptically asked about their endless weaknesses and disabilities, their answer is Eddie Cantor's famous "Want to see my operation?". It is not always expressed in exactly these words; yet their entire being seems to mutter most of the time: See how weak I am, how sick, how miserable and full of pain! This exhibition of misery is usually due to hidden masochistic tendencies deeply buried in the minds of such patients.

8. THE OVERSEXED AND UNDERSEXED

For the healthy individual the sex urge and sexual satisfaction are among the most potent sources of energy in human nature. Sex, in moments of inexpressible happiness, sets the soul afire and the body, too. In certain neurotic persons, however, the sexual tension, ever-present and exaggerated, may reach such proportions that mind and body are constantly "afire". The healthy sex urge then degenerates from a source of energy and happiness into an element of danger and disruption. The continuous sexual tension in such persons may bring about a state of mind where, in the words of Freud, "<u>the neurotic individual looks at every newly-introduced person with erotic expectations.</u>" Their entire life seems to be dominated by sex and sex alone. People usually

call them oversexed.

The pages of history abound with instances of oversexed men and women whose life histories testify to the neurotic nature of the affliction associated, in many cases, with cruelty, sadism, brutality and tyrannical aggressiveness. Well-known historical figures such as Catherine the Great, August of Saxonia, Casanova, Don Juan, Borgia, and Nero are among them. We know that in back of much that appears as "oversexed" there is a deep unconscious hatred, a hatred which is derived from lack of real satisfaction and frustration in early life. At the root of it is often the unconscious wish for revenge. This secret desire may be for the revenge of something that has happened to the individual long ago. "Many people go through life," says Dr. K. Menninger, "trying to take out on someone feelings that were generated within them as children."

There is a touch of irony in the fact that philanderers, the so-called "wolves" and "love-sharks" of both sexes are, psychologically speaking, but pitiable neurotics who were denied sufficient love and affection in childhood. Later they developed into the dreaded, aggressive, sex-hungry species they are. The classical example here is Don Juan, "the world's great cad", who was deserted by his mother in early childhood. When he grew up he began treating the women in his life in the same way his mother had treated him. He first made love to them and when it suited his fancy he abandoned them in short order. The famous tale of Don Juan's multiple love affairs-

numbering "mille e tre", thousand and three, according to Mozart's Opera "Don Giovanni" - is not so much a catalogue of his successes as of his failures in love.

Love, to be sure, is eagerly sought after by the man who is "a devil with the women", but is not found. Psychoanalytically speeking, Don Juan's behavior is due to the persistence of his Oedipus complex. He seeks his mother in all women, yet cannot find her. Without any real affection for any of his sexual objects, the philanderer remains emotionally stared for love. Underneath his outward aggressiveness lurks an unsatisfied demand for affection, a strong tendency to seize affection from people if it is not forthcoming, a neurotic desire for conquest in love at all cost and at any time. This leads him to promiscuity, incessant sex adventures, frequent marriages and multiple love affairs, none of which proves ultimately satisfactory. The philanderer indeed, is less "a deveil with the women" than rather a poor devil with himself. This intense indiscriminate and constant sex desire - is often but a symptom of a wider disturbance embracing the entire personality and filling it with general unrest: a symptom of a genuine neurosis.

In this connection another word of caution is perhaps indicated. One must be careful not to label any form of enthusiastic sexual behavior"oversexed". Sexual pleasure is many-faceted and may express itself in a great many ways. The absence of sexual pleasure is as much an affliction as the excessive and incessant need for it. Some neurotics

in contrast to the type described, experience a feeling of regret and loss after the completion of the sexual act. Manninger tells of a patient "who, having insisted upon intercourse would, upon its completion, reproach his wife bitterly for having permitted him to perform it, declaring that now he would be nervous and exhausted all day, might catch cold, and might be weakened mentally."

Sexual maladjustment in its various forms is an exceedingly common manifestation among neurotic persons. It is the source of countless conflicts in adolescent and adult life, of aberrations, frustration, marital unhappiness and great personal distress. Over-interest in sex and sexual exploits on the one side, a total disinterest in sexuality on the other side are both characteristic of a large number of neurotic men and women with whose emotional lives the sex drive, which in their cases is either unrestrained or completely blocked, wreaks havoc and destruction.

9. OBSESSIONAL-COMPULSIVE PERSONALITIES

Mild obsessions and compulsions are found in many people who scarcely are aware of them: Compulsions to count, to think certain thoughts, to wash one's hands a dozen times a day, to look under one's bed before going to sleep, to see whether the door is locked before retiring (after it has been locked twice before) and so forth. Compulsion neuroses are often present in those previously discussed pa-

patients who suffer from Psypochondriacal ideas, fears, and phobias. In fully developed compulsion states, the compulsive "must" becomes a severe obsession which dominates the life of the individual. Understanding of the deeper mechanism in this type of neurosis has been furnished as in many other types of neuroses, by Freud and his disciples. Some aspects of their important findings will be presented later.

Compulsive neurotics are harassed and haunted by their own obsessional thoughts. They "must" perform these or those acts, they "must" be liked by this or that person, they "must" clean off imagined germs or dirt, they "must" masturbate or carry on other irrational activities; no matter how ridiculous, unreasonable or harmful the patient knows them to be he cannot escape performing them.

Obsessions may be about almost anything. A patient of Dr. T. A. Ross was obsessed by the number thirteen. If he heard the word he felt a shock which was followed by a period of misery. He stayed in bed on the thirteenth day of the month and on the twenty-seventh, too, because the word "twenty-seventh" has thirteen letters in it. On going upstairs he would hop over the thirteenth step. He gave so much time to the avoidance of the number that he became unfit to do any useful work at all.

Many of these patients are overconscientious and scrupulous. They are tortured by ideas of sinfulness, guilt, or being wrong in an unspecified way, and their compulsive qualms about the supposed

neglect of religious commandments and ethical rules may make their lives miserable. Such people are often valuable members of human society, but continue torturing themselves and may finally become slaves to their obsessions. While living thoroughly decent lives, they regard themselves as evil and sinful. They may resort to ideas and acts of self-punishment as defense against their hidden impulses of hospility and aggressiveness. In the early accounts of saints and martyrs one finds numerous examples of self-imposed suffering, all sorts of obsessions (usually attributed to the devil), self-inflicted privations and sacrifices.

In contrast to the preceding group with its self-torturing tendencies are those who feel compelled to hurt or insult other people, to use obscene language, to get into undignifying situations or commit publicly offensive actions. Also here the underlying motives frequently are secret feelings of resentment and bitterness in neurotic persons with a history of repressed fears and early experiences of humiliation. Their compulsive behavior is, psychologically speaking, a weaponof unconscious retaliation which they may use in the same way and for the same purpose, though with different techniques, as other neurotics use their innumerable woes. The final results as in most severe neuroses are misery, misfortune and personal distress.

10. The ECCENTRIC, the RIGID and the QUARRELSOME

Shortly after the liberation of France, in 1945, a trembling old man was arrested by the liberating forces. His name was Georges Claude, seventy-four year old, world-famed inventor, who sometimes has been called the "Edison of France". He invented neon lights and the liquifaction of rare gases, was a pioneer in the synthesis of ammonia and other chemical processes. The charge against him was collaboration with the enemy and the court sentenced him to life imprisonment. He had been found guilty of conspiring with the German occupation armies, with promoting National Socialism and spreading Nazi propaganda in France.

The testimony showed that he had become embittered against the prewar French government because it preferred a certain German invention, the nitrogen process, to his own. One witness said in court: "Claude's mentality is that of the inventor, which is closely akin to a paranoic mentality as shown by errors of judgment, pride, exaltation of one's personality, vanity and social inadaptability."

The words of this witness as well as the findings of the court characterize some interesting traits of the eccentric and often quarrelsome type: They are "men of one idea", almost incorrigibly sold to their beliefs, prejudices and eccentric designs of life. If the idea of having been treated wrongly enters the mind of such a person (as in Claude's case) country, family, duty, and everything else lose

virtually all significance. He becomes "possessed" by this one idea alone and may commit irrational acts such as desertion, treason and other revolting deeds. People with racial prejudices, fanatic hatred, eccentric and distorted views about negroes, Jews, Catholics, liberals, socialists, fundamentalists, or what not, belong to this category. Sometimes they mask their eccentric ideas "scientifically": Long standing grudges appear as "fight for justice", eccentric whims as "ideals", frank brutality as "philosophical" doctrines of "master race" or "blood superiority".

Others have laid out for themselves a fixed pattern of beliefs and non-beliefs, of thoughts and actions, any break in which produces an emotional turmoil and leads them into conflicts with their environment. They are rigid and quarrelsome. Their habits, their manners of living, their entire existence have become a rigid system of attitudes based on an inflexible pattern and regulated to the most minute detail. They have to get up at a certain hour, move their bowels at a certain time, make their telephone calls in a definite order, have their letters written in a special unchangeable way. Their daily life is a sort of time table, a system of "compulsive rigidity".

Any modification of the daily routine once established makes them angry, irritable, "nervous" and provokes disputes. Years back, when I was sailing the seven seas as a ship's doctor, there was an engineer on board, an elderly Englishman, whose daily breakfast for the past twenty-five years had consisted of "bacon and eggs". At the outbreak

of the war food rationing began on boardship. Nevertheless, what was served was good in quality and sufficient in quantity, with the occasional reservation that sometimes the bacon was lacking, sometimes the eggs and sometimes both. Whenever this happened the good engineer became not only disturbed, but actually panicky and, normally a quiet, unassuming man, he repeatedly got so enraged that I had to calm him with sedatives.

When asked about their rigid, inflexible pattern of life, most of these people have a stereotyped answer: "That's the way it is and nothing can be done about it." Their rigidity has become so great that in this changing world, with the universe in steady motion, the stars circling through the cosmos and nature in eternal metamorphosis, their personalities are the sole fixed points. What a paradox in this world of change! What a paradox and what a punishment!

This brief survey of traits and attitudes as we encounter them in neurotic personalities may illustrate some of the ways in which a neurosis affects the entire human being, his character and life. However, the picture is neither complete nor is it entirely satisfactory from a scientific point of view. As it is presented here, it is altogether too simple. The descriptions do not purport to be more than rough and the examples refer only to the emotional development.

There are many subtle character traits which defy any attempt

at classification. It is rare that clear-cut types can be found. Most clinical cases are "mixed cases" and our classifications are artificial to a very great extent. Furthermore, the various personalities have been presented descriptively as we meet them in daily life, where they face us in flesh and blood, not analytically. The most varied combinations and deviations occur everywhere. There are opposing trends in nearly all people. Here an obviously hypochondriac subject may at the same time show features which characterize the aggressive type; there we may find the characteristics of the over-sensitive group combined with tendencies to rigidity and obstinacy. The symptom, though significant, is less important than the personality back of it. Some authors, in an effort to summarize the confusing number of neurotic personalities list them as follows:

1. The <u>hysterical</u> type who unconsciously makes use of illness as a method of obtaining sympathy, attention or privilege.

2. The <u>obsessional-compulsive</u> type: usually intelligent, tense, restless, over-conscientious, preoccupied with cleanliness, order, and routine; may also be obsessed with the importance of his own activities.

3. The <u>anxious</u> type, who suffers from constant dread and fear, lives in a state of morbid mental perturbation,

is easily distressed, agitated, or depressed.

4. The neurasthenic type, self-centered and self-absorbed to a high degree; emotionally immature, clinging to infantile modes of living.

Other authors speak of psychopathic personalities instead of neurotic personalities or prefer the term of fate or distiny - neurosis to the word character-neurosis. They divide the common psycho-neuroses into four subgroups, conversion hysteria, anxiety hysteria, neurasthenia and compulsion neurosis. To the layman all these terms are usually most confusing. In these pages I have tried, instead of using too many terms, to describe in popular language what they stand for

Professor Jung in Zuerich has developed the doctrine of two principal psychological types, distinguished by the direction of their individual orientation to the world: The introvert and the extrovert. The "introvert" personality, aware of his own inner life, tends to be shy, retiring, dreaming, and absorbed in his own affairs; in extreme cases he is given to a self-centered and completely solitary way of life. The extrovert, chiefly "oriented to the object", is most at home in gay and noisy company, tends to be social, jovial, active; in extreme cases he is overactive, superficial, and interested only in the outer world. All these terms have been exploited often and are used in every-day language frequently in an indiscriminate manner. Clear-cut types of that kind are relatively rare and neurotic features

common in both of them, may completely obscure or distort the original picture. The apparently "tough" extrovert may harbor strong unconscious feelings of dependency and insecurity, and the "seclusive" introvert may be inwardly driven half-mad by his hidden thirst for companionship and love.

A neurosis, then, is many things: Without being a physical illness, it can imitate almost any organic disease at any site. It is ill health without any detectable physical cause. It is an attempt to escape from the burdens and realities of life. It is the inability to accept the hardships and to enjoy the pleasures of life. It is the compulsion to get into pitiable situations and derive comfort from the sympathy aroused by one's misery. It is the desire to obtain love through pity; and above all, it is the misery of millions - the hidden pain of life.

The troubles and clinical symptoms of neurotic personalities are innumerable. (Those discussed in the preceding pages constitute but a small part of them.) The very multiplicity and variability of the symptoms is one of the main characteristifs in neurosis. Plus ça change plus c'est la même chose!

And yet neurotics are neither insane nor deliberate fakers. Most persons here described pass for normal or near normal, and rightly so. They are people like you and me. Some are cranky, aggressive, complaining trouble-makers. Some are definite misfits in society.

Others are shy, sensitive and lonesome people. Neurotics may be nobodies or geniuses or just plain common men and women.

What they all are: they are maladjusted.
What they all have: emotional or personality problems.
What they all do: they suffer.
What they all want: love, love, love.

"They are all so in need of love," said Robert de Traz.

"Just like every one else?" you will say
"No, more than anyone else," is my reply.

Have not all of us problems? Of course, we have. Do not all of us suffer? Of course, we do. Do we not all want love? Of course, we want. The difference between normal and neurotic is not a difference in quality; rather it is a difference in quantity. It is a matter of degree, as was stated before. The anguish of life affects all of us - except, perhaps, the feeble minded. Not every one, however, is thrown off course by it, at least not for a lifetime.

C H A P T E R VI

PROBLEMS OF LIFE AND LOVE

All that we have learned about neuroses so far can now be condensed in a few sentences: A great many people who are sufferers - and whom we call neurotics or psychoneurotics - do not suffer so much from this or that disorder as from the incapacity to manage their lives. A neurosis is not a disease in the usual sense of the word; rather it is a hidden psychological process that often involves the entire life and inner structure of the personality.

Neurotic illness, then, results from the inability of certain individuals to make an acceptable psychological and social adjustment to the demands of life, causing them to seek escape from difficult and troublesome conditions within themselves or in their environment. The neurotic personality, unable to manage his life in a satisfactory manner makes a mess of it. To understand the underlying emotional factors from which the various manifestations of neurotic illness emerge, one must be familiar with their origin and ways of formation.

We do not know what constitutes life. We know, however, that life is a perpetually changing process of events, some of which are in the

nature of conflicts. Throughout the living world there are at least four groups of conflicts to which every human being is exposed. There is the eternal conflict between the forces of life and the opposing forces of death (or, in psycho-analytical terms, between the erotic or life instincts and the dealth or aggressive instincts) within the individual himself. There is the equally eternal conflict between the living creature and the physical and chemical forces of nature. There is the struggle for existence wherein the individual in competition with other individuals of his species seeks to conquer and maintain a position of social, economic, financial, and personal standing within the community. A fourth conflict arises, under the influence of civilization, between the individual's basic drives for satisfaction and the opposing norms of conduct established by society which considers some of these urges as "taboo" and punishes any break of its rules by social ostracism.

Every individual, as he starts out on his journey through life has sooner or later to cope with these ever-present conflicts. Much of a person's success or failure in life will depend on the way he handles these conflicts. Conflicting situations (which are infinite in number and kind) can be either traced directly to the groups above or may result from conflicting drives within the individual who may be unable to decide which of the opposing sides in a conflict shall prevail.

In times of individual or universal stress some of the ubiquitous

conflicts may assume increased proportions (the struggle for existence, for instance, in periods of depression, war, disease, and so on), multiplying the threats to man's happiness and diminishing his prospects of success. In neurotic conditions the basic conflict takes place between the opposing libidinal and ego urges, as we shall presently see. It is always accompanied by emotional tension. The symptoms are the results of such conflicts and the accompanying inner tension.

How do we meet these conflicts which are so much part and parcel of our life that many of us are hardly aware of them? Some deal with them efficiently. They succeed in reducing to a minimum the frictions originating within themselves or from their contacts with the environment. These individuals are the healthy and efficient ones who, relatively unhampered and undisturbed by conclicts, develop their abilities, smoothly proceeding on their way to maturity. They are not haunted by unending fears nor are they troubled by occasional emotional upsets. They eat well, sleep well, and their digestion functions perfectly. Their life is like sailing over peaceful waters. They know how to settle their problems. Their thoughts are vigorous and joyful, their outlook is optimistic, they like everyone and almost everything: Men, women, children, life, stars, trees, horses, lions, books, skyscrapers, fire-engines - even death. They are men made "of one piece", unified and well integrated, their minds striving to coordinate and harmonize everything.

Perhaps the supreme example of this type is Walt Whitman. "Perhaps no man who ever lived", writes R. M. Bucke, "liked so many things and disliked so few as Walt Whitman. All sights and sounds seemed to please him. He appeared to like all the men, women and children he saw . . He never complained or grumbled either at the weather, pain, illness, or anything else. He never swore. He could not very well, since he never spoke in anger and apparently never was angry. He never exhibited fear, and I do not believe he ever felt it."

This unified, compact state of mind, with its expansive optimism, its incomparable feeling of happiness, its natural and cheerful thoughts, its accent on the sunny side of life, is constantly and vividly expressed in Whitman's poetry. More, it is consciously enjoyed and resolutely emphasized. In "A Backward Glance o'er travel'd Roads" the poet says: "Ever since what might be called thought, or the budding of thought, fairly began in my youthful mind, I had had a desire . . . to formulate a poem whose every thought or fact should directly or indirectly be or connive at an implicit belief in the wisdom, health, mystery, beauty of every process, every concrete object, every human or other existence."

In many respects Whitman resembles the prophets of old, also bodily. He was a man six feet tall, of striking masculine beauty and of venerable appearance", as John C. Collins pictures him. Today there are not many left of this type. Orthodox priests or religious Jews are sometimes this way, men coming from the Eastern world, filled with the wisdom and teachings of the Old Testament.

For most people, however, life is anything but smooth sailing. The "song of joys" is as remote from their thinking as the star Betelgeuse in the constellation of Orion is from our planet. Their minds are filled with unrest and fears, their life stories are a succession of illnesses and sufferings, their words spell quiet or loud despair: "O what a plague is life!" The same world which gives the preceding group so much joy and cheer, means to them misery and desolation.

Of course, there is an ever-ready answer: They are pessimists, or, they are defeatists. On the surface, that may hold true. In reality it does not explain anything. Why are they pessimists or defeatists and the others are not? Why does the world look strange, cold, almost sinister to them, and sunny and cheerful to the others? Why do they feel ill at ease, unhappy and disturbed most of the time? Is it just "chronic bad luck" that constantly dogs their footsteps?

The explanation in the light of modern psychology is much more intricate. The intensity of a conflict depends on the amount of emotion that goes with it. The people who never get away from their troubles do not deal with their conflicts adequately. They do not succeed in reducing them to a minimum. If they deal with them at all, they do not handle them well. Instead of solving the conflicting situations in the terminology of Freud, they repress them. Such people, unable to get away from their inner conflicts, harbor long standing grudges and deep-rooted resentments throughout life.

In the course of his psychoanalytic studies Freud gained a tremendous amount of insight into the workings of the human mind. He found that many conflicts, expecially those pertaining to the opposing forces of sex and society, are habitually repressed. Most inner conflicts,as Freud says, arise from the struggle which is being waged within the mind between the "libido" and the "ego", libido being the erotic or life force which is demanding, driving, dynamic and ignoring any obstable to its pleasure. The ego is the "self", the partly conscious, relatively consistent core of personality. There is, in other words, a conflict within the human mind the origin of which goes back to the earliest phases of the mind-building process in childhood. A conflict between the "Id", i. e. the selfish, demanding, sexual libido dominated by the pleasure - principle, and the "ego" which includes the conscious care of the personality, but is really a part of the Id, modified under the impact of the environmental influences of early childhood. The "super-ego", in Freud's view, is a modified, higher developed part of the ego and essentially consists of the higher mental functions, of rules of conduct, inhibitions and prohibitions, the ethical and moral code of society. The super-ego is more or less identical with what is generally called conscience.

The existence of inner conflicts is unknown to the subject. That leads us now to one of the fundamental concepts of Freudian psychology, the concept of the unconscious.

The Unconscious

The concept of the unconscious is the key to the understanding of the peculiar play of forces and mental processes at work in the human mind. When a conflict is repressed, it is being withheld from consciousness by the active resistance of the ego, but it has not been reduced and has not lost its dynamic energies. It has become entrenched, so to speak, in the deeper and unconscious layers of the mind of whose existence the subject is unaware. By certain methods of psychological investigation Freud was able to penetrate into those deeper layers and to learn much about their structure and content.

According to these views the unconscious represents a sort of store house or, perhaps more accurately, power house of the repressed conflicts which are removed from consciousness and thus apparently "forgotten". But the "forgotten" material which consists of repressed mental processes and irritating memories are kept in a state of repression, away from consciousness, they are not dormant within the deeper, unconscious layers of the mind. They are not really forgotten. The individual may not consciously think of them. Nevertheless, they exercise active pressure and influence the person's thinking and behavior. As explained by Freud, it may be best expressed as follows:

"Each single process belongs in first place to the unconscious psychical system; from this system it can under certain conditions proceed further into the conscious system... The unconscious system may

therefore be compared to a large ante-room, in which the various mental excitations are crowding upon one another, like individual beings. Adjoining this is a second, smaller apartment, a sort of reception room, in which consciousness resides. But on the threshold between the two there stands a personage with the office of door-keeper, who examines the various mental excitations, censors them, and denies them admittance to the reception-room when he disapproves of them. The excitations in the unconscious, in the ante-chamber, are not visible to consciousness.. When they have pressed forward to the threshold and been turned back by the door-keeper, they are incapable of becoming conscious; we call them then repressed."

The libido resides in the unconscious where the pleasure-principle acts supreme. The ego which is the directing, reality-conscious "self" mediating "between the world and the id" acts partly at least, in the conscious. It may repress - as id does - the desires and non-moral impulses resulting in conflicts and force them back into the "unconscious system". Yet their removal from consciousness does not eliminate them from the mind. They remain there as unconscious mental processes and continue to act. In order to keep them from consciousness, the ego has to contend against the dynamic thrust of the repressed impulses which are ever searching for expression. Despite constant efforts on the part of the ego the repressed impulses often find an outlet through some by-path and make themselves felt in various ways. If this happens, that is, if the

repression fails, the result will be a neurosis.

To illustrate the intricate mechanism here involved let us consider the case of a neurotic young woman as reported by Dr. A. A. Brill*: For several months she was courted by a young man who obviously was in love with her. Suddenly one day he made an unsuccessful sexual assault upon her, and then left her. She remained in a state of deep depression. She could not confide in her mother, who from the very beginning of the affair, had forbidden her to see the young man. Three years later, Dr. Brill found her suffering from numerous neurotic symptoms and epileptiform fits which had existed for some two and half years. Psychoanalysis revealed that the symptoms and attacks represented symbolically what had occurred at the time of the abortive sexual assault. Every detail of the epileptiform fits was a repetition of the sexual attack which the patient was reproducing unconsciously. Also the other symptoms were directly traceable to the unhappy love affair.

What is the outcome of conflicts?

The outcome may be <u>sublimation</u>. This is a mental process wherein the repressed impulses in their search for gratification can lose their specific sexual nature and be deflected from human objects to other objects of a non-sexual, socially acceptable and usually valuable type. Sublimation is the underlying element of many activities of higher order, social and charitable aims, devotion to worthy causes in the fields of welfare, social assistance, art, cultural progress, literature, and so on.

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* "The Basic Writings of Sigmund Freud", The Modern Library, New York,1938.

The outcome may be character-formation. It will have occurred to the reader how often certain personality traits which were discussed in the preceding chapters, such as shyness, over-sensitivity, aggressiveness and other traits, were found as the result of unconscious conflicts in early life. If the ego is weakened in childhood for instance by lack of parental affection on the one side or by over-protection on the other, the child is almost bound to develop personality problems, carrying his conflicts based upon fear, resentment, or hostility throughout life. Latent conflicts may thus become fixed in the child's mind; incorporated into the personality, they later form part of the whole character and show themselves in character traits. The underlying psychological processes, because they are repressed, become unconscious (repression being the commonest method of dealing with over-irritating memories), but the irritation remains. Sometimes the disagreeable or frightful memories - repressed as they are - are "just outside the door of consciousness". Unrecognized and undiscovered, they continue to act in the subject's unconscious mind, causing him to be irritable or feel miserable without knowing why.

A neurosis is a disease of the unconscious, an unsettled and unsettling conflict between the ego and the id, which takes place. It is here that the clash between the libidinal urges (of the id) and the urges of the ego occurs. "The ego in man", says Freud, "is gradually trained by the influence of external necessity to appreciate reality and to pursue the reality-principle." The libido,

however, unrestrained and bent on procuring pleasure (pleasure-principle), pursues the aim of gratification. If the libido with its drive for satisfaction is blocked, repressed by the reality-conscious ego, the powerful unconscious impulses seek an outlet - and often find it. The neurotic symptom is such an outlet: it is, according to Freud, a disguised form of gratification. After the symptom has appeared it can be put (and is being put unconsciously) to further secondary uses in the interest of the neurotic person: to escape disagreeable tasks, secure sympathy, etc.

Dr. Brill's case, as many others of this kind, can now be understood more fully. The young woman - to follow Brill's own explanation - was at the beginning a healthy person and her normal sex impulses we re striving for fulfillment. As a conventionally educated person, with strong ethical and moral convictions, she could not think of love and sex except in the sense of marriage. The sudden shock, when she was physically attacked by the man with whom she was sincerely in love, left a terrible impression on her mind. An acute intra-psychic conflict situation developed: On the one hand, consciously, she rejected vehemently the man's physical approaches, and on the other hand, unconsciously, she craved them. For weeks after the assault she often lived over in her mind every detail of the sudden physical attack, and at times even fancied herself as having yielded. Of course, such thoughts were immediately rejected and replaced by feelings of reproach, disgust and guilt. Moreover, she had enjoyed the man's company

and attention for months prior to the attempted assault, and later missed his love-making. Since she could not unburden herself to anyone, she tried hard to forget everything, and finally succeeded (repression). Then, a few weeks later, she developed severe neurotic symptoms, the repressed impulses breaking through the resistance of her ego: not as frankly acting impulses, but under the guise of morbid symptoms.

Under ordinary conditions unconscious mental processes are inaccessible to the conscious mind. The individual has no knowledge of the existence of these psychological forces. As most of these processes are of a highly emotional and often "forbidden" character, the ego defends itself against them by repressing them. They can, however, be brought to the surface by special methods of investigation, devised by Freud and his disciples. Some of these methods will be presented later in the chapters on psychotherapy and psychoanalysis.

Sexuality and Love

Perhaps the greatest single result of the exploration of the unconscious be Freud was the scientific recognition of the universality and urgency of the sex drive. In order to understand the importance of this fact one need not go back to the Victorian era with its prudishness and hypocrisy. Even today, to speak or write of sex is considered almost synonymous with charlatanism or cheap sensationalism, and mentioning the word before an audience still produces among most

people that embarrassed or ironical smile, accompanied by frequent clearing of the throat, so characteristic of false prudery, subdued alarm or just plain ignorance.

Nevertheless, it is common knowledge nowadays that the welfare of the human being depends to a very high degree on his sexual life. We may or may not accept Freud's famous thesis that "in a normal sex life no neurosis is possible"; but we can hardly overlook the fact that sexual difficulties are among the most frequent causes of psychoneurotic disturbances.

This in itself is not surprising. The keystone of life is love. In order to live happily, the human being must love and be loved. Love is the essence of life, that is, the great harmonizing and unifying force which gives order, unity and meaning to our otherwise chaotic, disorganized existence. Love makes us happy and healthy. "It transforms the value of the creature loved", says William James, "as utterly as the sunrise transforms Mont Blanc from a corpse-like gray to a rosy enchantment; and it sets the whole world to a new tune for the lover and gives a new issue to his life."

So far so good. We all like to think along these lines when it comes to love and especially when we are in love ourselves. Yet love has a secret, the greatest open secret existing in this world. Its name is sex, and the secret - so open that no thinking man or woman has to be told about it - is that the universal need for love

is for all times coupled with the universal need for sex-satisfaction. As Freud puts it: "The nucleus of what we mean by love is sexual love with sexual union as its aim."

And here the trouble starts. Society which gladly accepts and praises the value of love, deals with sex as if it were an indelicate topic, something to be ashamed of, or at least something "nice persons do not talk about". In spite of the growing interest in sex problems and the flood of well-meant (though not always well-informed) literature in this field, many young women are still educated to regard sex as "dirty", "filthy", "sinful", and "distasteful". Numerous women and perhaps only somewhat fewer men are still today convinced that sexual pleasure is a male prerogative. Every physician knows women who have been married for years and have never experienced any real sexual satisfaction. Outside the medical profession very few people understand the mechanism and procedure of intercourse, Some cling throughout life to infantile sex techniques instead of developing adult techniques and mature attitudes in their sexual relations.

The purpose of these discussions is not to describe the technique of optimal sex relations and sex procedures, but to indicate the need for more and better information along these lines. If society continues to treat sexual matters in an atmosphere of secrecy, mystery, and shame, misinformation and distorted views on sex with their resulting and varying types of sexual maladjustment are bound to flourish.

As long as the subject remains in the eyes of society a forbidden one, i. e., "taboo", there will be misconceptions about sex and the multitude of sex problems and sex difficulties will continue.

So numerous are disturbances of the sexual function that, at one time or other, they are present in most neurotic patients. They are the main cause of marital unhappiness. Very often the patient does not mention them to the physician, either because he is reluctant to talk about such intimate matters or he thinks that nothing can be done about them anyway. Some are completely unaware of any sexual impairment, even in the presence of marked sexual inefficiency. Others, though aware of their sexual disturbances, doubt if they are really responsible for their troubles. I was once consulted by a beautiful, healthy looking young woman who had been married for twelve years. She complained of a multitude of symptoms - including insomnia, palpitation of the heart, frequent headaches and neuralgic pains "throughout the body" - and in the absence of any physical ailment I suspected that there was some sexual unhappiness back of her symptoms. She insisted, however, that she was happily married, had a kind and good husband with whom she lived in perfect harmony and in a lovely home. Somehow I was not convinced. I wanted to see the husband. He turned out to be "kind and good", indeed, a successful businessman, a loyal husband, a good provider and - a miserable lover. His sexual activities during twelve years of marriage consisted of two or three hurried performances of intercourse yearly! He was quite surprised when I

told him that this was entirely insufficient. He had believed himself to be - as he said - "sexually adequate".

This may be an extreme case. But so-called "good" husbands who are good only as providers and pitiful as sex-partners, are an extremely common occurrence. During the past few years alone I saw several married women in whom I discovered almost accidentally (on account of their abdominal complaints I had to examine them internally) - an intact hymen. Two of these women were elderly matrons, far beyond the menopause and married more than thirty years, "happily" married - as I was told - yes, "happily". With an intact hymen and without children! What marital happiness they experienced, I was at a loss to comprehend, and since they were both over sixty years old, I did not inquire. What they regarded as happiness must in reality have been a state of quiet despair, or at best, resignation.

When a woman complains of frigidity, I usually ask to see her husband. In my opinion, insufficient love-making on the part of the husband is the commonest reason for sexual frigidity. Women, as a rule, require a great deal of love-making with much affectionate caressing and tenderness before they become adequately aroused. Rough and inconsiderate behavior of the husband may first cause rigidity in the sexually unprepared or untrained woman and later lead to partial or complete frigidity. When the frigidity is partial some gratification may still be present during the sex act, without the ability to reach a climax. If the frigidity is complete, there

there is total absence of desire. The sex act itself, or even the thought of it, may then be repellant to the woman and may be accompanied by marked sensations of disgust, pain, nausea, or vomiting.

Many of these disturbances undoubtedly go back to childhood experiences and faulty emotional attitudes determined in early life. Here, again, early misconceptions and distorted views of the role of sex are at the root of much unhappiness in later life. Daughters who have been told by their mothers that "women are just pleasure-toys for men" or that the female, when married, has to "tolerate intercourse for the husband's sake", can hardly be expected to become understanding, cooperative sex-partners immediately after the wedding. Attitudes of disapproval of and hostility against sex often originate from such early inhibitions and result in lack of adequate sex functions in married life. Inhibited sexual functions range from mild antipathy to sexual activities to complete frigidity or impotence.

Another reason for sexual passivity may be the unconscious (at times partly conscious) desire to humiliate the partner, to hurt his pride and self-esteem. Feelings and expressions such as "I am not really part of all this" or "I remained aloof" may arise from deep-rooted resentment and hostility, and make for unsatisfactory sex relations which are ultimately injurious to both.

Impaired potency in the male is, like frigidity in the female, in the great majority of cases the result of inhibited sexual functions

based on psychological disturbances. Physical impotence is a rare condition, and when it occurs in men under fifty there are usually certain underlying emotional factors. The factor <u>fear</u> plays an important part in unsatisfactory sex relations. Many men with a history of masturbation wrongly believe that "the sin of their youth" has "robbed them of their manhood" and that they are sexually weakened" as a result of it. In former days it was universally believed that masturbation or nocturnal emissions produce insanity. All this is nonsense. Masturbation does not cause harm to one's body. It is the feelings of shame and guilt that go with it which are injurious to one's emotional life: the over-concern about one's health it causes, the shame it engenders, the guilt feelings it tends to develop in one's mind. These are the only bad results. Masturbation has nothing to do with syphillis, tuberculosis, insanity, or sexual impotence. In some men the fear of intercourse is stronger than the desire for it. Thus they renounce sexual pleasure; they believe that the attainment of this pleasure may lead to danger or uncontrollable complications. They are afraid of failure, infection or rejection (by the partner), and these fears will ultimately not only lower their self-respect, but also their sexual efficiency and potency.

Sexual difficulties may arise from other disturbances of the sexual functions and may cause temporary or permanent maladjustment in marital relationship. Among them are:

1. <u>Nymphomania</u> or <u>satyriasis</u> (excessive sex desire,

insatiability), some aspects of which were discussed in a previous chapter.

2. Sadism (infliction of pain) and masochism (enjoyment of pain in sex relations).

3. Homosexuality (love for individuals of the same sex.

4. Exhibitionism (sexual self-exposure, tendency to "show off").

In some of these neurotic behavior patterns there is also an infantile element of defiance, a childish attitude of "spite": I will do what nobody else does, something that is forbidden and shocking to the others! Children often have a frank tendency to display their genitals.

Unconscious sadistic and masochistic trends are very common. Sadists are people who enjoy being cruel and inflicting pain. The underlying motivation in the simplest way is: I was whipped - now I am whipping others; I had to endure suffering as a child, now I make others suffer. Or, I want to punish in order to avoid being punished by others. Sadism often goes back to "spanking days". Similarly in masochism, the desire for being punished can be traced back to early childhood. The masochist who enjoys being abused and subjects himself to submission, unconsciously links his feeling of humiliation to childhood experiences when he was punished and, after receiving punishment, was forgiven and loved. By his acceptance of punishment he hopes to insure

his being loved and cared for. The neurotic "need for punishment" and the "need for forgiveness" are here closely - too closely - linked.

The abnormal sex practices usually do not arise as isolated phenomena, but as part of the neurotic make-up of the whole personality. Thus we find anomalous modes of behavior in these people also outside the sexual sphere, irrational fears and worries, ideas of abasement and morbid reactions of all kinds, apparently unrelated to the person's love-life. In Freud's terminology sex has come to mean far more than the drive for physical satisfaction. The concept of sex is used in psychoanalysis in a much wider sense: Any kind of want, any need for gratification, any demanding desire for pleasure, any kind of relationship that involves the feelings (particularly the pleasurable feelings), is sexual or erotic in nature. Above all, sex to Freud is part of love, that is, any "love", including the love of parents and children, friendship, the love for humanity, and also the devotion to ideas and ideals. It was on account of this broad interpretation of sexuality - "seeing sex in everything" - that Freud was once branded as the arch-destroyer of all decencies and sanctities in life. But Freud did not arrive at his "scandalizing" conclusions voluntarily. The deeper he penetrated into the workings of the human mind, the more he became convinced that there was one factor that "holds together everything in the world", and this factor was - sex.

When the individual, because of external or internal obstacles, is unable to gratify his needs or desires, a profound and stirring

disturbance occurs: Frustration. From this point of view the multiple troubles we have here discussed can be ultimately traced to frustration. The human being has a need for love just as much as a need for food. If the latter remains unsatisfied, starvation occurs; if the former is unsatisfied, the subject becomes love-starved, i. e., frustrated. Freud found that "in all cases of neurosis investigated the factor of frustration was demonstrable" and concluded that "people fall ill of a neurosis when the possibility of satisfaction is removed from them ... they fall ill in consequence of a frustration."

The causes of frustration may be external or internal. In the realm of sex the frustrating situation is established by society itself. Our civilization has evolved certain social, moral and ethical rules and taboos which have greatly restricted the free use of the sexual urge as exercised by primitive man. As necdssary as such norms may be, civilization has not provided sufficient adjustments to prevent the resulting conflicts nor does it supply the individual with adequate information on these problems to enable him to cope with them properly. In the opinion of some authors modern human life has thus become "one long frustration", and the disturbances arising out of this situation are countless.

The frustration does not always come from external conditions. It may also come from inhibitions, fears and repressed desires within

the individual himself. If the patient, for instance, condemns sex as "sinful" or is afraid of intimate relations because he expects to be humiliated or injured, he himself becomes the source of his own frustration. As was said before, in some people the fear of sex is stronger than the urge for it. Most of our frustrations are experienced early in childhood and later become unconscious. In fact they are inevitable and to some extent necessary. The child's desire to eat what he wants and when he wants, his wish to be carried by his parents rather than to walk by himself, to be attended and cared for continuously, cannot always be satisfied. Whenever such wants are not satisfied, the child experiences a frustration, feels hurt and disappointed. With these inevitable frustrations he comes to learn that he had to adapt himself to his environment, that he does not live in a world made for him alone, but has to overcome his feelings of discomfort and disappointment by accepting things as they are. Such mild and inevitable frustrations therefore are useful lessons in life, when they occur step by step and with little emotional disturbance. It is the suddenly overwhelming or long continued frustrating experience which produces suffering and serious emotional upset.

There is another type of frustration which has been called "situational". In everyone's life occur situations which are unsatisfactory and depriving: Poverty, physical illness, loss of beloved ones, bodily deformities from injuries or accidents, acute financial diffi-

culties, persecution because of racial, religious or political prejudices, and similar unhappy conditions under which humans are frequently forced to live. The frustration arising out of such situations often produces a feeling of tragic helplessness. As a Negro child in a southern school, when asked about a suitable punishment for Hitler, once wrote: "Make him black and make him live in America."

The most common frustration in modern civilized society is not the deprivation of food and shelter. It is rather a deprivation of emotional needs, of the needs for affection, closeness, happiness, warmth and tenderness. The basic frustration in the life of modern man comes from lack of love. The human being is forever driven by some inner power (call it: eros, life-force, libido, sex, or love) into closer contact with his environment so that he might better satisfy these needs. Man is a love-hungry animal ever hungry for affection and tenderness. Rejected by the environment or unsatisfied because of inner inhibitions, he experiences frustration and - suffers. He may not know it. He may go through life apparently unhurt and the feeling of frustration - because of repression - may be absent. He may grow up to become successful, famous and aggressive. He may even enjoy good health most of his life.

But without love he will not be happy. Love is as vital to man's mind as food is to his body.

Troubled Childhood

In the summer of 1939, when the last hours of peace were running out in Europe, Mrs. A. S., aged thirty-one years, with her three children arrived in New York harbor on board one of those ships which at that time brought thousands of frightened refugees to our peaceful shores. Born in France, she had received regular immigration-visae to the United States for her children and herself. Her husband, who was born in Germany, was less fortunate. With the German immigration quota to the United States all but filled, he was not permitted to enter this country with his family. In 1940 he somehow managed to reach London just before the Nazi onslaught engulfed most of continental Europe. Legally an enemy-alien, although a victim of German racial persecution, he was interned in England. Later evacuated from Britain to Australia, he spent the war years in internment camps. After seven agonizing years of separation the family was finally reunited in New York in 1946, when he was granted a visa to enter the United States.

Unlike many other war tragedies, the story had thus a happy ending in the best Hollywood manner. The inside story, however, which I happened to follow closely as the physician of the family, from the beginning to the "happy end", is a very different one. It centers largely around the three children, all three physically healthy and alert boys, named Stephen, Isaac, and Raphael.

When I first met the family in Italy, in 1938, they had just fled from Nazi persecution in Germany. There were only two children then, Stephen and Isaac, aged five and three years, respectively. One day I was called by the frightened mother who had observed the elder boy standing at the window for hours and staring at a restaurant on the other side of the street. When his mother tried to get him away from the window, he refused to move, explaining that he had seen his sister entering the restaurant and that he was waiting for her to come out. The odd thing was that he had no sister, nor had he ever been seen playing or talking with any of the girls in the neighborhood. But he insisted that his sister was in the restaurant across the street and that he had to wait for her. It was only with much patience and some effort that he could be persuaded to give up his observation-post at the window. The same evening, at bedtime, his mother found him praying aloud - the parents were religious people and the children had been taught to pray before retiring - and including in his prayer not only his father, mother, and brother, as he always did, but also his "sister".

This continued for many days. It was clearly a case of intense <u>fantasy-formation</u>, of an unconsciously sexual nature, since the lonely boy obviously craved the company of someone his age of the opposite sex. I eased the parents' fears and advised them to enroll the boy in a kindergarten in order to bring him into contact with other children. Before this could be done, the mother obtained the visae for her children and herself and sailed for America. At that time

she had given birth to her third son, Raphael. But no delay in sailing could be permitted, since the visae would have been otherwise cancelled and the Nazis were already on their heels.

I met Mrs. A. S. in New York two years later. She was a brave and courageous woman. For some time she had worked as a maid in Brooklyn and Manhattan. Then she was a nurse-companion of an elderly and ailing lady, and later, being a good pianist, she earned a meager living as a piano teacher in New York. As her occupation kept her away from home most of the day and her income was pitifully insufficient, the three children had been placed in an orphan asylum by a helpful welfare organization in New York. She was allowed to see her children but twice a month and would then bring them, in addition to small gifts, their father's photographs and letters from Australia, which she would read to them. Thus, to the children their father gradually became some strange person far away, who for unknown reasons sent letters with foreign stamps and pictures.

All three boys remained in perfect health physically. Stephen became a robust,pink-cheeked, day-dreaming youngster who did fairly well at school but stayed to himself most of the time. When writing to his father he would at times relate some hair-raising experience he had had, but which in truth had never taken place. In one of his letters he described in detail how he had fallen from the second floor of the orphanage to an adjoining roof. This had never happened. His

tendency to fantasy-formation had markedly increased. He would spend many hours day-dreaming and concocting imaginery experiences. He began building a world of dreams and wrote little poems, with himself as the suffering hero.

Isaac, the second boy, was the most vivacious of the three, and as it turned out, the most materialistic. He became money-hungry. When Mr. S. arrived here from Australia and set up a home for the family, after having taken the children out of the orphanage, he noticed that Isaac would often search along the floors and in the corners of their apartment. Upon questioning, the boy said that he was looking for money. He did the same thing in the street. When walking with his father or mother, he would keep his eyes constantly glued to the pavement. More often than not he would espy a few coins which he would gleefully pounce upon and triumphantly hand over to his father. At some time in his past, perhaps from some older child in the orphan asylum, he must have learned the value of money in life; over-rated and exaggerated in his young mind, money became the goal of his life, the magic key to look for everywhere.

The youngest, Raphael, had just reached school-age when the family set up their own home. Until then the orphanage was the only place he could remember having lived in. He was overjoyed when taken to the modest apartment they had rented in Brooklyn. Everything at home went along smoothly for him, but he caused serious trouble at school. In the classroom he would suddenly jump up, his entire body

shaking, and cry that his home was gone. He told the teacher that he must go look for it immediately. There was no way to calm or assure him other than to take him home. He was delirious with joy when he found his home intact. This happened to him many times.

Here, then, in the story of these three children unfolds the bitter travail of the human mind in our time. This phase of the tragedy which has befallen mankind, is too often unnoticed and unrecorded. On the surface, this family, reunited and free from bodily harm, would appear to be most fortunate, and in comparison to many similar cases, it really was. Yet, the marks left on these childrens' minds will take a long time to heal. Acute neurotic conditions may be precipitated by external circumstances at any time in life. But in every neurosis some or all of the essential roots go back to childhood.

Unfortunately, not all parents are wise in the handling of their children. As a matter of fact, the careful observer of human affairs can easily recognize that most parents are not. What Socrates said to his fellow citizens in Ancient Athens, still holds true today: "Friends, why do ye turn and scrape every stone to gather wealth, and and take so little care of your children, to whom one day you must relinquish it all?" A great many parents are either too strict or too weak, or what is worse, inconsistent in their parental attitudes. The stand they take toward their children may abruptly change from uncompromising rigidity to unreasonable over-attention. Children cannot understand parental attitudes, but very often they sense feelings of

resentment which, early repressed into the unconscious, appear later in manhood as irritability, aggressiveness and hostility. It will be recalled that many of the character neuroses earlier described could be traced to particular types of childhood experiences. Especially the more severe forms of neurosis are apt to be connected with deep infantile repressions. Aggressive behavior as revealed by biting, temper tantrums, or bed-wetting is a hostile response to frustrating experiences in childhood.

Parental over-protection and too much love of a certain unreasonable type are almost as bad. Parents who display a panicky attitude every time the child has some insignificant trouble, who try to protect the child from life by instilling into his suggestible mind nebulous fears of some terrible dangers in life (such as fear of cold, disease, hospitals, animals, sinfulness, and so on) weaken his ego in an almost criminal manner. The result is, more often than not, a fearful, hypochondriac or over-sensitive neurotic, a weakling, an alcoholic, or drug anxiety and serious maladjustment in life can be traced to such erroneous parental attitudes.

Through ignorance or as the result of their own unsettled personality problems many a father and mother unwittingly cause more harm to their children than ever their worst enemies could. How parents fail, can be easily recognized when one considers the innumerable feeding difficulties in childhood. There is hardly a child who reaches the age of ten without passing through a more or less prolonged period of such difficulties which manifest themselves clinically as lack of appetite, indigestion,

loss of weight, vomiting and disorders of the bowel function. The vast majority of these disturbances is not due to dietary errors or some fictitious "weakness" of the child's stomach, but to emotional troubles.

If the difficulties arise from wrong parental attitudes, as the result of the parents' own maladjustment, then it is they who should undergo treatment. The cartoonist Bill Klug should be awarded a chair in psychology at one of our leading institutions. Sometime ago he published a cartoon showing a well-dressed mother with her unruly child, as she indignantly exclaims to a friend: "I took Junior to a child psychiatrist and he treated me!"

To most parents the emotional life of their children is a mystery. I have talked to many a domineering father or mother who came to me complaining about their child's "temper tantrums", "naughtiness", or generally sullen, negative behavior. When I told them to stop criticising the child and change their own pontifical attitudes, most of them showed surprise. Some took outright offense. They did not tolerate any fault-finding with themselves nor did they admit ever having hurt the child. A neurotic woman, in a separation suit against her husband, wanted her seven year old daughter to testify in court against the father. When the child refused, the mother punished her and locked her in a small dark room. Years later when I heard the story and explained to the mother that the neurotic behavior of her daughter might have something to do with this and other inimical ex-

periences in her childhood, the woman looked at me with such stony expression in her bland face that one could be sure that she was incorrigibly convinced of her own faultlessness and honesty.

Some improvement of these conditions could probably be obtained by sending parents to lectures and courses where they are instructed about the nature and importance of emotional disturbances in childhood. (But, of course, those parents who are sure of the correctness of their views about everything would not attend the courses). Another source of trouble with parents who indulge false and emotional parental attitudes results from the fact that the child takes it for granted that all adults are like his neurotic parents.

If the child is brought up under the unsteady guidance of weak and indulgent parents, he will in all liklihood receive no adequate training at all. Full freedom is as harmful to the child as none. In contrast to the too strict and rigid rules of education in former decades, there is at present a tendency not only to relax those rules, but also to go to the other extreme, marked by parental indulgence and disinterest. This type of parental conduct results in the development of individuals who are poorly equipped to meet the inevitable difficulties of life.

Withholding much needed affection and attention is as bad as over-protection and over-indulgence. The modern trend in child psychology favors the elimination of all unnecessary frustrations, especially

those deriving from parental domination or rejection, which often destroy the child's self-respect, initiative and confidence. At the same time it is opposed to over-solicitous, over-indulgent attitudes which tend to make the child selfish, spoiled, inconsiderate of others, and ultimately incapable of coping with the ordinary hazards of life which every human being has to face eventually. There is a way of rearing children which strikes a happy medium between educational harshness and utter lack of discipline. The ideal course seems to be somewhere midway between the two extremes of parental domination and over-protection, with thoughtful consideration for the child's consistent needs for love, affection, help and approval.

Probably the most reliable safeguard against the development of a neurotic behavior pattern is being brought up in affectionate, large and closely knit families. But are there such families today? With one out of every five or six marriages going to pieces, we have to accept the fact that the majority of our children grow up in families that are neither large nor unified, and where the parents occasionally do not refrain from quarreling and mutual recriminations in their children's presence. I now have under my care a twenty-eight year old patient, a bright and ambitious Irish boy with a severe anxiety neurosis, who told me that in early childhood he would witness, almost daily, violent quarrels between his parents and would suffer terribly under the impact of their mutual accusations. He would hide under the stair case or in the court-yard during their outbursts, and

once, at the age of five, became aggressive himself. Grabbing a metal handle from one of his toys he lunged against his father in defense of his mother whom he believed threatened.

This sort of traumatic experience is the lot of many children. Richard Wright, the author of "Native Son", who is generally considered the most gifted living American Negro writer, describes how at the age of four he tried to burn down the house in which a member of his family lay ill. Restless and frustrated, because he was kept indoors, he built a fire with broomstraws, touched off the window curtains, and when the fire got out of control, hid under the house. His frantic parents finally found him and whipped him until he lost consciousness. He never got over this experience. "For a long time", records Wright in his book "Black Boy", "I was chastened whenever I remembered that my mother had come close to killing me." All through his childhood, at moments of extreme emotionalism, he would become immobile, in full possession of his mental powers, but unable to move his arms or to use his voice.

Why are the effects of traumatic experiences so deleterious to the child's psychological development? What are the real dangers of a troubled childhood? To those whose training in child psychology has been on modern lines, much of what is written in these pages may appear too simple to be worthy of study. Indeed, nearly all principles of mental hygiene are so self-evident, that one only wonders why, with all the ample disclosure of the facts, there is still so much misery

in human life, untold and unnecessary suffering which goes back to the years of childhood.

Perhaps the best answer to these questions is the one given by the old Greek historian and philosopher Plutarch: "It was the saying of Bion that though the boys throw stones at frogs in sport, yet the frogs do not die in sport but in earnest." During the long period of complete helplessness through which every human being passes before he gains sufficient physical and mental strength to make his own way, he is dependent on the permanent and voluntary support of others. If it is withheld from him, he perishes. This long period of dependence is childhood. The child cannot deal with the situations which confront him. He can only react to them; and react he does, intensely and emotionally. If he is left alone he cries. If he is hungry, he also cries. Any traumatic experience arouses in him intense feelings and immediate emotional reactions.

When the child grows older, his reaction patterns widen, but he still must be helped, succored and encouraged. Whether he develops into a sneak or a bully depends largely on the parents. If the child has reason to be afraid of them - in the case of overstrict, domineering parental attitudes - he may in adult life never get rid of his secret fears toward the world. It may mean a hatred of all authority, a deep-rooted resentment against life and people. The two innermost needs of the growing child, the need for love and the need for security, demand a safe, affectionate environment, and in early childhood there

exists only one environment, the family. The quarrelling of father and mother before the child, as in the above case, is a psychological catastrophe which results in the undermining or destruction of the feeling of security and leaves the child lonely, fearful and frustrated.

On the other hand, if the child grows up under the care of parents who spoil him, or in an environment where he reigns supreme - as it is in the case of the"only child" around whom all interest and attention in the family centers - he will later go through life looking for the same protection and security, the same comfort and ease that surrounded him during his early years. He may never grow up to stand on his own feet. The child who is treated by his mother as a baby at the age of fourteen or fifteen will psychologically remain a child, even at forty or fifty. When he marries, he will look for a mother in his wife, since mother and wife are unconsciously one to his mind which has early become fixated to the mother.

There are, of course, different ways in which sentiments are formed during childhood. In our rough-and-tumble world into which many a youngster is flung without any adequate training (to some parents education does not seem to be worth the trouble) the child may soon experience the callous and sordid aspects of life. Some psychologists believe that all neurosis is <u>social neurosis</u>. Poverty itself is, psychologically speaking, -- and literally too, -- a state of helplessness. But it is not poverty alone that affects the children of the poor so adversely. There is often much more and worse that lies in wait for them: Deprivation, juvenile delinquency, drunkenness, pros-ti-

tution, crime, and the general misery that make poverty a curse to the individual and a peril to society. The child that grows up under such conditions tends to be either rebellious and aggressive or to feel desperately insecure, frustrated and forlorn. It is no coincidence that in poverty-stricken areas the children like to join gangs and groups, not only as a kind of protest against the callousness of the adults, but also in search of companionship and friendliness withheld from them by an unkind world. I remember a few lines written by Clement Attlee, the British Prime Minister, when he was living in London's vast Limehouse slums and as a young lecturer learned to know the misery of the cockney children there:

"In Limehouse, in Limehouse, by night as well as day
I hear the feet of children to go to work or play,
Of children born to sorrow,
The workers of tomorrow,
How shall they work tomorrow
Who gets no bread today?"

Another type of traumatic experience in childhood may arise from physical illness. In a child suffering from a bodily deformity or prolonged organic disease (heart, lungs, crippling ailments, etc.) it is not the physical defect itself that is alone important for his development. It is the attitude of the child's environment and his resultant own impressions which determine the outcome. If, for instance, a paralyzed child feels isolated or rejected because of the

deformity , he is virtually bound to develop feelihgs of inferiority and lowered self-esteem. The damage to his inner self may be so great that he withdraws into a self-created world of fantasy and dreams. On the other hand, an organic peculiarity such as a clubfoot, a hunchbask, a strabismic eye, may cause the sufferer to engender venom. History abounds with such examples, from Thersites, the malicious hunchback in Homer's Iliad, to the evil propaganda genius of Dr. Goebbels in Nazi-Germany.

Here a point of paramount importance has to be mentioned: All those ill effects resulting from conflicts, frustration, poverty, deformity, etc., are by no means a psychological "must". Life has its compensations and an endless series of counter-balancing potentialities. Even heredity is not the inexorable fate that many people believe it to be. Nor is the child's mental development determined by the environment alone. Far from it. It is the response of the individual to the hereditary and environmental influences which is ultimately decisive for their good or bad effects. Alfred Adler has shown that a physical inferiority may push the child in the direction of either strength or weakness, depending on his personal reaction to the condition that afflicts him. A physically handicapped child must not necessarily become a problem child. He can develop into an attractive, valuable personality. The late President Franklin D. Roosevelt has taught us that also in adult life a serious organic handicap must not always lead to the disruption of the personality, but may

actually contribute to its fuller and keener development.

Unfavorable trends in childhood can be greatly changed by the healing power of some new dynamic element in life which may come, sooner or later, even to the poorest and most miserable among us: Love, faith, charity, friendship, religious and spiritual (conversion) and, if necessary, psychotherapeutic treatment. Clement Attlee whom I mentioned before, went as a youth fresh from college into the slums of Limehouse to study social conditions and was so shocked by what he found that he forsook his conservative and imperialist background, joined the Fabian Society and became a member of the then insignificant Labor Party.

Healthy and strong egos should be built in childhood; but failing that, they can be developed at any period in life. The process of remedying inner discord and reducing deep-rooted emotional conflicts is usually a slow and painful one. When successful, however, the ill effects of a troubled childhood, with its frequent agonies and its tendency to neurotic character formation, can be superseded by a firmness and a state of inner unity which make the individual feel as if he were reborn. Some, born with a frail physique and brought up in poverty, not only overcome these early handicaps, but develop into outstanding, harmonious and healthy personalities.

As we observed earlier, certain conflicts and types of frustration are unavoidable in certain given circumstances. In general, how-

ever, if stones are to be thrown at all in our crude and sometimes vulgar life, let us at least see to it that they are not thrown at helpless creatures. Children, like Plutarch's frogs, when violently hit, do not die "in sport". They die in earnest. The shattering effect of violent discouragement is known to every man and woman. In childhood the effect is perhaps less visible immediately, but is more disastrous in later life. Samuel Butler, the author of "The Way of All Flesh", had a father, a stiff-necked clergyman, whose precept was: "Break your child's will early, or he will break yours later on." The result was that the boy grew up to become a profoundly unhappy, solitary, vulnerable adult who said he could remember no feeling during his childhood except fear and hatred.

Since it is now generally agreed that an individual's emotional patterns are determined partly by heredity, but more particularly by his experiences and training during the first few years of life, youth should be helped to adjust early to the complexities of civilized existence. Healthy feeding, good training, parental harmony, a wise attitude towards fear and sex, a sense of being loved and wanted, a feeling of security, and loyal companionship are all necessary requisites for the development of a happy childhood and a normal, healthful life in later years.

People under Stress and Strain

Like many another American soldier in World War II, Private Devon Hunsaker had bravely fought in a number of fierce and bloody battles. One hot day in July while slogging wearily back from the muddy front lines, after months of exhausting guerilla warfare in the island of Mindanao, he was dreaming of his home somewhere in the midwest. Vaguely he was aware of a familiar face in the column of replacements moving to the front. "What's your outfit, Buddy", he asked. "thirty-first Infantry", answered the newcomer and moved on. A quarter of a mile later, the tired soldier slapped his thigh and exclaimed: "I knew I had seen that guy before, He's my brother."*

On the other side of the fence, among the troops of the beaten enemy, the picture did not differ substantially. During the African campaign, in the Lybian Desert, "a hard-faced major from North Italy, finding himself deserted, says to a captain, "You may go to the devil in your own way. I was at Caporetto.** Once is enough, twice is too much; this is a scandal, a disgrace. Excuse me..." So saying, he thumbs back the hammer of his Beretta pistol and shoots himself through the heart." ***

These two instances, chosen at random from the recent war literature, could be multiplied a thousand and ten thousand times. It is

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* From "Time" magazine, July 23, 1945.

**Caporetto was the place of a shattering defeat of the Italian army in the first World War.

*** From "Faces in the Dust" by Gerald Kersh, Whittlesey House, New York 1945.

the way men under stress act and react, some vigorously and some cowardly, some suffering passively and others going on courageously, a few cracking suddenly and many more enduring silently. Probably every man and woman has a breaking point. Anyone, even the strongest, may ultimately succumb to a psychoneurosis, in the prolonged hell of a concentration camp or in the deadly inferno of relentless shellfire.

In most cases of what is today called "war neurosis" or "combat fatigue" (and what formerly went under the diagnosis "shell shock") intricate psychological forces are at play. Battle breakdown is often related to some childhood experience in addition to fright, strain, and exhaustion. Deep-rooted conflicts, constantly at work within the patient's mind, sap the strength and resistance power of the neurotic individual to a point where, under strain, he succumbs to distressing circumstances earlier than the well-adjusted person. The underlying neurotic condition, hidden in the unconscious layers of the mind can be best understood as a sort of "Fifth Column" lying undetected for years in the basement of a building, but breaking into the open as soon as the house shows signs of wear and tear.

Just what constitutes a stress, however, is difficult to define. There are persons who have an extremely unpleasant reaction to any kind of loss (loss of money, of a job, of a position in society, etc.) and experience the greatest difficulty to get over such a loss. Others hardly bother about such losses, change their jobs a dozen times, lose money, gain money, and adjust themselves to situations which to

the former group appear unbearable. I know a wealthy banker whose bank account dropped one year from two million to half a million. He became extremely worried, restless and jittery about the future. When his nephew, a young doctor, wanted to establish himself in practice and asked for a loan of a few thousand dollars, the banker spoke as though he were on the verge of complete ruin and poverty: "How can you dare ask me for a loan? I am a poor man, I cannot help you." The loan was refused.

The man was by no means stingy. He was worried. He was unduly worried, of course. There was no reason whatsoever for him to consider himself a poor man, but he did. In other words, he was under stress not because of some actual or threatening hardship; he was under stress because of his own attitude. It is not what happens to the person but how he feels about it that counts. The neurotic individual living as he does in an atmosphere of anxiety, perceives the world as a dangerous and hostile place and himself as the helpless, threatened victim. This is particularly true in times of crises, such as serious losses, sudden financial reverses, prolonged periods of unemployment, intercurrent physical diseases, involution periods of life, wartime, or postwar difficulties, marital unhappiness and family strife. All of us have had experience with people who generally showed no unusual neurotic tendencies until they found themselves subjected to the rigors of military life in war or to the complex problems of social adjustment in peace.

It is obvious, then, that the term <u>stress</u> needs further elaboration. Whether stress results from tension between the individual and the demands of the environment or from tension within the individual himself in the form of intrapsychic conflicts, the effect is substantially the same. In the first case the stress originates from an external situation that is actually distressing; in the second case it is an insiduous, intrapsychic phenomenon growing out of the vulnerable personality structure of the individual. In reality the difference is much less specific than appears on the surface. It is sometimes very difficult to state to what extent the neuroticism of a person contributes to his social maladjustment or vice versa.

If a person's incapacity of adjustment to the demands of life is the expression of an underlying neurosis, there need be no great surprise that hidden neurotic conflicts are frequently disclosed under the conditions of stress and strain. The neurotic is often able to conceal or disguise his symptoms from his family, friends, and himself for a long time. Although a neurosis, as defined elsewhere, is basically an act of adaptation that has failed, there may be little evidence of maladjustment until certain difficult situations arise: disease, injury, exhaustion, loss, social changes, family conflicts, and other distressing situations. Then, apparently all of a sudden, the neurotic symptoms appear (anxiety, pain, insomnia, fatigue, restlessness, etc.), the stress acting as the precipitating factor which sets free all the hidden intrapsychic conflicts that have long

been raging in the patient's unconscious sphere. Apparently the weakened ego of the (psychoneurotic) individual can bear only minute quantities of stress. It is, therefore, understandable that the so-called war neuroses, the traumatic neuroses after injuries or accidents, the nervous breakdowns occurring under stress, etc. are especially found in persons who have had a poorly integrated mental structure all through life. The ultimate cause goes back to childhood and the faulty formation of the personality during the mind-building years.

Marital unhappiness is perhaps the outstanding factor among the precipitating causes of neuroses in civilian life. In an analysis of one hundred cases of neuroses the following factors, apart from matrimonial stress (reflected in unhappy family life, sexual difficulties, separation, divorce), were regarded as precipitating causes:

In 17% illness and death in immediate family and of close friends

In 3% dissention in the family other than marital unhappiness.

In 4% fear of criminal punishment and social ostracism to self or members of the family

In 9% ordinary strain of life with no other contributory causes

Numerous instances of the disastrous effects of domestic discord are presented in Dr. Henry B. Richardson's book* "Patients have Families".

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* The Commonwealth Fund, New York, 1946

Dr. Richardson has made careful studies of numerous individual families and has found that a troubled family situation is a source of constant irritation, confusion, and frustration. There is nothing new in that, but Dr. Richardson's presentation of the mental stress created by "the family as the unit of illness" is so impressive and his life stories of patient after patient who could not get well because of their family troubles, are so illuminating that I feel one of these families should be presented here in some detail.

It is the family Q., composed of the father, Martin A., forty years old, his wife Mrs. Q., and their two daughters Agnes, aged nineteen, and Catherine, sixteen. Mr. Q., whom Dr. Richardson describes as a "little man with a pinched expression and a furtive look", averaged under $20 a week from WPA or Home Relief. Both he and his wife suffered from several ailments. Both had very bad teeth. Mr. Q. habitually vomited. Sometimes twenty times a night. Mrs. Q. suffered from a stomach ulcer. Their daughters were also sick. Agnes had a nervous condition diagnosed as anorexia nervosa (rejection of food and complete lack of appetite attributed to nervous causes) and Catherine attended the New York Hospital clinic because of cardiac symptoms.

On further exploration it was discovered that Mrs. Q. was the domineering person in the family. She was a plump, aggressive and somewhat stupid woman who used her gastric ulcer and her bad teeth

to boss the other members of the family. She spoke frequently and emphatically of her eldest daughter, Laura, who had died of heart trouble at the age of eight. She would present Laura to her sisters (who hardly remembered her) as a model of virtue, beauty, and intelligence; in Mrs. "'s opinion and often repeated soliloquy, Catherine resembled Laura. The result was that Catherine who was not too intelligent, tried to imitate her dead sister Laura and to become a paragon of intelligence and good behavior. She overworked at school to get excellent marks and developed,in her incessant but unconscious drive to resemble her sister Laura in everything, imitative heart trouble.

Agnes, the elder living sister, was considered by her mother as "dumb". Mrs. Q. unconsciously regarded her as the symbol of her own failure in life. Also, here the result was deleterious. The girl became subdued and shy, stayed timidly at home, developed anorexia and refused to eat, partly imitating her parents' stomach troubles and partly trying to get more attention from them. The father, Mr. Q. was even more subdued. His domineering wife, for fear of another pregnancy and with little regard for her husband's position, was not in favor of sexual relations. Mr. Q's occupation became more and more limited, in the end including hardly more than bringing the weekly pay checks home and vomiting up to twenty times a night. His vomiting, characteristically, had started soon after his wife's last pregnancy and her subsequent dissatisfaction

over marital relations.

The most interesting part in Dr. Richardson's story of the Q. family is the treatment and follow-up. Under competent treatment Agnes' neurosis rapidly improved. She regained her appetite, lost her shyness, talked back to her mother, gained weight and friends, started influencing people herself. When she later married a nice, shy and submissive sailor, reminiscent of M . Q. in some ways, there was good reason to believe she would soon develop into the same type of domineering and commandeering housewife her mother had been.

Catherine, the younger sister, felt better as soon as she was no longer driven to overwork at school, and her complaints disappeared completely when she left high school and took a job. The real problem "children" in this case were the parents. Mrs. Q., using her ulcer to help maintain her dominant role in the family, refused to have it treated adequately. Mr. Q. had his defective teeth fixed, but developed fits of bad temper for a little while for he could no longer use his bad teeth as a means of keeping up with his troubled and neurotic family. His vomiting, though, stopped when he got a well paid job which gave him satisfaction and some degree of security.

The story of the Q family may seem an extreme case. To the careful observer it is not. It represents a striking example of

a rather frequent combination: family strife, resultant mental stress, neurotic illness. "Life with Father", or for that matter "Life with Mother", far from being an amusing Broadway comedy is quite often a very serious matter, and the impact of a troubled family situation in which the parents quarrel, are separated or divorced, on the child's mind is tremendous. The child reflects his environment and the attitude of his parents. Family strife, in the majority of cases, is a neurotic product itself, a means toward achievement of a variety of ends, some of which are unconsciously pursued: to gain control, power, material influence, attention; while in others the motivation is less obscure or completely independent of unconscious factors. Whatever its cause may be it is a constant source of mental stress, nervous irritation and endless emotional problems.

In a sense, a troubled family situation itself is a disease. A lasting cure requires the removal not only of the stress but also of the underlying conflicts and a complete mental reorientation toward better and more constructive ends.

As to those distressing life situations which are beyond man's control it is well to keep in mind that life without loss and sorrow does not exist.

Human behavior during critical periods is not only determined by the actual stress to which individuals or groups of individuals

are subjected, but primarily by their view of and attitude towards this situation. Living under stress, though difficult enough, is not necessarily an evil under all circumstances. Many a cripple and many a patient with a chronic physical handicap has shown that a healthy mind, within a surprisingly wide range, is master of the body and of distressing life situations. It is not what happens to the person but how he feels about it that counts, or to put it in the words of a wise physician: "More important than the nature of the load is the strength of the back which has to bear the load."

C H A P T E R VII

THE AVOIDANCE OF NEUROSIS

You were not born with your neurosis. No one wanted you to become a neurotic. Yet you became one, together with countless others; when you were a child; as you grew up and were hurt and hurt often; as you craved love and were cut off from it; as you wanted to feel and think independently, but were prevented from doing so by parental possessiveness; or when you longed for expansion and progress, but were stopped by society's economic and social structures which stifle man's development. In nine out of ten cases all this is long forgotten - on the surface. Actually nothing is forgotten; it is only repressed. Though removed from your memory, every experience that you have passed through has made an imprint on your mind, and the bitter experiences have made the strongest impressions. The fears, frustrations, uncertainties and anxieties of your life have left their imprint too, and now you have an ailing mind. You are a neurotic.

Of course, you do not like the idea. You resent being called a neurotic; you emphatically deny being one. If you consult a phy-

sician-because you suffer from headache, pain, fatigue, irritability, anger or fits of depression-- you prefer him to find some physical disorder, a sinus condition, a touch of anemia or something else to which your troubles can be attributed. In this way, your body is blamed for the state of ill health, not your mind. Or you expect the doctor at least to mention overwork as the cause of your exhaustion. (It is remarkable, indeed, what a fine reputation overwork enjoys as a cause of illness, and what a bad one neurosis has! The reason, as was said before, lies in the mistaken notion of some close relationship to madness or malingering.) But don't worry. Though your neurosis may mean several things, it does not mean insanity.

Nor does anyone accuse you by telling you that you are a neurotic, -least of all your doctor when he diagnoses your condition as a neurosis. If your children from early infancy were kept physically and emotionally fit, if they were made happy and had a chance to develop freely their abilities, if their ego had not been early weakened by parental blindness and (societal) callousness, by unnecessary frustrations and secretive fears, there is good reason to believe they would grow up to become stronger, healthier and more optimistic adults than we are. They would still have to fight and struggle, and they would still experience the anguish of life. But they would probably be better equipped for the fight and the pain, and almost certainly would be less handicapped. Unfortunately most

of us are ill equipped and badly handicapped in the struggle for life. Nearly everyone carries some sort of burden. Even under the mask of apparent serenity or stolidity, there is often hidden a secret and personal story of frustration, struggle and inner conflict. It is this inner and hidden personality that has to be understood. If you are severely neurotic, it is these secretive fears, your innermost conflicts and the opposing drives within your unconscious mind - the hidden pain of your life - that have to be uncovered and unmasked.

Uncovering the pain of life! Freud, using a scientific term, called it psychoanalysis. For all its modernity and technique, psychoanalysis goes back to the age-old mental procedures of confession, catharsis and exploration of the human mind. Freud gave new meaning to all this, and by exploring the deeper layers of mental life, he was the first to demonstrate the existence of an unconscious sphere in man's mind and to show how it might be rendered accessible to study and treatment, to observation and care.

Uncovering the pain of life! Like all important principles on our planet the formula is so simple and the satisfactory solution so difficult! (This seems the way with all our great achievements in human history: The dream of flying freely in the air has been Man's since Daedalus and Icarus and must have been alive among humans much earlier, probably since the dawn of thought and

intellect, but its realization came only during the past century. The concept of atomic energy goes back more than two and a half thousand years. Einstein's classical formula* for the mathematical calculation of atomic energy $E=mc^2$ was established in 1905, yet it took man another forty years to transform it into a workable mechanism -- and then he used this mechanism to spread ruin and destruction!)

Uncovering the pain of life! A study of 275 college students revealed that over 90% of them suffered from gnawing, frustrated feeling of personal deficiency. If it were possible to discover early enough in every child, in every adolescent and every adult what is hurting him, what his inner conflicts and innermost fears are, the deleterious effects of frustration and resentment could not only be mitigated, but the incidence of nervous ailments would almost certainly decrease. Not only neurotic disturbances as such, but also other manifestations of mental ill-health such as juvenile delinquency, alcoholism, etc. are always related to environmental factors: Family, friends, school, work, life situations, parental, social, educational and economic influences which are in general active from the early years of life. Most healthy-mindedness and morbid-mindedness are determined in childhood. Where the difficulties and frictions resulting from these factors are kept down to a minimum, as in certain primitive societies, or

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* Einstein found what is probably the most important mathematical equation on this planet: $E=mc^2$. It means that energy is equal to mass multiplied by the square of the velocity of light.

where they are early enough uncovered, as among strongly religious groups under the influence of the dogma and certain religious practices (Confession!), the incidence of personality problems seems indeed noticeably lower than in those parts of the world where the individual is exposed to the effects of civilization without any protedtive devices. My personal experience has been that among the population of Italy, France, and Spain - predominantly Catholic countries - one encounters, on the whole, fewer neurotic disturbances than among the population of Germany and the Anglo-Saxon countries including the United States.

The highest incidence of neuroses, in my own experience, I observed in pre-war Berlin and in the metropolitan area of New York among population groups which had undergone physical and psychological dislocation as a result of frequent social, economic and political changes in their original homelands. The lowest incidence I found in pre-war Milan and Rome.*

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* (Of course, these personal observations may be entirely wrong and should not in any way be construed as statistical evidence. Personal observations in this widest field of human suffering are necessarily limited and are here mentioned more for the purpose of illustration than anything else. Furthermore, they refer only to my experience in some Occidental countries and do not include the Oriental areas of the globe where my stay has been shorter and my experience even more limited.)

The problem of prevention becomes still more difficult when one remembers that most people with a neurosis are not even aware of it, or if they vaguely sense that there is something wrong with their way of thinking and living, they steadfastly refuse to recognize it as the cause of their troubles and unhappiness. The neurotic behavior pattern is there for a reason; but the neurotic person either does not know or does not admit the reason. As one psychologist puts it: "Imagine a conceited person trying to discover he is conceited, when his very conceit makes him sure that he is not conceited."

To make the complex situation fully vexing and in some respects practically insoluble, one has to consider, last but not least, that a neurosis in addition to being an individual calamity is also a social phenomenon. The reader may remember that civilization in a way is a neurotic product itself, and that many acute and chronic symptoms are the effects of our inadequate social structures, of social insecurity and social callousness. Looking at the world as it is, it is sometimes hard to resist the temptation to call some of its manifestations a species of mild madness. With the two German wars against mankind just behind us, the development of globe-circling robots before us, and the destructive power of atomic weapons for the purpose of annihilation among us, it has become fairly obvious that mankind has advanced dangerously close to the point of self-destruction. One has only to substitute the modern "neurotic"

for the old-fashioned "mad" in "Alice in Wonderland" to understand its fundamental and terrifying truth: "We're all neurotic here .. . I am . . . you must be . . . or you wouldn't have come here."

Our problem, then, is: Can such "madness" be prevented? Can neurosis be avoided? And if so, how can it be done?

One answer, undoubtedly the oldest, is <u>religion</u>. We have remarked that among strictly religious pepulation groups, Catholics, orthodox Jews and so on, full-fledged neurotic behavior patterns are found comparatively seldom. I know of one internment camp in the Australian desert where several thousand Jewish refugees lived in filth, squalor and moral isolation during the war years. As happens in such camps, virtually all internees soon showed neurotic manifestations: Some became quarrelsome and unruly; others fell into complete apathy; a few committed suicide. There were exceptions, however; A small group of a few dozen men who were strictly orthodox, who practiced even in internment their daily religious rituals, and devoted much of their time to the study of the Talmud and other religious books which were sent to the camp by their so-religionists from Melbourne. Among this small community of men who lived in the same camp and under the same squalid, notoriously "neurosis precipitating" conditions as the others, no case of manifest "camp" or "prison-neurosis" was reported. The group remained neurosis-free.

This is certainly a remarkable instance of religion as an effi-

cient antidote against a neurosis-provoking life situation. It would be of interest to collect more data and review, in this light, the frequency of neurotic manifestations and their incidence among religious and non-religious groups in other internment and prison camps, populated by Protestant, Catholic and other groups. With the unfortunately abundant war material at hand a study of this sort could assume substantial proportions.

Whatever the outcome of such a study might be, I think religion may be one of the answers to the psychological crisis which shakes our world to its foundations, and I consider it natural that out of the chaos of our times there rise voices calling for a return to religion. I doubt, however, whether the established religions, i. e. the church in its various denominations can provide the answer. As I see it, there is a difference between religion and church. Religion in our Western world is the Old and New Testament, the Ten Commandments, the teachings of the great religious leaders, Moses and the Prophets, the ethics of the Nazarene, as recorded in the four Gospels -- in brief, the Moral law of the Occident based upon these teachings and recorded in the Sacred Scripts. The Church, on the other hand, is something different. Church is the organized hierarchy; church is might, clergy, bishops, priests, rabbis, aldermen. Church is <u>might</u> and not necessarily <u>right.</u> Church may be dangerously opposed to true religion. It may become Inquisition, Ecclesia militans, Crusades, brutal power and cruel persecution. "The teachings of Jesus of Nazareth, as recorded in

the four Gospels", writes the Reverend J. D. Townsend,* pastor of the Providence Tabernacle, "and the practices of the organized Christian Church . . . have little in common besides their name."

How, then, can the wide "chasm lying between religious beliefs and practices", as Rev. Townsend notes, or between religion and church, as I see it, be bridged and overcome? This is indeed the crucial question which in most cases remains unanswered and which explains why so many well-meant attempts at religious innovation and betterment of our world fail. With the majority of people religion is strictly an affair for Sundays and holidays; at best it reappears in foxholes, at funeral services and when hurricanes threaten. On weekdays and in business it is kept well of of range. Help through religion, as many facts prove, is possible. As a living, healing force it acts perhaps most frequently on the highest and on the lowest level. On the highest level I mention Spinoza who in the face of the three great evils of his life - tuberculosis, poverty, and persecution - remained true to himself and his belief, a man "drunk with God", as someone said of him. And on the lowest level? There is a story of a poor negro which I recently read; * * se non è vero, e bene trovato:

> "After a hailstorm which severely damaged the tobacco in our section, I met one of the worst-hit growers.

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* "Zion's Herald", Boston, September 1945.

** Louise A. Harris in Reader's Digest", August 1945.

'Any of your crop saved?' I asked.

'No'm.'

'But you did have it insured?'

'No'm. Not a penny.'

'I'm sorry,' I commiserated.

'Yes'm, thank you. 'Twas bad. Had a-been anybody else but the Lord had a-done it, I shore would a-been peeved.'"

Religion is probably one of the best and oldest positive defenses against anxiety producing situations, against the ever-present possibility that personality disorder will be precipitated or other disturbances will become aggravated by such situations: Religion which enables one to live and like it, to suffer and accept it; religion as experienced and practiced by Spinoza, by the orthodox Jews in the Australian internment camp, and by thousands of other people of every creed, color and race.

By thousands of people, yes. But not by the millions. With human nature being what it is and with our own generation hardly emerged from the two world wars and from the atomic and non-atomic slaughter houses all over the globe, I even doubt whether those faithful thousands are very many--thousands. Only a few years ago I saw with my own eyes the Archbishop of ... standing before one of the largest cathedrals in the world and blessing with outstretched arms the hundred of cannons, guns, rifles and other weapons of mass

slaughter which were beautifully arrayed before him on the big square in front of the cathedral. (With all due respect to his Eminence the Archbishop of . . . I dare say: This was not religion, this was at best church and at worst, plain paganism.)

If human behavior in the face of adversity were generally , or only in a substantial percentage of people, like that of Spinoza, this chapter could be now concluded with a simple suggestion: Go and act like them, and read a verse from the Bible every morning and evening!

Unfortunately it does not work. Imperatives practically never work, neither in theology nor in psychology. As to the latter, I am therefore also somewhat skeptical of the value of those half-scientific, half-commercial slogans which have lately become quite a fashion in this country and are shouted from every news stand or drugstore window: "Wake up and live!" - "Keep cheerful.!" - "Forget your worries!" - "Win him if you want him!" - "Pack up your troubles!" - "Let down and rest!" - "Let yourself go and be happy!" - all these and similarly popularized prescriptions which abound in our "applied psychology" market, where formulae for happiness and good cheer are sold today much in the same way as were the patent medicines for rheumatism and backache in the good old days. Many of these well-meant and well-formulated imperatives sound quite good, linguistically at least, and are psychologically innocuous. The trouble with them is that they rarely work. They do not take into account the existence of an <u>inner resistance</u> on the

part of the individual against such imperatives, a resistance which in the neurotic person often appears as an outright, though unconscious opposition to relief of the very suffering of which he complains. As a rule, the neurotic clings to his symptoms in spite of his suffering, and at the same time that he desires relief he will resist it vigorously, because his symptoms exist for a reason which is essential to him. They satisfy his unconscious. He cannot be expected to part with them until he has learned new ways of admustment.

This holds true with everyone whose inability to adjust to the reality around him makes him sooner or later a "neurotic potentiality". In practice the situation is perhaps not quite so bad as that. Since neurotic behavior patterns are acquired rather than inherited, some at least can be prevented or corrected by producing a satisfactory state of adjustment. As it is usually on the basis of non-adjustment and unrelieved, prolonged dissatisfaction that manifest neurotic ills develop, the methods of prevention are largely problems of adjustment. In the world of social instability and constant change in which we live, there is no possibility of a person's escaping all difficulties. Nor can inner conflicts and anxiety be easily eliminated. However, some of the sources from which conflicts originate and some of the factors which arouse anxiety can be either eliminated or neutralized. This is

the alpha and omega of mental hygiene.

M*e t h o d s and W a y s of A d j u s t m e n t

Mental health can be helped through adjustment. If it has been lost, it can be regained through re-adjustment and re-education. To be and remain in good mental health, man must be adjusted

(1) to his environment

(2) to the people he lives with

(3) to his work

In his last, never-delivered address, President Roosevelt wrote these words: "Today we are faced with the pre-eminent fact that if civilization is to survive, we must cultivate the science of human relationships - the ability of people to live together and work together in the same world, at peace." No better definition could be given of the art and science of adjustment, in the personal sphere of the individual as well as in the world at large.

The essential characteristic of adjustment in life is that it brings about a solution of problems. Conversely, the essential characteristic of maladjustment is that it fails to bring about a solution of life's problems. As a result, the adjusted individual finds comfort and satisfaction in his life and personal relationships; the maladjusted or non-adjusted individual lacking such comfort and satisfaction, feels uneasy and is discontented. Since

nervous illness is often but the expression of a faulty relation between a person and his environment - neurosis, as we have seen, being an attempt at adjustment that "went astray" - it can be prevented, at least to some extent, by strengthening the adaptive tools and faculties of the individual, including his intelligence, knowledge, education, learning and understanding. This will become clearer as we study some of the ways of adjustment.

A. Better Adjustment through Knowledge and Insight

A large part of the public is ignorant of what medical science and psychiatry can do for it. If a sore affects your body or a severe cough torments your chest, you try to have them cured immediately. If a fear or a depressive thought affects your mind, what do you do about it? In ninety-nine out of a hundred cases nothing. When people speak of health, they mean health of body. What about the health of the mind, the clarity of thoughts, the removal of doubts, the elimination of worries? They torment you during the day and keep you awake at night, they make you tense and irritable, and you are well aware of that. Yet what do you do about it? In ninety-nine out of a hundred cases nothing.

Much emotional malaise is derived simply from gross ignorance, false experiences and irrational fears. Dramatic accounts of new life-saving surgical methods or drugs have brought many medical

facts to everyone's attention, yet who even thinks of having morbid doubts and silly fears removed as scientifically - by psychotherapy - as putrid tonsils and inflamed appendixes are scientifically removed by the surgeon? The term psychotherapy alone is to the average person a frequent cause of nebulous ideas and false beliefs that defy any sense of logic. Lay ignorance is an important factor in poor psychological adjustment. Inadequate knowledge of social and educational principles among our "pattern-setters" - parents, teachers, adults in general - is particularly harmful, inasmuch as the mental health and happiness of the young generation depend to a great extent on their attitude and insight.

How, on the other hand, adjustment can be improved and personality disturbances effectively prevented by providing proper information and better knowledge, by learning and teaching, can be seen in many modern instances. Dr. Robert V. Seliger of Johns Hopkins Hospital reported at the meeting of the Southern Medical Association last year that explanatory psychological talks and streamlined psychiatric methods salvaged fifty percent of a group of neurotic or otherwise mentally disturbed workers in Baltimore industries. Explanations were given to workers and employers, in language each could understand, of the worker's illnesses and causes, and of measures, such as change of type of work, working hours and living conditions, that might relieve the strain of labor. Effective in reassuring the less seriously ill were statements that

"everyone has nerves" and that "people with nerves are not crazy." All workers were urged to tolerate peculiar behaviorism and to bring their personality problems, family troubles, anxieties and worries to the attention of their doctors.

As might be expected, the army had given much attention to these problems during the war. It established preventive measures similar to those used in war industries and in many cases equally good results were reported. To prove conclusively the effectiveness of the respective methods two companies of soldiers were chosen at random, both filled at the same time and composed of men of approximately the same age and social and economic experience. One group of soldiers was instructed daily by the physician along elementary psychological lines, including information on natural civilian resentment of army life, regimentation, fear, anxieties and adjustment. This was done in four medical talks to the group on four consecutive days of their basic training. The control group did not receive any instruction of this kind.

Beginning on the first day on which these companies filled and on which the talk began, a record was kept of all sick calls and hospitalizations until both companies completed their basic training. The following situation then resulted: There were approximately three times as many sick calls for psychosomatic or psychoneurotic symptoms in the non-instructed group, and between ten to eighteen times as many hospitalization days for such

symptoms in the non-instructed group as in the instructed group. Furthermore, time lost by AWOL's in the non-instructed company was twenty times greater than in the instructed company.

I think these are sufficient examples of what may be achieved by proper information, individual and group instruction, simple teaching and plain scientific knowledge. The value of competent advice in this field can hardly be emphasized too strongly. He who ventures into the large sphere of human relations may occasionally become imbued with a feeling of frustration himself; for he finds so many people ill-informed, biased and immature that an attitude of hopelessness may well permeate his outlook. Yet the results of honest attempts at improvement are as promising as the needs for more and better information are urgent. The above instances confirm that. If there ever was a <u>"moral obligation to be intelligent"</u>, to use John Erskine's stimulating words, it is in the long neglected realm of public mental health. Mea res agitur - here it holds literally true: Your health and mine, your happiness and mine, your success in life as well as mine depend to a great extent on proper education along these lines.

"Why does ignorance cause suffering?" asks Buddha, and his answer is: "Because it makes us cherish what is not worth cherishing; it makes us worry about things we should not worry about; and it induces us to waste our time hunting for worthless objects,

while neglecting those which are of real value to us." Nothing is healthier for the mind than the joys of learning, the pleasures of knowledge, the gratification derived from understanding.

Ignorance is probably the most common cause of fear. Every so often I am consulted by a patient who has lost his peace of mind, since his doctor has told him that he has "arthritis" or "high blood pressure". From that moment he is the victim of hypochondriacal ideas. Someone - usually a "good" friend or a misanthropic old lady, herself a hypochondriac has given him to understand that he may become paralyzed on account of his arthritis or suffer a stroke because of the blood pressure. On examination it turns out that there are minor arthritic changes, limited to the sacro-iliac joint and absolutely insignificant, and that the blood pressure is very moderately increased, of no major importance either. The fear, however, caused by ignorance, has driven the man half-mad. The first step in the fight for better mental health is therefore to become aware of the nature of the problems and of the ways to cope with them - through better knowledge, understanding and insight.

The numerous myths and the widespread silly nonsence we harbor in our minds have a disintegrating effect upon us. Getting rid of them will in itself create a healthier atmosphere. Giving the public the facts about emotional illness, about what can be done for "nerves", about what can ethically be achieved in psychotherapy, will substantially improve the mental outlook of our people.

B. Better Adjustment by Change of Environment

The word environment means surrounding - the totality of external circumstances and conditions under which a person lives. From the beginning of medical science, certain physical factors of the environment, such as cold, heat, humidity, have been recognized as causes of ill health. With the advance of medical psychology during the past few decades other types of illness (which today are classified as psychoneurotic and psychosomatic diseases) came to be understood as psychological, biological or social conditions related to certain social and cultural factors prevalent in a given environment. Since the deleterious effects of poverty, unemployment, economic crisis, social disintegration and other unfavorable life situations have been discussed in previous chapters, they need no further elaboration. According to Dr. Karen Horney* the neurotic person is the product of a specific culture which, based "in our time" on the capitalistic system, makes him economically insecure and forces him into frenzied competition. Our social system, says Dr. Horney, implants a basic anxiety into everyone, producing the soil in which emotional illness thrives.

These are modern and popular concepts. Everyone knows that the proper evaluation and subsequent elimination of obnoxious physical factors of our environment in the past were paramount in the establishment of good public health. All our progress in sanitation,

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* Karen Horney "The Neurotic Personality of our Time", W. H. Norton, New York, 1944.

hygiene, preventive medicine, control of epidemic disease, nutrition, industrial sanitation, goes back to this fundamental fact. The tuberculosis mortality in England where the "machine age" was born in the early nineteenth century, was at that time approximately 650 per 100,000 population int the large industrial areas. With appropriate sanitary and legislative action against the obnoxious factors of industrialism (overwork, overcrowding, poor ventilation, insufficient rest periods, child labor, etc.) the toll taken by tuberculosis of human life dropped to 80 to 100,000 population in our century.* In the United States where industrialization began half a century later than in England, the tuberculosis mortality had mounted to about 400 per 100,000 population in the large eastern cities in the period between 1850 to 1885; with the introduction of general and industrial hygiene it fell to about 45 per 100,000 in 1940.

The progress in public health which came from the recognitio n and control of some of the significant <u>physical</u> factors of the environment, is obvious. Should it not be possible to derive similar benefits from the growing appreciation of the important <u>psychological</u> factors of the environment? Effective preventive measures against these morbific psychological agents have hardly begun in public life, but it is becoming more and more evident that appropriate action designed to remove or alleviate the pressure of

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* William G. Niederland, Acta medica Phil. "Industrialization and Public Health", 1940.

obnoxious psychological factors will have to be taken in order to attain and retain optimum mental health.

For instance, there is much the employer can do to make working conditions more attractive and more hygienic for his employees. As early as 1670 the great Italian scholar and physician RAMAZZINI wrote a book called "Diseases of Tradesmen" in which he said that it was written for the "safety of the working people so that they may follow their trades without injuring their health." Ramazzini added that "learned men tend to become melancholy" and "secretaries to great men become nervous owing to the strain of correcting their master's work and living in the uncertainty of not knowing how it will be received."

Under the powerful stimulus provided by the recent war a few steps have been taken in industry to change the environment of the industrial workers: Elimination of noise, avoidance of excessive strain, regulation of working hours, prevention of excessive monotony, initiation of recreation programs, improvement of living conditions in general. Industrial mental hygiene of this kind helps to safeguard the mental health and efficiency of the workers. (Characteristically enough, the best organized efforts in this direction seem to have been made in those newly built cities in New Mexico and other areas where our first atomic bombs have been produced. The "atomic age" just ushered in may turn out to be a blessing after all).

All these measures act in a collective manner. They reflect the growing recognition that the great problems of our time are less technological than social and psychological in nature. If, indeed, the "atomic age" turned out to be the era wherein the man rather than the machine receives the greatest care and best attention, it would become - contrary to many predictions- one of the true blessings in human history, comparable only to the discovery of fire by primitive man.

With all the advances of science and chemistry, it is still the factor <u>man</u> that dominates the human scene. In addition to the group aspects and collective efforts in mental hygiene every case presents an individual problem. If industry and labor are going to have peace, they will have to develop better industrial relations based not only on wages and working conditions, but also on psychological principles.

What can be achieved in improving the health of industrial and clerical workers who suffer from industrial fatigue or emotional difficulties, is shown by the following case report of a twenty-three year old patient who recently recovered at the Roffey Park Rehabilitation Center. The patient had been a clerical worker in a large insurance company. It was noticed that recently she had been periodically absent and investigation by the company's physician and social worker had disclosed that her absenteeism

was due to maladjustment and depression springing from an over-solicitous mother. The social worker visited the girl's home, t talked with her mother and reported back to the physician. It was decided that it was in the patient's interest to leave her home environment and gain insight into the nature of her problems.

Arrangements were made for the girl to go to the rehabilitation center for an indefinite period. In addition to regular physical exercise, recreational activities, open air life, etc. She met twice weekly with the physicians and more frequently with the other staff members. Her difficulties were discussed in detail and dispassionately until she gained insight and understanding and could take a less emotional view of her problems. At the end of five weeks she returned to her job. Now six months later, she is satisfied with her occupation, has advanced to a more responsible position and is not only a better adjusted individual in her personal life, but also a more efficient worker in her job.

Of course, not all problems come from family situations nor can they always be handled with such relative ease. Moreover, the Roffey Park Rehabilitation Center lies in Sussex County in England, thirty miles south of London. Its patients are workers with emotional troubles, maladjustment and mild neuroses which have become evident on the job. Its rehabilitation program is backed by industry. Would it not deserve emulation everywhere in our industrialized world?

There is, for instance, the child that grows up in poverty and what is called a "bad neighborhood", living under the preponderance of unfavorable life circumstances. A radical change of the environment would mean much, perhaps everything for the individual's future life. How often is such a situation encountered and how seldom a change effectuated!

That environment makes a great difference, I well remember from my own school days. When I was fifteen I was transferred from the only progressive institution in my home town, the so-called "Real(istic) Gymnasium" which I had attended until then, to the oldest and most respectable school in town, the "Old Gymnasium". My parents wanted me to study the classical sciences and languages. It was really an old school in the most literal sense, physically and otherwise, a former monastery with gloomy halls and dark, cheerless rooms. Thinking of that now distant place, I still shiver sometimes as if with the cold and chill coming from the musty, massive walls of that old schoolhouse. The teachers were as gloomy and unfriendly as the place in which they taught. To make a long story short, I fell sick the second or third week after I had entered the institution, developed a tonsillitis with fever and followed by kidney complications, was in bed for five or six weeks, got better, attended school again, and again took sick. After several months of personal unhappiness, alternating with illness and occasional uneasy school attendance, I returned to my

first school, the progressive "Real-Gymnasium". I felt immediately better and remained well "ever after".

Looking back at those days I still wonder whether the whole period of my illness at that time - by far the longest I ever had in my not quite uneventful life - was not "psychosomatic" in the light of our present knowledge. It was a physical condition, no doubt; my tonsils were infected and there were fever, albumen, pus and casts. But were they not preceded by a period of profound unhappiness and dissatisfaction which might have disturbed the delicate psycho-physiological equilibrium of a sensitive youngster to a point where his bodily resistance was lowered and his immunity against infection markedly depressed? Dr. Binger describes such cases in his book. He thinks that "the resistance to . . . infections, such as pneumonia, influenza, sinusitis, tonsillitis and even to common cold, is probably influenced by emotional states." Of course, there is no proof. But I still have in my possession a paper, my not so honorable "discharge paper" from that school, with the principal's handwriting on it. It says that "the pupil's school attendance was interrupted by frequent illness and absenteeism; his scholastic performances, hence, cannot be judged properly." (The old tight-lipped, bearded and bespectacled headmaster was perhaps a good psychologist after all, deep in his heart.) At any rate, the change of environment had a salutary influence on my health: After my return to the first school where I had always

felt happy, I was no longer troubled by sickness; I soon became the "top man" in my class, and went successfully through college.

Environment makes a great difference. If a person who is exposed to unfavorable life circumstances, is taken from his uncongenial surroundings and put where he is happy and hopeful, his suffering will soon become much less acute and may well disappear, so long as his surroundings remain to his liking. Thus, taking people away from intolerable homes, from distressing situations in jobs or unbearable institutions will prove beneficial in numerous cases.

I have presented the personal chronicle of that school episode in some detail not to bore the reader with autobiographical data, but to show what can be achieved by relatively so simple a measure as change of environment. It is only fair to add that it does not always work that way. In the first place, as desirable and necessary as it may be, it is not always possible to effectuate such a change. Some years ago I was consulted by a woman, kind, sensitive, of a somewhat frail constitution, and unmarried. She was not quite young any more, rather in the way of becoming what is known as a "spinster" in the not too distant future. She lived in a small apartment with her mother. The latter was a member of the ancient Polish aristocracy, a quarrelsome, stiff-necked person with a severe psychoneurosis of long standin g

marked by hysterical fits, hypochondriacal symptoms and several phobias. Psychotherapy had been refused by the mother in the past; she also refused when I suggested it once more. The daughter was unhappy, depressed and lonely. It was obvious that the mother's condition - and probably more than her mother's condition <u>the fact of living with the mother under such conditions</u> - was one factor in her unhappiness. Yet, what could be done about it? Change of environment, leaving her mother's home would have been an apparently simple, logical solution. But could she really leave her elderly mother whose only daughter she was, leave her alone and sick with her neurotic fits, hypochondriacal ideas and deep-rooted phobias?

Situations like this are not rare exceptions in a busy doctor's practice. In many cases in which we cannot alter the person's external surroundings, we try to change what has been termed the "internal environment". By suggesting lectures, books, theatre, company, sport, hobbies, travelling, etc.; we try to put our patients in a situation which makes life more pleasant, more "palatable" to them, so to speak, hoping (sometimes against hope) that from these methods and the healing influence of time there will ultimately result a better frame of mind and a more optimistic outlook on life.

Finally, there is a basic limitation to our environmental prophylaxis and therapy which cannot be overlooked: The all-important

inner conflict. No environmental changes whatsoever can give unity and integrity to an ailing mind. As no one is ever made sick by the environment alone, so nobody can be cured merely by changing the environment. The problems of maladjustment cannot be solved by external therapy only. The basic personality of the individual is laid down early in childhood. When the mind-building years of childhood are over, the human being has developed a set pattern of responses and reactions to certain situations. These general patterns of behavior are absorbed early in youth under the moulding influence of internal and environmental forces and, once established, they continue as habitual and automatic reaction patterns in a person's entire make-up. They cannot be influenced by change of environment or any other external method. As far as present day knowledge goes, such change can only come from <u>within</u>, by psychotherapy and the sustained efforts of the individual himself.

C. <u>Better Adjustment by Retraining Attitudes and Correcting False Behavior Patterns</u>

Our happiness or unhappiness is much more dependent on the way we meet the events of life than upon the exact nature of these events themselves. The elimination of obnoxious environmental factors by appropriate social action in public life, industry, work and home has been mentioned above; the individual care of environmental stress is up to the person himself. The outcome of a

person's endeavor in this direction depends largely on his attitudes.

Attitudes are the psychologically established behavior patterns of an individual. They develop early in life under the impact of environmental pressures on the child's mind. Specific attitudes are individual reaction patterns by which certain situations are met. By repetition and habit they perpetuate themselves, become permanent and act as automatic mental processes each time a certain situation has to be reacted to. Thus every individual develops his own characteristic responses to situational circumstances. This set pattern of responses makes the individual act throughout life the way he does, habitually and almost automatically. All this is necessary and desirable in the daily routine of life. The average person gets up in the morning at a certain time, washes, dresses, leaves his home, goes to work, reads his newspaper, has his meals at a certain hours - and rarely gives much thought to these activities. He performs them habitually and automatically, his behavior governed by the habitual responses which have become part of the routine pattern of his life. "A man could never even reach his office", says Kraines*, "if daily he had to debate with himself: to get up or not to get up; to wash or not to wash; to shave or not to shave; to read the newspaper or not to read, etc., etc.,"

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* Dr. Samuel H. Kraines "The Therapy of the Neuroses and Psychoses", Philadelphia, 1943.

In the same way much of a person's thinking and feeling is automatic, the pattern of it built up in the past and often related to the specific cultural background of the individual. If a German Junker dons a monocle, he thinks it gives him dignity and social standing. We only laugh about such behavior which to us, used to other standards of displaying dignity and distinction, seems silly and irrational.

So far so good, i. e. <u>good only as long as our attitudes</u> are healthy, helpful, or at least harmless. In many cases, however, they are not; often they are definitely unhealthy, immature and false.

It will be recalled that the neuroticism of the parents is implanted in the child's mind early in life. A child, under the influence of parental over-protection, may develop attitudes of dependence which make him wish to lean on someone all his life; or hurt and hurt often during the mind-building years, either openly by bodily punishment or silently by withdrawal of love, may adopt a pattern of complete submission. If the personal response is in a different direction,children may become antagonistic and rebellious. Often the child's attitude toward his own body is influenced by parental teachings that the physical functions of the body are unclean, that anything "below the neck" is shameful and to be kept hidden. Such teachings give rise to feelings of guilt

over bodily functions which tend to persist, though usually in a repressed form. Thus the adult's feeling and thinking about his bodily functions or needs is determined in his early years of life. Eating, as we have seen, may also become associated with a variety of feelings under the influence of parent-child relations. Certain attitudes about food, difficulties of the digestive, eliminatory, respiratory and other functions, food aversions and fads, originate from parental training or early environmental influence. The unconscious mechanism lying behind each of these patterns is based on the neurotic conflicts, the roots of which go back to childhood. Its visible effects later appear as symptoms, character traits and attitudes. Its roots, however, remain <u>invisible</u>, because buried in the unconscious. To illustrate the situation the comparison with the icebergs has been frequently used. Only a certain part of the iceberg is visible to the observer's eye. The bigger and more important part ordinarily is invisible, hidden below the surface.

It is obvious that neurotic attitudes, unless changed and replaced by healthier ones, will interfere with a person's striving for happiness and success. We know today that permanent alterations of the character as we encounter them in many neurotic personalities can be traced to the early incorporation of pathological behavior patterns. But we also know that, contrary to older psychological theories, these patterns do not constitute inherited

personal characteristics; rather they are <u>acquired mental habits</u> which established and perpetuated themselves early in youth. Therefore they can be changed, by the conscious and persistent effort of the individual under the guidance of the physician. The best time to eradicate them and to prevent maladjustment in adult life is in childhood and adolescence; yet, getting rid of them is possible at any period, as soon as the person has discovered and convinced himself that a certain behavior pattern in his make-up is undesirable, unhealthy, and harmful. One of the elementary steps in neurosis prophylaxis is therefore to make the individual aware of the potentially neurotic nature of his attitudes. Only when a man gains insight into the underlying mechanisms of false behavior patterns, they can be attacked and changed.

If such preventive action - by changing and retraining unhealthy attitudes - is omitted, the result is almost inevitably: manifest neurosis. In this sense Dr. T. A. Ross's * explanation of a neurosis is noteworthy. He defines it as "<u>the taking over of control of a person by the accumulated bad mental habits of a lifetime.</u>" This definition is of value from a practical point of view. If you look closely enough at your friends and neighbors (and at yourself), you will perhaps discover a number of unhygienic patterns such as here described, in their and your

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* Dr. T. A. Ross "The Common Neuroses", Baltimore, 1941

psychological make-up. You will discover that the lives of some are dominated by the "fear habit" or "worry habit". Others have the "misery habit", their minds filled with self-pity and the desire for being pitied by those around them. Some just cling to infantile attitudes in general (trembling, shedding tears, screaming, falling into temper tantrums at the slightest provocation, etc.) instead of developing mature attitudes. In brief, when we look at ourselves more closely, it soon becomes apparent that many of our difficulties as adults result from an unconscious repetition of unhealthy patterns built up in early childhood.

The technique of changing unhealthy attitudes is that of re-training and re-education. It is nearly always a long process that requires effort and patience. Spontaneous changes are possible. A few persons may even experience a dramatic change by undergoing a peculiar and spontaneous mental process of sudden or gradual change - William James calles it "conversion" - the exact nature of which is unknown. Its existence and significance, however, seem well documented by testimony. The occurance of this mental process has had particular importance in the lives of many famous men (Tolstoy, Goethe, William James himself, many poets, artists, and nearly all religious leaders). Because of its singular effect upon mental health I consider it advisable that this process be discussed here separately and in greater detail* than is ordinarily done in modern books on psychology.

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* See heading F

The overwhelming majority of people, however, needs the aid of a trained physician. This can be easily understood when one considers that common habits such as overeating, overdrinking and oversmoking, are seldom reformed except by sudden and complete renunciation, or with the usual lack of resoluteness on the part of the patient, by systematic medical and psychiatric action. Psychologically speaking, such habits are but acquired unhealthy attitudes of a specific nature which are superimposed upon the underlying, generally unhygienic behavior pattern of the individual. If it is difficult enough to retrain the former without competent medical aid, it is almost impossible to overcome the latter which were earlier formed and became deeply ingrained into the personality structure. With the help of the trained physician, however, who acts as a guide, re-educator and teacher of health in these cases, unhealthy behavior patterns can be changed. It is a difficult job. It is easier to remove a cancerous growth from a person's chest than to change his irrational attitudes toward an individual of another religion or skin color.

A good part of the physician's job in mild cases consists simply of teaching the person, by example and prescript, to think and to stand on his own feet. To people who are worried about conditions or handicaps they do not possess ("worry habit") one may tell the story of the elder J. P. Morgan, the financier, who worried about his big nose; he thought that people were always

staring at it, when they were really fascinated by his eyes. An excellent advice was given to chronic worriers by Dr. Austen Riggs: He said that the first thing an habitual worrier should do, was to ask himself if the problem that was bothering him so strongly was his to solve. If he found it was not his and he could not do anything about it anyway, he should not spend two minutes on it.

To those emotionally unstable persons whose chief trouble is their inability to make a decision and stick to it once it is made, I like to narrate a story of former Mayor La Guardia. He had just made a decision on some city affair and said resolutely to his somewhat skeptical aide who had been looking on in a rather undecided mood: ". . . and don't bring that back to me!" Sometimes it is better to make a poor decision than to make none at all and continue worrying, stewing, fretting until one's health reaches the breaking point.

I once had a patient, a young and bright boy of twenty-three, who was employed in the office of one of our big industrial concerns in New York. He had a common mental handicap: He could not get along with his colleagues and fellow-employees in the office. (The inability to get along with other people is a typical characteristic of many neurotics.) Especially one of the men employed in the office - and, of course, just the one occupying the desk next to his -

made him "nervous" and "upset". Each time my patient came to see me, he told me of some new trouble he had suffered at the hands of the man. One day I asked him: "Why don't you invite your troublesome neighbor to have lunch with you tomorrow?" My patient was at first flabbergasted. But when I insisted, he followed the advice. It did not take very long until the two men became good friends.

Lifelong loneliness and lack of human contacts are frequently caused by an attitude of withdrawal on the part of the lonely person. There are individuals who live lonely lives even though they are not in isolated places. To Dr. Max Schoen, the eminent psychologist of the Carnegie Institute of Technology, came once a young woman with the complaint that she was not popular with the other students. "I feel superior to them," she said, "and they don't understand me." "Then why complain?" replied Dr. Schoen. "Superior people must pay the price of loneliness." He added: "Make it your business to look in the mirror every morning and laugh at what you see there. You have a superior air, a look of self-sufficiency. People take your word for it and let you alone." The woman had a feeling of superiority and her behavior pattern was accordingly: irritating, self-sufficient, superior and aloof. Since most people don't like such irritating attitudes, they withdraw from her and she became isolated. A solitary life may result, of course, from the other extreme, too: from feelings of

inferiority and an attitude of shyness which causes such persons to seek isolation, since they cannot be comfortable in the presence of others. Also this unhealthy attitude can be corrected by consciously directed retraining. As an example of the effectiveness of retraining I have a case all my own at hand - myself.

As a teen-aged boy up to my early twenties I was rather shy, timid and sensitive, perhaps over-sensitive. I did not feel very happy with strangers nor, to tell the truth, with myself. There was one detail in particular that tormented me more than anything else: Whenever I had to enter a store, a restaurant, a coffee shop or some other crowded place, I had the feeling that the people in those places were staring at me and observing every movement of mine. In brief, I had an embarrassing time. What made it worse, was a sensation of tension and pressure which I felt "creeping" over my back and gripping my chest whenever I had to go to any public place where the presence of crowds was to be expected. (As I know today, it was actually a strong inner tension that produced that uncomfortable sensation in my back.) Well, it went on that way for a good many years, and with my shyness, awkwardness, inner tension, and that sickening feeling in my back, I did not feel too happy. Naturally, like most youngsters, I did not talk to anybody about it. Then there came a time when I began to think for myself and to understand the immaturity of my reactions. So I started retraining them. Wherever and whenever there was an

opportunity to go to public places, or attend meetings, or visit crowded localities, I went. I sat in tearooms for hours, in cafeterias entire afternoons: I spent an entire Sunday in a crowded beer-garden. I cannot say that I enjoyed all this particularly, but I can say that it was effective. Gradually I lost my awkwardness and embarrassment in the presence of other people and the feeling of tension disappeared completely.

Today people tell me that I am a good "mixer". If I am, it took time and hard work to become one. I remember a busy restaurant at a certain street corner of what would be called "Main Street" here. I used to enter that restaurant ten, fifteen, eighteen times a day, not to buy anything there, but just to enter it, walk through the place and leave it again by the same door through which I had come a few minutes before. There were always people, customers, waiters, cashiers and others. I made believe I was looking for a friend. In fact, I was, though in a different way than they would have thought. I was looking for good mental health, for a relaxed and healthy attitude toward people and life, and I believe I found it - strangely enough - in the smoky, sticky atmosphere of crowded cafeterias, restaurants, and beer-gardens. From a more realistic and psychological point of view, of course, it appears differently! I was not changed in the cafeterias and beer-gardens at all; I was still the same person. But my attitude, the whole pattern of responding emotionally -

in my case by tension and embarrassment - to the presence of strangers underwent a change. The unhealthy behavior pattern was reformed by direct and conscious training of myself.

This personal example may serve to illustrate to some extent the way of retraining attitudes - and in my case, as nearly always, it was "the hard way". The first step is the recognition of our unhealthy attitudes for what they are and for what they do to us. This step itself usually requires medical aid and explanation, since most people taking those early formed attitudes for granted are unable to recognize them as the cause of their maladjustment. How changing attitudes can possibly have a wholesome effect on a man's stomach trouble, fatigue and worries is beyond the average individual's comprehension. The second step is the will to recovery, i. e. the wish to change. This also is often impossible to do without being first persuaded by the physician. A genuine desire to be helped, in addition to average intelligence and honesty, is an indispensable prerequisite on the road to cure. A great many patients who consult the doctor go on doing things the way they want to, not the way the physician suggests. The next step, then is the systematic, consciously directed effort of retraining attitudes. This, too is best done under the guidance of someone who knows "why" and "how". Since our behavior patterns are formed at an early stage of life and have been in existence for a long period of time, it is the habit factor that has

to be coped with. And that alone necessitates in most cases expert assistance, guidance, patience, and perseverance.

Human beings are bundles of habits. Neurotic human beings are bundles of neurotic, that is, bad and unhealthy habits. "The great thing in all education," says William James, "is to make our nervous system our ally instead of our enemy." In James' chapter on habits* there are some admirable practical remarks which are worth repeating:

First we must make automatic and habitual, as early as possible, as many useful actions as we can, and guard against the growing into ways that are likely to be disadvantageous to us, as we should guard against the plague.

Second, never suffer an exception to occur until the new and better habit is securely rooted in your life. Each lapse, according to this maxim, is like the letting fall of a ball of string which one is carefully winding up. A single slip may undo more than a great many turns will wind again.

The third rule is: Seize the first possible opportunity to act on every resolution you make and on every emotional prompting you may experience in the direction of the habits you aspire to gain. You will not get far with mere good intentions. You have to act and act again and again in the direction of the new and healthier habits you wish to acquire.

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* The Principles of Psychology Vol. IX.

What can a person do himself to help and facilitate the long retraining process once bad mental habits have established themselves? There are a few important things he can do, in addition to being cooperative and persistent in his efforts. As a concrete, though simplified example let us take that of an average "vacationer" who is spending a brief holiday in the country. What is it that makes a vacation so healthful, so beneficial to a person's mind? Let us see: Our vacationer, just arrived from the big city where he lives and toils, goes fishing, paddling, hiking or hunting; plays goff or tennis; swims, relaxes, dances, rests in the sunshine, enjoys the view of the mountains or the splendor of a sunset, admires the flowers in the garden and looks benevolently at the farmer's untrammelled children - in short, he feels "like a million dollars", as the saying goes. What happened there to our friend? Is he transformed? Has some beautiful fairy touched him so that he became miraculously another man? No. He is still the same person who only a fortnight ago was a petty tyrant to the employees in his office, or was moody and irritable at home to his wife and children, or was just a lonely and depressed bachelor in his own four walls. With all the fresh air his lungs have breathed and all the sunrays his skin has absorbed, he is still the same person. Yet something has changed in him, while on vacation. It is not his personality as such; changed are the attitudes which are part of it. His unhygienic mental attitudes have lapsed into the back-

ground and have been replaced by the healthy, relaxed attitudes of a happy vacationer.

During a vacation, it is true, it all comes automatically. At home, in the city, in business, it is more difficult. There it takes good will, thinking and much effort. But it is possible, as is proved by the experience of anyone who has ever taken a prolonged vacation.

A well planned program of retraining includes sports, games, music, play, hobbies, gardening, and to a certain extent interest in politics, arts, literature and science. Activities of this kind are especially helpful as general remedial measures before mental habits become definitely established. But they are valuable outlets in states of inner tension at any period of life. Careful individual planning and guidance are important, because each individual with a fully developed unhealthy behavior pattern presents a singular problem. Not so long ago every person suffering from an emotional upset or any other type of mental discontent was told to rest. This led to a widespread abuse of rest in prophylaxis and therapy. Rest is a good and necessary remedy for the few among us who are really overworked, for the soldier who returns from the battle line or the pilot after a number of dangerous flights. For the great majority of people in civilian life it is not. Boredom weighs as heavily upon the mind as fear, worry or brooding self-pity. Many people suffer not because they

do too much, but because they do too little. I recently read a report on the conditions in the Santo Thomas internment camp in Manila during the Japanese occupation. One point was particularly stressed: "Heavy work saved many from complete disorientation and mental collapse."

This may appear like a contradiction of what was said before in praise of the "vacationer". It is important, therefore, that what is meant be clearly understood: The average individual does not need perennial vacation for his health; he needs the wide and open state of mind, the wholesome and relaxed attitude which he so easily adopts when on vacation and just as easily discards when he is back again at home or in his office. One of the easiest ways of finding out whether one has healthy or unhealthy attitudes toward life and people is asking oneself the following question: "Do I get a kick out of life?" (And I mean life, not necessarily jewels, mink coats, gambling and horses.) If your answer is on the affirmative, you can be pretty well assured that yours is a healthy attitude toward life. If not, try to regain your readiness to enjoy life by recognizing and removing your negative attitudes.

Then, there is the cultivation of social contacts and all that goes with it. No one can keep his mental health if he hides from other people and withdraws into himself. Human associations are essential to man's happiness and health. In this respect, our

well-being depends on our relatives, friends, neighbors, and acquaintances almost as much as on ourselves. Even the customary exchange of pleasantries with the door man, the grocer and the candlestick-maker has its minor gratifications. Neurotic persons are often seclusive and asocial people without friends. Living lonely and enmeshed in their own self-centered feelings, they brood about their past and present ailments, worry about the possible or impossible future afflictions, and lose the necessary contact with the realities of life. The French have a good word for the significance of an adequate contact with reality. They call it "le fonction du réal" - the function of realism. We have to see to it that this realistic function is preserved and strengthened in us, not lost and wasted. Visiting with one's friends, attending group affairs, taking part in community life, associating oneself with organizational activities, are important and constructive elements of mental health and personal growth. Some people when told about the need for social contacts, state that they feel worse when going out, that they resent the company or the interest of others. Such negative attitudes can be overcome by training. These people will often resent the first two or three visits with friends, but after several more their reluctance may spontaneously disappear and, after a prolonged period of training, they usually enjoy the company of friends as much as you and I. It is innate in human nature; Man cannot live

"Men cut off from the influence of women," says Florence Becker Lennon*, "seem nearly always to develop eccentricities." She forgot to add that the same holds true of women cut off from the influence of men.

Is there more the individual can do in this momentous job of retraining his attitudes? Indeed there is. There is the inexhaustible well of mental health which is the human language, the healing power of the word. It is remarkable how little attention has been given to this powerful source of human wholesomeness in the past and even many books on applied psychology mention it only casually. The use of language can become an instrument of health and power just as its abuse can act as a vehicle of discouragement and misery. We can strike with a word sometimes more effectively than with the fist; by words we can help and hurt, inspire and dishearten, give value to a matter or throw it into oblivion. Words like deeds may be constructive or destructive, elements of strength or expressions of decay. Those who learn to speak with charm, precision, vigor and diction, soon experience the benefits of well used words. (Here is perhaps part of the secret of the better mental health in oriental and certain Latin countries. Almost every Italian uses his beautiful language with distinction, charm and in a naturally expressive voice, and as I mentioned in another connection, in Italy I found fewer and less serious neurotic disorders than in any other civilized country.)

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* "Victoria Through the Looking Glass: The Life of Lewis Carrol", Simon & Schuster, New York 1945.

In the beginning was the word! What distinguishes the human being from the animal more than anything else is his faculty to speak freely and clearly, his ability to talk in a coherent and constructive manner. Wordless people are unhappy people. What is still worse, is the frequent use, or rather, abuse of the noble gift of language for the purpose of impoverishing rather than enriching life. The monotonous, stammering, despairing, irritating, accusing, shouting or cursing vocabulary of the defeatist is better known to most people than the vigorous and virile language of the upright, undaunted person. From the weary "I am always so tired..." to the trembling "I am only a bundle of nerves", from the whispered "I seem to have nothing to say to people" to the accusing "how cruel life is to me", from the self-pitying "I'm afraid I'll die of worry" to the rigid "I've always been that way" - ranges the language of verbalized defeatism in an almost inexhaustible flow of despondent accusing, distorting or self-devaluating terms. At bottom, of course, all this is but another index of the "taking over of control" of a person by his own bad mental habits. Words are symbols of our personal feelings. There is no magic in words, to be sure. But there exist verbal charm and power as anyone knows who ever was exhausted by reciting a poem, reading the Gettysburg address or listening to Churchill's war speeches.

Learning to speak well and accurately, giving attention to

the beauty of language, taking a well-directed course in public speaking, reading good poetry and reading it often and aloud, are therefore very helpful methods of personal retraining and emotional re-education. Words have an inner dynamic power which goes far beyond their linguistic meaning. Strong and clear and hopeful words not only reveal the strength and clarity and hopefulness of the one who uses them; they also produce or at least increase these qualities in him. Words, good and helpful words, can soothe, console, strengthen and inspire.

About seventy years ago a young patient almost moribund, entered the Edinburgh Royal Infirmary to consult Dr. Joseph Lister, who was the most famous surgeon in England at that time. Dr. Lister had just come back from Paris where he had been the disciple of Louis Pasteur, the first man who had actually isolated microbes and cured infections caused by living, deadly germs. The young man was suffering from a then hopeless type of tuberculosis. The disease had infected the patient's bones and one foot had already been amputated. Now surgeons wanted to amputate the other.

Dr. Lister did not amputate. He chose a different treatment, unheard of in those days, Pasteur's treatment of disinfection and antiseptic therapy. The patient miraculously recovered. The treatment took two years. But still in bed, still suffering from the dangerous infection of his bones, he sat up and wrote a poem. The patient's name was William Ernest Henley and the poem he wrote be-

came the immortal "Invictus".

He who feels so strongly and basically sound, who gives such powerful, sincere expression to his sentiments, who uses words spontaneously and vigorously spoken from a full heart, does not die so easily of any disease and be it even tuberculosis.

William Ernest Henley was twenty-five when he entered the hospital. He died as an old man - of injuries suffered in a railroad accident.

Finally - and here we are back where we started - there is Love, that greatest adjustment problem in human life. Love is life's greatest problem, because there is no way of teaching love. Here is perhaps the only case where the psychologist may rightfully and categorically use the all-embracing imperative:Love and be happy! Or rather, love to be happy! Without love there is no peace of mind, no happiness, no healthful living. Instead, there is confusion and inner chaos. As David Seabury* states so concisely "We begin our journey so confidently; we come to such confusion."

Unfortunately, love itself cannot be taught. The Bible, therefore, does not teach it. The Bible simple commands: <u>Thou shalt love</u>. The inner meaning of this command is little appreciated by the average human being, and its towering importance is sometimes unfamiliar even to those who most often quote it, the priests, the

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* David Seabury "Adventures in Self-Discovery", Whittlesey House, New York 1938.

ministry and the churchgoers. Promise and fulfillment, birth, and death, happiness and endless joy are contained in this one command. How shall we attain its practical application in human life? At times I cannot help envying the theologians who quote and explain all those magnificent rules of the Sacred Scripts. The physicians can only note the ravages caused by their non-observation and labor to cure the poor sinners. Dr. Franz Alexander has often quoted the remark of the late Hungarian psychoanalyst Sandor Ferenczy: "They want to love one another, but they don't know how."

They don't know how. It will be remembered that many, if not all the difficulties the individual encounters are the result of faulty adjustment in his love-life. It is as if imprisoned in every person, no matter how simple or involved his life may be, there were another person wildly shouting, "I want love, I want love!" (The wild shouts, if unanswered, may later appear as neurotic or psychotic symptoms). If he could only understand that to want love is only half of the story! The other half, and the more important one, is to give love. Many an individual never goes beyond the first stage, his entire love-life and all his endeavor to gain happiness reduced to one little item - himself. If he could only recognise that in order to be happy he must expand his power of love, instead of reducing it to self-love; that in order to attain maturity he must pass from the infantile stage of self-love to unselfish, altruistic love; that to humans there is but one road open in their pursuit of happiness: the road of true, selfless, mature love.

To be sure, there is a period in human life when we are in love with ourselves alone. In early childhood we are narcissistic or autoerotic, taking pleasure out of our body and interested in nothing but its own pleasurable activities. Later this early stage of self-love is followed by another phase when homosexual tendencies develop. The boy gangs up with boys and the girl with other girls, each group sharing its secrets and desires, the girls hugging and kissing each other; the boys seeking the close friendship of other boys and looking upon the girls with scorm. Finally, during the period of adolescence under normal conditions, the heterosexual phase of love sets in. The boys begin to lose interest in their own gangs and to look for the company of girls. The latter begin to prefer the companionship of boys to that of their girl friends, and thus the stage is set for the gradual development of healthy, normal love relations between the two sexes.

Here, then, in the natural process of growing up, we see the slow and undisturbed transformation of love from self-directed, self-related, primitive modes of satisfaction (autoerotism) to the higher, other-related ends of happiness which are heterosexual in nature and the criteria of mature love. From a psychological point of view it is desirable that every individual should pass through these natural stages. How many really do? Some remain at the early narcissistic stage. They never become emotionally mature because no matter how old they grow physically, they remain in-

fantile, pleasure-seeking individuals engaged in self-love and self-admiration. In others who were exposed too early to adult sex experiences, as so frequently occurs in overcrowded, poverty-stricken areas, faulty behavior patterns are formed for this or various other reasons, and unhealthy attitudes developed. Worst of all, even a person who has passed through the stages of normal growth and has attained a happy love-life may later regress under the impact of bitter disappointments, distressing life situations and emotional suffering, to earlier patterns of behavior indulging in self-love, self-pity, masturbation, irrational stubborness, brooding grudges and other immature modes of behavior.

As can now be seen, though love as such cannot be taught, re-training attitudes become an important task in this vastest field of human relationships. From the infantile stage of self-love, man must develop to the mature type of true and selfless love. If for some reason he gets "stuck" on this road, landing in a blind alley of frustration, he can be helped to proceed in the right direction again, step by step. If as a result of apparently insurmountable difficulties or repeated failure he has regressed to the primitive state of self-love or narcissism, he can be led again to a higher level of life.

It is just here that psychoanalysis can offer most of its help and guidance. In love, as long as the individual continues to love himself, he is a failure or at least a poor lover. Man

grows and expands to better and higher ends by loving not himself, but someone else, and when he finally reaches the highest level, that of true, unselfish, altruistic love, the strangest thing happens to him: He finds himself in love with life and notes at the same time that life loves him; he has attained happiness.

D. Better Health through a sound Philosophy of Life

The average young man or woman is educated for work, home, wealth, possession, power. This undercurrent of materialistic aims runs through our education, politics, economics, schools, personal and public life. A man's achievement or failure, success or defeat, value or worthlessness, are all measured in dollars and cents. If a man is "worth a hundred thousand dollars" - people are even honest enough to say so quite frankly - his standing in modern society is pretty well assured. If the poor devil is only "worth ten dollars", he may as well pack his bags and leave his hometown for good. He will never "amount to anything", as the saying goes, unless by hard, successful labor, the death of a rich aunt, or by sheer treacherous cunning in business, he gains possession of those hundred thousand dollars which make him again "amount to something" in the eyes of present-day society.

Ignorance, apathy, pride and selfishness add their burden of decay to man's struggle for material goods. Nevertheless, as long

as the personality problems and environmental difficulties do not assume actually distressing character, the average person gets on fairly well. But what happens when the outward battle is lost, when the world disowns him and his hundred thousand dollars worth of stocks become so many shreds ofpaper? What if his wife dies of cancer, or his son turns out to be a crook, or a Hitler comes and drives him out of home and land? There is no insurance company in the world which offers protection against the vicissitudes of life. Sorrow, loss and tears are just as much a part of our world as are joy, happiness and laughter.

Modern psychology explains many facts in human life, corrects various ways of wrong behavior, and succeeds in preventing and curing a certain amount of illness. Yet it fails utterly to bring order into the inner chaos of the world. It fails to do so by necessity, because it cannot answer the fundamental questions of man's existence: "Why?" "Wherefore?" "What is the meaning behind all the suffering, all the effort, all the struggle?" Few human beings can escape those questions. Most of us have to answer them, at some time or other, unless--

Unless we have the answer ready beforehand. The truly religious person - religious in the sense already mentioned - perhaps has the answer, literally and truly. To him God is near. Religion gives him the tools with which to overcome the frailty of human nature.

I quote one of the numerous examples collected by E. D. Starbuck*: "God is quite real to me." "I talk to him and often get answers. Thoughts sudden and distinct from any I have been entertaining, come to me after asking God for his direction. Something over a year ago I was for some weeks in the direct perplexity. When the trouble first appeared before me . . . I could hear distinctly a passage of Scripture: 'My grace is sufficient for thee.' . . . God has frequently stepped into my affairs very perceptibly, and I feel that he directs many little details all the time." A great number of such statements coming from religious people are to be found in the collections of E. D. Starbuck, William James and other reputable authors. They but document in detail what the attitude of our Georgian tobacco grower and that of the orthodox prisoners in the Australian desert had taught us before - religious people <u>have</u> the answer.

Or, the solution may even be simpler: In the borderland between normality and feeble-mindedness there are no questions at all. Where no questions are asked no answers are needed. Human beings on this plane live in a state of "bovine contentment", to use Irwin Edman's engaging formulation. People of poor intelligence can be found in all strata of human life, not only among the less-privileged population groups, and as long as the environment is suited to their limited needs, they may spend their days and years fairly comfottably.

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*E.D. Starbuck "The Psychology of Religion"

I make these general remarks, because a good many people probably are never bothered by what is discussed here and may feel a little startled when reading or hearing about the trouble and torment which seem to affect the others and, fortunately, not them. Yet the others are the majority. Sooner or later when they reach the philosophic level, they find themselves asking the same questions that have been asked and examined afresh by every generation. These others are you and I, your friends and my friends, and the millions like us who think and feel and work and brood and suffer. They are we, the people, <u>with too little religion to be forever beyond all doubts and with too much intelligence to be entirely spared by them.</u> We have no choice but to experience our world in all its complexity, with all its perplexities, shortcomings, and difficulties, and to become disturbed and, at times, frightened at the very thought of it, unless—

Unless we have a sound philosophy of life. We have already seen that many among us solve the difficulties of life in a different way, by departing from the realities of life into a neurosis, and we also know by now that this is an extremely poor bargain. There is a much better bargain in store for us if we only grasp it: A sound philosophy of life.

Let us get down to facts. Are there things to live for? I say there are: thousands of them; more today perhaps than ever were.

You are disgusted with the world, dismayed at the misery and destruction wrought upon mankind by the hand of mad dictators and brutal gangsters? Well, why do whatever you can to make it a better world now, after the force. of civilization have crushed the powers of barbarism?

In an earlier chapter I mentioned that effective action to cope with the obnoxious factors in industry, commerce, transportation, and public life has hardly begun. Here is a wide-open field for thousands of intelligent young men and women to enter, to use their minds, to show the initiative and pioneering spirit that has made our country the greatest power on this skrinking planet.

Are there things to live for? We need at least a million able teachers who know more about the facts of life than their predecessors and can apply the modern principles of psychology, some of which are presented in this book, for the good of our children. We need twenty or thirty million parents educated in these very principles so that their homes may not be breeding-places of neurotic and psychotic illness in the future as they are today. We need many thousands of young scientists, students, scholars, for research in physics and chemistry, in hygiene, and agriculture, so that, with their work and new discoveries, this world may really become a better place in which to live.

These are things to live for. This is sound philosophy of life in action or applied philosophy, if you wish to call it so and detest the colorless, scholastic wisdom of books, Of course, you still object. "That is all nice talk," said the sad-looking, middle-aged woman in my office, "nice talk, indeed, but my husband left me pennyless, jobless, hapless, and since then. . . " After making sure why he left her - I would have left her too, after finding out how quarrelsome and obstinate she was - I told her a story I had read about a young woman in Ceylong not so long ago.

Remember Ceylon? It is an island in the Indian Ocean. In 1942 after the Japanese had overrun the Philippines, Hongkong, Singapore, Malaya and the East Indies, all the white people who could get out in time, fled to Colombo which is the capital of Ceylon. There was a steady a stream of refugees and terror-stricken, excited people as that sleepy, peaceful town had never seen since the forgotten days of Djengis Kahn. There is only one good hotel in Colombo where I had been just a year before the disaster. The refugees had to camp in the open under the tropical sun, plagued by mosquitoes. The Japanese invaders were expected any day; few ships and fewer accommodations were available to evacuate the panicky crowds to safer places.

Most of the men and women had not only lost all their possessions but had also become separated from their families. Husbands had lost their wives, parents did not know where their children had gone, mothers were frantically crying for their babies, brothers were

searching for their sisters and younger brothers. The British authorities were more than fully occupied with rapidly improvised defense measures. Nobody had ever thought that Singapore, the strongest fortress of the East, would fall like a ripe plum into the invador's hands. Well, there was a woman in Ceylon, the only woman, probably, who remained calm and philosophical while the people around her were crying havoc. She thought of what might happen four or five years later to all those excited, frightened men and women, with their families scattered, their past possessions gone and their future destination unknown. At first she had only a notebook which she took to the piers where the few ships leaving for Egypt were soon crowded with crying, despairing, heart-broken refugees. In her notebook she put down the name and age of each and every one of them, their destination, the place they came from, the names of all the missing members of their families. She did so whenever a ship loaded with refugees entered or left the port of Colombo. She did so on her own initiative and at her own expense. Later she used a file-system, because her records soon included ten and later twenty thousand names.

People in England and Ceylon call her now "The Angel of Colombo". Thanks to her and her unique records, more than ten thousand people, scattered all over the world became reunited with their families after the war was over. What she started on

the remote island in the Indian Ocean during the greatest crisis of the war, in 1942, is bringing joy and happiness to anxious families all around the globe today, five and six years later.

~~The "Angel of Colombo"~~

You may perhaps object that what the "Angel of Colombo" did was charity, plain humanitarian help, and had nothing to do with philosophy. It had. She had the foresight to look ahead, three, four and more years ahead, and record all those names for future use. She had the courage and energy to initiate that helpful action quite alone, without any help from other quarters. Above all, she had the calmness and serenity of mind to remain unperturbed in the midst of inner and outer chaos, the strength of character to stay on the job when all the others fled, and the energy to do what her conscience told her to do. That is philosophy. For philosophy is not necessarily a set of abstract theories about life; it is doing as well as studying.

As a rule, of course, philosophy has more contemplative, more restful ways of dealing with life. It furnishes a code of values, a system of noble thoughts, a pattern of guiding principles. Philosophy enables us to see our problems in the proper perspective, to examine them rationally in that unemotional manner recommended by the great philosopher Spinoza*, and tolaugh at them if they deserve to be laughed at. Without a sound philosophy, man's life is without meaning, that is, a mere succession of incoherent, disturbing and

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* Spinoza says: "I will analyze the actions and appetites of man as if it were a question of lines, of planes, and of solids."

often unpleasant events. A philosophical attitude toward one's job, problems, business, family and fellow-men, greatly helps to put the worries out of one's mind and to find outlets of a social, intellectual artistic and recreational nature. It is philosophy that makes the miner work deep in the darkness of the pit below the surface of the earth and the pilot fly his plane above the clouds.

Do you recall the story of the philosopher who asked a workman what he was doing? "I am laying bricks, " the man said. The philosopher asked the same question again when he saw a second workman: "I am earning eight dollars a day," was his answer. There was a third man on the job, laying bricks like the others. When the philosopher put the question to him, the man replied: "I'm building a cathedral."

A philosophical orientation becomes especially important when loss and grief and sorrow endanger our mental health. Then a sound philosophy often makes the difference between life and death, achievement and failure, tolerance and prejudice, realistic acceptance and hopeless drifting. The old philosophers, particularly those of the stoical school in ancient Greece and Rome, taught entire systems of what may be called a "philosophy of suffering" which very few of us know and fewer practice. Some do. Remember President Roosevelt, stricken with infantile paralysis and then breaking every precedent with his four terms. Or Robert Louis Stevenson who suffered all his life from incurable tubercu-

losis, and after he had gained success in spite of daily suffering, said: "A man has good health if he can only do without it uncomplainingly."

The philosophy of suffering is but "the ability to take it", to have fortitude, serenity, self-reliance, "guts" - if you wish - in all situations of life. All of us are badly in need of it: few of us have it. Yet it is within the reach of most of us. To adopt it requires the earnest, honest search for it, thinking, learning, training and more training of our mental faculties, and in the case of neurotic illness, retraining, re-education, basic emotional reform under psychotherapeutic guidance.

Last, but not least, there is an easier form of philosophy which I use quite often with my patients in the office or at the bedside. It is the philosophy of laughter. I think none of us laughs often enough or intensely enough in our daily routine. What makes a child so beautiful and what attracts us most when we watch a child's expression? His smile. It is such a trivial truth - and probably is therefore never mentioned in our voluminous books - that laughing is the healthiest physical and mental exercise in daily life. It should be practiced much more often and by those who have forgotten this healthy habit of their youth, quite consciously. I rarely see people laugh in New York's subway. Granted, it is not an altogether pleasant place. Yet figuring that a good

New Yorker spends from two to three hours a day in the subway, i.e., from thirty-five to forty-five days a year in those crowded, poorly ventilated underground vehicles, I almost shiver at the thought - forty-five days underground without a moment of smiling. I often see them read the "funnies" there; but they read them in the subwayway as seriously as people elsewhere read the obituary column. Forty-five days without a smile and then they wonder why they are all so tense and "cranky" in New York! I know they cannot do much about the enormous crowds during the rush hours, they cannot help sitting in those smelly, unhygienic cars, but they can at least - sit venia verbo - crack a smile.

Speaking of smiles and laughter I mean true smiles and natural laughter, not the stereotyped, artificial expression of sugar-coated silliness so uniformly displayed by cigarette-advertisers, fashion-queens and pin-up beauties. I mean the hearty, healthy laugh, the "good laugh" that comes from within and is contagious, the laugh that mobilizes unused energies and acts like an incentive to oneself and those who are around and hear it. It makes life easier for the sick and happier for the healthy. Sometimes, by a cheerful laugh alone, a sufferer's despair may be converted into courage more rapidly and more effectively than with a hundred pills or potions. Laughter, in Havelock Ellis' definition, is a religious exercise, for "it bears witness to the soul's emancipation."

Such laughter is health-giving. It should be taught in our schools by teachers who know how to laugh. The heroes in Homer's Iliad knew only two things well, how to fight and how to laugh. Their minds were filled with a divine gladness which permeated even the most horrible experiences in their life. Homer, will all the loving detail he devotes to the description of friends and foes alike does not report any case of true neuroticism among his heroes.

Perhaps there was none among them, because they knew so well how to laugh. Theirs was the healthy "belly-laugh" of Homer's time: The Homeric Laughter.

E. Better Health through bodily Vigor

From what we have seen so far, mental health requires, besides the capacity to love, a certain amount of intelligence, emotional maturity, self-knowledge, and a realistic philosophy. It can be further aided by bodily vigor. This can hardly be expected of those who are physically ill over a long period, crippled or otherwise organically weakened, but here certain psychological compens ation medhanisms take place which may correct and to some extent over-compensate for those bodily handicaps.

Apart from these exceptions, physical health is a great pro-

moter of mental health, and vice versa. That can be easily understood if one recalls that body and mind cannot be separated, that they form an undivided unit which is man's organism. What affects the body also affects the mind, and what acts favorably or unfavorably on the mind will, as a rule, have corresponding repercussions on the body. Thus a state of physical well-being is of definite importance for one's mental health. The following case may illustrate this relationship.

Last winter I was consulted by a young woman who was a nurse-companion of an elderly and sickly lady in the city. She was twenty-seven years of age, but looked pale, tired, and considerably older than her years. Physical examination did not reveal any significant organic changes. Yet my patient was in a condition of ill health, undoubtedly. She had to be constantly on the job, and though her work was not particularly heavy, she had to stay with the sickly woman for weeks and sometimes months without leaving the house for more than a short afternoon when she was "off" - which happened very rarely. She stayed, however, on the jobfor which she received a better salary than the customary pay for such work, and continued so for a number of months. Then she developed headaches and dizziness, became irritable, restless and quick-tempered. Her symptoms grew rapidly worse during the winter months when she was virtually confined to the house, and it was then that she came to see me. Since I could not find anything wrong with her organi-

cally nor with her general psychological make-up, I told her to quit the job. Her complaints disappeared completely soon after she had resigned her position with the sickly woman and had taken another job where she made less money, but had sufficient time to enjoy long walks in the open air, enjoy a weekend in the country, a bowling party on some evening, and in general engage much more in physical activities than had ever been possible in her former posttion.

It does not require any expert knowledge to understand the close connection between physical and mental health. Everyday experience teaches it. The ancient Romans expressed it in a well-known formula two thousand years ago: Mens sana in corpore sano*. Yet it is surprising how many people sin against these cimple, self-evident principles of living. Here was a nurse - and a good nurse, too - trained in matters of hygiene and disease, but when it came to making a few more dollars weekly, she endangered her good health to do so. Innumerable people do the same by oversmoking, overeating, dietary faults, neglect of exercise and other unhygienic modes of life.

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* This Latin statement p a sane mind in a sane body - is often misquoted. The original wording reads: Orandum est ut sit menssana in corpore sano, i.e. one must pray that a sane mind be in a sane body. In other words, it requires a mental effort (praying) the reward of which are a healthy mind and a healthy body.

Scientific medicine, supported by physics, chemistry, hygiene and other sciences, has accumulated in the course of centuries a huge amount of knowledge and established a number of effective methods to build up vigorous bodies and help the human machine run smoothly. But science alone won't do. It needs the doctor's intelligent understanding as well as the patient's readiness to cooperate along Hippocratic principle that "the patient must combat the disease along with the physician" Medical methods are legion and only a brief outline of the most common techniques used in the prophylactic (and sometimes therapeutic) care of nervous ailments can be given here. These methods can be roughly divided into invigorating measures, relaxation, and medical treatment. Let me take up these three approaches separetely.

Invigorating Measures

Many a weak, asthenic youngster with a history of constant fatigue, frequent illness, lack of appetite and underweight, can be put on his feet by methodical physical exercise, sport, fresh air, sunshine, massage, prolonged periods of outdoor life (camping), calisthenics and other appropriate means of physiotherapy. What all these measures have in common is the invigorating effect on the skin and on the flabby muscles. The skin is biologically related to the nervous system. Among the lowest species in the animal kingdom where no complex organ differentiation exists, skin and nervous system are one. In the higher developed species, in-

cluding man, extensive differentiation has taken place leading to the formation of organs and organ systems. But the skin has still preserved a good deal of its primordial nervous functions, as anyone knows who ever felt "shivers running up and down his spine", "tingling" or "goose flesh" from sudden fright. In many persons stroking of the skin produces a sensation of pleasure ("pussy cats"). The beneficial effect of massage is partly due to its soothing action on the skin and nerves. Perhaps the best natural tonic in the world is sunshine; the ultra-violet rays of the sun act as a powerful stimulant on the skin and the result, if properly applied, is a sense of general well-being and psychophysical vigor.

Calisthenics, sports and games improve the circulation and build up the strength of flabby muscles. The rational application of physical exercises, muscular activities (hiking, swimming, boating, wrestling, boxing, etc.), baths, massage, and competitive games, is not only of physiotherapeutic value. All these measures also enhance skill and strength, induce "fitness", increase self-confidence and raise the individual's general vitality. They are effective natural antidotes against the tendency to inertia and sluggishness which so often is the precursor of physical and mental decay. Sports and games are especially apt to develop the feelings of security and of being part of a team, thus counteracting neurotic trends toward withdrawal, isolation and shyness. The best time to

put a well-planned program of physical education into operation is, of course, in childhood and adolescence. Good results, however, can be obtained at any period in life.

R e l A x a t i o n

The importance of methodical relaxation can hardly be over-emphasized. A permanent state of inner tension is probably the cause of many psychosomatic diseases. As I said in the discussion of these conditions - see Chapter IV - peptic ulcer, numerous digestive disorders, certain types of asthma, high blood pressure, skin conditions and various other distrubances may result from unreleased chronic tension. In order to reduce it, the individual must learn to relax. Adopting and cultivating relaxed attitudes is one of the best antidotes against the ills which arise from chronic inner tension. True relasation is synomymous with freedom from inner tension.

Not everyone who appears relaxed on the surface is truly relaxed. Experience has taught me that telling a person who is under tension, worried or emotionally concerned to relax, meets with failure. Just irritable, over-anxious, rigid, or over ambitious men and women who should relax most, cannot be helped by merely telling them to do so. Many of them have no hobbies at all, and if they have - well, I have seen them sitting around the bridge-

table more tense and taut than ever.

How can they learn to relax? One way was already mentioned: laughing. If it is done frequently and heartily, it works magnificently, almost automatically, in bringing about much needed relaxation. Of course, it requires company, preferably gay company, which is neither always to be had nor eagerly sought by those overly tense people. Another way is listening to music. "Music hath charm tosoothe the savage breast", in the words of Congreve. He who enjoys music relaxes spontaneously at a concert or listening to the radio, enchanted by the harmonies and melodious rhythem of good music. Any play or hobby that has recreational value may help one to relax: Games, fishing, gardening, collecting stamps, coins, or old books, painting, drawing, danbing, horseback riding, and the like. Churchill even cultivates brick-laying as a hobby. Also conversation and socialization are valuable aids to learn the art of relaxation. A great many people go to movies, see good shows, read lots of books, yet never talk about it to someone else They forget that the fun of seeing a good movie can be doubled by sharing the experience with others - and openly, not silently. I often tell my students in my lectures: "If you wish to get something out of your system, talk it out! Instead of worrying inside, get the load off your chest and speak your mind. "Talking it out is perhaps the best antidote against grudge - bearing and I mean by talking---talking, not hurling invectives at people nor engaging

in other forms of rudeness.

There still remains a multitude of people who do not cultivate sports or games, do not enjoy music or rhythm, do not like social activities nor engage in the pleasures of artful conversation. And they need relaxation as much as you and I - more, indeed. What about them? If relaxation does not come to them automatically as to the others who are helped by play, hobbies, etc. , it has to be brought to them consciously, instilled in them scientifically, with the medicine dropper, so to speak. My prescription in some of those cases is simple: <u>fifteen minutes of absolute, complete rest, three times daily</u>. The individual has to lie down on the couch or bed and to rest, three times a day, in the morning, at noon and in the evening. This has nothing to do with the normal hours of sleep. The person has to take those brief periods of rest and relaxation during the working day, preferably after meals, like a regular medicine.

Sometimes the prescription and teaching of more detailed procedures is necessary. The overly tense individual reclines on a couch and makes himself as comfortable as possible. Then the physician - also here the physician acts as the understanding and sympathetic teacher - tells him to relax his arms, his hands, his legs, his face, his back, his abdomen, and so on. When this is accomplished, the patient is told to relax his mind, and feel sleepy, drowsy. The suggestion of sleepiness and drowsiness is repeated in a calm, monotonous voice over and over. And here - it

stops. (Otherwise, in suggestible persons, a hypnotic stage may be induced, and that is not the purpose in the technique of relaxation). The same procedure is repeated by the physician on ten, fifteen or twenty consecutive days. Then, in a number of people, the state of drowsiness, under suggestion and complete, passive muscular relaxation, has become "conditioned", i.e., the individual has acquired the ability to relax his muscles at will and to become drowsy under the influence of such relaxation by himself. Once the simple technique is learned - it may occasionally require as many as thirty and more sessions - a person is usually able to relax in a similar way while sitting, standing, or even working. All he has to do, is to imitate the state of complete muscular distention to which he has previously become accustomed, by suggestion and training in the above manner.

Medical Treatment

As I grow older I find myself using fewer and fewer medicines or drugs in the treatment of nervous conditions. After I graduated from medical school I had several dozen chemical formulas for each type of complaint. Today I limit myself to a few well-selected prescriptions. The beneficial, tonifying effect of certain minerals (like calcium, phosphorus, iron) in conditions of general weakness, physical exhaustion, convalescence, and so-called "run down" states has been known for ages. Also the sedative action of the bromides and barbiturates is beyond any question and has been used in the

prevention and treatment of nervous disturbances for a long time. But I think the administration of drugs to nervous patients is generally overdone and in some cases harmful. The common practice of an emotionally upset woman to swallow a number of aspirin pills or to go into a drug store and ask for "something to quiet down my nerves", is not only foolish but leads to unnecessary expenses and sometimes detrimental habits. The New York Health Department recently had to warn the public that "sleeping pills are not candies", so widespread and truly alarming has become the use, or rather, abuse of sedatives in our time. Every doctor knows a number of persons who have developed a physical as well as psychological dependence on certain drugs, in other words an addiction to drugs - a danger ever present in emotionally unstable, neurotic individuals. It has long been my belief that the frequently uncritical use of such chemicals is much more harmful than is ordinarily realized today.

During the past few years a new drug has found favor in the chemical-conscious minds of the public; Benzedrine. I am told that certain metropolitan night-clubs like to administer these new favorites to their weary nocturnal customers under the amiable name of "bennies". Well, in spite of the temporarily stimulating and tonifying action of benzedrine, I see nothing amiable in this doubtful practice. Persons whose nerves are already "on edge", should certainly not be given an active stimulant which has the

additional effect of raising the blood pressure. Moreover, benzedrine is habit-forming like any other drug, and when it is administered, in cases of mild depression, obesity, and so on, it should only be taken under medical supervision.

It is always well to remember what our ultimate goal is: Not stimulation, not temporary feelings of well-being, but stren gth and vigor of the total personality over a prolonged, and if possible, life-long period of time. It is obvious that the ordinary drugs do not work that way. One must go to the cause of the trouble. Every so often I see in my office a slender, unusually tall young man, or at other times, a man past fifty, gray-haired, distinguished yet older looking than his age. In both cases the complaints may be essentially the same: Lack of energy, tiredness, general lassitude, mental depression, inability to concentrate. Careful medical examination may reveal in both a state of glandular deficiency, a condition which can be greatly improved by the administration of male hormone. The recognition and proper treatment of such deficiency states is not only of therapeutic value but alsoof prophylactic importance in the prevention of personality difficulties. The self-esteem of the male in our society is closely related to his sexual efficiency. Therefore the individual may feel deeply disturbed by his apparent or actual inadequacy in sex relations. Much more often, of course, such inadequacy is due entirely to psychological factors and cannot be corrected by hormone treatment.

Psychotherapy is the treatment of choice in these cases.

In the female the onset of many neurotic manifestations often coincides with the physical and mental storms which so frequently characterize the "change of life". A great many women have no understanding of the menopause beyond the folklore of the past. They think (or rather fear) that with the "the change" their life and usefulness are essentially ended. Such misconceptions give rise to feelings of profound insecurity and unhappiness, of increased irritability and depression. Some can be helped by relieving them of their worries through explanation and reassurance. Others are benefitted by hormone treatment which helps to alleviate the flushes and the other distressing symptoms of a stormy menopause.

Sometime surgery, especially plastic surgery, may be indicated in the prevention and treatment of neurotic disorders. I know several women who were overly tense and self-conscious, because they felt their appearance was impaired by a long hooked-nose, a large facial mole, a poorly developed chin, or similar esthetic defects. The surgical removal and correction of such disturbing physical imperfections should be performed whenever feasible and as early as possible. In the majority of such persons under my observation good operative results produced not only a change for the better in their appearance, but also in their personality.

One of the best means to attain bodily vigor and retain it is good nutrition. The importance of a well balanced diet for the maintenance of good health is beyond any doubt. The significance of certain nutritional factors (vitamins, minerals, acid-alkaline balance) have only been recognized during the past few decades. There are, however, many questions to which no one knows the answers as yet. One of these questions is: How much emotional illness and mental trouble is due to improper nutrition? Among people whose diets are generally poor and lacking certain essential vitamins, a high incidence of nervousness, irritability, mental dullness, in addition to other somatic symptoms, has been observed by doctors and nutritionists. The vitamin B complex and some members of this group, Thiamine chloride in particular (which is the so-called vitamin B_1), when supplied in adequate amounts have beneficial influence on the nervous system in such conditions. Whether thiamine chloride deserves for this reason the somewhat glorifying title of the"morale building vitamin", as some enthusiasts call it, and its being swallowed in millions of capsules by millions of people every year, appears questionable.

In medically diagnosed deficiency states, however, the administration of adequate amounts of vitamins and minerals, when lacking, is necessary and of definite value to physical as well as mental health. Earliest evidences of thiamine deficiency simulate neurotic conditions. Typical symptoms are fatigue,

weakness, depression and other neurotic-like manifestations. The safest way to prevent such deficiencies is a good, well-balanced nutrition which takes into account all known components of a proper diet and not only a few selected elements. The vitamin-minded public needs to know that synthetic vitamin capsules are no substitute for good, natural foods. It needs also to know that the five minute-breakfast in the morning and ten minute-lunch at the drugstore can hardly be regarded as builders of good health. Studies with school children have shown that when youngsters are nourished properly, with good foods under pleasant environmental conditions and with sufficient time available for the hasteless intake of food, they are brighter and more willing to work. If added amounts of vitamin B are desirable, a good general diet may be reinforced with several tablespoonfuls of yeast, which is an outstanding source of B complex, inexpensive, and sufficient to counteract any possible lack of this group of vitamins in an otherwise well-balanced food regime. Prolonged nutritional deficiencies which occur in chronically ill, aged or poor individuals, in alcoholics, postoperative patients, etc. require special care with large doses of vitamins and other dietary measures.

F. Better Health through Sublimation and Rebirth

I have long been pondering whether to include this section of the book in the present chapter. To speak of "rebirth" may give to

many the appearance of indulging in mysticism. It means leaving the solid ground of science and entering a somewhat dubious realm populated by poets, visionaries, mystics, and unfortunately also occupied by the busy armies of quacks, "mind curers" and "mind healers". These latter groups have invaded everything that surpasses definite knowledge, growing fat in the vast and cryptic borderland between objective science and wild speculation. I feel, however, the scientist has no right to shrink from exploring this somewhat mystic field for such reasons. On the contrary, instead of leaving the fertile hunting ground of quacks and speculators untilled, he does better to probe into it for himself and try to uncover the wealth of material that may lie buried there.

Bent as we are on studying the various roads to health and happiness in life, we cannot possibly ignore those hidden pathways which seem so strange and remote from our "practical" point of view that they have seldom been paid the honor of a visit by our men of science. We have to discover and describe the unknown areas to which those pathways lead, just as if they were easily accessible and part of everyday experience. Going up and down the globe I have found that misery and illness travel free through the whole world; but so do health and happiness. They cannot always be attained through rational and analytic inquiry alone. Although the latter is indispensable, in many cases it needs more. It needs - paraphrasing William James' "will to believe" - <u>the will to change</u>.

That can be seen in every way of life. Before the Americans came to the Philippine Islands, the Spaniards had been there for over threee hundred years. The Philippines was not only malaria-infested, but also hotbeds of cholera, typhoid fever, smallpox and other epidemics. In the early years of our country's possession of the islands Victor Heiser established a public health department in Manila along American lines; he and his men started working, and within twenty years Manila became the healthiest city of the F ar East, virtually malaria-free, smallpox-free, and cholera-free. When I was there last, shortly before the outbreak of the war there was still a number of typhoid cases. That was all that was left of tropical diseases in the once plague-ridden town where scientists from Europe used to come to see "the most beautiful" cases of cholera and smallpox in the world. As late as 1939, a German Nazi professor from Hamburg showed up at the Manila Institute of Hygiene, where I was working at that time, to see some of those "beautiful" cases of cholera. (He was quite disappointed when told that there were none.) Prior to 1910, beri-beri was common throughout the Philippines. It extended into the Straits Settlement and the Malay States, exacting a toll of over 100,000 lives a year. Thanks to the development of medical science the level of health has been raised in the stricken areas. It is the same in other parts of the world.

It is the <u>will to change</u> that spells progress and improvement even in the sphere of physical accomplishment. The Spaniards in the

Philippines regarded the epidemics, the high mortality and morbidity rates, the terrible toll taken by disease of human life and health as the natural and almost inevitable result of living in the tropics. The Americans held other views and had the will to change. That made the difference.

In the mental sphere the will to change is still more important. Science has no magic to offer. The mind has. The capacities of the human mind are almost infinite in this respect. Mind's magic is "rebirth".

Take, for example, the life of William James whom I revere as the father of scientific psychology in America and one of the greatest thinkers of all times. In his youth he suffered from severe nervous symptoms and had been examined by several prominent physicians who pronounced him abnormal. Some suspected insanity. He went to Europe to study art. Misunderstood by the world and misunderstood by himself, he tried hard to become a painter. He suffered from feelings of inferiority and unworthiness, considered himself a failure, was hampered by great, almost morbid sensitivity, made little progress at college and had constant trouble at home. Thus he went abroad, an embittered, unhappy young man, who was dissatisfied with the world and with himself, clinging to a last faint hope - to find in the art treasures of Paris some outlet for his pent-up mental energies. He found something infinitely more valuable than all the art treasures of the Louvre put together: He found himself. He gave up art for science, began studying medicine, hearing lectures and reading voluminously

in philosophy. In 1865, he joined a scientific expedition to the Amazon and, before long, he wrote: "If there is anything I hate, it is collecting." Although his studies were frequently interrupted by ill health, William James won his medical degree at Harvard in 1870, and overcoming repeated physical and emotional crises in his life, began the career by which he was to influence generations of students more profoundly than any other American scientist.

The will to change, the drama of mental rebirth, to die and be reborn - I believe here is the key to life's true meaning, and possibly the key to mental health and happiness. That it is a somewhat cryptic key cannot be helped. Life itself is cryptic, dynamic, and full of secrets of which most of us have no awareness. Take, for, instance, Tolstoy who had been leading, in the words of James, "the life of conventiality, artificiality, and personal ambition." Then Tolstoy recognized that "he had been living wrongly and must change." And change he did. Born a nobleman and count, haunted day and night by the dark and terrifying powers of despair he finally found his way out by embracing the existence of the poor Russian peasants and saying: "I had not helped others. My life for thirty years had been that of a mere parasite . . . Now the sole purpose of my life was to be <u>better</u>. I was saved from suicide . . "

The altered mentality that comes from such rebirth has an effect upon human health that is overwhelming. It is a unique expe-

rience, this complete and often sudden change in the feelings, beliefs, attitudes and aims of an individual. It means the spontaneous resolution of neurotic conflicts. From the dawn of civilization men and women have found through it liberation from inner suffering and distress. New energies set free. Oppression, disease, paralysis, outer and inner afflictions, even death may lose their sting. "It transforms", writes William James, "the most intolerable misery into the profoundest and most enduring happiness." And James' opinion counts: he himself went through such a process. Phenomena of this kind are not as rare as one may think.

Some reader, at this point, may feel: "All this may be true enough, but it does not concern me. It deals with saints, philosophers, poets, and other people on a loftier plane. I am only a poor bookkeeper, a school teacher or a candlestick-maker, it does not deal with my problems, where do I come in? Besides, there is too much religion in it; I hear that every so often in the church, from the pulpit, and in Sunday school. More science, doctor, please!"

Adagio, friend, adagio. The words <u>die and be reborn</u> were spoken by a worldly man, Goethe, a free thinker who never went to church, a writer who insulted the clergy so often that Rome put his books on the index, a poet who said in his <u>Faust</u> "the Church has such a big stomach that it has eaten many treasures, many countries and has not once developed indigestion with all its huge appetite."

Goethe was perhaps of a more worldly nature than you and I will ever be. It is not religion that I am expounding here, nor am I teaching science. It is <u>life</u> that I am trying to interpret; for it is life itself that requests from us the will to change.

This is not mysticism. It is life. As life goes on, there is a constant change in our thoughts, interests, sentiments and positions. There is nothing final in our existence on this planet. Only the compulsive neurotic clings to his unhealthy, early fixed behavior patterns, imprisoned in his self-made misery, addicted to old and unhygienic habits, constant in his very inconstancy,rigid and unchanged in a changing world - unless he is remolded and reformed in time. With his mental energies sapped from childhood he shrinks, of course, from change like a cat from water, in the majority of cases. He can be helped by psychotherapy only, since his entire psychological make-up is faulty and has to be rebuilt.

But here we speak of the prevention of such cases, of the avoidance of ill-health through adequate action. And adequate action means change. Against the ominous background of indecision, ignorance, aimlessness and fear stand the <u>will to change</u> and the <u>possibility of inner transformation or rebirth</u>. It is unfortunate that this great principle of life is so little understood today, since it concerns you and me and everyone, and is not limited at all to those few "blessed" ones mentioned above. Change, metamor-

phosis, regeneration, rebirth - call it sublimation if you wish - are but different designations of the same principle that is innate in nature and is at work at any level and at any time.

It can be best observed among certain species in the animal kingdom. All of us are acquainted with the fact that the larvae of many common insects, after passing through the various phases of metamorphosis, turn out to be colorful butterflies. In the coral-covered areas around the Philippine Islands lives a curious little animal, Holothuria, capable of changing its whole "inside" whenever the occasion arises: Under normal conditions the Holothuriae feed themselves on coral sand; but when they are transferred from the muddy waters which surround the reefs to clear sea water, they automatically oust their own intestines through the anus and form new inner organs which are adjusted to the altered environment. What a useful mechanism to fall back upon in time of need!

How poor, compared with Holothuriae, we humans are! If we could only eject from the mind our fears and worries, our bad habits and distorted thoughts in such a simple, radical manner. With us it is a slow and painful process which requires effort, great and persistent mental effort. Even with an intellectual giant like Tolstoy it took two years, according to his own confession. "It was a case of heterogeneous personality tardily and slowly finding its unity and level." Although few of us will ever be able to

reach the moral and ethical level of Tolstoy, we can at least try to understand and follow him on this road, just as the sailor charts the course of his ship after the stars in order not to reach them, but to follow them.

Sublimation or rebirth by renouncing all that distorts, disrupts, deflects, and depresses, produces a powerful, sometimes explosive change in us. I once asked a patient who had gone through such a mental process inner change, how it felt. His answer was: "It feels like liberation, like happiness and health." Here, then, if we only wish and work strenuously enough, we are much better off than our animal friends, the Holothuriae. They can eject nothing else but their intestines, while we humans can change our modes of living and thus gain health. The word <u>health</u>, it may be added, is derived from the Anglo-Saxon "<u>wholth</u>" which is the old term for "whole" or "wholeness". It is the entire personality that undergoes "rebirth". Such a fundamental change can be brought about under the impact of some great emotional force - love, friendship, devotion, war experience, religion, psychotherapeutic treatment - at any period in life.

In some people the process of inner change may occur suddenly, almost violently, and the mental regeneration that comes with it, is often referred to as "conversion" accomplished by an act of "grace". Nevertheless, waiting for divine help to come to our rescue and doing

nothing except send an occasional prayer up to heaven, would have but little effect upon our lives. It would be naive, in our bristling world of facts, to expect a genuine religious revival on a large scale. Modern man is practical. In him it is the will to change that can set the dormant energies in motion and direct them toward new and better aims. Something must be said here about <u>will power</u>, a term which has lately fallen into disfavor among many students of the mind. The exercise of will power, as it is meant in this connection, consists of the readiness to understand and the mental effort to follow the principles which nature herself has set up as her standards for achievement. Those principles are: Metamorphosis, regeneration, rebirth.

"Nature cannot be commanded except by being obeyed," says Francis Bacon. Well, let us obey nature by learning and following her laws, which are the laws of metamorphosis and pass through the medium of inner change from the individual's small and narrow world of puerile cares to a higher and healthier plane where a new and better selfhood can be attained. In this world where everything is in constant motion, where the face of nature changes and the destiny of nations is remolded, man cannot cling to fixed, immature behavior patterns all his life. Certainly he cannot cling to infantile modes of living and nurture old, unhealthy habits without paying a severe penalty. We know by now the penalty which many have to pay for flouting the realities of life - neurosis. But we also know the reward for overcoming it: Liberation.

C H A P T E R VIII

GENERAL PSYCHOTHERAPY

Thanks to the progress of medicine a patient with tuberculosis or syphilis has an excellent chance of recovering and living normally, provided he has good medical care, his condition is not too far advanced, and he and his family learn to work hand in hand with the physician. The same is true of a person suffering from a psychoneurosis. It was probably inevitable that a condition which so universally haresses mankind would give rise to a welter of misinformation and nonsense.

The most important and effective way to help a psychologically distrubed person is psychotherapy. This form of treatment is not new; recent achievements in psychiatry, as in other sciences, have been preceded by the empirical methods of former times. Nor must it necessarily be complicated. Some people who owe their success to their gift of inspiring confidence, their willingness to fight abuses and their sense of group responsibility, practice psychotherapy almost constantly without ever knowing it. Secretary of State, George Marshall, former Chief of Staff of the United States Army, is reported to have said when asked about his efficient way

of handling men: "In peace times, I personally handled one WPA project. I made it a point to ask each man about his job and its objectives. I found the accomplishment charts soaring, with no other indentive than interest and appreciation of effort. I believe that to be the backbone, not only of discipline, but of an Army's combat spirit.."

In these words some of the basic principles of psychotherapy are stated: Interest - appreciation - incentive. A human being needs them as badly as food and shelter, and sometimes more. In a report on two hundred children who were former inmates of the horrible Dachau concentration camp, it was pointed out that the starving children when first released, wanted to talk more than they wanted to eat. They seemed to need a sympathetic listener more than food. Talking steadily, they followed the American liberators and the personnel in charge of relief around the camp, telling their stories. The children were transferred from the concentration camp to a monastery north of Dachau. Even when they learned that there was plenty of food at the monastery, they stole it from the table; they explained they could not help it. The report says that some still steal. Others who have broken themselves of the habit leave the dining room proudly, with their open hands held ostentatiously out from their sides - and with a look in their eyes that asks for a word or smile of appreciation.

Psychotherapy, as a science and method of treatment, has of course much more to offer than interest and appreciation alone. In disentangling the multiple problems and difficulties of the neurotic patient, the doctor's treatment is directed at

(a) the clarification of the individual's inner life by eliminating unhealthy and immature attitudes toward the world and people,

(b) the improvement, wherever feasible, of the individual's environment, by removing excessive stress and strain,

(c) the formation of healthful and mature behavior patterns in order to enable the patient to deal with future difficulties and stresses adequately efficiently.

Building and rebuilding mental health is primarily a matter of understanding what is wrong. It is not easy for the patient to see his troubles in the light of modern psychology. How possibly his tired feeling, indigestion, headache, restlessness, insomnia, and other symptoms can be improved by talking with the physician is in most cases beyond his comprehension. The first great obstacle to surmount before one can begin psychotherapy is therefore the lack of insight and understanding on the part of the patient himself. All human behavior has a meaning which is related to life. Symptoms have a meaning, too. Especially nervous

symptoms are always meaningful and must not be taken at face value. It is necessary for the physician to show the patient that practically any organ or function of the body can be modified, favorably or unfavorably, by psychic influences. Simple and concrete examples, by pointing out such conditions as emotional vomiting under the impact of sudden fright, etc., may serve to establish a sound psychological basis of insight indispensable for the willing acceptance of all further steps; also reading about these matters may be helpful.

Another point to bear in mind is this: "It is hard to lift oneself by one's own bootstraps." A person who suffers from a neurotic or psychosomatic condition, is rarely able to cure himself, no matter how good his intelligence and psychological understanding are. He needs help from a trained physician. It is a generally accepted fact that a man never sees himself. Just as the human hand, so suitable an instrument for grasping other objects, cannot grasp itself, so the human mind seems incapable of grasping its own handicaps and problems without adequate help from the outside. A patient with a neurosis seldom complains of his anxiety, resentment, depression or feelings of inferiority. He dwells much more liberally on his bodily disorders, his stomachache,weakness, dizziness headache, cardiac symptoms, and the like He does not see that his troubles, though significant, are merely the expression

of the underlying neurosis and that fundamental psychological ptoblems are involved, such as traumatic experiences in the past, faulty attitudes toward the environment and unhealthy relationships with other people. It is uncommon to find a neurotic patient whose emotionalism and neurotic attitudes alone cause him to consult a physician. Only when the personality difficulties are intense or when additional physical disorders supervene, does the average person go to see the doctor.

Patients who are in the early stages of neurotic illness or have symptoms of personality disturbances complicating a physical condition, may be helped by several types of psychotherapy. The commonly used methods are those of psychocatharsis, reassurance, explanation, suggestion and hypnosis. The advisability and frequent indispensability of additional therapeutic measures - rearrangement of the environment, retraining, re-education, general guidance, etc. - have been previously discussed. In the more severe neuroses, especially those which go back to childhood and deep-rooted traumatic experiences in early life, the above methods are usually of no avail. In these cases psychoanalysis is indicated.

P s y c h o c a t h a r s i s

This difficult sounding term means what at first sight does not appear difficult at all: The patient is given an opportunity to "talk it out", to describe his experiences and fears, to express his

feelings, resentments, desires, anxieties and frustrations. In this way the physician who in the beginning does little but lend an encouraging ear, learns the social, physical and psychological aspects of the patient's problems, discovers hidden emotional trends, recognises certain types of maladjustment, ascertains the precipitating factors of environmental stress and other important elements pertinent to the individual's life. It is surprising how helpful mere sympathetic listening and kind understanding can be in more or less complicated situations.

A few months ago I was consulted by a young woman who came to me because she felt distressed and had been suffering from insomnia for a number of weeks. She was married to a well-known business man, a man of impeccable character, had two healthy children, and her marriage was in every respect a success. During a vacation in the country she had met a young artist who was a prominent member of his profession, very handsome and "very magnetic", as she said, one of those interesting, charming fellows who seem to be born to be idolized and turn a woman's head. Nothing had happened between them. She was intensely loyal to her husband, but as the other man continued to send her letters, poems, flowers, she became more and more restless, lost her usual calm, was easily irritated, woke up at night and felt generally disturbed and agitated. This, briefly, was the story which she told me during one or two visits. She spoke in an unusually low voice, restrained in words and manner; yet her ex-

expression revealed her inner tension and uneasiness. I listened to her carefully and sympathetically. She had not said anything about her troubles to her husband, nor had she told him about the new acquaintance she had made in the country. I advised her to talk to her husband in the same way she had spoken to me. That was all. She did not come again to my office. But two weeks later she wrote, in part: "After my last visit at your office, I felt swell; I was again the happy, strong person I had always been. . . I did not let my emotions get the best of me . . . I talked with my husband . . we are happier than we were before." After a month or so, the husband came to see me and shook my hand.

In this case, the two interviews had been sufficient to set an emotionally disturbed woman who was in danger of being swept off her feet, on the right pather again. Common sense and her own good judgment then brought about the proper solution. What is called the <u>therapeutic interview</u> in psychology is any form of prolonged mental contact between the physician and the patient, with the latter "talking out" what is on his mind and the former encouraging him to do so. Thus a person in distress ia able to unburden himself, to get rid of the inner tension which weighs on him like a heavy load, and to "clear the atmosphere" to a point where his insight and rational understanding of the situation can prevail over emotional entanglements.

In the above instance, the psychocathartic procedure worked

spontaneously. This occurs in some cases; in many others it is more difficult. Neurotic persons, as a rule, do not behave in so frank and open-minded a way. Either they are too reluctant or too scared to put their anxieties into simple words. Others fear the doctor may think they are "crazy" when they talk about their mental distress, their state of depression and their emotional troubles. Some are ashamed even to mention them. Every so often during an interview the physician can note how the patient's face flushes or turns pale, when his breathing becomes heavy or his expression worried, when disturbing emotions interrupt the flow of his words and his language becomes vague and evasive. Such changes naturally suggest that delicate topics are being touched on. Paraphrasing Bernard Shaw one may say: A person's unsolved problems are ~~are~~ like one's bad teeth; the worse they are, the more it hurts to touch them.

Sometimes a patient will say to the doctor: "Why do you ask me this? These are private and personal matters." He is perfedtly right. Nothing is more personal than a man's or woman's emotional life. It is just because of this private and secret sphere in man's mind, because of these hidden fears, concealed sexual difficulties and unrevealed unhappiness that patients suffer profound disturbances in regard to their psycho-physical make-up. Those shy and reticent persons for whom it is hardest to "talk it out", often are the ones who need a frank discussion of their problems and the sense of relief

which can be obtained by confiding in a sympathetic and trusted physician. The patient who is too bashful or reluctant to tell his secret story, should remember that the physician's job is not to judge, but to help. For the purpose of receiving the full benefit of medical aid and psychological guidance in these cases, the patient must furnish information on all significant aspects of his life. The physician's task, in turn, will be the easier the more he possesses the gift of inspiring confidence, the kindness of listening attentively to the multiple complaints, the wisdom of understanding sympathetically the patient's needs and symptoms, the willingness of putting the other's worries before his own, and the knowledge of dealing with them adequately according to the principles of modern science.

Psychotherapeutic interviews, conducted in such a manner, may be very helpful, especially in relieving the acute symptoms of a psychoneurotic disorder which is of comparatively recent origin. Mild personality problems, emotional tenseness, certain fears that originate from some misunderstood newspaper article on the dangers of some new disease (of which the patient is afraid) or from an unguarded remark made by a fellow physician, can be discussed during these interviews, and discussing them often means dispelling them.

R e a s s u r a n c e

Some persons feel reassured the minute they sit in a doctor's

office or the doctor enters the room where they are anxiously expecting him. The presence of the physician and the fact of having an opportunity to talk about oneself to an experienced, sympathetic listener in a position of authority are reassuring in themselves. Feeling of anxiety and helplessness are thus relieved, at least temporarily, and the physician's willingness to assume responsibility is in general readily accepted by the patient. In one sense a patient with acute anxiety symptoms can be compared to a newly licensed pilot or driver who for the first time sits at the wheel alone, without the watchful trainer's help. He hardly feels at ease alone in the driver's seat and readily yields the wheel to the skilled instructor.

There is a deep longing for security in all of us. In order to be happy we must have some feeling of being liked and accepted by the world, of being protected against the vicissitudes of life, of being sheltered and cared for especially when the hour of danger strikes. In the neurotic individual, whose feelings of security have been shattered by past or recent experiences of a destructive nature and whose needs for security are incomparably greater than those of the average person, that sense of danger is ever-present. Some psychoanalysts, in fact, speak of a neurosis as "<u>the longing for the mother</u>" which expresses itself in the neurotic quest for the same sort of care and protection the individual experienced (or craved) during infancy.

Reassurance given by a master in psychotherapy to an agitated

emotionally perturbed adult may be as gratifying and consoling as a mother's tender touch to a fever-stricken child. It relieves the patient of his feelings of helplessness, strengthens his self-confidence, produces a more optimistic outlook and makes him feel "good" in general, because he feels loved and understood, and finds that he had received new vigor. Indeed, the physician must occasionally beware of the powerful effect of repeated reassurances. Some neurotic sufferers become so dependent on reassuring words that they may call the doctor at any time, day or night, because they want to be reassured again and again that there is nothing wrong with them. I mentioned such a patient earlier.

Another word of caution is necessary here. Nearly every neurotic person after a few days of psychotherapeutic treatment along the indicated lines - psychocatharsis and reassurance - will feel greatly improved, will develop a more hopeful attitude, a better appetite and better sleep. It is important that both doctor and patient realize that in a number of cases the excellent results obtained during the first few days may be entirely temporary. The later disappointment, after the success of the first few interviews may otherwise be intense. Notwithstanding the value of such useful methods as psychocatharsis and reassurance, faulty mental habits and unhealthy patterns of behavior which have been built up in half a lifetime, cannot be changed in a few days or weeks. Unless the patient is retrained and re-educated on the lines indicated

in the preceding chapters, unpleasant setbacks and marked disappointment are virtually inevitable. Patients of the type of the young woman mentioned before - where the confused emotional atmosphere can be satisfactorily "cleared" during one or two interviews - are the exception rather than the rule.

Explanation

I have repeatedly stated in these pages that the usual well-meant injunctions to "stop worrying" or "go home and forget it" are worthless in most cases of neurotic illness. Where excessive emotionalism exists, there is a reason for it. Even if the cause is irrational, it is still a cause. The numerous troubles which arise from unsolved life problems must be thoroughly studied and adequately interpreted.

I have also mentioned the therapeutic value of reading in psychology. Reading or attending lectures will not help a person to solve his problems, but it may provide useful information concerning love, sexuality, masturbation, intercourse, unnecessary fears, false attitudes, harmful prejudices, and so on. The feelings of shame and guilt in a man who masturbated in his youth, or the fear of becoming "useless" in a woman who goes through the menopause, will be greatly allayed when the patient realizes the fallacy of his beliefs and understands the mechanism of such psycho-physical

manifestations. Since emotional equilibrium in a seriously neurotic person can only be regained by a complete change in and a reorientation of his attitudes, he needs to be told what the situation is. He must be given proper explanation of his symptoms and the underlying causes which make him resentful, unhappy or exceedingly vulnerable to environmental influences. The explanation of the principles and dynamics of the mind and body in understandable language, will help to dispel numerous misconceptions originating from ignorance, rumors and fear.

To build better mental health, we must have the courage to make a new start. And to make a new start, we must know "why" and "what for". The soldier who had broken his ankle and, as a result of the injury, underwent a process of regression to the state of insecurity of his childhood recovered after the situation had been explained to him and he had been reassured about the favorable outcome. It is amazing how much can be achieved by the interpretive explanation in psychotherapy and how little is known about all this to the public, even among people of the highest social and intellectual standing.

Suggestion and Hypnosis

Many years ago William James formulated the theory that an idea or a mental stimulus, unless positively inhibited, tended to express itself automatically and reflexly in corresponding behavior.

As long as we are conscious and wide-awake, the inhibitory forces of consciousness are alert and usually inhibit those tendencies. There are certain states in which the inhibitory, fully conscious forces are considerably dulled or virtually absent, for instance, in the states of sleep, intoxication, fever, great emotion, complete absentmindedness and similar conditions. One of these states can be induced actively; it is called hypnosis.

Suggestion and hypnosis are normal psychological phenomena. There is nothing magic or mysterious about them. Amateurs, quacks, charlatans and shrewd impostors are responsible for certain erroneous ideas concerning hypnosis which are widespread among the educated and uneducated public. Hypnotists, contrary to popular misconceptions, do not have supernatural or magnetic powers. Nor is the subject who is being hypnotized weak-willed or stupid. Theoretically, any normal person can be hypnotized, although some more easily than others, and only under very unusual circumstances can a person be hypnotized entirely against his will. A few people seem to be resistant ("immune") to hypnosis, among them those who are feeble-minded or psychotic. Hypnosis is not dangerous. In the hands of physician it is a scientifically established therapeutic procedure which may give beneficial results in well selected cases. It has no harmful effects or after effects, though its use has definite limitations, the most important of which lies in the fact that it does not remove the cause of a neurotic condition. Freud's predecessors (Charcot, Bernheim, Breuer, and others) as well as

many of his disciples, used hypnosis extensively and successfully. Freud himself soon abandoned this form of therapy, since he was interested in getting at the cause, not at the symptoms of the neurotic illness.

The therapeutic value of hypnotizing a person is based on the fact that people in a hypnotic trance are in a state of increased suggestibility. Thus symptoms of anxiety, bodily tension, enuresis, insomnia, aphonia, hysterical paralysis, can be relieved by hypnotic sugges tions. At times they can be dramatically eliminated in a few sessions. Such "miraculous" results, however, are usually temporary and it is not uncommon that the patient returns after a series of apparently successful treatments with a new set of symptoms or a partial recurrence of the previous complaints. Inasmuch as the underlying psychological difficulties persist and are not corrected by suggestive procedures alone, this is a frequent and perfectly natural occurence. In modern psychotherapy hypnosis is therefore rarely used. When used, it is employed more as an aid in establishing the nature of the hidden psychological causes than as an exclusive method of treatment. During the hypnotic sleep it is relatively easy for the patient to recall forgotten experiences, remember "repressed" material, relate embarrassing facts of his life (which he unconsciously tries to withhold from the therapist in the waking state.) Some patients find it next to impossible to call a spade a spade,

that is to speak freely of matters about which they have a feeling of shame. It is these very matters which must be brought into the open. Thus hypnosis may be an occasional help in exploring the patient's mind and recovering painful memories that have been pushed into the background. In addition, while the person is in the sleeping state, suggestions can be given to get rid of a troublesome condition or to remove a symptom more rapidly than it is ordinarily possible.

The technique of hypnosis is comparatively simple. It is not necessary here to discuss the details of the technique which is known to all physicians interested in this field. The production of a hypnotic state is usually effected by a combination of relaxation and repeated verbal suggestions. If the individual is very suggestible, it can be induced quite easily within a few minutes and it makes no difference whether the patient is in a reclining, sitting or standing position. The average hypnotic session lasts from fifteen to thirty minutes. It usually requires a number of sessions to obtain and what is more, retain good therapeutic results.

N a r c o s y n t h e s i s

This is in a way the most modern treatment of certain psychoneurotic disturbances. It has been extensively used in various war theaters during World War II. The method, originally applied

by Drs. Roy R. Grinker and John P, Spiegel in North African military hospitals, has been employed as a welcome rehabilitation treatment in several rehabilitation centers for neuropsychiatric casualties during and after the war. Narcosynthesis is a combination of drug therapy and psychotherapy, used in the treatment of war neuroses, i. e. psychoneurotic conditions following combat. Though differently induced, the method does not differ greatly,in its basic aspects, from the described ways of treatment of such states. Narcosynthesis causes the patient to re-experience the intense emotions associated with his traumatic combat experiences and repressed battle memories.

Instead of producing a hypnotic trance in the patient, a barbiturate drug, usually sodium pentothal, is administered intravenously at a very slow rate until the patient is in a semi-narcosed state. With the aid of this technique a condition similar to a semihypnotic sleep is induced, during which the soldier who before was unable or reluctant to relate his terrifying battle experiences, recalls and relives the dramatic scenes of combat which made him a "neuropsychiatric casualty". Then, with the help of the physician, the patient is gradually led to understand and synthesize the memories, emotions and frightening events that have produced the symptoms.

Narcosynthesis is never used alone, but always in conjunction with other psychotherapeutic methods in particular with the techniques of explanation, persuasion and reassurance. With each treatment a certain amount of pentup emotion is released; the covered emotional

material is carefully studied and discussed, with the physician acting as friend, interpreter and guide. From this point of view narcosynthesis can be considered as a valuable adjunct to psychotherapy, a step along the road to mental health. As far as present knowledge goes, it is a "short cut", not a cure. When used with psychotherapy it can be a helpful therapeutic tool in the hands of the experienced physician. Army doctors have reported marked improvements, sometimes dramatic therapeutic results, in a considerable number of emotionally diseased soldiers*. Whether similar good results can be obtained in civilian psychoneuroses, remains to be seen.

Group Psychotherapy

Another method of treatment which has been revived under the powerful stimulus of the war and post-war situation, is group psychotherapy. During the war the Army soon became woefully aware of the vast number of soldiers needing psychotherapy and the comparatively small number of doctors trained and available for this purpose. In an effort to prevent and treat emotional disturbances by counteracting war-induced maladjustment on a large scale, the medical authorities resorted to the long-known method of treating such patients not only individually, but also collectively in groups.

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* Large numbers of psychiatrically discharged veterans again function today in peace-time industry and commerce. They are completely rehabilitated.

Of course, the problems of army life are very different from those of civilian life. Military medical authorities are primarily concerned with group well-being. The civilian doctor's task is to restore the individual's well-being.

The latter point, however, is perhaps unduly emphasized in present-day medicine. There is a logical middle ground toward which we are now groping. For the sake of good mental health among the masses we have today to search for a correct balance between individual and group therapy in medicine. It is obvious that individual psychotherapy is not only a time-consuming and painstaking procedure, but also a fairly expensive undertaking. Group treatment, on the other hand, is less costly and offers some additional advantages which should not be underrated. The group which gathers in a congenial and informal atmosphere, provides eo ipso a medium of relaxation and reassurance. The individual who joins a group loses almost automatically the feeling of solitude. As a member of a small community of "co-sufferers" his personal problems become part of the larger group problem. The patient can compare himself with others and may find that his own case is milder than some others. Seeing himself surrounded by people with symptoms and difficulties similar to his own, he experiences - perhaps for the first time in years - the keen sensation: "Thank God, I am not alone in this valley of misery." In this sense, group psychotherapy is a socially integrative type of treatment that can be very helpful in the re-socialisation of the isolated and seclusive patient.

Some people who, when personally interviewed, are reluctant to talk about their problems, surprisingly change their stiff or suspicious attitude during the group sessions. They speak more freely about their past and present troubles, sometimes revealing a remarkably resourceful manner of presenting their case of the group. The doctor, acting as the chairman and group leader, directs the discussion in a generally constructive way, gives the necessary explanations on mental dynamics, health problems, hygienic and unhygienic attitudes, answers wuestions, corrects misconceptions, and provides the student (or the patient) with the amount of psychological knowledge that he deems necessary of desirable.

In order to organize courses in group psychotherapy in a more methodical way, the late Dr. Milton Harrington* of New York proposed the establishment of a new type of school, a school of mental health, which might be either conducted privately or under the auspices of some agency of recognized scientific and professional standing and which would have to fulfill two definite functions: first, to provide a more adequate and less expensive form of psychotherapy than the practising physician is able to furnish at the present time; and, second, to prevent as much as possible the development of emotional ills by teaching people how to live hygienically and how to deal with situations of emotional stress and strain to which they are today subjected everywhere.

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* "The Management of the Mind", Philosophical Library, New York, 1945

Since the incidence of neurotic and psychosomatic diseases is being more and more recognized as a national health problem of the first magnitude, it seems to me that Dr. Harrington's proposal deserves consideration and careful study on the part of our public health authorities. I do not think that its practicalapllication would impair or counteract in any way individual treatment by the practising physician. On the contrary, individual therapy and group therapy could and should be conducted in such a way that they not only perform supplementary functions, but form together a well-rounded system of education, training , prophylaxis and treatment in the management of emotional illnesses. The aims of individual and group care are virtually identical: to throw light upon the nature of the human mind, with particular reference to the common types of maladjustment and the resultant neurotic disturbances. And their methods of approach, though technically different, are complementary.

The Psychotherapist

So much has been said about the neurotic personality in these pages that I feel entitled to add a few lines on the personality of the psychotherapist. There is little doubt that the personality of the physician has a lot to do with the recovery of the patient. In psychotherapy more than in any other branch of medicine the physician does well to recall Sir William Osler's forceful statement:

"The practice of medicine is an art, not a trade; a calling, not a business; a call in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, the righteous upon the wicked, of the wise upon the foolish."

I know of no profession which requires such a broad and personal culture as that of the physician who practices the science and art of psychotherapy. He is constantly dealing with problems of unrivalled complexity and delicacy. Besides a profound knowledge of the best and newest methods of general medicine, he must have a large and understanding toldrance of human weaknesses and suffering; an infinite patience in face of frequent disappointments; a gift of courtesy that makes the timid talk, and a sense of intuition that keeps him silent when speech might hurt. On the other hand, he must have an eloquence which instills new hope into a despondent mind, a virility the sight of which alone dispels the haunting specters of disease, and a hand so strong, so tender, so loving, and so warm that its touch alone heartens the frightened patient and calms the anxious heartbeat.

All this is not enough. The best physician, the"born" psychotherapist, as someone has said, is the one who suffered himself. Who has gone through the ordeal of human plight and suffering, but has come out of it a nobler person, filled with a serenity of mind

and an inner peace, as if he had passed through the trial with his mantle wrapped around, upright, strong, his face burning but "his head unbowed", - is the "Healer by the Grace of God". The psychotherapist is not only physician, but also minister, teacher, friend and father confessor. He must understand not only symptoms and disease, but also symbols, dreams and words, the unspoken as well as the spoken. He must explore the patient's past, know his present and teach him how to face the future. Above all, he must be patient, infinitely patient.

C H A P T E R IX

P S Y C H O A N A L Y S I S

The intellectual achievement of Siegmund Freud can perhaps best be compared to the discoveries of Coperinicus in the field of astronomy or Einstein in the realm of physics. Freud's work has "roused the world from its slumber" and revolutionized the long stagnant science of psychiatry. Most physicians and psychiatrists today agree that he has made what is the greatest single contribution to psychology. After a thorough exploration of the dark recesses of human nature, Freud was not only able to give a scientific explanation of many hitherto unknown elements operating in the human mind, but to put also his discoveries on a clinical basis and use them as the most intensive psychoanalysis. It is the most powerful and most important of all the techniques employed in psychotherapy today. It reaches deepest into the hidden layers of the mind.

To understand the dynamics of the unconscious, as explored by Freud, I refer the reader to the pages dealing with this complex mechanism. Perhaps a simple example used by Menninger will further clarify the situation:

"When a trout rising to a fly," writes Menninger, "gets hooked on a line and finds itself unable to swim about freely, it begins a fight which results in struggles and splashes and sometimes an escape. Often, of course, the situation is too tough for him. In the same way the human being struggles with his environment and the hooks that catch him. . . his struggles are all that the world sees and it usually misunderstands them. It is hard for a free fish to understand what is happening to a hooked one. Sooner or later, however, most of us get hooked. How much of a fight we have on hand then depends on the hook, and, of course, on us. If the struggle gets too violent, if it throws us out of the water, if we run afoul of other struggles, we become "cases" in need of help and understanding."

Our situation in life often resembles that of the hooked fish. Those among us who are not able to tear out of their minds the subtle web of inner conflicts, guilt and pain which consciously strangles them, and who cannot be helped by the ordinary methods of psychotherapy, need a different kind of help. They need something that may be compared to surgery. Only surgery, in these cases, does not imply the use of knife and ether. It is "<u>mind surgery</u>", the delicate and penetrating treatment of the psychoanalyst whose tools are the patient's words, thoughts, feelings, dreams, and fantasies, whose operative procedures are "free association" and

interpretation, and whose goals are the exploration of the patient's inner self, the removal of his inner conflicts and the emancipation from them.

Someone has called psychoanalysis "an indecent invasion of the individual's own privacy." Maybe it is. But how good is the mental life of the neurotic patient without that "invasion"? It is the neurotic sufferer himself that gives the answer. On the highest level the answer is Shelley's: "Alas! I have not hope, nor health, nor peace within nor calm around." On the average level it is just "bad luck", misfortune, failure, apathy, misery, invalidism and sometimes life-long ill-health. Thanks to Freud we have today a remedy for many men and women who suffer from the pain of life, a difficult and painfully slow working remedy, it is true, but one that enables them to free themselves from their neurotic condition. Should we not employ it even if it means invading their privacy when such "invasion" is the only way of helping them? When, in order to bring health and inner unity to a suffering individual we have first to help him understand the causes of his problems, the nature of his troubles, the origin of his failures, the meaning of his suffering?

Despite the popularization of psychoanalysis by movies, magazines, and books it is still shrouded in mystery. Many are those who believe that it deals with miracles or provides magic formulae

for increased mental efficiency. Others assume "it's all a fad." Actually there is nothing mysterious about it. It is today a well-established highly specialized science which deals therapeutically with the troubled human mind.

Psychoanalysis is a means of understanding and influencing human nature. In Freud's own words it is:

"A method of treating nervous patients medically."

"A method of examining the mind, that is, the unconscious mind."

"It is the science of the content of unconsciousness..."

Great stress is laid in analytical technique on the making conscious of all unconscious mental processes which are at work in the human mind, the unconscious being that sphere of the mind where the conflicts and clashes between the opposing forces take place. In searching for evidence of unconscious fears and wishes Freud soon discovered elements which first were ridiculed, then indignantly rejected and finally, though often reluctantly, accepted.

The development of psychoanalysis which has now been going on for half a century, originated in an observation of a strange clinical case. This first patient who ever underwent a psychoanalytical treatment was a young lady, twenty-one year old, of high intellectual gifts and impeccable character. She was being treated by Dr. Joseph

Breuer, a Viennese physician, who became Freud's earliest associate. The patient came to see Dr. Breuer, because she wanted to be relieved of a number of peculiar nervous symptoms. She suffered from a functional paralysis of her right arm, and at times had other neurotic symptoms of the most diverse nature, facial neuralgia, temporary deafness, visual troubles and occasional mental confusion. To cure the patient Dr. Breuer hypnotized her and urged her during the hypnotic sleep to tell him what oppressed her at that time. Under hypnotism the patient told the physician certain details about the origin of her complaints, which had begun while she was nursing her sick father, and Dr. Breuer discovered, to his surprise, that when the sick girl had told her story, her nervous symptoms had disappeared. It was as if the grave complaints were being "talked away". Dr. Breuer was able to cure the patient, gradually freeing her from all her symptoms, by employing this simple method: hypnotizing her and urging her to "talk it out".

The remarkable feature in D . Breuer's observation was that in her waking state the patient remembered nothing about the origin of her complaints. As soon as she was under hypnotism she told the doctor facts which, while awake, "she did not know that she knew". Dr. Breuer gave an account of this interesting case to Freud, who was a young physician in Vienna at that time, more interested in scientific research than in the development of his medical practice,

He immediately recognized that Dr. Breuer's observations were of inestimable value. If the patient could relate, under hypnotism, things which she did not remember in the waking state, Freud concluded, then they must have been removed from her memory during the waking state, in other words repressed. This led him to the discovery and subsequent exploration of the unconscious, where he soon found a reservoir of surprising psychological material, repressed memories, forbidden impulses, instinctual urges, and deep-rooted conflicts. Freud likened the analytical procedure to the excavation of a buried city---a process of clearing away, step by step, the traumatic experiences of the past from which the ailing mind is being gradually feed.

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Freud later abandoned the treatment under hypnosis, since it was difficult to control, and adopted the technique of free association in order to put the doctor and patient in possession of knowledge which the latter had repressed. It proved a good method of bringing to the surface many experiences which appeared otherwise to be completely forgotten. The technique itself is simple. The patient lies on the couch and is instructed to say whatever comes to his mind, regardless of whether it seems foolish, irrelevant, nonsensical or embarrassing. He is encouraged to express whatever thoughts, ideas, recollections and feelings enter his mind. While "letting his mind go", the patient talks in a spontaneous informal manner. The analyst keeps out of sight, usually

sitting behind him at the head of the couch, and records everything th patient says for later use and interpretation.

The surprising - to the beginner almost incredible - thing about the procedure is how much can be obtained by this methodical process of patient, relentless exploration of the mind. By inducing the patient to relax, "letting his mind go" and encouraging a free flow of thoughts and speech, the diseased psychological material is unearthed and verbalised. Not only far-reaching revelations of a person's inner self are thus brought to light, but also a multitude of long forgotten childhood experiences reappear from the recesses of the mind. During this thorough-going systematic process the patient comes to learn more and more about himself. He learns that there is a hidden link between his neurotic condition and the past, that his present suffering is the outcome of traumatic experiences and unconscious conflicts usually going back to childhood and that his mode of living today will determine his course of life tomorrow. Step by step the repressed, "emotionally-toned" facts of the patient's life are brought to the surface and removed from the unconscious. It was in the words of Freud, "all the forgotten facts that had been worrying in some way, either terrifying or painful, or mortifying to the personality". Childhood recollections are taken up, analysed and clarified in their important role in determining early behavior patterns and faulty attitudes. Unconscious wishes and fears, inner conflicts

painful memories, often of an esthetically or ethically offensive character, are thus brought into the open uncovered and cleared away. Also here it is important that from the very beginning of the treatment the patient be reassured that the physician's business is not to judge, but to cure.

Another method of uncovering hidden psychological material is the analysis of dreams. This is one of the most fascinating ways to explore the unconscious. " A dream which is not interprs-ted," says the Talmud, "is like a letter which is not read." The old unscientific and fantastic ideas about dreams have been superseded by Freud's ingenious studies on dream symbolism. In his search for information on the structure and content of the unconscious, he discovered that the dream is the image of the unconscious. Dreams can be analysed psychologically and utilized as a source of valuable information. The forgotten material of early life, distorted wish fantasies, surpressed feelings of hostility, humiliation and guilt, of which the person is not ordinarily aware, appear in certain dream patterns, though usually not in their original form, but in the symbolised, condensed, confused and pictorial manner characteristic of most unconscious mental processes. Because of that dreams often seem senseless and meaningless to the superficial observer. To the analyst, however, they are extremely revealing. The analytical interpretation of dreams is not only a great help in exploring the deeper layers of the mind

but often furnishes a deeper knowledge of the dreamer's self than his consciousness possesses.

The study of dreams has been called by Freud "the royal road to the unconscious." For instance, a person may outwardly appear an humble, subdued human being and may have convinced the doctor and himself that his inner nature is one of humility, kindness and submission. On watching and relating his dreams, however, he may find that he is continuously fighting with someone, that he is offending or attacking others in his dreams. The interpretation of such dreams will then make him understand "the other side" of his mental life. The dream as the image of the unconscious reveals the repressed tendencies to aggressiveness, revenge and hostility. Civilized people, in the waking state, are usually strongly inhibited in their personal sex expressions. Yet their dreams often have a definite sexual coloring. In anxiety states terrifying dreams in which something disastrous happens to the patient are frequent. Here the dream expresses the suppressed emotions.

The purpose of exploring all these hidden aspects of a person's past and present life is first to make the patient aware of the origin and nature of his inner conflicts, second to free the neurotic mind from "the tyranny of the past." The aim, in other words, is to uncover the hidden pain of life. By learning the truth about himself, by getting the load "off his chest", not

only the patient's morbid symptoms are relieved, but also his entire relationship with the world and the evaluation of his own self undergo a profound change. Misconceptions originating from fear, ignorance and prejudice are dispelled. In this sense psychoanalysis come close to fulfilling the ancient admonition of the Bible: "Ye shall know the truth, and the truth shall make you free." (It is remarkable how much the modern development of psychology leads us back to the same pathways religion took in an earlier phase of human progress. No other therapeutic method today seems able to achieve such ultimately religious ends as freeing the individual from his inner sense of helplessness and guilt.

It is true that some of Freud's concepts have aroused widespread criticism and, in some quarters, loud "moral indignation". Freud himself said, thirty years ago, that the very idea of psychoanalysis tends to arouse resistance and objections, because the psychoanalytical findings necessarily wound the self-esteem of the individual as well as groups. Some have raised objections against certain psychoanalytical terms such as "Oedipus complex", "fixation", "Transference". There is nothing mysterious about them, although these terms appear to have perplexed and irritated a number of learned and unlearned people. However, psychoanalysis has today overcome the "defensive" stage. The study of modern psychological literature reveals that Freud's revolutionary

methods have thrown new light upon the nature of the human mind and the complexities of civilised existence. Freud's contributions and spiritual influence go far beyond the confines of medicine or psychiatry. Psychoanalysis has been modified and developed by Freud's disciples in several directions. It has long grown beyond the interpretation and treatment of the common neuroses. It has given new meaning to history, sociology, mythology, ethnology, anthropology, and to the study of folklore, religion, art and poetry.

Also as a method of treatment psychoanalysis involves much more than the confessing of memories and merely "talking it out". The procedure does not rely on any ritual or dogmatic rules. Its aim is not to make a suffering person feel better. During the psychoanalytical treatment the physician learns as much as he can about the patient; so does the patient about himself. Under the guidance of the analyst the neurotic patient then discovers for himself that because of destructive experiences in his life he has developed unhealthy character traits, false behavior patterns, and neurotic trends that bring him into conflict with the world wround him. He realizes that because of these experiences his relationships with other people are poisoned and that his exaggerated desires for superiority, power, prestige, isolation, or dependency are ruinous to himself. He learns to appreciate the uniformities of his own behavior and the motivations that underlie or activate

his tultiple difficulties in life. He begins to understnad that his problems, symptoms, and complaints, in short, his neurotic suffering, are virtually inevitable as long as he insists on pursuing those unhealthy and abnoxious goals. He is taught that his sensitivity or aggressiveness, his feelings of insecurity or anxiety, his tendencies to withdrawal or superiority are not isolated, nebulous drives but neurotic trends related to the past and producing the present difficulties in his life. Thus he gains insight into the complex, contradictory nature of his mental make-up, his goals and the faulty methods he uses to attain them.

In the course of the treatment the analyst directs the patient's attention to the need for a complete reorientation in his attitudes toward the environment and toward himself. The analyzed individual learns that there are bettwe ways to deal with his problems than those hitherto pursued. He is taught to understand his limitations and to live comfortably within those limitations. Gradually his outlook on life changes and while he becomes more realistic and at the same time ore optimistic, a new appreciation of meanings and values occurs that makes life more meaningful, richer, and better.

Psychoanalysis, like all true remedies, is no panacea. It cannot always be employed nor does it always work. It has a number of shortcomings, the most important of which is that it is

a laborious, time-consuming and costly method. Unfortunately the deeper layers of the mind are not too easily reached and the necessary, thorough-going recasting of a person's entire mental life may require years. But when the inner obstacles that encumbered the patient's path are finally cleared away, creative energies can be releasased and the road to inner unity lies wide open.

Perhaps the greatest result of a successful analytical treatment is the unchaining of individual energies. It usually comes about only after much effort. But the result, when finally the subtle web of guilt and fear is town out of the ailing mind, can only be compared to that of spiritual rebirth. By breaking through the blocking walls of defense mechanisms behind which the individual conceals the pain of his existence, the hidden conflicts, the repressed fears and desires, and the resultant morbid symptoms can be understood. The essence of the inner man is revealed. When finally all the invisible barriers are rased and the individual emerges from his shell, he has a spontaneous desire for better relationships with the world and with himself. The essential thing is to bring the neurotic patient out of the nonsense, resentment, nightmares, and pois oned relationships that constitute a great part of his inner life and to lead him into a new life where mature thoughts, better insight, and personal truth prevail. New interests then take possession of his mind and healthier attitudes toward life and people can be developed. What felt like pain, like suffering before, now feels like peace and health.

In fact, it <u>is</u> peace. It <u>is</u> health. Not so long ago a patient who had successfully undergone psychoanalysis told me, paraphrasing Jean-Paul Sartre, the existentialist: Life begins on the other side of ----psychoanalysis.

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NARCISSISM

The concept of narcissism emerges fully for the first time in S. Freud's writings in 1910 (Leonardo Da Vinci). The term "narcissus like" was introduced by H. Ellis (1898) to describe a psychological attitude. P. Näcke (1899) used the term "narcismus" to describe a sexual perversion in which the subject obtains complete sexual gratification through looking, stroking and fondling of one's own body. Narcissism is a direct translation of observed data into theory, similarly to the analytic theory of psychosexual development. It represents an extension of the libido theory. In most writings S. Freud describes narcissism as the libidinal investment (cathexis) of the ego. The ego is also described as the reservoir of the libido. It is important to keep in mind that it was only after 1923 that the term "ego" was used to designate part of the psychic organization as a structural concept. Prior to 1923 the term ego underwent extensive development and was used interchangeably with "ruling ideational mass," "self," or "one's own person." In 1923 Freud reformulated the theory of narcissism to conform with the structural concepts: according to this formulation, all libido is contained in the id while the ego is still in its formative stage and weak. The id sends out part of the libido in the form of object cathexes; then the ego that has been growing stronger, forces itself on the id as a love object. The narcissism of the ego is a secondary one, withdrawn from the objects. H. Hartmann suggested that narcissism be defined, not as the libidinal cathexis of the ego, but as libidinal self-cathexis, which represents the opposite of object cathexis. The part of self directed cathexis that is localized in the system ego would be designated narcissistic ego cathexis.

H. Hartmann and E. Jacobson, discussing narcissism, suggested that it might be more accurate to speak of cathexis of self-representation versus cathexis of object representationSubsequently we will consider narcissistic libido as libidinal self-cathexis, although this terminology has not been used consistently in analytic literature.

Freud describes narcissism as the libidinal complement of egoism which has non-libidinal aspects as well. Egoism can exist in the individual together with strong object cathexis or with strong self cathexis.

Narcissism is also described as a stage in the libidinal development between auto-eroticism and object love. In the autoerotic stage the separate instinctual components of sexuality are non-centralized and work independently of one another to obtain gratification in the subject's own body. The narcissistic stage (also described as second autoerotic stage) is characterized by the fact that the dissociated sexual drives of the early autoerotic stage come together into a single whole and find an object which is the subject's own body and self. The narcissistic stage implies a differentiation of the psychic apparatus from the original undifferentiated ego-id. The narcissistic stage of organization is never wholly abandoned and the individual who has progressed to genital primacy and object love remains to some extent narcissistic. Object cathexes can be drawn back into the self. Narcissistic libido is constantly transformed into object libido and vice versa. For complete health, it is necessary that libido should not lose this full mobility. The state of primary narcissism is an inference and described as a primitive objectless condition of the undifferentiated organism. Libidinal regression in deep sleep and deeply regressed psychotics would approach this state of primary narcissism. Strictly speaking the assumption of primary narcissism would apply to the fetal and neonatal period only.

Whether the assumption of primary narcissism would add to our understanding of early developmental stages has been questioned recently. E. Jacobson suggests that this early state might be conceived as a condition of diffuse dispersion of instinctual forces within the whole undifferentiated psychic organization. The discharge of these forces would be of a centripetal type on the self and induce functional changes mainly in the body organs and be the physiological, psychosomatic forerunners of adult affective and ideational expression.

Observations upon which the theory of narcissism was built refer almost exclusively to secondary narcissism which arises through the drawing in of object cathexes into the self. These observations may be divided into nine groups.

1) Libido turned back upon the self is the source of megalomanic delusions in paranoia which are a direct consequence of the inflation of the self by libido withdrawn from objects. The megalomania represents a mastering of the libido. In paranoia we find a fixation at the stage of narcissism and a step back from sublimated homosexuality to narcissism.

2) In sleep object cathexes are abandoned and withdrawn into the self. Libidinal regression in sleep carries the individual to the point of a primitive narcissistic state; at the same time ego regression goes back to the stage of hallucinatory wish fulfillment. The egoistic character of dreams is accounted by the narcissistic state of sleep.

3) Organic illness causes a loosening of object cathexes and attachment of libido to the self in the form of stronger investment of the diseased region of the body.

4) In hypochondria an organ, without being diseased, is invested with narcissistic libido; not only object-but also self-directed libido becomes dammed up and pathogenic.

5) In overt homosexuality a strong libidinal fixation on the narcissistic

type of object choice takes place. Homosexuals have remained in the course of their development from autoerotism to object love at a point of fixation between the two.

6) In the melancholic the object is set up in the self through narcissistic identification.

7) A person's narcissism becomes displaced on to the ego ideal which forms the substitute for the lost narcissism of childhood. The self may become impoverished in favor of object cathexes or in favor of an ego ideal. It enriches itself once more from satisfactions through the object or by fulfillment of its ideal. The ego ideal, aside from the individual narcissistic aspect has a social side also and binds a great deal of homosexual libido.

8) The unbounded self-love of children shows the strong prevalence of narcissism in childhood. Narcissism of children is reproduced in the parents' overvaluation of their children. Parental love is the parents' narcissism transformed into object love.

9) Narcissism marks the primitive men who overvaluate their psychic acts, believe in the omnipotence of thought and attempt to influence the course of events by magic. In neurotics, part of this narcissistic attitude has survived. The animistic phase of human development corresponds to the narcissistic stage of individual development.

See also: narcissistic neurosis, narcissistic character (personality), narcissism in women, narcissistic injury (mortification), narcissistic perversion.

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Narcissistic Implications of Ego Development

In Early Physical Malformations

By

William G. Niederland, M. D.

(New York)

From the group of patients loosely described as "narcissists", i.e., individuals in whose pathology narcissistic phenomena predominate, I have selected for presentation those in whom the presence of a particular type of body defect -- irrespective of the clinical classification and diagnosis -- can be recognized as a nodal psychological factor in the patient's ego development as well as a pathogenic element in the formation and maintenance of narcissistic disturbances.

In focusing attention on such cases, I took as my point of departure Freud's study on "Some Character-Types Met with in Psycho-Analytic Work" (1915), Jacobson's elaboration of it in her paper on "The 'Exceptions'" (1959), A. Reich's contributions to our understanding of the regulatory processes involved in the maintenance of self-esteem (1953, 1960), and related studies by Bychowski (1943), Ferenczi (1917, 1925), Greenacre (1953, 1955, 1960), Murphy (1958, 1960), etc.

You will recall that Freud, in his character study, emphasized the conspicuous refusal to accept the reality principle which he found in people suffering from congenital anomalies or physical malformations acquired in early life. "For reasons which will be easily understood," Freud wrote, "I cannot communicate very much about these ... case histories." He supplemented his clinical observations (merely hinted at by him) with an illustration from classical literature, Shakespeare's Richard III, in whose pathology Freud found "the claim to be an exception closely bound up with and motivated by the circumstance of congenital injury." From the choice of this example and his expressed need for discretion concerning clinical material, we may legitimately infer, I think, that Freud alluded to patients with gross physical pathology whose identity might have been revealed by a more detailed description. Jacobson's "exceptions" were likewise on the one hand grossly handicapped patients with visible deformities, and on the other, women of extraordinary beauty and charm, both groups characterized by the presence of conspicuous physical attributes. Similarly Lusier's case report (1960) from the Hampstead Clinic refers to a severely malformed adolescent with readily visible body defects, while Blos' study on cryptorchism (1960) — though dealing with an anatomically less obvious anomaly — concentrates exclusively on this one disorder and in children only.

In contrast to the contributions mentioned, this presentation is based on observations of adult patients most of whom were suffering from the consequences of minor bodily anomalies or imperfections, of secondary importance with regard to anatomical involvement, inconspicuous in appearance, and scarcely or not at all noticeable without a full medical examination. In this sense they may be considered secret or hidden afflictions of the patients who indeed tended to remain silent about their presence and to keep them concealed from themselves as well as from the outer world. It should be noted that despite their relative inconspicuousness most of these defects were associated with functional impairment in childhood. What thus appears an out-of-proportion psychopathology in terms of later development, on closer scrutiny is revealed as proportionate to the phase-specific significance in early life.

Included in this group are two patients with minor congenital chest deformities, two with congenital umbilical hernias, one with a small bony exostosis below the clavicular region, one with residual cranial and thoracic deformities due to infantile rickets, one with a barely visible malformation of the left arm caused by a birth injury, and one with a congenital torticollis. Of these, only the last two patients had outwardly recognizable deformities. One of them, the patient with the torticollis, had undergone plastic surgery in adolescence and his anomaly had been so well repaired that no trace of it was visible when he entered analysis in his thirties. My study thus comprises eight cases, only four of which were or are in analysis; the other four were treated in prolonged psychotherapy. Of the patients whose material I am using in this paper, five are men and three are women. In presenting the material I shall focus on the findings pertinent to the study of narcissistic phenomena and omit other observations.

Though small in number, the series and the data derived therefrom are not, I believe, without clinical significance. Viewing the problem for a moment non-analytically, it is perhaps worth noting that about ten to twelve out of a hundred newborn infants have congenital anomalies. Since the most frequent types of such defects are those involving the bones, joints, and other parts of the body surface -- as in the cases under scrutiny -- and since some kind of congenital defect is presumably present in over 30% of the general population if certain minor anomalies of the skeleton, teeth, skin, etc. are included, the incidence and importance of clinical manifestations directly or indirectly connected with early physical malformations cannot be negligible. If the current views concerning the relation between increased radioactivity and a higher rate of congenital malformation are correct, it may be expected that the pertinence of these observations may be further enhanced in the not too distant future.

To return to the prevalence of narcissistic phenomena in these cases, it is well to remember that Freud, in his paper on "Narcissism" (1914), recommended among the "means of approach ... by which we may obtain a better knowledge of narcissism ... the study of organic diseases." The presence of an increased body narcissism and its far-reaching implications in patients with organic pathology have been described by many analytic observers, of course. In fact, it can be said that in all the cases studied the psychological reverberations went far beyond the actual physical imperfection, and that the familiar and, one may say classical, narcissistic features — compensatory narcissistic self-inflation, fantasies of grandiosity and uniqueness, aggressive strivings for narcissistic supplies from the outside, impairment of reality testing and object relations, excessive vulnerability, etc. — were readily apparent. In all the cases observed, the psychopathology resulting from the (essentially benign) bodily imperfections and their complex, usually phase-specific elaboration in fantasy strikingly outweighed the organic pathology. Among the principal features which characterized the narcissistic pathology of the patients, I wish to discuss briefly:

The Presence of an Unresolved Narcissistic Injury which, derived from basic bodily experiences of an unmastered and perhaps unmasterable kind, has the character of an organizing and concretizing experience in Greenacre's sense (1956) with far-reaching consequences for ego and superego development. In contrast to a variety of psychic traumata which often find a spontaneous solution in childhood (through mastery), the early body defect tends to remain an unresolved area of conflict (castration) on the genital and pregenital level, through its concreteness, permanency, and cathectic significance. As the bodily defectiveness had existed from birth or its onset had occurred during their first year of life, the development of the body ego was affected in my patients virtually from the beginning. Here the site of the injury is pertinent. This was exemplified by the patient with the birth injury in whom the immobilization of the damaged arm (left) accompanied by some not fully clarified involvement, in a minor way, of the other arm (right)

had interfered, at least to some extent, with the functioning of the Hand-Mouth Ego (Hoffer, 1950) and thus had not fully permitted the development of early reality testing via this basic ego apparatus. It was therefore not surprising that among the patient's complaints there were many statements that she could not "grasp" what was going on in the world, that she had no "contact" with people or events, that she felt helpless and bewildered most of the time. People were to her like shadowy figures "out of reach" or like "so many fish floating by". The withdrawal of cathexis from the object world is obvious here. But there was more to it. The patient's arm had been in traction throughout most of her first year of life during which time she had been forced to lie flat on her back. Part of her own body as well as a great many external objects had actually been out of reach for her and she had perceived the population of her early environment as "floating by" her bedside, as it were. I shall return to some further aspects of this patient's pathology later.

The nodal significance of an unresolved narcissistic injury expresses itself in many ways: Besides the features already mentioned centering about compensatory narcissistic self-inflation, heightened aggressiveness often accompanied by outbursts of aggression and hate in word and action, the castrative aspects of the deformities with their bisexual and/or sadomasochistic elaboration, I wish to call attention to two more characteristics — the presence of multiple revenge fantasies and the presence of birth-rebirth fantasies. They usually are part of the rich and secret fantasy life in these patients which is replete with narcissistic-exhibitionistic-aggressive features, sadomasochistic material (especially fantasies of dismemberment and mutilation), eroticized megalomanic daydreams, fantasies of immortality and eternal life. Some of you may remember the patient I described in 1956 who, during the last war, saw himself as a massive conglomerate of the prominent war leaders of that time, Roosevelt, Churchill, Mussolini, all wrapped up in one, himself. Another patient, the

woman with the bony exostosis near the sterno-clavicular area, dreamed that she was participating in the assembly of the immortal gods on Mount Olympus, a Greek god herself, looking down from lofty heights on the mortals.

The immortality aspects of such fantasies are of interest clinically and from another viewpoint as well. In several of my patients these fantasies of everlasting youth and eternal life were extraordinarily strong and, when associated with fantasies of personal invulnerability and invincibility, they appeared to assume the quality of semidelusional or even delusional beliefs (in otherwise non-psychotic patients). While this "eternal" factor with its imperviousness to the passing of time and its implications of "interminable" analysis can present many problems therapeutically and while the narcissistic view of everlasting life can be readily recognized as a residue of the timeless narcissistic grandiosity of infancy reinforced by reactively restitutive elements of narcissism withdrawn from the object world, it is worth noting that the narcissistic attributes of physical immortality and lasting value — aere perennius — were found to be especially strong in artistically gifted patients who ascribed such qualities if not to themselves to their creative work. The fact that there were three painters and one writer among my eight patients may be nothing more than a coincidence. Nevertheless, in view of the imperative restitutive strivings which a hidden body defect as a narcissistic mortification of a virtually unchangeable type implies, considering further the persistence and the vis-a-tergo character of these narcissistically oriented repair efforts combined with a strong bisexual elaboration of the defect itself, the question of a possible connection between creativity and hidden physical anomalies appears to invite further investigation.*

* Freud (1914) quoting A. Adler's approach to the problem of "organic inferiorities"; Rickman (1948) in his study on „uglineee", Hitschmann (1957) and other authors have expressed similar views.

Secrecy and Magic Connotations of a Non-Visible Body Defect.

There occurred in most of my cases what Blos has called "a mysterious exclusion" of the physical deformity from the rest of the clinical symptomatology. As in Blos' patient Joe whose cryptorchism was "inadvertently" disclosed after three years of treatment, one of my female patients revealed a rhinoplastic (not included in the present series) only in her fourth year of psychotherapy. But patients in analysis were also prone to keep their bodily defectiveness hidden for a long time, though its derivatives and symbolic representations sometimes emerged quite early in the treatment. In certain instances the existence of a physical anomaly was revealed only through dreams. (A diagnostic point may be permitted here: The frequent occurrence of dreams in which the dreamer's body or parts of it are involved, or dreams of the type of Scherner's "Leibreisträume" may be indicative of the presence of such hidden physical abnormalities).

However that may be, the secrecy of the defect together with its permanence and the fact that while a handicap, it is usually not a major physical handicap, not only sets this type of defectiveness apart from the more visible type of malformation, but also adds to the narcissistic and magic implications for its possessor. The narcissistic significance of the secret is well known. The invisibility achieved through the use of a magic device (Tarnhelm), in the Niebelungen, makes invincible figures of Siegfried the young hero, and of Alberic, the dwarf. Among Mahler's (1942) clinical material dealing with such fantasies, weretwo patients with congenital deformities. According to Gross (1952), the secret ultimately refers to bodily organs and processes. Since the secrecy of a hidden body defect links it to other bodily secrets, especially to the rectum and to anal functioning with their familiar connotations of power, sadism and magic, the concealment of the defect represents in itself a narcissistic gain.

Its narcissistic value is further enhanced by outwitting and outmaneuvering the environment. In the fantasy life of several patients a variant of the typical "Rumpelstilzkin" idea with its magic and grandiose connotations could be found ("Ach wie gut, dass niemand weiss..."), with the Rumpelstilzkin fantasy not just as "a pleasant pastime, but an intrinsic part of the personality" (A. Reich, 1960). Rumpelstilzkin could transform straw into gold; these patients, via the secret and its magic implications, tended to convert the defectiveness into a mark of distinction and a seat of power,* thus magically undoing the narcissistic injury. Sometimes magic oral incorporation fantasies are acted out in an attempt to restore the congenital body damage. One of my patients with a defective muscular area in the anterior abdominal wall licked and at times ate pages from sport magazines showing photographic reproductions of muscular men, in order magically to undo his defectiveness (narcissistic replenishment). Or, he would bathe for hours, retire and awaken in the morning expecting the defect to be gone (rebirth fantasy). Such magic expectations played a great role in the transference. The woman with the hidden bony exostosis, after having relinquished her secret, often turned to me imploring: "Make it go away!" words she remembered having addressed to her mother as a child upon the discovery of her malformation.

As to the anal and oral features involved, you may recall that Richard III, besides being "a lump of foul deformity", was also equipped by Shakespeare with teeth from the moment of his birth so that "he could gnaw a crust of bread when two hours old", a clear allusion to a hidden congenital defect in addition to the gross deformities in him.

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*What can be found analytically in the fantasy life of such people, can also be seen in actu in certain visibly deformed persons, e.g., in those hunchbacked cripples who, walking up and down before gambling houses in Italy, accost passersby with the following words: "Sono un gobbo, un settimo, toccami, le porterò fortuna". The magic property of the visible malformation, to be conveyed to the one who touches it by contact magic, is obvious.

Body Image, Cathectic Changes, and Defenses

Body image distortion is an inevitable outcome of early physical defectiveness. My observations appear to confirm Hoffer's statement (1949) that by the second year of life the infant has established an oral-tactile concept of his own body. It forms the basis of what later becomes the intact, relatively stable and properly cathected body image of the healthy individual characterized, among other determinants, by a cohesive, fairly stabilized, predominantly libidinal cathexis of the body as a unitary whole. This mental representation of the body, though not simply identical with the actual body and influenced by the interaction of physiological (dimensional-kinesthetic-postural) factors and psychological (sensorial-emotional-exquisitely personal) experiences, tends under normal conditions to approximate the actual body configuration. As perception of one's self, perception of others, reality testing, and other mental activities evolve against this background of an essentially bodily self-image and its cathexis, the incompleteness or disruption of the body image is apt to interfere with a number of important ego functions. The extent to which emotional experiences can interfere with the formation of an accurate body image is exemplified by Jacobson (1954) who adduces as an illustration thereof the persistence "in women of the unconscious fantasy that their genital is a castrated organ, frequently with simultaneous denial and development of illusory penis fantasies." Using this familiar body image distortion as a tertium comparationis, it should be noted that in cases of physical defectiveness, the discrepancy between the body image on the one hand and the realistic appearance and attributes of the actual body on the other, is not only more marked but should be viewed clinically in a light different from the persistence of a female castration complex, however severe the latter may be. If, for instance, one of my patients, a woman painter, consistently sees and feels her body from the neck down as a rubbery, revolting, gelatinous mass of some cheap, "hastily-put-together" fabric, such a fantasy—

though not necessarily delusional—expresses more than the usual refutation of her female genitals. The patient is the one already mentioned whose left arm, moderately deformed in consequence of a birth injury, is hypocathected; for her it hardly exists and she never mentions it. The right arm (which paints) is hypercathected. So are her eyes. More precisely, the mental representations of these body parts are affected, but the improper balance of the body cathexis involves the whole body image which, from the neck down, is to her the disgusting rubbery mass just described. The fantasy expresses both the castrative aspects of the injury and the cathectic changes resulting from it.

Closer study reveals that patients with congenital or early acquired malformations suffer from a permanent disturbance of the self image which in severe cases can reach semidelusional or almost delusional proportions with archaically tinged, bizarre distortions, fragmentation and the like. In some of my cases the pathological body image observed resembled the one described by Keiser (1958) in whose patient "the body image never coalesced into a unitary whole, but persisted as a number of discrete parts which functioned independently of each other." In two patients the withdrawal of cathexis from the object world and its concentration on the body led to a sort of "closed unit" or "closed circle" existence in word and to some extent also in action (called by the patients themselves their "cocoon state", "amoeba state" or "wormlike condition" respectively), a variant of the return-to-the-womb fantasy, where any physical handicap or imperfection was eo ipso excluded and the earliest state of narcissistic perfection restored. This "closed unit" type of narcissistic retreat which has been observed by Keiser (1958) and other authors as well, thus served to undo the feeling of bodily incompleteness and was particularly notable in patients with an unusually strong castration fear in whose pathology the threat of loss of body parts and body intactness constituted a major factor in their ego impairment.

While the [illegible] may [illegible] as a [illegible] entity of incompleteness, marked distortions, sensations of [illegible] and tones to the point of emptiness or disembodiment — the patient's expression "rubbery" describes these qualities rather appropriately — the uneven distribution of the body cathexis expressed itself in still another way. In some of my patients I believe I have observed phenomena which seem to suggest that, within the improper balance of the total body cathexis, a compensatory focal hypercathexis exists in the body self at the zone of confluence between the defective bad part and the adjoining good part or, by displacement, an overcathexis of the self-image relating to certain corresponding body areas distally. I already mentioned the cathectic shift from one part of the ego to another in the patient with the birth injury. In another patient, a young man with a funnel chest, the ~~sub-cathyperproportion~~ altered cathexis of the self was accompanied by a focal hypercathexis of the self-image in the dorsal back region (which was 'phallicized' posturally and affectively) i.e., involving an area opposite the anterior thoracic deformity. This focal hypercathexis not only reinforces the compensatorily overcathected phallic self-image (body-phallus equation), but also gives added impetus to the narcissistic-exhibitionistic-aggressive strivings which through provocatory action, brash behavior, boastfulness, etc. lead to external narcissistic mortifications in an effort to undo the internal mortification. It is by such behavior that the patient may succeed in obtaining sufficient external punishment from the outer world which serves as the external narcissistic mortification required to deny the internal one. (Dr. Eidelberg, I hope, will be willing to discuss this aspect further).

An analytic inquiry into the narcissistic pathology of individuals with certain inborn or early acquired malformations thus discloses a multitude and complexity of relations which, though not excluding many aspects of A. Adler's "masculine protest" approach to organic inferioritics, makes this concept appear a ~~necessary~~ designatory rather than an illuminatory one. The fantasy life, in particular,

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which is such an important part of human personalities and is abetted by the secrecy, the self-image distortions, the compensatory megalomanic features, and the denial of an important sector of reality, tends to abound in florid and sometimes bizarre narcissistic formations.

One of my patients believed he had the most remarkable brain power in the world as well as a head many times its actual size. In three patients the continued presence and functioning of an unconscious, isolated, split-off self image could be established which in the form of a Rumpelstilzkin-like dwarf or "little man" fantasy preserved the primitive self-representation of the individual at the time when the recognition of the physical defectiveness resulted in the lasting narcissistic traumatization under scrutiny and in the subsequent setting up, compensatorily, of a separate narcissistic structure within the ego called by the patients the "little man", "dwarf", "imp" and the like. Since this primitive ego segment which had remained unmodified from childhood on under the impact of the trauma and had not participated in the maturational development of the rest of the ego, collected under certain conditions the totality of the narcissistic-destructive-megalomanic fantasies and bore with it the whole cathectic distribution of the body, as it were, the study of its features of invincibility, timelessness, infantile omnipotence and other narcissistic attributes proved rewarding. Some of these findings are reported in my 1956 paper on "The Little Man Phenomenon" and do not require further elaboration here. However, this possibly specific type of arrested development in disorders arising from early mal-formation should be noted.

Before presenting to you the slides, letme return once more to the altered cathexis of the self-image and its focal concomitants mentioned before. With the sharpened and overly keen awareness, in a distorted way, of certain body parts much of the cathectic distribution may center on the psychic representations of those parts. The cathectic distortions, through projection and further elaboration, then lend themselves to paranoid reactions and in severe cases to their further elaboration into bizarre and quasi-delusional formations,

Second Intentional Exposure

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as you will see presently.

Projection of 10 - 12 Lantern Slides

with explanatory comments

showing narcissistic phenomena, body image distortions and fantasies of some of the discussed patients in graphic - pictorial form.

In summary, I wish to say - and with this I am returning full circle to Freud's statement with regard to bodily infirmities as an avenue to our understanding of narcissism - that much of the material here presented, instead of offering new insight, is apt to become the starting point for new questions. To mention only one set of such questions: Is the alignment of a number of cases, irrespective of the nosology and other factors, and their inclusion in one observational series justified ? On the basis of the data presented, that is, the prevalence of the narcissistic pathology, the presence, emotional significance and far-reaching elaboration of the one element these patients had in common, i.e., a body defect of non-disfiguring (physically), yet to them subjectively highly meaningful (psychologically) proportions, I am inclined to answer this question in the affirmative. In going one step further, I wish to draw your attention to another common denominator in most of these cases: the presence of a marked mother-child disquilibrium.

When a bodily defect is found early (for inst., post partum; but also later in infancy) and the neonate survives, a marked mother - child disquilibrium often ensues right from the time of the recognition of the defectiveness ("recognition shock") and hardly ever fully subsides. Such mothers are prone to go into a prolonged post-partum depression, later to befollowed by recurrent anxiety states or renewed depressions, to become oversolibitous, anxious or defective in their nursing functions, with the infants heading towards further traumatization through inadequate mother - child interaction, bodily overstimulation, and other untoward

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Whether the recently reported (from non-analytic sources) higher incidence of congenital deformities in children of schizophrenic women (Sobel,1961) has bearing on these observations, will have to be clarified through further studies.

With their ego and superego pathology, infantile megalomania, bizarre and at times ominous appearing symptomatology, their persistent ego split and identity problems, some of these patients lend themselves to a diagnosis of psychotic illness. But a break with reality seems to be rare and the clinical picture, as I am inclined to view it, appears to be that of a narcissistic and, prognostically, not necessarily intractable personality disorder.

Second Intentional Exposure

vicissitudes (e.g., [illegible] and other surgical procedures, cathectic distortions resulting from the necessity to wear corrective braces, mechanical devices in the sense of Guy Sylvester's "gadget experiences", Schreber - type "Geradehalters", etc.) in connection with actual or fantasied (Schreber !) threats to bodily intactness during childhood.

Whether the recently reported (from non-analytic sources) higher incidence of congenital deformities in children of schizophrenic women (Sobel,1961) has bearing on these observations, will have to be clarified through further studies.

With their ego and superego pathology, infantile megalomania, bizarre and at times ominous appearing symptomatology, their persistent ego split and identity problems, some of these patients lend themselves to a diagnosis of psychotic illness. But a break with reality seems to be rare and the clinical picture, as I am inclined to view it, appears to be that of a narcissistic and, prognostically, not necessarily intractable personality disorder.

Observations on Beating Fantasies (with special emphasis on the role of sound in such fantasies)

by
William G. Niederland M.D.

Since the publication of Freud's classic study "A Child is being Beaten" in 1919 there have been many additional clibical observations so that we have come to recognize not only that beating fantasies are more prevalent than originally supposed, but also that the manifest and latent content of such fantasies (if I may borrow these terms from dream psychology) is more varied than was at first considered. In fact, the late Dr. Ernst Kris - in one of his last scientific contributions (as yet unpublished) made shortly before his untimely death - expressed the opinion that "the infantile wish to be loved by the father was often or, perhaps, regularly conceived by the child as being beaten by him". The view here expressed corresponds, of course, to the well - known infantile sexual theory which has as its core the almost universal formula: what the father does to his sexual partner, i.e., the mother, during coitus is to beat her.

The importance of oedipal components in such fantasies is familiar to every analyst, and I mention here only Marie Bonaparte ( ) who regards them as typical reactions of the young girl to her oedipal conflict, the oedipal wish for the father being expressed in a succession of beating fantasies as elucidated by Freud. Turning our attention to pre-oedipal components as well as to the masculine version of beating fantasies, we may refer to Bergler's (1938) paper on the buttocks-breast equation and its role in the preliminary phases of such fantasies. We also find in the literature a variety of observations on the relation of beating fantasies to sibling rivalry, anal and aggressive strivings, infantile voyeurism and exhibitionism, as well as to the overt per-

versions as such (especially masochism, sadism, and fetishism). Certain clinical features observed by me in the beating fantasies of adult patients, e.g., the mention of having overheard beating of a child in an adjoining room or bathroom, the relatively frequent report of having been tied up or strapped during the act of beating, the almost conspicuous absence of the beating hand in many cases, the sometimes specific use of onomatopoetic wording in the description of factual or fantasied beating experiences - led me to explore whether auditory and perhaps also equilibratori stimuli, archaically perceived or elaborated, were not among the significant factors, at least in certain cases of beating fantasies.

Let me first give a few clinical details from the analysis of a thirty-year-old male patient who, overtly homosexual and masochistic since mid-puberty, induces older, athletically built men to insult him and threaten him verbally, to make him kneel before them, suck their genitals, and finally has them perform anal intercourse on him. He then feels like a girl, the patient reports, who grew up in a household overloaded with females (mother and four older sisters), and he experiences instinctual gratification under such circumstances. During one session he described a particularly satisfactory experience of anal intercourse with an older man in these words: "I liked the way he did it. It was a good beat." He then remembered a beating experience he had at the age of four or five, when his father beat him in the bedroom with a belt, after having locked the bedroom door; during the beating the patient's mother stood outside the locked door, screaming and begging to be let in, which was refused by the enraged father. The patient continued: "I now always try to recreate the passion my father was in during this beating. This is what I want, this kind of athletic man grabbing me, holding me... it really was breath-taking, father holding me with his strong arms tightly and I cringing..." The oedipal connotations and primal scene elements are here quite clear, the patient speaking about the father's passion, the mother's screaming, and himself taking the latter's place in a breath-taking passionate experience -being beaten - which he now tries to

repeat with a never-ending succession of male partners. How does the patient go about ? The objects he chooses, that is, elderly, strongly built males who must be dirty and greasy-looking like the father (who was a plumber), must make certain angry, violent, and threatening sounds which excite him and are prerequisites for the patient's instinctual gratification. If these sounds, usually short verbal insults, obscene words, angry reproaches, etc., are lacking, the act is not experienced as fully satisfactory. Seen from an oedipal point of view only, all this - the father's threatening, angry voice perceived as the paternal phallus and the mother's pleading, submissive sounds - is well known to us in the setting of primal events, but there is more to it. Let us listen to the masochistic patient again as he speaks about the impact of sound:

"Noises are terrible," he says, "I cannot stand them. I have a horror of the noise of the city. When I come out of the office building where I work and hear all the noise of the city, the sounds coming at me unexpectedly and strongly, I cannot think and cannot concentrate. The sounds stop me from thinking and I get a chaotic feeling. It is also a shrinking feeling. My body shrinks as if I were a one-year-old little baby, perhaps less than one year old, as if I had no body, as if I were nothing... I am angry now, I also feel depressed and unhappy..." During the same session, a little later, the sound of a bus passing outside stimulated the following associations: "I find myself waiting for the next sound,..this being so afraid of the sound and yet waiting for it, like a child succumbing to something, waiting for the bus to run over it... now I am listening also to the sounds coming from the adjoining room ...I wonder why the sounds are so disturbing to me..."

Here, then, we have again the oedipal and primal scene connotations of sound; but they are preceded by the description of other terrifying auditory sensations of a more primitive and archaic type, as evidenced by the patient's associations about his shrinking and, under the impact of sound, vanishing body. It is true that in childhood noises are closely linked with sexual events, bathroom activities, and oral functions. But it is equally true that,with or without such a linkage, crude and intense noise can be perceived as a powerful direct threat to which "the archaic mental apparatus ...reacts reflexly with anxiety" (Kohut, 1950, 1957). As is well known, the terrifying, disruptive impact of such primitive, crude sounds can be observed not only with regard to the infantile psyche, but also under special circumstances in adult life (familiar examples: terror - producing

sounds used by attacking savages, the Nazi dive bombers, in wartime, etc.) I am inclined to believe that it is this early fear of bodily disintegration or even annihilation under the impact of intense, ego-overwhelming auditori stimuli which later may become fused in the unconscious with other noises, e. g., those derived from primal events, and which imparts to the latter that threatening, uncanny, sinister quality of auditory vigilance, intense excitation, and acute anxiety so familiar to every analyst from his daily work with patients. To put it in other words: The castration fear is heightened, under such circumstances, through the admixture of a primitive, archaic precursor, i.e., the threat of total bodily disruption or annihilation by what may perhaps be called impending "auditory exstinction".

Some of the ways by means of which the threatening aspects of crude sound are gradually reduced and finally mastered, have been described by Kohut and Levarie in their analysis of the factors which contribute to the enjoyment of listening to music (1950). They have indicated, in some detail, how the gradual replacement of those chaotic, disturbing, and frightening sounds by more organized and meaningful ones comes about and how this leads ultimately to a pleasurable experience in the acustic sphere, that is, to the enjoyment of music. It seems to me that in the sexual sphere a similar organizing and transforming process may occur especially under the direct or indirect impact of auditory primal scene perceptions, which have become fused with the memory traces of earlier frightening acoustic stimulations, and beating fantasies, I submit, may be one of the outcomes of such a transformation process. The succession of the fantasies, as described by Freud in his original paper, seems to me suggestive of such a process. In fact Freud himself postulates this when he writes: " ...it may will be that the beating fantasies have an earlier history... that they represent an end-product, and not an initial manifestation..." Without going into the various, partly still unknown steps of this transformation process by dint of which the menacing character of primitive, unorganized noise is annulled and mastered, while in other cases (certain types of masochism, for instance) pleasurable submission to them is attained, suffice it to give here briefly some further data on the ways used by my maso-

chistic patient, whenever the noises of the city assail him in a manner crude, that his ego appears in danger of being overwhelmed by these unorganized, and intensely felt primitive sounds. He masters the threat by organizing the auditory experience, as it were. This is the way he goes about:

While still under the impact of the acustic threat in the streets which assails him after he has left his office building in the late afternoon, he finds himself a man, usually a prospective male sex partner who has some of his father's external attributes (dirty, greasy looking, overalls wearing workman, or the like) and instructs him to emit those angry, quick, violent sounds and words of which I spoke earlier. Sometimes the patient pays for this service. These linguistic, often idiomatic and obscene (but certainly organized)sounds, though spoken in an angry tone of voice, are of course much less threatening then the primitive, unorganized ones. They also are emitted at the patient's request, while the non-organized, spontaneous, primitive ones which are produced by the traffic, etc., are of course beyond the patient's control and influence. To use the patient's own characterization, he "structures the situation" that is, he transforms the threatening unorganized noise into organized, mastered sounds which are emitted at his command, as it were. He thus reduces his anxiety, replaces one type of sound with its intense threat by another type of sound with its "structured" quality, transforms the passively endured and dreaded situation into an actively "willed" one, terminating the whole experience -whenever possible - with an act of instinctual gratification, i.e., anal intercourse, with himself as the passively enjoying succubus (return of the repressed) — an experience he so characteristically calls "the good beat".

A different type of transformation, also concerning the connection between beating fantasies and sound perception, has been briefly alluded to by Freud in a later paper (1925) where he states: "The child which is being beaten (or caressed) may at bottom be nothing more nor less than the clitoris itself,so that at its deepest level the statement will contain a confession of masturbation..." With this, I think, we have arrived at a fuller understanding of the frequency, probably even ubiquitiveness of beating fanatasies, at least in the female sex. As illustrations I mention here only two clinical cases from the analytic literature where the sequence of clitoris throbbing — hearing of noise (by projection of the sensation of throbbing into the outer world) — beating fantasies can be studied in some detail. In Freud's paper "A Case of Paranoia running counter to the psychoanalytic Theory of the Disease" the noise heard by the woman as ticking or knocking is recognized by Freud as a sensation of throbbing in the clitoris. In the German original, in fact, Freud says "Klopfen an der Klitoris" and later "Es hatte an der

Klitoris geklopft", using here a frequent synonym of the German "schlagen" = klopfen, verklopfen = beat. That Freud's patient started a serious litigation case in direct connection with this experience, getting fully involved with lawyers, judges, and courts, may be seen as further evidence of her having had beating fantasies or their equivalents at the time. In Fraiberg's more recent case report "A critical Neurosis in a 2 1/2 year-old Girl" (1952), the threatening noises could be also identified as genital sensations "down there", i.e., as throbbing in the clitoris, while references to factual and fantasied "spanking" can be found throughout the patient's illness. Without exploring here further the interesting question of the possible pathways through which such an outright transformation of clitoridal sensations into auditory perceptions may be attained, suffice it to point to the close anatomical relation of the acustic sphere with the vestibular apparatus. As we know, the latter can be stimulated by rocking, rotating, and other rhythmical excitations. We also know that sensations of equilibrium play an essential part as a source of sexual excitation (Fenichel, 1945). Whether there are "profound reflex interactions between the acustic sense and its anatomical neighbor, the vestibular", as Knapp (1953) seems to assume, or whether other pathways are used in transforming genital sensations into auditory ones, the point for present purposes is that certain types of auditory stimulation can be understood as

1.) a threat (especially as a reaction to "unorganized sound" with its implied dread of bodily destruction in the sense of Kohut)

2.) a physical pain, almost as a bodily blow (usually as a reaction to sudden, loud noises)

3.) a seduction (the voice of the mother, the song of the sirens, of Lorelei, lullaby, etc.)

4.) a command (the booming sound and power of the paternal voice, the auditory sphere as the early "nucleus of the superego" in Isakower's [illegible])

5.) a close linkage to oral, anal, and genital activities

6.) an equally close linkage to rhythmical patterns and activities

Although this brief enumeration is far from exhausting, even phenomenologically,

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the full significance of such an affectively charged experience as ~~hearing~~ responsiveness to sound which begins from the earliest phases of life, if not earlier - there is evidence of intrauterine responses to acustic stimuli during the last few months of pregnancy - it becomes clear that some and, perhaps, all of these factors, in varied sequence and intensity, can be found as constituents of beating fantasies. These latter are reminiscent, in a sense, of what Freud (1921) wrote about the state of being in love as "a group of two". Also the state of being beaten represents such a group of two in direct, intimate, rhythmical, auditory, and affective contact, a truly "breath-taking" and often also "passionate" experience, to use the patient's words referred to above.

In such a highly charged setting where strong affects prevail, archaic elements are likely to play some part, of course, and it seems therefore legitimate to look for such additional elements in the act or fantasy of being beating, for inst. with respect to the beating hand or fingers so conspicuously absent in many of these fantasies. The hand, to be sure, is thoroughly appreciated (and used) as the tool of aggression as well as one of the earliest body organs employed in the service of object relations, reality testing, etc. Looking, however, at the human hand also from the viewpoint of archaic thinking and feeling, one finds a variety of early established notions which appear worth to be mentioned in this connection. In ancient Greece the hand was considered the embodiment of man's executive "power", closely related to the "life-soul" which in turn is intimately associated with semen. In particular, it was held to possess procreative power or to be a procreative agent itself. In fact, the Talmud (Sota 36 b), in discussing the biblical Joseph at the time when he had suppressed his sexual desire for Potiphar's wife, states that "semen was coming out of his fingers". For the ancient Hebrews the hands were the seat of strength and phallic power; the blessings throughout the Old Testament are done by laying the hands upon the head of the individual to be blessed. Joshua became a great leader and Moses' official successor after the latter had laid his hands upon him. Jacob came out of his father's tent "strong and radiant like a bridegroom" after his father Isaak had

blessed him in the same manner. Many pictorial representations and texts in ancient Egypt show that life was transmitted by the hand. The life-fluid is here shown to be transmitted by laying the hand on the spine or passing it down the spine. Since the hand was thought to be closely associated with the life-soul and the life-fluid, certain magic beliefs about thex hand (e.xg. that a man's ~~hand~~ life or fate can be understood from the lines in his hand) such as cheiromancy and palmistry can now be explained. The famous painting Michelangelo's in the Vatican showing the creation of the worldx has God's outstreched finger creating Adam. In ancient Rome people greeted each other by holding up the hand, a custom called salutare, i.e. to give salus (health) to each other by the use of the hand or finger (digitus salutaris) from which our present-day salve and the English save (as in "God save the King") are derived.

These are only a few random notes on the meaning of the hand as an archaically procreative, health-and life giving agent(often closely related to semen and other phallic attributes), ~~in former times.~~ Such examples could be easily multiplied. They indicate, I believe, how the hand which does the beating may be unconsciously perceived as a phallic, actively procreative body organ which magically inseminates, fertilizes, imparts power and health. Clinically (and also more simply) a woman patient expressed it this way: "If a woman sobs, cries, and behaves hysterically, it is best to give her a good beating and she stops behaving that way." In the analysis of this patient, a young business woman, the fusion of primal scene perceptions with earlier auditory experiences of a particular frightening type could be studied not only at close range, but also in connection with her beating fantasies. These were only occasionally expressed as such. More often and more fully the fantasy of being beaten was expressed in the patient's behavior and acted out in many life situations. In this respect the patient behaved exactly as described by Freud: "People who harbour fantasies [of being beaten] develop a special sensitiveness and iiritabili-

ty towards anyone whom they can include in the class of fathers. They are easily offended by a person of this kind, and in that way ... bring about the realization of the imagined situation of being beaten by their father,"

With my patient this referred mostly to sound. Every so often, in analysis, she expected me to jump up from my chair and to shout at her, this being precisely what her father had done when she was a child. The noise of my air conditioner made her shudder and she could not think nor associate when it was on. The noise of a falling coin produced instantaneous clitoridal contractions with sexual sensations in her genitals. For a long time these intense reactions to auditory perceptions were thought mainly as being related to the patient's overhearing of primal events. In part this was undoubtedly true; but it was insufficient and interpretations in this direction proved futile. Only after earlier auditory experiences (referring to the birth of a sibling in her second year of life, to an abortion by the mother in her third year, and to other extremely frightening events overheard by the patient) emerged and were interpreted in analysis, the acustic hypersensitivity disappeared. Her father's frequent shouting at her - and her attempt to relive (repeated) this in the transference - could be understood as a variant of her beating fantasy which expressed, in accordance with Freud's view, both her oedipal attachment to the father and the punishment for the forbidden relation. In fact, it became clear in analysis that she had provoked her father's noisy reproaches in many cases. Feeling mistreated and verbally attacked by the angry father meant to the patient the fulfillment of her incestuous wishes, with herself as the innocent victim manhandled by the brutal male. Like M. Lester's patient (1957) her feeling of being"shouted down" - as she put it, i.e., beaten - was a demonstratio ad oculos that she was not an active attacker in the oedipal setting, but a passive sufferer. The pre-oedipal components of her auditory hypersensitivity, however, referred to the time of the sibling's arrival (and thereafter) when her murderous impulses against the mother and

the new baby, starting during her anal-sadistic phase, culminated in constant rage against the former and in a physical attack with a knitting-needle on the buttocks and genitals of the latter. Feeling guilty and fearing retaliation, she became an auditory "vigilant" at night, lying sleepless and immobile in bed and listening for every approaching sound (including primal events) in great fear. During the day she invited punishment by spiteful behavior against both parents, provoking her father to shout and yell at her in the manner described. She tried to attain the same gratification in the transference through the use of the same provocative behavior. Since all these efforts were in vain, she resorted to shouting at herself, emitting during the sessions frequent, sharp, ~~short~~, whip-like sounds such as 'no', 'why', 'pooh', 'what!', 'stop', etc., which she addressed to herself and her id-impulses emerging in the transference. Without going into the superego aspects of this behavior (which was overdetermined), it resembled that of the male masochist, with the difference that the latter induced other men to shout insults at him in a whip-like fashion and that these insults were profanities. His father had been a plumber, the woman's father a ~~prominent~~ scholar.

The close relation, perhaps even interchangeability between sound and beating which, incidentally, is suggested by the double meaning of such terms as beat, strike, blow, bang, hit, and becomes further manifest in certain metaphorical expressions ("the shrill sound hit them like a sudden blow"), was brought to my attention in the following case: A female patient complained from the beginning of the treatment about noises in the street, in the neighborhood of her apartment, in adjoining rooms, and the like. Her complaints about such disturbing ~~noises~~ sounds filled a good part of every session through several weeks. The remaining time during those sessions was largely devoted to the description of beatings she had received from her father during childhood and puberty. The patient recognized herself that many of the beatings in early childhood, between three and six, had been provoked by her, for inst. by her "stubborn" refusal to walk

Both patients had also the earlier described body destruction fantasies in common. The woman patient said during a session (verbatim recorded):

> "...you should now yell at me, I should cringe, I shrink, I disappear...oh, what noise outside... [a bus was passing in the street] ...I have the feeling that I am not here now, that I have disappeared". From this point on she complained about depersonalization feelings, and toward the end of the session she said again: "You should now get up and bang your fist on the table. It should be strong and vibrating. Or you should roar. I would enjoy it." At my question how she would enjoy it, the patient replied: " I have sexual feelings now, they come on and off. I would feel like a poor little thing, it is nice, it is so enjoyable to be fondled by father...I don't want to come out from under...I think now of having a baby, I now have sexual feelings again, shouting at me is something strong, it gives me sexual feelings, it gives me a baby." The sexual feelings the patient spoke about, had been described by her in previous sessions as clitoridal contractions. In another session, speaking again about roaring and shouting, she felt herself "shrink to the size of an amoeba or a dot".

Here, then, we have the whole gamut of bodily sensations appearing under the impact of sound, from auditory exstinction to auditory impregnation as described by Jones in his paper "The Madonna's Conception through the Ear". Further analysis revealed that the patient's masochistic wish for being shouted at and shouted down by the father as often as possible meant her being in perpetual, never-ending sexual embrace with her father, thus ultimately acquiring and keeping his penis for ever.

x) cf. the English *browbeat*: means to shout down. The German idiomatic expression for scolding is "Zusammenstauchen" = to crush down or crush together. In the Iliad the Persian word: shouting also means battle.

during the obligatory Spaziergaenge with her family in her European home town. Paraphrasing Abraham one could characterize the patient's wish: "Ich will kein Spazierkind sein, ich will ein Vaterkind sein." During puberty, when the parents often quarrelled and their separation appeared imminent, she managed to arrange for herself the "biggest beating" she had ever received from her father; allying herself ostensibly with her mother whom the father, during a severe quarrel, had threatened to beat up, she offered herself as a "scapegoat" and invited the latter outright to beat her instead of the mother. Her wish was gratified. While this material emerged in the treatment -interspersed with complaints about all sorts of disturbing noises - she had the following dream:

> "There was a knock at the door. I opened the door. There stood a man who looked like a ballet dancer. I could not recognize his face, but I knew immediately that it was the devil. I had the feeling that he somehow was part of my family".

The devil knocking at her door was, of course, in the transference the analyst who represented the beating and knocking father. At the same time the devil was also the projection of her own forbidden and,therefore, diabolical impulses which manifested themselves in the knocking and throbbing of her clitoris as in Freud's case. Though first no associations were given to the ballet dancer aspect of the devil, subsequent material from later sessions indicated that this aspect also referred ultimately to the clitoris in sexual excitement. Another noteworthy feature in this case was the patient's (a non-musician) great interest in music. I am inclined to regard this, in conformity with Kohut's concepts, as an effort to employ the organized and soothing sounds of classic music in the struggle against the unorganized, frightening"sounds" assailing the ego from without and within.

I met with such an example also in the case of a professional musician who told me during the first interview how his career as a pianist began. He said: "I started studying piano during the civil war in... My home town was bombarded for weeks and weeks. Once the piano itself was damaged by bullets from the artillery bombardment. I was eight years old, and we children would hear the

big guns in the streets, the terrible battle ~~g~~going on for days and w~~e~~eks, and the noise coming closer and closer. We had to go down into the cellar, the city was under siege...It was then that my real interest in music started."
It goes without saying that there was much more to his becoming a pianist than this one experience. But it undoubtedly was a relevant factor.

A rather sick young man said in his analysis: "Sounds and words have a solid quality. They feel as if they had substance". Another patient concluding a train of thoughts remarks: "It sounds real". When the infant makes a toy rattle, it becomes real for him, ~~it seems,~~ or, at least, "more" real than before. Every analyst knows that the word is something material to primitives and children and that it is treated by them like a thing. We also know that in certain regressive states mentally sick adults ~~may~~ deal with words as if they were concrete objects which may be employed by them to destroy the world, to redeem it, etc. The question which immediately poses itself is, of course; What factors form the basis for such infantile concepts ? Where does this substantiality of word and speech come from ? The answers to these questions can be found in every psychiatric and psychoanalytic textbook; they usually refer in some detail to the significance of omnipotence and magic in the infantile psyche. As basic and well-founded as these conceptions are, they cannot be considered as supplying fully satisfactory explanations in all the complex areas here involved, as we shall see presently. We could thus reformulate our questions and, abstaining for the time being from referring to magic and omnipotence, ask ourselves: Could the fact that to ~~be~~ the infantile psyche ~~the word~~ words and sounds are something material have its source in a ~~different~~ mode of perception different from that of the adults ? Even a superficial approach from this viewpoint shows that the perception process of the infant with regard to sound may be quite different, ~~indeed~~, as evidenced by the existence of the Moro reflex in early infancy and its almost complete obliteration ~~long~~ before the end of the first year of life. In other words, something happens to the infantile psyche under the stimulus of sound during the first few months of life which produces a diffuse neuromuscular discharge phenomenon, the Moro reflex. ~~thereafter~~. Since the analytic literature is rather scanty on this point, I may be

first discuss
permitted to ~~describe~~ some of these earliest reactions which, though on the whole well known, may serve to furnish ~~us~~ additional information on the processes involved. The detailed description of the Moro reflex in Holt "Pediatrics" (twelfth edition, 1953) reads:

> The Moro embrace reflex is displayed in response to a loud noise, a sudden jarring of the crib or any similar strong stimulus: the infant lying on his back simultaneously extends his spine and lower extremities, extends his upper extremitiesin abduction and holds his breath; within a second or so he brings his arms forward and then either relaxes or commences to cry. In the first week the response is brief, lasting but one or two seconds, and the embrace gesture of the arms may be lacking. But by the age of three or four weeks when the reflex reaches its full durationof four or five seconds the infant's behavior is definitely stylized and he appears to be embracing some object in front of him. As the infant maturesthe duration of the response decreases again, at first rapidly and then more gradually; at the same time the embrace component once more disappears, until by the age of four or five months the stimulus evokes little more than a momentary contraction of large muscle masses, the so-called startle response. Abnormal persistence of the embrace gesture is found in a number of infants who later exhibit evidence of mental retardation (italics added).

In a footnote which deals with the neonate's perception of loud noise,the author states further that "auditory stimuli are rarely effective during the first 24 to 36 hours, for the newborn infant appears to be deaf, the middle ear being filled with embryonic mesenchymal tissue and becoming gradually pneumatized during the first days of life". From this last observation it becomes clear that the ~~the~~ neonate is protected during his first hours and days of life by his initial deafness which seems to ~~serve as an adjuvant~~ act as a biological stimulus barrier to secure the quasi-dormant condition of his beginning extrauterine existence. Protected from what? Apparently from the danger of a massive neuromuscular excitation which manifests itself, with the protective barrier of transient deafness eliminated after one or two days, in the form of a "massive organismic response" (Greenacre, 1945) to a strong stimulus. This response, in contrast to the more simple reflex patterns, is a "total ~~pattern~~ pattern" response involving the infant's entire musculature and with it his body in toto. It also affects the respiratory system causing a momentary standstill of breathing, the vital and as yet precariously established function just newly acquired by the neonate, ~~a day or some days or weeks before~~. Could this total response

with its sudden ~~respiratory~~ halt of the respiratory function and its other considerable manifestations form the psychobiological basis for those frightening sensations which may be perceived by the infantile ego as a threat of its "auditory exstinction", as I formulated it earlier in this paper ?

There are more factors to consider in this connection. The Moro reflex does not only occur in response to a loud noise, but also as a reaction to other strong stimuli of a similar nature, e.g. a sudden jarring of the cribb. This seems to indicate the possibility that the acustic sphere of the infant, after the protective barrier of initial deafness has been lifted, at least temporarily may be receptive to a certain variety of stimuli besides auditory ones; or, that auditory and related stimuli of an intense degree are capable of producing a diffuse overflowing reaction, because they may excite simultaneously both the acustic sphere and other sensory receptor organs, such as the cutaneous nerve endings of the body surface. Though the first possibility cannot be ruled out, I am inclined to attribute more weight to the thesis that certain auditory impulses, reaching the central nervous system via the acustic nerve and via the peripheral proprioceptive sensory organs at one and the same time, may thus be perceived as having "a solid quality", to use my patient's expression. Assuming that this substantiality of sound be the prevailing mode of auditory perception during infancy (disappearing later in childhood and re-appearing in adult life only under extreme conditions or in deeply regressive states), a number of otherwise puzzling phenomena become more fully understandable.

I mention here merely a few of such phenomena. At the height of the Moro reflex functioning, we are told, the infant "appears to be embracing some object in front of him". To be sure, this formulation is to be understood as purely descriptive *) and we must be always on guard against the temptation of "adultomorph" interpretations of infantile behavior. On the other hand, if for this reason the observer avoids cognition of the obvious fact that here a reflex reaction to sound as something material occurs — is he not subject to an attempt at far-reaching scotomization ? My view of auditory excitation of the skin can also help to explain the often discussed finding by Sontag and Wallace(1935) as well as other investigators of a fetal response to

*) In accordance with Spitz (1953) I have found it essential to distinguish between <u>things</u> which are also spoken of as objects in academic psychology, and <u>objects</u> in the psychoanalytic sense (i.e., libidinal objects). During the period of the functionning of the Moro reflex the infant appears "objectless", with his ego operating on the narcissistic level. It also is worth noting that the disappearance of the Moro reflex coincides with the establishment of the "mouth-hand ego" described by Hoffer (1950), with all its implications for motor control, reality testing, and early object relations. The role of sound, though rarely mentioned in the analytic literature, seems to me of major significance for this development.

(1945) interesting
sharp loud noises. Greenacre raises the question, with respect to this intra-uterine phenomenon, whether the warm water world in which the fetus lives does not actually magnify incoming sound. This could well be so and could be further explored experimentally. But since the neonate's middle ear is filled with embryonic mesenchymal tissue, as we have seen, and becomes pneumatized only the fetus' during the first days of extrauterine line, it seems unlikely that such responsiveness intrauterine to sound has anything to do with auditory perceptions as such. Such responsiveness seems rather (in the nature of a "thing reaction" which may be) related to extra-acustic stimulation proprioceptive thus furnishing via sensitivity, further evidence in support of the viewshere presented. Indeed, the infantile "notion" of sound being equated with something material - the Dinghaftigkeit of sound, as I postulate would it - would have a corresponding precursor in fetal existence and be in accordance with Freud's and Ferenczi's thinking of prenatal, neonatal, and post-natal life as a practical continuum. Add here some of the material described on pages 15a and b.

We have further evidence from other sources. The (destruction of the mighty walls) myth of the old of Jericho by the application of sound has been explained as an example of God's omnipotence. What is the meaning of sound in this setting ? The close association between God - father - sound in its relation to phallic symbolism has been discussed at length by Jones ( ) and does not require further elaboration. If we look at the enployment of loud noise versus these massive walls in a concretized setting and remember that sounds, apart from their obvious phallic magnificance, are here meant to affect deeply, to terrify, and ultimately to destroy, we arrive at an additional connotation which can perhaps be described as"moving mass"(sound) against"motionless mass"(wall) or the blaring and booming sound of the horns (father in attack incubus) against the passive incubus walls (mother in defense). ~~I shall return to this situation later.~~

The Bible offers another illustration of the equation sound = thing. Describing the theophany, one of the crucial episodes in the whole biblical narrative, the text states: "And all the people saw the thunderings, and the

At this point some remarks about the physical characteristics of sound and sound perception are indicated. It has to be noted, first of all, that there are certain anatomical differences in the structure of the normal auditory apparatus between the infant and the adult. The drum membrane of the infant, for instance, is less transparent than in later life; the central fibrous layer is less well developed, while the internal mucous ling is considerably thicker. The middle ear cavity of the young child is filled with a very loose primitive mesenchyme. When the infant begins to breathe, the middle ear is said to open up very much as the alveoli of the lung (Fowler, 1947). Moreover, at birth and during infancy, the eustachian tube is horizontal, short, straight, and relatively wide open. The middle ear lies at the floor of the nose so that in the child lying flat on its back nasal secretions from the nose may readily fall into the eustachian tube and enter the middle ear (This partly accounts for the ease in which middle ear infections occur in childhood). The eustachian tube in children is but half the length of that in adult individual, and because of the relative width and straightness of its lumen a greater number of sound-produced vibrations may be expected to enter the tympanum than in the adult. Whether or not sound can be transmitted via the Eustachian tube can be ascertained by placing a vibrating C'-fork before the nostril. A uniform though weak sound will be heard. On swallowing, however, the sound will become considerably increased because of the added vibrations entering the tympanum through the opened eustachian tube (Fowler, 1947).

Apart from the anatomical factors mentioned above, the physiological interaction between auditory functions, breathing, and food intake (swallowing) is of interest to the analyst. Turning to the nature of primitive hearing, it is noteworthy that comparatively few reliable data are available in this complex field. Most of the experimental evidence deals with the perception of tones by adult or adolescent listeners, whereas the world of primitive hearing consists mostly of noises of all kinds. Nevertheless, a number of observations in this confused and confusing area seem to me of great importance for the analyst who is concerned with the effects of sound on the infantile psyche or with the evaluation of auditory perception of primal events. Out of the multitude of data I mention here only those which are pertinent to our topic.

Schilder (1942) has emphasised that "in the primitive world noises play a more important part than in the developed acoustic world". He also observes that "a sound does not remain stabilized. It travels ...directly towards the hearer". (A patient once told me "noise comes forcefully at you"). Schilder further speaks of a three-fold motility found in the percepts and image of studying the image and in the percepts of sound - a tonic answer to sound, a movement towards the sound, and a motor tendency or even movement to produce a sound onself. In his view, the acoustic sense has an inherent motility which corresponds "most closely to the identification concept" and is in this respect superior to the optic sense.

The physical characteristics of sound are known. All sound arises as a series of vibratory motions and is conducted as a train of alternating com - pressions and expansions through an elastic medium such as air or bone*. As the intensity of an audible sound is increased, a point is reached at which the listener experiences a non-auditory tactual sensation (Stevens and Davis, 1938). This is usually described as "feeling". A very loud noise thus is felt as well as heard. At lower frequencies a gentle but definite vibration is felt which is

*) Also here a marked anatomical difference between the bony pathways of sound in childhood and later life exists. At birth the pneumatization of the temporal bone has hardly begun. The mastoid process is undeveloped. There exists only a single cell, the mastoid antrum, filled with mesenchymal tissue. It gradually atrophies in the course of the first weeks or months of life, and pneumatization of the solid bone may proceed over several years. The bony sound conduction will therefore be different not only between child and adult, but also between individual and individual.

distinct from and superimposed on the sound. A low rumbling noise is more felt than heard. Some listeners exposed to audible sounds of great intensity report dizziness, a sensation which suggests excitation of the semicircular canals. "At higher frequencies the sensation is likely to be one of sharp pain" (Stevens and Davis). A variety of studies have demonstrated other types of sensations produced by sound, for inst., experiences of tactual sensations definitely localized at the ears, tactual sensations which can appear before the auditory ones (at frequencies below one cycle), and at quite slow frequencies, such as one cycle in 30 seconds, this tactual sensation may resemble a sensation of pressure on the tip of the finger persisting over several minutes. Stimulation at high intensities, with frequencies below ten cycles, gives rise to a marked prickling sensation which appears to be localized much deeper in the ear than the aforementioned tactal sensation. At fequencies above twenty cycles the pricking sensation tends to become one of tickle. With further increase in intensity the sensation passes over into one of itch which may persist for several minutes after the sound has stopped. There are reports that long continued stimulation at high intensities may produce painful sensations of burning similar to the burning caused by rubbing the skin to the point of soreness. In Bekesy's (1935) experiments this burning became so intense that experiments had to be discontinued. Turning, finally, to the effects on man of turbo-jet engine noise and siren-generated sounds of extreme intensities, they can be summarized:

in the listener

1. Severe though temporary hearing loss
2. Heating of the skin with the burning sensations indicated above
3. Sensation of vibration of the cranial bones and air movement in the nasal passages and sinuses; blurred vision apparently due to vibration of the eyeballs
4. An apparent weakening of the body supporting musculature. This is understood by the observers (Kryter, 1950) not as the result of a true muscular weakness but as resulting from an effect on the proprioceptice reflex mechanism.

Some of these data may well appear out of place in an analytic study, and perhaps they are. On the other hand, it is well to bear in mind that most of this observational material was obtained by studying experimentally the reactions of healthy adults under the impact of sound and having them describe the sensations experienced by them. We do not know what the auditory experiences of children of pre-verbal age really are like; we can only presume, on the basis of the anatomical-physiological pathways more fully exposed and of directly observable manifestations (Moro reflex, startle response, flight reaction, counternoises, etc.), that these experiences may be of considerable intensity. Apart from a direct observation on a fifteen-months-old child to be presented at the end of the paper I had one analytic patient whose associations and dreams led me to think of his auditory primal scene perceptions in terms of the acoustic-tactual-muscular sensations described. This was the patient who spoke of sound as having a solid quality. He had slept in the bedroom of his parents until he was seven or eight years of age and had suffered from a severe sinus condition all his life. It cleared up after all the material related to primal scene and early sound perceptions had been analyzed.

came close to the experimental data on soundeffects and ultimate ly

More about this patient will be said later.

lightnins, and the noise of the trumpet, and the mountain smoking; and when the people saw it, they removed, and stood far off". (Exod.XX; italics added). This passage, then, which has the seeing of thunder and trumpet sound, refers to the substantiality of sound pointblank. The next verse in the Bible, still part of the theophany on Mount Sinai, has in nuce practically everything that was discussed here earlier about the transformation of unorganized, threatening, destructive ~~fatal~~ sound into less dangerous, organized (humane) sound: "And they said unto Moses, Speak thou with us, and we will hear; but let not God speak with us, lest we die". (Italics added). As formulated above, structured, transformed sound can be tolerated and heard; violent, primordial sound (God) terrifies, overwhelms the ego, and kills.

To go still further back in the history of mankind, according to Jones ( ) who also quotes Haddon, Frazer, and other authorities, "the most amcient, widely spread, and sacred religious symbol in the world" is the socalled bull-roarer. Also Reik ( ) has referred to this remarkable sound-making instrument in his learned treatise on "The Shofar". The bull-roarer is a holy object used in the ceremonials of many primitive people. It consists of a flat, narrow piece of wood with a hole in it. When tied to a string and quickly whirled around in the air, it emits a strong, humming, or booming noise which, like the sound of the shofar among the Hebrews, is perceived by the believers as ominous and awe-inspiring. It makes the faithful tremble, terrifies the youths, invokes the help of the deity, sometimes drives evil spirits away, and helps in many other ways in the religious cults of primitive tribes. It is also employed in initiation ceremonies, reproduction rites, and ancestor worship (father).

With this, after a long detour, we have returned to the psychoanalytic field, and to the area of clinical investigation. In an effort to obtain further information concerning the meaning of sound in early childhood, I have in recent years devoted some time to visiting playgrounds where children between the ages of

five months to five years or so could be directly, yet unobtrusively observed in their reactions to sound. Although the method as such seems to me worthwhile and legitimate, particularly in view of the fact that the children playing in those places are usually accompanied by their mothers and siblings and can be seen in the spontaneous display of their manifold activities and variegated reactions, I cannot say that my visits have resulted - perhaps with the exception of one or two observations - in adding new data to the observational material already known from the literature. What I have learned from these visits, can perhaps be summarized in the statement that individual variations in the responsiveness to sound are much greater than commonly assumed and that younger children, perhaps up to the age of two or two and one-half years, seem to be more keenly aware of noises than older children. Of individual observations I may mention a little boy, five months of age, who frightened by the shrill shouts of a young toddler nearby instantaneously started crying in his baby carriage and continued to do so for well over an hour without stopping. On questioning the mother told me that this happened regularly with him in response to a loud noise. The crying child lying flat on his back gave the impression of having been severely "beaten" —by sound. I subsequently saw the child on and off in the same playground over a period of months and gained the impression that his excessive reaction to loud noise gradually lessened until at the age of two or so it had completely disappeared.

In this context it may be permissible to focus attention on a special mechanism frequently mentioned in the analytic literature. Most authors agree that one of the noises to which the infant is exposed from the beginning is his own cry which in early life is not yet perceived as coming from himself, but is placed among the external noises. Since the infant during that period awakens from sleep, often with a sudden and piercing cry, usually because of oral needs it stands to reason that an early association between hunger frustration and cry is established, as Kohut

suggests. This in itself may reinforce the "thing-like" and frightening quality of sound of a certain intensity during infancy.

As tentative as these formulations are and as little is known about the cognitive side of the processes involved, it seems to me legitimate to pursue the infant's experiences with sound further, if possible to their logical conclusion. If the infant conceives his own cry as coming from the external world and is thus terrified by his own sound-making (when the latter is of an intensity which represents a bodily threat to him), it appears plausible that the prolonged crying of some children or, more precisely, of those children who are given to protracted crying spells without any identifyable cause, may be the result of a vicious circle whereby the first loud cry at awakening gives rise to the second cry which, again externalized and conceived as threatening, gives rise to the third, this to the fourth, and so on. The auditory stimuli in the notorious "cry-baby" would therefore be self-perpetuating until exhaustion or near-exhaustion occurs. *) The understanding of this vicious circle-type of crying (if, for brevity, I may provisionally call it so) could enhance our knowledge about the earliest forms of anxiety and also about the "predisposition to anxiety" studied by Greenacre (1941) and others.

Greenacre, discussing the comparative findings of Shirley ( ) on prematurely born children and full-term infants, notes the stronger emotional responses to sound among the premature ones, their noticeably greater tendencies to explode in a panic or a tantrum, and other indications of markedly increased anxiety among prematures. It may well be that the interaction of the various factors enumerated by the authors in some detail is a rather close and possibly causative one in the infantile predisposition to anxiety.

If the infantile ego remains under the bombardment of auditori and similar stimuli which cannot be adequately verarbeitet (that is, mastered by the ego through the transformation process here repeatedly referred to *) because of an ego organization as weak from the start as in the premature infant, or seriously weakened shortly thereafter, e.g., through illness, the subsequent ego development will be affected. Shirley and Greenacre mention the "marked petulance, irritability, shyness, and a tendency to explode in a panic or a tantrum" in this connection. Its is noteworthy that these findings were made through direct observation of such children up to the age of two and one-half years. In a

*) a process which I believe is part of the "synthetic function" (Nunberg) or "organizing function" (Hartmann, 1950) of the ego.

previous paper (1956) I described a case of character neurosis in an adult patient where the persistence of such manifestations could be traced back, analytically, to the ego-weakening influence of early rickets which began around the fifth or sixth months of life. Without going into the later vicissitudes of this development, suffice it here so say that these manifestations remained unchanged and unmodified throughout adolescence and adulthood. Characteristically, the patient had all his life the secret ambition to be an opera singer. He never became one.

The situation is different when an adequate ego organization secures a more or less adequate Verarbeitungsprocess of the incoming stimuli. Using again the example of the crying infant whose own loud cry represents an external threat for him, it can be seen that as the crying continues, it gradually loses its intensity and high pitch-quality, becoming slower and mellower as the point of near-exhaustion (or falling asleep) approaches. The mothers say that the baby cries himself ("releases himself" according to Gesell) into sleep. It seems to me that this process can be understood as the prototype of the transformation of the initially threatening, unorganized, piercing or crude sounds into the more organized and less frightening, at a later stage actually soothing ones, leading finally to sleep. It is essential to note once more that this process, though of the baby's own making, appears in infancy as taking place in the outer world and coming from without, not from within. Thus, at a somewhat later point of development when the infant has learned to perceive the incoming auditori stimuli more correctly attributing the loud, booming sounds to the father and the soft, mellow ones to the mother, it appears likely that the threatening quality of his own piercing cry becomes attached to the former's voice and his own softer, mellow sounds -those with which he falls asleep - to the mother's. From here it is only one step to the soothing lullaby of the mother on the one hand and to the father's threat as the "disturber" and "waker" on the other hand. In other words, the "waker" which was originally the baby's own loud cry at awakening thirsty, hungry, or otherwise in a

state of tension, now becomes the father with all the oral attributes pertaining to this early phase: the hungry, voracious, devouring father who appears in dreams and fantasies as the biting horse, the ravenous animal, or the like. Lewin, in his paper on "Phobic Symptoms and Dream Interpretation" (1952) takes a different route of investigation, different from mine, arrives at the same conclusion of the father's "waker" - aspect during the oral phase and equates "being awakened" with the father, as right. The precursor of this equation is in my formulation the infant's own awakening cry which gets fused with the father's loud "cry" (voice, thunder, bull-roarer) and makes him into the threatening figure of the child's dreams as well as the roaring hungry giant or thundering, angry deity of so many sagas, myths, and fairy tales.

With this preoedipal picture of the dangerous and voracious father (modelled on the infant's own voracious awakening) the stage is set for its further elaboration during later phases. I mention the contributions of the anal period only in passing, since they are familiar to every analyst (the paternal flatus, its destructive - sadistic power as expressed in Deus afflavit et dissipati sunt, etc.). Of greater interest for our purpose are the vicissitudes which this paternal picture undergoes under the influence of oedipal strivings, because here we finally come back to where we started, the beating fantasies of the phallic phase. Of its many problems I single here only one out for closer consideration, the child's conception of the primal scene. The sadistic misinterpretation of parental coitus by the child is so universal that Freud (1908,1920) has early called attention to the fact that primal events, if not actually observed, will in all probability be produced in fantasy where they are elaborated sadistically. Nunberg (1955) discusses at some length the question of such fantasies in patients "who could never have observed parental intercourse" and who still report it as a memory. He assumes that the fantasy of overhearing parental intercourse has its source in "infantile sexual investigation". In another passage dealing with fantasy formation Nunberg states: "Most fantasies are formed

and that no recourse to the idea of dubious "inherited fantasies" is necessary.

of material from the individual's life collected from early childhood on; yet there are also fantasies which seem to contain precipitates of the history of mankind, and to be inherited". Our findings, I submit, may enable us to understand the occurrence of primal fantasies ontogenetically even in those cases where it is certain that no overhearing of parental intercourse took place. Moreover, they will show that, irrespective of the actual observation or not, primal fantasies are bound to develop in the child's mind. Finally they may explain how the child occupied with such fantasies cannot escape giving them those violent and fearsome connotations which culminate in the sadistic conception of intercourse.

As was suggested above, at one point during the oral period, probably quite early in infancy, the paternal image becomes established (in the infantile psyche) as a threatening one, based on the auditory perceptions of the father's voice which fuse with the perceptions of his own externalized and frightening cry. From then on the father was dreaded as the emitter of those threatening sounds in oral terms; he becomes the "waker" and "intruder". As the libidinal development progressed, this father image acquired further traits which are known to us as anal characteristics from every analysis; the father becomes the emitter of anal sounds and thundering speech, the bull-roarer, the sadist. With these features attributed to the paternal image the child enters the next stage of libidinal development with its flowering fantasies centering around pregnancy, childbirth, and oedipal strivings. As these fantasies, in the normal course of events, focus more and more on speculations about sexuality with their accompanying excitement and on the question of what is going on in the parental bedroom - Dr. Spitz poignantly formulated this question as "who is doing what to whom ?" - the child who has not witnessed parental intercourse has to fall

victim, regressively, to his own misinterprextation of sound = blow derived from those early perceptions when sounds and blows were interchangeable or quasi interchangeable. I assume that under the onslaught of the powerful oedipal impulses of that period the cathexis shifts from oedipal-incestuous (father, the desired lover) through anal (father, the sadist) and oral (father, the intruder and waker) to kinesthetic, tactile, and acustic body sensations (father, the beater). It is further probable, as Freud (1908) has pointed out, that the child's observations of daily quarrels between the parents, "expressed in loud words and unfriendly gestures" (italics mine), are carried over into the presumed bedroom events at night. This is the more likely since to the child's concrete way of thinking such strong sounds and angry gesticulations still carry the meaning of bodily threat or attack, i.e., beating.

It is a fair assumption that in the child that has observed primal events all these fantasies become further concretized and verified. The bodies in motion, and close union, the sounds emitted, the excitement prevailing both in the observed couple and with the guilty observer, resultant instictual excitation flooding the onlooker's ego do not yet make the primal scene a traumatic event per se, but make it -in my view - rather similar to the threat of re-experiencing an archaically tinged state, in some way comparable to the effect of those violent, unorganized sounds and intense stimuli threatening the integrity of the ego. Answering in this setting Dr.Spitz's poignant question with "he gives her a beating" would serve not only as a sort of safety-valve against the onslought of libidinous forces within the onlooker, but also as an attempt to "structure" a situation which otherwise remaining "unorganized" or "unstructured" would continue as intensely frightening, perhaps overwhelming to the child's ego. By interpreting the parental coitus as an act of violence the child becomes able to master a threatening situation at least to some extent: beating and being beaten are experiences well known to the child and there is nothing mysterious or uncanny in them; they happen every day, so to speak. Thus the anxiety is reduced, through at least

the transformation of the parental love act into a sado-masochistic one, with the father as the sadistic attacker, the mother as the attacked one, and the child as the innocent bystander. Here lies the essential oeconomic gain of the child's sadistic conception of the primal scene and of his own beating fantasy modelled on it: the father becomes the guilty and brutal attacker, the mother his degraded partner, and the child the innocent victim. That at the same time the beating fantasy represents, on another level, the child's gratification of its oedipal strivings as well as the punishment for them, we have seen earlier. I do not believe that primal scene observation necessarily causes regression; but I do believe that its crucial questions are answered regressively. With the help of this regressive answer, i.e., his beating fantasy, the child annulls or at least lessens his own fear and guilt.

The woman patient who wanted me to shout at her during the analysis, saw herself ground to bits between two large millstones, when she came to speak of her primal scene fantasies. She was greatly suprised when I pointed out to her that she wanted the same experience to be repeated on the couch by causing me to shout at her. The male patient who spoke of the solid quality of sounds and words, had slept in the parental bedroom up to his seventh or eighth year of life. Whenever he mentioned his primal scene observations, he did so with expressions of horror and disgust. He was equally surprised when I told him that he must have also had a great deal of secret satisfaction by remaining so long in the room where he could observe his parents in coitus. He then reported almost incidentally that his father had wanted him to sleep in another room, after he had reached the age of six or so. He resisted his "being exiled" to another room so strongly that he managed, not without the support of his mother, to prolong his stay in the parental bedroom for one or two more years.

The analysis of this patient enabled me to gain further understanding about the impact and vicissitudes of auditory experiences in early life. In thee

fourth year of his analysis the patient had two dreams the associations to which furnished pertinent material on the problem of sound. Prior to these dreams he had repeatedly spoken of his primal scene observations and of his feeling of "being encased (in cement, being) surrounded by cement, or rigidly lying in a tight box" during such experiences. The first dream was about General Motors and the many cars General Motors were producing, cars in ever increasing numbers. In the dream it felt like millions of cars and numbers which were going through his head. Here are the patient's associations recorded verbatim:

> Numbers are like words, millions of words. Cars are also like words, and words have for me being, material being...General Motors is a corporation, the biggest in the country, and a corporation is a body, the words corporation has something to do with body...the numbers were pounding in my ear, millions of sounds and noises, tons of noise pounding down on me ...there is a difference between words and sounds. Words have a meaning, but sounds make me angry and grumpy. I don't want to talk about sounds. Even talking about sound makes me angry. Why ? It puts me on the alert. It forces me to listen to some noise, as if the noises pressed me together. Now sound presses me down, makes me unable to move, and sandwiches me in. Now my own voice and my listening to it has that same irritating effect, it feels like some other person's voice, not mine. (Long pause). The sound of my voice is strange to me (pause). It goes back to the time I could not speak yet, when the others rained down their words on me and it irritated me. My own voice now sounds kind of harsh and vibrating. I now can feel it vibrating in my whole body... Now my throat feels as if I had been talking for hours, as if I had been yelling for hours, my throat feels sore and irritated. Now I want a drink, milk, milk, I must have been crying for hours, because my throat feels so dry... because I had to make so much noise, because I had to wait so long. I must have been crying and crying to get fed...My mother told me once that I had been on a rigid feeding schedule, every four hours... I did not want to talk about all this, and I am angry that you made me talk, because I felt nothing will come out of this, it's hopeless, nothing comes. I understand now. I felt all my noise won't help, I still won't be fed..."

The patient reported at the beginning of the next session that he had had a dream about a terrific storm which grew in intensity until it became a hurricane. It was dark, dangerous, and he was all alone. It also seemed to him as if the winds were howling and waves crashing all around him. He awoke in great anxiety. (Other details of the dream are omitted).

In his associations he again spoke about the solid quality of sounds, but felt that words and sounds had how lost this quality. As long as they were solid, one could easily swallow them or drink them in. Now this was not possible any longer, and that made him feel empty, sad, and angry at me. Now he felt exposed to the sounds as if they were howling winds which also felt like crying, his own crying, and this frightened him. "I always had a fear of loud noise," he said, "the crashing waves make me think of my parents in intercourse, the noise and the rhythm of their moving bodies...it feels like being pounded by a sledge hammer...In the dream it was all dark around me, dark and dangerous, and I was all alone..."

Although I cannot give the full analysis of these dreams, I wish to point to a few specific features in the associative material. We see again the recurring theme of the substantiality of sound, the regressive equation of external noise with sounds produced by the subject himself (crying), and the emergence of archaic elements under the terrorizing impact of sound. Of particular interest is the archaically tinged description of the immobilizing effect of noise during primal scene observations, when the subject is paralyzed with fear or, as in the examples presented, feels "ground between millstones", "encased in cement", or "pounded by a sledge hammer". These sensations are reminiscent of ideas commonly expressed in the description of beating fantasies, when the person beaten is so often strapped, held tightly to the point of complete immobility, or otherwise made motionless. As may be recalled, I am inclined to regard the deeply disturbing, threatening, and uncanny quality of such experiences as described by my patients as the result of a fusion of auditory perceptions during the primal scene with earlier ones which the individual experienced at a stage in his ego developement when noise was something material, perhaps of an engulfing or, in oral terms, devouring corporeal nature. The feeling of darkness, of danger, and of being alone also refers to the object loss which the child experiences when it witnesses primal events. It is left out by the parents. In this sense the ominous oral-introjective aspects, including the incorporation of the sounds emitted by the objects, can be viewed as the dreamer's attempt to regain the latter, that is, as an attempt at restitution. Could this apply also to the beating fantasy? That is to say, the object lost during the primal scene is regained via the beating fantasy?

Since I am reluctant to draw any general conclusions from my limited analytic material, I wish - in concluding this paper - to supplement it with data from studies, I wish to present a direct observation made by me on a fifteen months-old-male child during those repeated visits to New York playgrounds of which I told you above. These observations were made in a non-therapeutic setting, and I am indebted to the mother of the child who not only permitted me to observe her little boy rather frequently over a period of months, but also to take the pictures here published for the first time.

The pictures show the child in a distinctly cringing, semi-prone or completely prone posture which he assumes spontaneously and quickly on hearing a loud and to him obviously threatening sound (for inst., a loud booming "no" or "Wie

x) in Schilder's (1942) observations sounds are experienced not only as something travelling towards the subject but always filling the space and having therefore a global, i.e. breathlike

from his father). There is first a quick running away from the threatening sound or, more precxisely from the emitter of the sound, usually a flight of a few steps, then a going down by the child on all fours to the floor on which he lied completely immobile for several minutes, with his head turned face dow, sometimes also a little side-wise and with one eye looking expectantly back at the presumed aggressor, i.e., the emitter of the threatening sound. The buttocks are always turned toward this aggressor.

It is essential to note that ~~to all appearances~~ the child is physically and mentally well developed, is a good eater and sound sleeper, alert, cheerful, laughs and babbles freely, etc. He learnt to walk at the age of one and was weaned about that time without any major difficulty. It is also worth noting that the child has never been spanked or beaten by the parents. The above described reaction to loud sound was first observed at the age of fourteen months and is still continuing ~~at the moment of writing this report, the child now being a little over fifteen months old.~~ It seems, however, that the reaction is at present diminishing in ~~frequency as well as intensity~~. With the ~~mothers~~ parents' permission, the child will be followed up by me in frequent personal observations.

I am far from asserting that this particular half-submissive and half-seductive, at any rate noteworthy behavior of this little boy represents an early precursor of later masochistic tendencies or behavior, nor do I suggest that the adoption of the position depicted furnishes a full explanation for the ~~xxxxxx~~ child's fear reaction in response to threatening noise. I wish, however, to point also here to a sequence of remarkable reactions to sound, at least chronologically:

1. Prenatal response to sound as observed by Sontag and Wallace
2. Moro embrace reflex from shortly after birth ~~to~~ five ~~or six months~~ weeks of life
3. After passing of the Moro reflex comes the typical startle reponse in children as well as adults
4. Perhaps as a ~~special~~ isolated occurrence in the case observed or as a special reaction to be found more frequently ~~in follow-up studies~~, at fourteen or fifteen months the particular reaction shown in the attached photos, which I am inclined to name - for reasons of brevity as well as descriptiveness - the Cringing or succubus response to loud noise ~~(cringing)~~

Finally, to illustrate the connection between sound perception resp responsiveness to sound and beating fantasies, presentation of my linguistic material on these connections as given by me at the Kris seminar (see pag. 3 - 4, March 12,1957)

Manuscript:
On River Symbolism,
undated

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ON RIVER SYMBOLISM *)

by
William G. Niederland, M.D.

~~CHAPTER~~ I - Introductory Remarks

I begin this paper with a few observations, ordinary and non-analytic.

Almost every day, during the summer months, a lively scene takes place in a children's playground in New York's Central Park. There is a water fountain near the entrance of the playground. The children, mostly boys and girls between the ages of two and six, cluster around the fountain, drink the water, splash it, pour it on their bodies, hold their hands in it, sprinkle it over the ground, themselves and each other, catch it in their little pails and carry it around, take it to the sand box some distance away, return to the fountain, coming and going, running, ~~screaming~~, laughing, splashing, and dripping all over, and always pushing close to the fountain. The rest of the playground, with ~~all~~ its swings, seesaws and other attractions may well be deserted / the area around the water fountain rarely ~~ever~~ is. A mother who watches the children on the playground says, "they go wild as soon as they see the water fountain." What makes them "go wild"?" It is not the hot summer day alone. The ~~same~~ scene can be observed on relatively cool days, too.

A little boy, ~~seventeen~~ sixteen months old, is taken to a seaside resort for the first time in his life. The parents/...

*) 1956/57 Manuscript which later (ca. 1970 ics) became the basis of my book on "Psychogeography", a term coined by me

parents sit down with him on the sand beach about ~~100~~ a hundred yards away from the ocean. From where they sit the water can hardly be seen, but the roar of the waves can well be heard coming from the distance. After a short while the child perks up, gets up from his half-lying, half-sitting position, looks in the direction of the sea, and then starts running, ~~towards the water~~, moving fast and apparently oblivious ~~of anything~~ everything else, towards the sea. When he reaches it, he runs straight into the water and ~~can only be stopped by force on the part of the accompanying~~ must be forcibly restrained by the accompanying parent from going in deeper. Showing all signs of joy and elation, he plays with the waves, constantly laughing, shouting, clasping his hands and rocking his body. He ~~keeps on~~ sometimes doing so, eagerly and incessantly. When, after a while, he refuses to leave the water, he has to be carried out by the father who takes him back ~~to the place~~ to where they originally had been sitting. The boy, without resting, immediately begins the same game and marches again directly towards the sea. He dashes into the water and his almost delirious play with the waves takes place once more. After fifteen minutes or so he is taken out of the water, and the same thing repeats itself perhaps ten or more times well into the late afternoon, until the parents carry the child home. They are exhausted, the child is not. His elated mood continues through the rest of the day.

Another observation of a somewhat different kind:

In the United States a trip to Niagara Falls is the favorite travel goal of young honeymooners; in Germany it is a trip to Venice, often named "the seaborn city". Jones ( ) states that in Canada, Niagara town is commonly known as the "Baby City" from the high percentage of conceptions that date from a visit there. In Northern Italy the best known "baby city" is the town of Salsomaggiore, a resort place near Milan where many springs and fountains exist. When, years back, I rather naively asked the professor of gynecology of the University of Milan about the curative effect these waters have allegedly in cases of female sterility, the old professor merely shook his head and said: "About the potency of the waters in Salsomaggiore we don't know a thing; but about the potency of the many young men living there, we know quite a bit."

The reputation of the Niagara and Salsomaggiore-waters is equalled if not surpassed by other places all over the world. ( ) Monumenta Historica Norwegiae, a collection of medieval data about the history of Norway, has an account about a country discovered by Norwegian seamen "where virgins become pregnant through drinking water." Adam von Bremen ( ), a geographer of the eleventh century, even knows where this country is - in the Gulf of Bothnia, near Finland. In 330 A.D. an anonymous traveler published a manuscript under the title "Itinerary from Bordeaux to Jerusalem" about his journey to Palestine. He saw "the mountain Syna where there is

a fountain in which, if a woman bathes, she becomes pregnant." The idea of water, especially flowing water, as the most important agent in fecundity is universal. As late as 1653, Izaak Walton, less interested in the propagation of humans than that of fish, wrote: "Eels are bred of a particular dew falling in the month of May or June on the banks of some particular ponds or rivers.." More about such notions will be said later in this paper.

Suffice it at this point to add a few linguistic observations. The word river comes from the Latin rivus as well as ripa (bank, shore). The English words to rive ~~equates~~ (to separate, to tear ~~apart~~ asunder) ~~as well as~~ and rival stem from the same root. The more frequently used Latin word for river, however, is fluvius, ~~equates~~ which seems (in English) floss and Fluss in German. The German Fluss, especially when used in connection with certain colors, has direct gynecological connotations, such as Weissfluss, ~~equates~~ leucorrhea or gonorrhea, and Rotfluss ~~equates~~ menstruation. Though these connotations are lacking in English, they return in certain other expressions such as "flow" or "profuse flow" for copious menstruation. The term creek for small river also points to a sexual meaning. Derived from the Norse kriki, by way of the French crique, it originally designates a cleft or crevice, cove. The Scottish word riva also means a cleft in a rock. There is still another Latin word for river which is amnis. Though it cannot be

x) In an old German joke the question is asked: welches ist der gefährlichste Fluss - what is the most dangerous river? The answer is: Der Weissfluss (literally: the white river = gonorrhea).

The tributaries of the Po-river, for instance, flowing down from the Alps, form the picturesque lakes of northern Italy: the river Ticino forms Lake Maggiore, the Adda forms Lake Como, the Sarca river Lake Garda, etc.

proved that this term is related to amnion and amniotic fluid, derived from the Greek amnion ~~equates~~ membrane, soundwise they seem to be related. Nor can I prove that the Latin amnis is the same as omnis ~~equates~~ all. Again, soundwise, they are close. There is a river in Eastern Germany called Alle[x] ~~equates~~ all.* Lake, besides denoting an inland body of standing water, refers to an expanded part of a river. Ocean originally also meant river, that is, the all encircling river supposed to encompass the earth. The most important river, according to the Bible is the Euphrates, one of the four rivers of Paradise, also known as the river or the great river in the Old Testament. Its Hebrew name is Perath, because its waters are fruitful (parin, same root as Perath) and give health to man. The first command given in the Bible uses the same root: "Pru Urwu" -"be fruitful and multiply." Of some interest is the sequence in which this command to propagate appears in the scriptural text. First it is mentioned in connection with "the waters teeming with living creatures ... ~~and to~~ fill the waters in the seas." (Genesis I, 20-22) Only later it is addressed directly to man and his propagation on land, ie., "be fruitful and multiply and fill the earth." (Gen. I, 28)

To return to the biblical name of the Euphrates which ~~originally means the river which~~ refers to the river as one that brings forth fruit,

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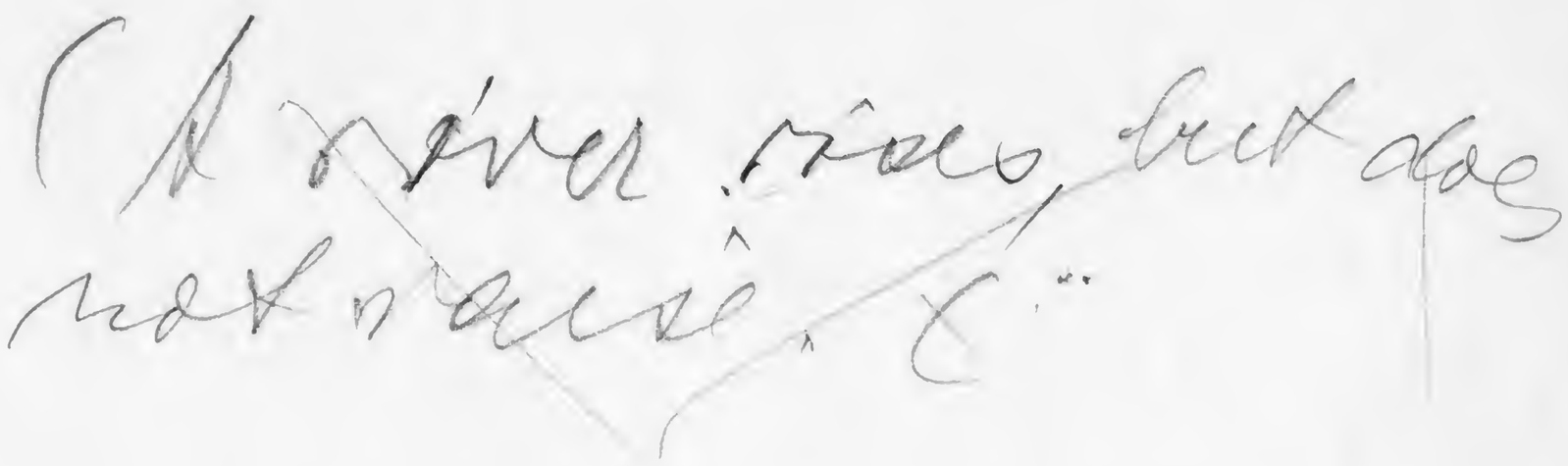
x) This ~~name~~ may also be related to Hal = salt. Jones( ), in his paper on salt symbolism, has discussed the many close parallels between the symbols salt and water.

a late derivative of this idea can be recognized in the English word offspring which means both fountain, source, origin, and children or descendents. In the Bible the same root is ~~often~~ used for unborn or new-born children in such frequent expressions as the fruit of the womb, the fruit of the loins, the fruit of the body, usually rendered offspring in the English language.

How closely the ideas of river and body are connected can be seen from such terms as river head (source), arm (branch), and mouth. Also the expressions river bed, river bend, and river run are noteworthy in this connection. There exists a linguistic parallelism between spring and brook. The former denotes a natural fountain, a supply or source of water springing forth spontaneously; the latter, derived from the English word to break, originally signifies water breaking ~~through~~ forth from the earth. The English language abounds in river terms which today are rarely recognized as such. I mention as an example the verb to meander meaning to take a winding or ~~s~~ zig-zag course. This verb is derived from the river Maeander in Asia Minor and its particularly twisted course, so twisted, indeed, that it turns on itself. Rivers of blood, of oil, of talk, etc. are of course daily used expressions. To rivet ~~originally~~ meant to fasten a ship to a river bank, and to moor is probably related to the Latin rivus as well as to the Middle Irish riam = ford.

Another river word is to arrive which stemming from the late Latin arripare ~~equated~~ to ~~come~~ get to the shore,

ad ripam), via the French arriver, today denotes to come to one's destination. Arrival (the old Anglo-French arrivaille) originally meant having reached a place from a distance by water, usually after a river journey. The German word for journey, Reise, is probably also a river term related to the English rise and raise. In fact the principal characteristic of rivers, besides water, is motion. To put it in the words of Pascal ~~(...)~~: "Rivers are roads that move."



~~CHAPTER~~ II - Data from Clinical Observation

In a recent paper ( ) I discussed certain clinical and ~~collateral~~ cultural aspects of what I described as the symbolic equation of river ~~equates~~ sister ~~equates~~ breast ~~equates~~ mother. I called attention to the rich material which can be found in Friedman's ( ) study on bridge symbolism, in Freud's ( ), Ferenczi's ( ) and Jones' ( ) important contributions to the subject as well as to the more recent observations by M. Bonaparte ( ) and Lewin ( ) which seem to suggest that the peculiar intensity of feeling, "a mixture of nostalgia and anxiety which gets hold of mankind on the brink of water," is connected with a universal symbolism which ~~covers~~ embraces life, birth, love, guilt, and death. In fact, the numerous myths about legendary river births and deaths, about male and female deities residing in streams and other waters, about mysterious river crossings separating life from death, about the hidden wonders and secrecies of the aquatic realm in general, can be understood as reflecting the universality of this symbolism.

It is well known that the unconscious mother symbolism of water is ~~just by~~ chiefly derived from the fact that, in the words of M. Bonaparte ( ), "All waters into which one enters or from which one emerges are

universal symbols of the water wherein we actually dwelt, from which we actually came forth - the amniotic water." Other body fluids such as milk, saliva, urine, semen, and blood contribute further essential elements to this symbolism. The amniotic theory of water symbolism, usually understood ontogenetically, has been further expanded by Ferenczi ( ) who speaks of phylogenetic roots of this fantasy in his admittedly speculative monograph "Thalassa." I am more inclined to agree with Lewin ( ) according to whom "prenatal psychology has been filled with rich psychological speculations and few facts, whereas the sleep of infants that follows nursing is an assured fact" and, as I may add, can be studied clinically, analytically and experimentally, at least to some extent. The first fluids which play a role in the infant's life are mother's milk, his own saliva, urine, and feces. They represent the earliest flowing liquids which exist as far as the newborn infant is concerned. There is, however, ~~another liquid~~ an "aquatic" event in the ~~life~~ pre-history of the neonate which I have hardly found mentioned in the analytic literature. This event, directly connected with the birth process, is the breaking of the membranes which in English is also called the breaking of the waters. I am not entering the old controversy concerning the frequency ~~of the~~ relative importance of the

feces are not discussed

birth trauma, ~~which is a~~ its possible role in neurotic anxiety, etc., nor am I suggesting any analytic or non-analytic data concerning the state of the fetal psyche. I am only pointing to the process of birth itself and to the biological ~~effect~~ fact that the crucial phase ~~of~~ in the drama of birth begins with the breaking of the waters, that is, a (modern) "flood" which usually occurs during delivery toward the end of the dilating stage and often initiates the stage of expulsion. It is from that moment that the first great change in the environmental world of the fetus occurs. What can be called the warm water-world of the fetus comes to a sudden end, (resulting in radical change of the) with the rupture of the membranes and the hitherto watery abode of the uterus, soon to be left for ever. It suddenly takes on completely different qualities with regard to shape, size, consistency, and pressure. I ~~deliberately~~ (use deliberately) ~~here~~ the expression "world." I allude to the universal floods (myths) which accompany the stories about the creation (birth) of the world (and to which I shall return briefly at the end of this chapter.) It can further be said that of all the uterine products ~~as~~ expelled at birth, it is not the fetus that is born first, but the amniotic fluid. If a premature rupture of the bag of waters with resultant dry labor has occurred, or hydramnion was present, the "flood" bursting forth from ~~its~~ the uterine ~~abode~~ (cavity not only) precedes the actual delivery considerably, ~~and~~ but can also be of ~~considerable~~ great intensity (quantity). ~~and pressure.~~

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It seems to me that this particular phase of the birth process deserves closer analytic attention than it has so far received, especially in view of ~~some~~ certain clinical data not always fully explained. I refer to the awakening dreams which at the same time are birth dreams. According to Freud, "birth is regularly expressed by some connection with water." He further states that "diving into the water is emerging from the water, i.e. being born or reborn" and that water dreams are, generally speaking, birth dreams. In another passage Freud ( ) expounds this further: "Birth is almost invariably represented [in dreams] by some reference to water: either we are falling into water or clambering out of it, saving someone from it or being saved by them." Silberer has recorded dreams in which awakening appears as coming out of or crossing a river. One of his dreams was: "I am crossing a brook, standing on one foot, I pull my foot back again." At awakening in the morning, Silberer explains, he is partly trying to awaken and partly trying to stay asleep. A recurrent birth dream reported by me concerns a patient who in his anxiety dreams as a child found himself falling into a river from a street car as it crossed over a bridge ( ).

"Birth is an enormous experience," Greenacre ~~says~~ states

x) The Anglo-Saxon root of the English word wake is wacan which means not only wake but also to be born.

and also asks: "Is birth a chiasma, or is it a hiatus - a kind of blackout, very closely resembling death?" We do not know, of course, whether it is all this or not. The little we do know, however, from the study of dreams as well as from biology, in addition to other elements, is that it involves a water or flood experience - and is so reflected in dreams ~~as well as~~ and fantasies - that by its very nature it has to do with water and with something dramatic happening in relation to ~~the~~ water, happenings which in dreams are expressed either by falling into water or getting out of it, diving into or emerging from it, and the like. This being the case, the psychological content of ~~fetal and neonatal~~ perinatal x) experiences - if any - can be possibly understood as a combination, however vague, of water and motion or water in motion, ~~that is in dreams~~ (river) ~~reflected in structure involving aspects~~ of ~~river symbolism~~. The ~~chronologically earliest dream~~ the youngest subject whose dream I could find in the analytic literature was reported by Hug-Hellmuth, ~~and~~ (It was a water dream and) came from a girl a little under one year of age. The girl had spent most of the preceding day playing and splashing in the water. During the night she was seen making splashing movements with her hands in her sleep. Despert who also mentions the case just described notes that: "Water plays an important role in children's dreams, especially in bed wetters who frequently dream of rivers." She ~~describes~~ reports several such

x) Note: ~~In this discussion~~ reference is made to natal and neonatal situations only. No reference is made to prenatal stages, for the reasons mentioned earlier.

dreams of enuretic children between the ages of three and eight. These dreams dealt mostly with rivers invading the room and bed and were, in Despert's words, "dreams of drowning." ~~I will return to this point later.~~

A river ~~symbolism is~~ a condensed means of expressing the originally ~~kynaesthetic~~ kinaesthetic sensations ~~sometimes~~ and stimulations produced by the breaking of the waters during birth. The symbol river with its connotations of flowing water, motion, breaking forth, flood, run, and actively propelling force, lends itself as the pictorialized, condensed and ~~many phased~~ manifest representation of the repressed unconscious ideational and perceptual material that goes into formation ~~of a symbol~~. When I analysed the ladder symbol in Jacob's dream I described the constituent elements ~~coming~~ entering into ~~symbol~~ formation. Here, I believe a similar process can be ~~found~~ observed. The river symbol represents in a pictorial, condensed, and almost ideal way the final amalgamation of the unconscious birth experience (Geburtserlebnis).

A representation of amniotic fluid is almost universally present in birth dreams. Water is not the only substance unconsciously associated with birth situations, of course. As is well known, in the unconscious water, milk, saliva, urine, blood, semen, etc., are interchangeable. Helene Deutsch reports a dream of a woman

of fluids
of such interchangeability and its representation in a 2½ year old boy. The child, physically and mentally well developed, had asked his mother for milk the night before ~~but~~ and had received some, but had been told by the mother that there was very little milk left and more would be bought in the store the next morning. The child awoke the next morning much earlier than usual and began to play his record player - his favorite activity upon awakening. First he played quietly several of his many records, but then he started crying violently and unhappily, because he could not find his "rain record" which he absolutely wanted to play. In tears he asked repeatedly ~~and frantically~~ to be given this rain record, a children's record with a ~~picture~~ umbrella pictured on it, about "singing in the rain". When the record was finally found and given to him, he calmed down and played it a few times on his record player. After a while, he turned to his father in renewed distress and said anxiously: "Milk all gone, milk all gone the milk, Daddy has to get milk from the store!" ~~But~~ When he was shown several bottles of milk which, unknown to him, had meanwhile been stored in the refrigerator, he calmed down ~~immediately and~~ fully.

Tears also belong in this category. A German love song begins: "Put your cheek to my cheek, then our tears

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will flow together..."

who found herself in a dark cellar being pursued by a woman. In this dream the patient is seized by frightful dread because she could find no escape from the cellar. Suddenly she notices that blood is flowing from a hole in her head. An ambulance arrives, takes her away, and she is saved. Helene Deutsch adds: "Her associations showed beyond a shadow of a doubt that this was a representation of the patient's own birth." The element of darkness is present in many dreams of this type. Abraham has pointed to this as a symbol of the womb. Freud ( ) reports a dream of a female patient who at her holiday resort on a lake flings herself into the dark water at a place where the pale moon is reflected in the water, ~~and states~~ "Dreams of this sort are parturition dreams." We shall later encounter the sea of darkness in ~~different situations~~, but with the same basic meaning.

Of ~~particular~~ interest ~~seemed to me~~ are two references to river situations contained in the Schreber ~~case~~ memoirs, but hitherto not mentioned in the analytic literature. They are not discussed in Freud's paper on Schreber, but can be found in ~~the~~ original ~~memoirs~~ book and deal both with the River Elbe. These

passages seem to me ~~important~~ enough to be included here. The first passage deals with Schreber's noticing a ~~the~~ deterioration of his condition: "The month of November 1895 marks an important time in the history of my life and in particular in my own ideas of the possible shape of my future. I remember the period distinctly; it coincided with a number of beautiful autumn days when there was a heavy morning mist on the Elbe. During that time the signs of transformation into a woman became so marked on my body that I could no longer ignore the imminent goal at which the whole development was aiming ..... I must myself receive the impression of a female body." (first on my arms and hands, later on my legs, bosom, buttocks and other parts of my body.) The second passage describes Schreber's feelings when bathing in the river Elbe and reads: "Remarkable things also happened when since the beginning of this month I started to bathe in the Elbe....Yesterday while bathing in the open Elbe miracles increased tremendously my rate of breathing and caused my whole body to shiver, as soon as I sat on a floating log ..... peculiar feelings must arise in a human being who expects a miracle to be enacted against him at any moment while swimming in

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deep water making it difficult for him to move."

This passage is added by Schreber as an explanatory footnote to a detailed discussion of the question "Where do I come from?" which goes over several paragraphs in his memoirs preceding the quoted passage. McAlpine ( ) and Hunter ( ) have correctly pointed to the essential topic (in connection with birth and procreation) in Schreber's recurrent preoccupations, without however taking note of his mentioning the River Elbe in this connection. The river appears in Schreber's memoirs:

a) when he speaks of his observing (several) signs of his being transformed into a female, i.e. a kind of being reborn as a human being of different sex and (thus becoming able) to give birth,

b) when he is concerned with birth and procreation fantasies as evidenced by his mentioning Christmas, nativity, celestial bodies, miracles x) on himself and their influence on his rate of breathing, body functions, etc. (here possibly referring to his own birth experiences.

Much of what was said before concerning birth situation as reflected in dreams, is contained in the following dream reported by Ella Freeman Sharpe ( ): "I was in a room and suddenly the door opened and a great flood of water came in." The analyst was

x) Miracles, in Schreber's terminology, refer definitely to procreation. Whenever he speaks of his fantasies about "fleetingly made, little men" — anal procreation fantasies — he usually adds that they were "miracled up." In what follows we shall see that this passage will direct us to procreation situations.

first inclined to consider this dream as the evidence of an "accident"; "but," Ella Sharpe adds, "it is the one dream that I am bold enough to quote as possibly embodying also a birth experience. It was ascertained that the patient's birth was heralded by an unexpected sudden bursting of the waters. The fact was unknown to the patient at the time of the dream." (Italics mine)

Several aspects of river symbolism can be found in another dream reported by the same author: "Wake up, wake up, wake up. This is the River Moldau. Here King Wenceslas lived and this is the cherry tree that grew in Charles Dickens' garden." In the associations to this dream the patient remembered that she was swinging in a cherry tree when she was told that she had a new baby sister. This memory is fused together with memories of being awakened to pass water and to the joyous awakening on Christmas morning to find Christmas presents. The patient remembered the story of King Wenceslas as one in which a king went on a journey taking gifts to the poor. She spoke of Charles Dickens' "Christmas Carol" in which a miser had a change of heart and gave generously to the needy. She also went into further details about the Christmas story. Deeper

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The Moldau dream apparently does not only refer to the sister's birth, but also to the patient's own birth with its complications of being in a mould (cavity), being moulded, etc.

lying urethral fantasies and bodily experiences were indicated, as the analyst remarks, though not in the specific association in which the dream was reported. Such indications referred to the symbols of the River Moldau. The word made the patient think successively of mold, iron mold, and the stain left on a mattress when urine had soaked into it.

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Among the ~~birth aspects~~ aspects of birth which this dream reveals I wish to point briefly to the awakening, (as in Silberer's examples,) to the Christmas story, (as in Schreber's ~~birth~~ procreation fantasies discussed ~~quoted~~ above,) and especially to the associations connected with the River Moldau ~~as such~~, namely mold, iron mold, and urinary stains. The bodily experiences indicated by the choice of the river name as well as the ~~word~~ specific associations to this name ~~seem to me very much related to the kynaesthetic~~ appear to directly suggest certain sensations ~~of during the birth process as~~ of a kinaesthetic nature as (postulated ~~above~~ earlier, i.e. changes of mould shape) and pressure (skin) ~~experience (birth) which has become attached~~ characteristically to a later birth experience of a different kind (incarnation) that, again, the extraordinary condensation (the ~~unsolved~~ unsolved mystery) connected with the river.

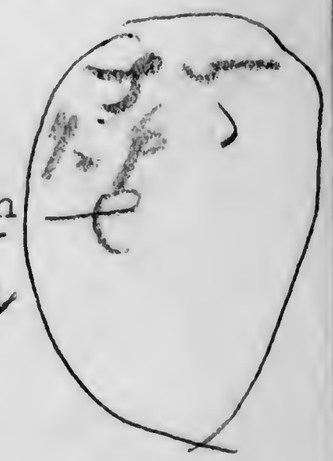
connected with a "river"

There is another aspect of river symbolism in this last dream to which Lewin has called attention ~~recently by quoting Zilboorg~~: "A river in the manifest dream text often stands for a sister." The symbolic equation river ~~equates~~ = sister seems to me of ~~special clinical~~ significance, because it makes ~~many otherwise~~ puzzling ~~aspects~~ more understandable, ~~as~~ ~~clinically~~ to illustrate ~~more clinically~~ behaviour

~~Parenthetically that~~ the Anglo-Saxon root of the English word wake is vacan ~~which not only occurs to wake but also~~ to be born.

for instance the severe anxieties often accompanying river dreams, certain types of agoraphobia, bridge phobia, etc.. Also, intense sibling rivalry lying behind the facade of a pleasant river scene is a frequent feature of such dreams. I will now give some clinical examples related to this category of dreams, first from the literature and later from my own analytic observations.

An interesting example of this type is the dream of little Hans, Freud ( ) reports that the little boy had this dream when he was 3-3/4, a short time after the birth of his sister. It was the first dream reported by little Hans and it reads: "Today when I was asleep I thought I was at Gmunden with Mariedl." There is no need to go here further into the deeper meaning of the dream, the analysis of which was given by Freud and can be found in his paper, merely I want to mention one circumstance not indicated in Freud's paper, namely the fact that little Hans' dream was a river dream. I was able to reconstruct this fact by studying (the local map of the town of Gmunden, the locality of the little boy's dream. The map is shown in table I. Gmunden, as the name implies, is located on the mouth of a river named Traun*) which empties into the Traun



*) Perhaps the name Traun sounding very much like the German word Traum = dream is not without interest. The word itself is derived from the gothic drunjus (= sound, roar) which is the German Dröhnen

lake, ~~or formulated differently~~, where the Traun river (sister) fuses with the Traun lake (mother). A great many of ~~the~~ little ~~boy's~~ Hans' problems, the arrival of his sister, his exile from ~~his~~ the parental bedroom, his late street phobia, the fantasies about his mother's growing body during pregnancy, the riddle of where babies come from, etc. can be found in a highly condensed fashion in this river dream about Gmunden. It is also interesting to note that Freud in his postscript to the paper in 1922, mentions that when he saw little Hans again, now a strapping youth of 19, the young man told him to his astonishment that he could not remember anything of the story nor could he recognize himself in it. The only thing, however, he could vaguely remember was the ~~journey~~ vacation to Gemunden, the river-lake town. Also Jones, in his recent Freud biography, points to this particular aspect of the Little Hans case.

The two dreams of Dora reported by Freud ( ) were essentially water dreams, too. The whole Dora case, of course, centers around an attempted seduction scene near a lake, her intense rivalry ~~towards~~ with her mother and Frau K. - the latter quite frankly seen as a sister figure - birth fantasies, defloration fears, etc. Since Freud in the Dora case speaks only of a resort place on a lake, without giving its exact location or

little Hans, at his age of 3½ (on the verge of
~~Acta verba~~ desires to form another himself and to empty his own "stream"
into her. To illustrate this point further, I may here adduce another example
from the literature, Abraham (1) a four year old boy who urinated, also at a seaside
resort, into the sea. Abraham tells us that the boy urinating into the sea filled
him with the impression that the whole sea was his own product. the fondly
particular pleasure in passing water whereon a wave approached him."
Abraham sees in this a narcissistic appreciation of the individual's
own excretory processes which it undoubtedly is. But I believe it is
more. To use the (another) urinary stream directed by the little boy on and
into the sea (whereon a wave approaches) Abraham notes "
gratification of the child's narcissism" as Abraham has it but a
symbolically (stimulated by the flowing stream)
a gratification of the genital libido of the four year old boy who
acts out his oedipal wishes toward the mother with the closest
symbolical substitute available — the sea.

BF

I think that [illegible]
boy [illegible]
[illegible]

name, it cannot be proven that there was also a river present as in the case of little Hans. There are, however, in the clinical material enough direct references to flowing waters - the enuresis in Dora's first dream, the patient's associations to the city of Dresden situated on the river Elbe in the second dream, the allusions to river nymphs, to healing waters, etc. - to make such an assumption ~~very likely~~. Moreover, as was said above, a lake besides being a body of standing water, often represents also an expanded part of a ~~stream~~.

Friedman has emphasized the fact that bridge dreams ~~often~~ occur at crucial periods in analysis and are especially rich in analytically valuable material. I have observed the same ~~in~~ river dreams ~~as such~~. Here is the dream of a male patient, a middle aged professional man, who, in well advanced analysis, dreams of the Hudson River as it flows near the city of Newburgh in New York State and ~~there~~ receives a ~~smaller~~ tributary ~~river~~ which attaches to the Hudson "in circular fashion," as he says, "like a bent arm, a branch, or something." The dream produces a veritable flood of associations, mostly early childhood memories. The patient was born and lived through his first six years in a little European town which reminded him of Newburgh. Of all

Second Intentional Exposure

cities in New York State he likes Newburgh best and often visits it. He has a car, but for his trips to Newburgh on weekends or so he likes to take the Hudson River boat. He remembers a small river in his home town. "It really was a creek" he explains, "and it was a minor tributary to another river. My mother took me along to the river bank. She would bathe in the river and when she dived into the water I would get terribly afraid because she disappeared in the water and for a few minutes I would not see her head in the river." ~~Then~~ I would scream and cry about, and my tears would flow and stream from my eyes, then The patient speaks of his little sister, who was born when he was a year and a half old and who died of a pulmonary disease a year later than. With great ~~emotional intensity~~ emotion, he speaks of the terrible cough she had and how his mother and father would carry the sick child on their bent arms through the apartment, holding her up so that ~~child would~~ she might get some air. For want of air she often became ~~cyanotic and~~ blue in the face. He also remembers, in another analytic session, how his mother would breast-feed the little sister, how mother would hold her at her breast, support her with her bent arm and ~~feed~~ nurse her. Then the sister died. The patient recalls some details of the funeral and the child's grave in the cemetery. (These memories were rechecked with the patient's living

Nagle-Marcus

parent and proved correct.) The patient himself left his home town with his family at the age of six, and he has never returned to his birthplace, but later, in grammar school and high school he became an ardent lover of geography. He wanted to become an explorer. His main interest was directed to following the courses of rivers, through all the ~~currents,~~ tributaries and river bends back to their origin. He wanted to know where rivers came from, ~~where they originate and~~ where they go. ~~All through~~ Throughout puberty he aspired to explore the head of the Amazon ~~river~~ as well as the two sources of the Nile. One of these, called the Blue Nile, interested him most. He wondered why it was called blue? Still later, ~~in adulthood,~~ as an adult, he became a ~~sailor~~ seaman for ~~many~~ several years and ~~sailing~~ sailed the seven seas, ~~he lived~~ living on boats and distant islands. By profession, however, he was a scientist, ~~and~~ and worked in the fields of biochemistry and physiology and ~~for several years~~ where he did research on the composition and ~~qualities~~ properties of body fluids, ~~functions~~ chemical secretion ~~[illegible]~~ and similar

Returning to the patient's dream, it became clear that the Hudson River represented the mother, and that the smaller river ~~the~~ was represented the sister attached to her in a circular, ~~or~~ half- bent fashion, ~~to wit~~ as in the breast feeding, or, ~~when~~ as seen ~~he saw it~~ in the Holy Ground, arm-supported position. The two rivers also

parent and proved correct.) The patient himself left his home town with his family at the age of six, and he has never been back to his birthplace, but later, in grammar school and high school he became an ardent lover of geography. He wanted to become an explorer. His main interest was devoted to following the courses of rivers, through all the currents, tributaries and river bends back to their origin. He wanted to know where rivers came from, where they originate and where they go. All through puberty he aspired to explore the head of the Amazon river as well as the two sources of the Nile. One of these, called the Blue Nile, interested him most. Why is it called blue? Still later, in adulthood, he became a sailor for many years and sailing the seven seas, he lived on boats and distant islands. By profession, however, he was a scientist, and worked in the fields of biochemistry and physiology and for several years did research on the composition and qualities of body fluids.

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represented the mother's breasts. On another level, the mighty Hudson probably ~~meant~~ also represented the patient's father who ~~according to the description~~ was a powerfully built, yet maternally minded person ~~and~~ who often carried the sick child as well as the patient in his arms. The dream, then, about the two rivers contained in a highly condensed fashion rich material about the patient's earliest ~~dramatic~~ traumatic experiences: the arrival of ~~the~~ his sister, ~~her illness and death,~~ the nursing situation, sibling rivalry, the early mother-child relation, ~~etc.~~ From other analytic data it became apparent that the patient, ~~in contrast to the~~ unlike his younger sister, had been bottle-fed because his mother had fallen ill shortly after his birth and had to be hospitalized. (This, too, was checked with the surviving parent and proved to be true.) The patient, ~~hated and despised~~ consciously rejected and unconsciously hated his mother through ~~out~~ his life ~~on the conscious level.~~ However ~~Unconsciously~~ he was unconsciously fascinated by her and her ~~golden~~ long flowing hair, and compared her to Lorelei, "the humid woman of the Rhine," and yearned for her "river bed", her breasts, supporting arms, warmth and love.

The patient who ~~mentioned above~~ in childhood had recurrent dreams about falling into a river from a streetcar as it crossed over a bridge, had a dream after ~~one~~ about two years of analysis in which he was looking for an apartment or moving into a new apartment located "near the river." In his associations he speaks of a girl who has an apartment not far from the river. This is the only girl he has wanted to come close

Wonderful golden mountain which had a protuberance high up. He was climbing and climbing to reach this protuberance and seeing it. He recognized immediately that the wonderful mountain was his mother's body and the protuberance her breast.

Early in the analysis he had had a dream in which he was climbing up a golden hair.

Triple-spaced

to in recent years, but he ~~cannot perform with~~ is afraid of her. He likes to go to her apartment on weekends and stay there, ~~yet at the same time he~~ is afraid that she ~~might~~ will expect him ~~to approach her sexually~~ to be approached sexually by him and he knows that this is his main difficulty. He ~~has strong~~ is a homosexual ~~tendencies~~ and is afraid to approach women ~~actually~~ physically as he puts it. The girl who has the apartment near the river reminds him of his youngest sister who is closest to him in age and with whom he had "the only boy-girl relationship" he ever had in life. He grew up in a household overloaded with females (mother and four elder sisters). The dream also reminds him of the time he stayed in Paris when he used to walk near the river Seine. He would watch the couples sitting on the banks near the river. ~~Also~~ other men, also ~~probably homosexuals like him, would~~ watch these lovers and one of these men once said to him, "It's better watching these young lovers than going to a movie." When he watched the young lovers he felt excluded and ~~felt~~ experienced deeply unhappy since he had been about being an outsider, ~~having~~ no such relations with women. This ~~was~~ had been always the case with him in life. As a little ~~child already~~ boy he felt ~~excluded~~ rejected by his ~~four~~ five sisters, who would not allow him to ~~go with them, to dance~~ play with them, or to take part in their activities in which he wanted to participate. He ~~is~~ was the youngest child and always looked up to his sisters for help, comfort, guidance, and support.

single-spaced

In fact, although thirty years of age, he still manages to get material support for his eldest two sisters.

Another patient, a 34 yr. old artist, had suffered for many years from a severe washing compulsion. During the preceding analytic sessions he expressed numerous fantasies about birth and rebirth, and had a dream in which he and another person were trying to cross a river. He was not sure whether he actually crossed the river or stayed behind; in the dream it seemed to him that it was both.

In his associations the patient spoke of the St. Lawrence River in Canada where he had spent his childhood and adolescence. He remembered that his mother had wanted him and his sister, four years his senior, to learn to play the banjo, and had sent the children to a music teacher whose studio was located near the river. The teacher was a Negro who lived with his white wife and several children. The patient who was in his early teens then felt there was "something sexual" and "highly embarassing" in this domestic set-up. It also seemed to him that there was sexual about playing music with his sister. Although he did not like to play the banjo, the instrument fascinated him, and he would take it apart and put it together many times. "We learned to play music on the thing," he says, "love songs and the current popular hits. We played them together, my sister and I, and since we had only one instrument we would play on the same banjo."

Second Intentional Exposure

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Another patient, a 34 yr. old artist, had been suffering from a severe washing compulsion for many years. Through sexual analytic sessions he expressed numerous fantasies about birth and rebirth, in which he and another person were trying to cross a river. He was not sure whether he actually crossed the river or that it was stayed behind; in the dream it seemed to him both.

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~~Then~~ the patient, then spoke of his sister's ~~later~~ subsequent marriage and her moving with her husband to another section of the city located "across the river", where ~~he~~ would often visit them ~~there.~~ To do this he had to cross an old ~~and shaky~~ rickety bridge which ~~was swinging~~ swayed in the wind and had large cracks in its floor. He was ~~scared walking~~ afraid to walk across. One night when he wanted to visit his sister he found that the bridge ~~was closed because of~~ had been closed for repairs. ~~work.~~ Since he wanted to be with his sister at all costs - "nothing in the world could have stopped me," he added - he gingerly made his way across the closed bridge. When he had reached about the middle of the bridge, he saw a man near the repair scaffold. Perhaps it was a workman, but he became terrified by the stranger's sudden appearance and was sure that he would be attacked or even ~~be~~ killed. He ran across and reached his sister's house in great fear.

Apart from the obvious meaning of the story - here necessarily condensed - it was interesting to note the manner in which the patient related it. When he spoke of the time that he and his sister learned to play music together, in the studio near the river, he spoke ~~with great anima-~~ ~~tion~~ in a warm and tender way. When he came to the episode about the stranger who might have attacked him on his way to his sister, he spoke in a shaky tone of voice ~~with repeated interruptions and obvious fear.~~ blocked repeatedly and was obviously in a state of fear.

This was all the more remarkable because the patient was a severely obsessive-~~compulsive~~ individual who up to that time had hardly ever shown any emotions in the analysis and had never raised his voice or altered his tone, ~~etc.~~ He had been five years of age, i.e. at the height of the Oedipus complex, when his father, a carpenter, had died. He grew up with his mother and older sister about whom he had many thinly veiled incestuous fantasies. Throughout puberty he would masturbate using his sister's underwear. He was afraid that his sperm would go into his mother's and sister's "crevices" as he put it (see earlier note on the meaning of creek), and impregnat~~ing~~ them. To ward off these dangers he had to resort to increasingly vigorous measures of cleansing and disinfection, using copious amounts of water, soap, and alcohol and finally resorting to complex and compulsive washing rituals which he repeated up to sixty or more times a day. His castration fear was enormous. The nocturnal encounter while on his way to his sister "across the river", be it ~~factual or fantastic~~ fact or fantasy, has all the earmarks of the meeting with the dreaded river demon and mysterious avenger of so many ancient river tales and myths which figures in so. The patient had had also many dreams about ghosts and demons by which he felt threatened, and which ultimately represented his dead father whose vengeance he feared.

In the transference situation I was the dreaded avenger who
~~I was~~ The dangerous stranger at the repair scaffold
on the river bridge is here easily recognizable as
the father who was a carpenter and who worked on
scaffolds.

A schizophrenic female patient in her early twenties dreams about walking towards the East River where a crime is going to be committed, perhaps a murder. In her associations to the East River she speaks of eating as well as the town of Eton in which her mother resides. She hates her mother. "I hate every inch of her," she says. "I could kill her. My mother is treacherous, just like the East River."

This dream is ~~especially~~ interesting ~~instructive~~ because the patient actually has no sister, ~~but she~~ (although) she is an only child and lives ~~generally~~ with her youngish mother in a sort of sister relationship. The patient herself speaks of her mother as an older sister whom she envies because she looks better, dresses better, ~~and~~ talks more freely, and socializes more easily than she herself does. When bedtime arrives ~~she goes to sleep~~, the patient goes through a series of rituals, one of which consists of eating two or more pears. She has to eat pears every night, otherwise she cannot fall asleep. She speaks of these pears as "mother food" which also includes cakes, biscuits, crackers, candies, ice cream, and sweets. But most of all she likes pears of a special kind :

single spaced

they must be large, round, of semi-solid quality, ~~and not~~ neither too ~~too~~ certain consistency nor too sweet in taste. "They must be just right," she says, "they must be of the shape and consistency of, yes, of the ~~female~~ breast." They, and only they, are the milk of another food." ~~I shall return to certain aspects of this fantasy in another connection.~~

With this we have arrived at the oral aspects of river symbolism. So much has been said in the literature about the obvious urethral aspects of the river symbol - in urinary awakening dreams, enuresis ~~enuretic conditions~~, flood symbolism, etc. - that its oral connotations have perhaps been to some extent overlooked. The milk coming from the flowing breast is, of course, also a river. The infant's own saliva is a river, too. In the suckling, during the feeding process, the mother's milk stream mingles freely with the baby's saliva stream and blends in the latter's oral zone, much in the same way as the water of the Traum Lake mingles with the water of the Traum River at the ~~point~~ confluence of ~~contact~~, the river mouth, (see table I). In some children who suffer from hypersalivation, the "salivary river" can become ~~so~~ copious in the form of constant drooling and dripping from the mouth ~~that up to~~ flat substantial amounts of salivary fluid are excreted within 24 hours. This ~~great~~ "oral river" daily produced by the child ~~must have~~ probably has similar ~~sensitistic~~ narcissistic connotations as the "urinary river" flowing from the urethra.

x) A mother of a seven months old infant remarked: "When I hold my baby, (about his drooling) I always think it's raining." - 30 -

Abraham reports a girl of four years who called her saliva "beautiful clean tongue water". Ferenczi mentions a boy, aged about 1½, who exclaimed when he first was shown the Danube: "What a lot of spit." Turning to the impregnation theories and birth fantasies of children, it is true that "one urinates before the other" or "the man urinates into the woman's chamber" in order to make her pregnant. But now there is another theory that one gets a child by a kiss" which obviously betrays a pre-eminence of the oral zone. This oral impregnation fantasy becomes clearer, because I believe that the fantasy of getting a baby by a kiss has to do with salivation and the mixing of the two "salivary rivers" of two people at the zone of contact, the mouth. Certain linguistic terms like the English soul-kiss and the German Zungenkuss seem to describe this intimate fusion of mutual fluids and body juices. Freud ( ) mentions the fantasy of a 14 year old girl to whom "being married" signified mixing blood. We may perhaps expand this idea to "mixing intimate fluids" and thus come closer to the nucleus of infantile impregnation fantasies.

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( )
tongue
kissing
fluids
fecundity, i.e.,
confluence
Jungenkuss
in
terms
Freud ( )
observed by Freud
This is reminiscent of
Eisler ( ) mentions the ancient Greek myth that man was created from the blood of the Titans.

Such aggressive,

~~These~~ early notions of "mixing"and "fusing" fluids orally

~~be it orally by mouth or urethrally by genital contact~~

oral drives, libidinal and ~~oral wishes~~ which Lewin( )

lead us to a further consideration of ~~Lewin's triad~~

has grouped together on the oral triad:

~~of oral associations~~: to eat, to be eaten, and to

sleep. Since the nursling's "eating" is actually a

sucking, that is an intake of fluid, there can be

strictly speaking no devouring nor being devoured.

There can only be a drinking at this earliest stage

and its opposite being drunk, or drowned. This connec-

tion can perhaps be better ~~expressed in terms~~ verbalized

in the language in German than in English, because the former allows the use of

the same term transitively and intransitively: trinken and

ertrinken. The Anglo-Saxon druncian which is the ancient root of both

drown and drunken also indicates this old connection. Other English

expressions like dropping off to sleep or floating into slumber, and falling asleep

German schlaftrunken (sleep drunk), the English groggy (from the noun

einschlafen and

grog, a drink), the Scandinavian doze which is akin to dizzy in English

and ~~doxxy~~ dösig in Northgerman dialect, further illustrate the con -

nection between sleep and vague bodily sensations expressed in aquatic

or similar terms. These sensations are also reflected in dreams the mani-

is

fest content of which related to bodies of water, ~~swamps~~, sinking into

soft or jellied masses, falling into chasms, swamps, crowded or jungle-like

areas, and the like. If we look at the oral triad from this angle - sleeping, drinking, and

being drunk (= drowned) and further remember that drowning = being born, the underlying perinatal connotations

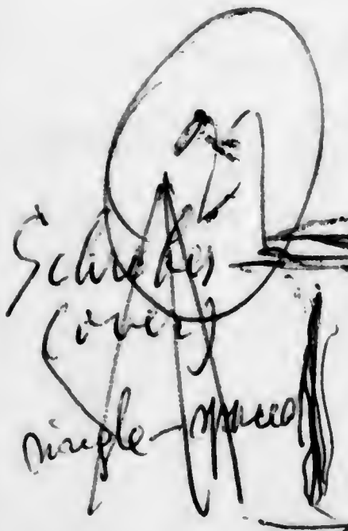
of the oral triad

become more fully From Lewin's lucid studies on the dream screen, especially those pre-

appeared. sented in his later papers( ), ~~make duplicate~~ we learn that

"~~kkxxdxxxxx~~...the dormescent visual impression of the breast ~~...~~ decreases the screen onto which visual dreams are projected....Simple dreams (in the sense of lacking manifest detail) reproduce one or another of the moments of falling asleep at the breast, ~~xxxkxxxxxxxxxxxxx~~ and they contain visual and nonvisual Isakower phenomena. Especially in dreams, later experiences may combine with the original experience, and by such combination and blending, alter the form and content of the original experience so that, for example, the dream screen itself may take on details not derived from nursing but from later observations."(Italics mine).

Elaborating on this idea and ~~extending it further back into the past~~ pushing our inquiring yet another stage back, ~~I wish to propose the thesis that~~ the question arises whether the dreamscreen, ~~not only~~ while ~~takes~~ taking on details from later perceptions, ~~but also from~~ does not also contain, earlier ~~ones~~ elements, thus undergoing further modification under the influence of historically older experiences. Ascribing, in accordance with Lewin, the visual and perhaps also tactile - thermal impressions of an approaching, globe-like mass and similar sensations to what I may briefly call infantile breast experiences, I ~~nevertheless~~ particularly wish to draw ~~particular~~ attention to the group of much less defined and less definable, because non-structured phenomena: to the elusive, fluid or foggy, milky or darkish, or otherwise vague and amorphous sensations which also are part of the Isakower phenomena; to the "oceanic feeling" which is "so hard to describe"; and, especially, to those nebulous, opaque, and inconcrete states or feelings where, in Lewin's words, "the whole dreamer may be immersed in the substance of the dream or its screen equivalent." I am inclined to regard this poorly defined set of non-structured phenomena as the result of a fusion of infantile breast experiences with the earliest ~~natal and~~ perinatal ~~Antenatal~~ ~~psychic elements~~. ~~experience~~. I arrived at this viewpoint not only because of the water symbolism ~~frequently~~ so often ~~appearing~~ contained in these dreams and states (including falling, sinking into soft masses, floating, drowning, etc.), but also on the basis of clinical observations.



~~Recently~~ Briefly reviewing Lewin's case material, I found that one patient mentioned by him would ask outright: "Is it raining?" --when ~~the patient was~~ relating a dream screen experience. Another felt like

*) The frequent use of aquatic terms in analytic writings dealing with the subject of oral[illegible] is itself indicative

Schreber, at the height of his illness, thought of drowning and being drowned. He writes: "Every bath I took was connected with ideas of drowning... The purpose [of 'holy baths'] was to give me the opportunity of drowning myself. I nearly always entered the bath inwardly afraid that its purpose was to end my life. The inner voices... made me repeatedly attempt to put my head under the water." Schreber thus wished to be drowned (not devoured). This whole passage about drowning, in Schreber's Memoirs, follows his detailed discussion of feeding, forced feeding (and forcepal) and food administration at the Mental Hospital.

Nor does this example stand alone. Two ~~Three~~ ~~borderline~~ patients in psychotherapy ~~analysis~~ ~~clinical observation~~ ~~claimed phobias~~ reported ~~to whom I had access~~ ~~for a considerable period of time~~ were afraid of being drowned by the ~~surrounding~~ waves of the ocean on the ~~usually calm~~ beaches of New York. One of them, a young ~~lady~~ girl, had many ~~episodic~~ anxiety dreams of "being in the river ~~Hudson~~ ~~Rhine~~ ~~Seine~~ ~~Danube~~" but ~~separately~~ because ~~she~~ about her mother spilling water over her, other girls, and on the floor. The second patient liked going to the beach in summer, but avoided entering the water altogether for fear of being drowned by the waves. Also "Little Hans," after the birth of his sister, vehemently protested against taking a bath. He had to be given his bath ~~standing~~ kneeling or standing; when sitting or lying in it, he was afraid of drowning.

"looking through a window into some milky substance." In the dreams of several of Lewin's patients occurred " an interesting variant of the wall as screen ... the blackboard," and one of them recalled the dream screen at first only as a "blackboard." From his associations it became clear ~~xkxxx~~ that the ~~darkx~~black background represented the dark inside of a woman as well as the act of sleeping at her breast. While Lewin seems to regard these examples as admixtures of "later fantasies of going to sleep within the mother's belly," I ~~am more in~~ wonder whether ~~cline to~~ we may not link them with ontogenetically older experiences and see in them a fusion of ~~natal, earliest~~ earliest perinatal with later visual breast experiences. I refer here again to the "dark water"-dream reported by Freud (see p.) "where the pale moon is ref~~x~~lected in the water." ~~If the moon represents the image of the maternal breast and the dark water the mother's inside~~ It seems to me that this dream in which the image of the moon (breast) is fused with the dark water (birth), represents an example of ~~such~~ such a fusion ~~as postulated above~~. Also the "dark cellar"-dream described by Helene Deutsch (see p.) belongs to this group. A female patient whom I am analyzing at present, had typical Isakower phenomena all through her childhood and adolescence. When falling asleep, a shadowy, globe-like, ~~creamish~~ darkish mass would come nearer and nearer, assume giant proportions and threaten to crush her. Whenever the patient who was born in Vienna describes these experiences in analysis, she also speaks of ~~threatening~~ dark whirlpools and of the flowing waters of the Danube in which she might drown. "These whirlpools are treacherous," she reported in another session which took place on her birthday, "as bad and dangerous as my mother was." Then she became depressed and said that she felt like crying. She spoke of her mother's love for her younger brother, "because he was born a boy. I feel cheated."

It is well to remember that it is not the breast as such to which the oral triad refers, but rather to the feeding, flowing, milk-producing breast. The latter, by dint of its fluid-giving capacity, lends itself to become fused in the unconscious with both earlier (natal) "flood"-experiences and later infantile breast sensations of a more structured (visual-tactile-thermal) type.

A highly condensed dream of "being in the river" reported by Roheim ( ) suggests a combination of birth, breast, urethral, and genital fantasies, as indicated by the choice of the symbol river in the dream. To this category also belong the awakening dreams of which some examples were given earlier. They have been almost universally ascribed to vesical sensations and have thus been interpreted as urethral dreams mainly. But it is obvious that they must have a latent oral content, too. Vesical sensations leading to awakening rightfully belong to a later stage when sphincter control is at least partially established. The infant in the early months of life does not awaken out of his sound sleep because of urinary needs, but because of oral ones. He awakes, often with a sudden, piercing cry, because he is hungry and wants to be with the "milk river", the breast. The oral awakening is historically older than the urethral awakening.. The famous "French Governess - Dream" with its graphic depiction of a urethral awakening dream (brook -river-lake-ocean) shows only the later -urethral - constituents of the awakening process, not its probably deepest oral and possibly also natal components. It is true that the idea of flowing water is closely allied to that of excretion, particularly urine. But equally close, if not more so is its association with the intake of fluid. It seems to me that to this earliest substratum of the oral triad ultimately also belongs the classic Weltuntergangs - fantasy which can be observed in such deeply regressive states as Schreber's psychosis. Weltuntergang has been erroneously rendered world destruction in English. Literally, however, and as I see it, significantly Schreber does not speak of the destruction of the world in general, but of a definite mode in which the world is coming to an end, i.e. by going under. This meaning of Weltuntergang is emphasized by Schreber himself in this repeated reference to the world going under, the drowning of the world.

All the early myths about the great flood which destroys the world, including the legend of the lost continent Atlantis, have this in common: The world goes under and is drowned by the onrushing and overflowing waters unleashed upon the earth. This universal flood myth has been analytically interpreted as a urethral fantasy of being inundated by the urinary flow. I strongly believe that

we have to add to this the oral fantasy of being ~~inundated~~ drowned (in Lewin's terminology: devoured) by the stream of the flowing breast as well as by the ontogenetically oldest flood ~~xxxxx~~ bursting forth from the bag of waters during birth. This dramatic ~~xxxxx~~ event - a single event ~~earliest~~ like the mythical flood in the Sumerian, Babylonian, Biblical, and other stories - preceded the infant's oral contact with the ~~flowing~~ breast at most by a day or two, and can therefore be fused in the unconscious with all the later "flood" experiences the infant successively goes through, at the breast, vesical - urethral, anal, and genital.

I see in the Weltuntergangs-fantasy still the expression of another idea: Since death itself has no representation in the unconscious, it seems to me that this fantasy of going under ~~and thus drowning~~ comes perhaps closest to the idea of death - and its denial. At the beginning of this chapter I spoke of the universality of river symbolism embracing both birth and death, and also mentioned the ancient view of the ocean as an all-encircling infinite river. The "underworld" as the abode of the dead, "the other shore" from which no mortal returns, the rivers Lethe and Styx, Acheron and Cocytus, which flow through the "underworld", the way to it which leads over the edge of the earth across the ocean ~~river~~ stream — all this is related to going down, going under, submerging in the aquatic realm. ~~water~~. Even the burial customs ~~including~~ of cremations, funeral pyres, etc., may be part of this symbolism, since in the unconscious fire and water ~~belong together~~ are interchangeable, ~~and, like earth,~~ for and ultimately represent both birth and death. This is perhaps also the reason why birth and rebirth, ~~life and death~~ being born and dying are unconsciously hardly separated, if not the same. One great symbolic link, water, or more precisely, flowing water, connects them throughout the individual's existence. The Weltuntergangs-fantasy, coming closest to the idea of death, is also closest to the idea of (birth, rebirth and) eternal life.

The sun goes under, but rises again the next day. In many religious beliefs as soon as death comes to an individual "there", a new life begins for him in the "hereafter." Perhaps the spectacle of the sun sinking into the sea (the source of the

- over -

lord for ever is "Sonnenuntergang") and it ~~reemerging~~ emerging anew
appears to us so magnificent, because it furnishes us
the longed for "certainty" that dying is not really dying, but
is followed by being born again. In this sense, the denial of
death implied in these religious beliefs and so ~~the~~ common
to all mankind finds powerful support from the observation
of nature itself: sun, stars, seasons, sea, and
rivers. ~~All present~~ I shall later present examples
of streams (such as the Nile) which, according to fantasies, then prevailing
descended beneath the earth in one continent
and reappeared in another.

III. ~~Mex~~ Data from Mythology, History, and Geography

The early civilizations were developed along the banks of rivers. Streams provided ~~drinking~~ water for humans and animals, fertile land in the valleys, relatively easy transportation, and avenues for exploration. The history of ~~early~~ civilization ~~thus~~ which centers around river valleys - Nile, Euphrates and Tigris, Jordan, Brahmaputra and Ganges, Yangtsekiang and Hwang Ho, etc. - ~~This~~ ~~is hoped to furnish us~~ provides additional data for the ~~further~~ comprehension of river ~~s~~symbolism. In fact, certain ~~important~~ aspects of the history of mankind can be analytically understood by studying the development of river-and sea exploration through the ages. They ~~both are~~ were originally the same, of course, since practically up to the age of Columbus the ocean was thought of as but a large river encircling the earth.

~~Europe~~ Civilization in its early stages is ~~largely~~ a river civilization. ~~This being so,~~ It is not surprising, therefore, that the capitals and important centers of ~~many~~ ~~most~~ countries are river ~~cities~~ cities. To mention only a few:

Amsterdam on the river Amstel
Basel on the Rhine
Berlin on the Spree
Berne on the Aare
Boston on the Charles river
Cairo and the ancient capitals of Egypt on the Nile
Canton on the Pearl River
Dublin on the Liffey
Delhi on the Ganges
Florence on the Arno
Glasgow on the Clyde
Hamburg on the Elbe
London on the Thames
Madrid in the valley of the Tagus
Milan " " " " " Po
Moscow on a branch of the Volga
New York on the Hudson
Paris on the Seine
Philadelphia on the Delaware
~~Paris on the Seine~~
Prague on the Moldau
Rome on the Tiber
Vienna, Budapest, and Belgrade on the Danube
Warsaw on the Vistula
Washington on the Pontomac, etc., etc.
Zurich on the ~~Limmatt~~ Limmat

Void ?

These are not new findings, of course. The example of Jacob's ladder but confirms, on the basis of our material, what Freud, Rank and Sachs, Jones, and other authors have expressed before about symbol formation as "a final means of expression of repressed material... the essence [of which] lies in its having two or more meanings, since it comes into being through a process of condensation, a fusion of various characteristic elements." (Rank and Sachs)*

The economic position of the dream now also becomes clearer. The son who has perpetrated, with his mother's help, the deception and castration of the father, incorporated the latter's penis, and on his flight from paternal wrath rests in the wilderness of Haran, effects a reconciliation with the father (God) in his dream. The great betrayal is followed by the great reconciliation, as evidenced by the ladder linking father and son together in love as well as by God's promise of his renewed, never-ending support for Jacob and his offspring. All the guilt and anguish which came in the wake of the crime against the father are undone, temporarily at least, in the hallucinated love-feast (ladder) between father and son. The giant ladder in the dream serves a multiple purpose. It assures Jacob:

1) that he is in possession of the paternal phallus and has successfully superseded the father as well as the hated rival Esau,
2) that with the introjected paternal phallus he can own and fertilize the whole earth (mother),
3) that he can do so with impunity, having God's permission and promise,
4) that the father is not killed, but is re-instated in the superior figure of God,
5) that the crime against the father as well as the dreamer's own precarious situation are undone, and turned into their opposite,
6) that, instead of being punished, he will be rewarded by future greatness and power which lie in store for him.

There are probably more and still deeper aspects to the dream. Suffice it at this point to state that reassured by God that he will not be punished (castrated), Jacob now can continue his journey, settle abroad as a peaceful shepherd, marry several wives, beget children, etc., until the next crisis occurs or, rather, recurs with his return to his homeland, as we shall see later.

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* "Die Bedeutung der Psychoanalyse für die Geisteswissenschaften", 1913, p.18.

From the fact that civilization starts on and around the river — the latter, they continue to be, a river-civilization — the river in this sense being the mother of the civilized world as we know it — certain analytic data can be derived which may be summarized as follows:

1. The river as a creative object
2. The river " " feeding "
3. The river " " healing and purifying object
4. The river " " libidinous and perilous object

For the reasons indicated, all data referring to the sea, too. The first two aspects have been discussed in the preceding pages in an attempt to gain clarification on the birth- and breast components of the river symbol. The third aspect, flowing water as a healing and purifying agent, has found ample analytic elaboration in the writings of Jones( ), Rank ( ), Roheim ( ), Bonaparte ( ) and other authors who dealt with the meanings of water cults, initiation rites, religious practices like baptism, ablutions, and the like. Related to these are the fantasies about the healing powers of water in medicine, the fountain of youth, magnetic and other magic fluids which bind all living beings together and emanate a special healing force. It may be worthwhile mentioning, in this connection, that Franz Anton Mesmer (1734 - 1815) who combined these ideas into a therapeutic system, received his patients in a magnificent suite in the midst of which stood a large basin of water containing sulphuric acid.

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Turning to the river as an object of libidinal desire, there has always existed a feeling of the beautiful and the mysterious which seems closely connected with the ideas of river, sea, and ocean. While rivers and streams are often of real scenic beauty — for

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x) It is curious that in German, for example, the term Medizin as a remedy applies only to a fluid, never to a solid substance

xx) The Greek Pharmakon originally meant a potion, a drink, and only later a therapy in general. (Emphasis mine) Cf. Plato's Phaedrus

xxx) It is worth noting

 Void

from his seed, by virtue of their priesthood, would not only be in constant and close contact with God, but they would also bring offerings to God on the holy altar. According to the description of the rabbis, this altar had a stair leading up to the top on which the sacrificial animal was offered to God; the priest solemnly went up the stairs to perform the ritual before the imaginary throne of God on high. The altar, then, was really a kind of miniature ladder as Jacob saw it in his dream, and the only one to own this ladder, along with God and the ministering angels, was he, not Esau. Indeed, many years later when Jacob returned to his homeland, he went back to Beth-el "to erect there an altar unto God... because there God appeared unto him when he fled from the face of his brother." To him, "altar" and "ladder" were identical.

We now can understand the significance of the ladder symbol in Jacob's dream in the following way: It establishes

A.	Union with God through Sinai	—	first phallic component of	SLM
	" " " " Altar	—	second " " "	LADDER —
B.	Union with God through Mammon	—	first anal " "	SYMBOL
	" " " " Sacrifice	—	second " " "	SML
C.	Union with God through Voice	—	first oral " "	
	" " " " Fasting	—	second " " "	

We recognize here some of the oral, anal, and phallic components* which contribute to the formation of the symbol LADDER. We also can identify here the latent ideational and perceptual material that goes into the formation of the symbol, the latter being the pictorialized, condensed, and manifest representation of the repressed unconscious content. In other words, the symbol LADDER, stereotyped and final as it is, is but the end product of complex psychical elements which, here in pairs, combine to form the symbol and which can be recovered by analytically dissolving this end product into its constituent elements in the same manner as is done in analysis throughout, by tracing every item back to its original and ultimate components. Thus the ladder symbol represents in a pictorial and almost ideal way the final amalgamation of all these separate elements (and possibly of many more still concealed), blended into one condensed unit: the ladder going up to heaven.

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*Some of these components overlap in their phallic, anal, or oral meanings; e.g., sacrifice has anal meaning as far as its smell is concerned, but phallic as far as the sacrificial (totemistic) animal is concerned. Also voice which has an oral meaning, can at the same time be phallic, etc.

From times immemorial to the present day streams, fountains, springs - the living waters of the scriptural texts - have been associated with magic and healing cults.

~~An interesting~~ rather recent example is the case of the boy Joseph Vitolo in the Bronx section of New York City ( ). In November 1945 the boy, eight years of age, who had attended the picture The Song of Bernadette, had visions in which the virgin appeared to him on a rock for sicteen successive evenings, ordering him to construct a chapel in her honor and announcing that a spring of miraculous power would gush forth in that place. The young boy who came from a poor Italian family, related his story to his relatives and neigbors, and soon considerable crowds began to gather at the place, cometimes amounting to thousands of ~~xxx~~ people. Among those who came were a great many sick people, especially paralytics, who prayed for the miracle. Recovery occurred in only one or two cases and seemed to be very doubtful. Finally, as the spring did not materialize, the boy reported that the Madonna has told him she would no longer appear. For a long time, however, people continued to flock to the place, digging in the mud and hoping to find the promised fountain.

The story of the young boy, ~~xxx~~ the healing waters, ~~xxxx~~ its direct associations with the Song of Bernadette is, of course, reminiscent of ~~the~~ flowing ~~xxxxx~~ Lourdes. Since I am here only interested in the connection of ~~xxxxxx~~ water and miraculous cures effected by it, ~~s~~ffice it to quote ~~from the literature~~ Blanton's ( ) open~~xx~~ing paragraph on Lourdes, without going into a further discussion of it:

~~A~~ " The town of ~~xxxxx~~ Lourdes in France is situated... on the banks of the mountain stream Gave du Pau... On February 11, 1858 Bernadette Soubicous, a girl of fourteen... saw in a niche above a grotto... an apparition pf the Virgin Mother Mary. In all she saw ~~th~~s apparition nineteen times. During one of these visions she was directed to drink and to ~~w~~sh her face in a corner of the cave where she saw only mud. She dug with her hands and uncovered a spring ... It was this spring which, uncovered, now flows at ~~xxxxx~~ the rate of thirty thousand litres of water a day and which furnishes the water for the ~~xx~~remonial baths given to the pilgrims..." (Italics mine)

In the cult of the Virgin reference is made to the latter as the "well of mercy" throughout the medieval literature. ~~xxxxxxxx~~ (curious oral fixation underlying the need for drinking) ~~a therapeutic suggestion~~ ~~xxxxxxxx~~ referred to by Thomas Aquinas ~~xxxx~~ in treating ~~xxxxxxxx~~ He recommended ~~xxxx~~ of sleeping and bathing as remedies for depression.

An old Portuguese folk song which resembles "Die Lorelei" warns:

"Danger lurks for him who listens
Where the singing mermaid glistens;
Gaze not on her, gaze not on her,
Gaze not on her, fisherman!"

whom is all the yearning and love, the nostalgic desire so ardently expressed in thousands of poems, songs, and ~~ideas~~ ? Why this profound and powerful appeal so often described in legends, myths, and fairy tales ? The answer, of course, comes from the poets themselves. A relatively modern author, Algernon Charles Swinburne, expresses it this way:

"I will go back to the great sweet mother,
Mother and lover of men, the sea,
I will go down to her, I and none other,
Close with her, kiss her and mix her with me...*

This tells us that the desire of the mysterious and unknown, of the "dark" and the "deep" and the "sea" are musically the same, i.e. the perennial longing for the mother.

( ) almost ancient Sumerian myth, 5000 years old, has the "old woman" Nunbarshegunu instruct her daughter Ninlil how to win the love of the God Enlil:

"At the pure river, o maid, at the pure river,
Wash thyself,
O Ninlil, walk along the bank of Idnunbirdu,
The bright-eyed, the lord, the bright-eyed...
Enlil will see thee...
The bright-eyed will kiss thee! "

Ninlil who follows her mother's advice, is promptly impregnated by Enlil's "water going into her" (semen) and conceives the moon-god Nanna. Later, in the same myth, Enlil takes on the form of the "man of the river, the man-devouring river", letting his "water go into the goddess" again.* It is further noteworthy that this myth, like the Gilgamesh epos mentioned earlier, also contains the story of the great flood in a different version.

For reasons of brevity I forego the ancient river story of Isis and Osiris which is discussed in various analytic texts ( ), and briefly turn to the Heracles myth. Among the labors Heracles has to perform in the service of Erysteus, king of Argos, is one which takes him to the river Okeanus, that is, the border of the world. Here lives a monster, the son of a river nymph, that has three bodies, a famous herd of cattle, and the two-headed dog Orthis, a brother of Kerberus. "In reading the adventures

Before the dream culminates in the reconciliation and God's promise, however, it runs through various intermediate stages which we shall have to consider first in order to arrive at a fuller understanding.

The next item in the dream shows "the angels of God ascending and descending on it" [the ladder] This, undoubtedly, is a beautiful poetic description, only slightly camouflaged, of the orgastic sensations in a sexually potent individual. But of what nature were these feelings? And what do they mean in this setting? Some of the talmudic commentators think that the angels represent the tutelary genii who accompany the wanderer on his way from home to foreign countries. They are supposed to protect the lonely traveller against dangers from without and within (masturbation). Here, then, we have a direct hint at the masturbatory character of the dream which quite probably was accompanied by a seminal pollution (as further indicated by the frequent mention of the dreamer's "seed") and contained the masturbatory fantasies mentioned above. Another opinion is that the angels who moved up and down the ladder, were the same as those who originally witnessed the destruction of Sodom and Gomorrha* in the days of Abraham, Jacob's grandfather. According to the legend, this event took place 135 years earlier, and when the angels whom God had placed in charge of the destruction of the two cities, proved too independent in the execution of this order, they were punished by withholding from them permission to re-enter heaven for 135 years. (Here again we encounter the phallic numbers 1 and 3, in this setting combined with 5,-for masturbation?) The angels had to stay on earth for that length of time, and when they were finally allowed to return, they did so by way of Jacob's resting place using for their return trip the very ladder Jacob had so conveniently erected in his dream that night. As humorously and with "tongue-in-cheek" fashion the ancient narrator relates this story, he again unwittingly provides the answer to our questions: The destruction of the <u>twin</u> cities Sodom and Gomorrha was decreed by God mainly because of the <u>homosexual</u> activities prevailing there, and the angels visiting those sinful places were for a time under suspicion of being homosexuals themselves. In fact, the inhabitants of Sodom insisted on "knowing"** the angels during their sojourn there, and this proved Sodom's

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* Genesis XIX, 24/25
**"knowing" in the biblical sense means "having coitus"

of Heracles," observes Roheim ( ), "one is struck by the frequency with which he conquers someone who obstructs the passage of the traveler — the passage to the world below or into the vagina." As I have indicated elsewhere ( ), the angry river god or demon - in medieval stories frequently the devil - is none but the father who does not permit the son (who in these tales usually appears as the young hero, adventurer, or explorer) to proceed unopposed on his journey of conquest.

(over 40A)

These considerations lead us to a more detailed examination of the age of discovery, certain features of which seem to be of interest to the historian as well as to the psychoanalyst as well. As will be seen presently, the history of discovery is closely linked up with various myths, fantasies, superstitions, beliefs, and - more specifically - early map making, the last providing the documentary backdrop against which the fantastic story of exploration unfolds, almost like a dream on a dark or foggy dreamscreen.

Whatever name we may use, exploration, discovery, search for geographical knowledge, the basic problems of geography are: Where is ... Where lies this or that region, where does the land and the sea begin, how far does this or that area extend, whence comes the heat and whence the cold that causes climatic changes in a certain part of the world, where can be found the secrets of the hidden deep and the lofty height, where are the origins of springs and streams, where are the sources of food and the origins of mineral wealth. The principal questions of geography resemble and, in a sense, repeat the great libidinal questions of every human being. I was led to think about the special nature of geographical exploration when I began studying the strange historical-geographical documents related to the age of discovery. It soon became apparent that here was a virtually untapped mass of data, a veritable Fundgrube of psychoanalytically valuable material documented over more than a millenium and, so to speak, waiting for evaluation and scientific correlation. Furthermore, Freud's

children struggled within her... and when her days to deliver were fulfilled, behold, there were twins in her womb. And the first came out red and hairy all over, and they called his name Esau. And after that came his brother out, and his hand had hold on Esau's heel; and his name was called Jacob." The name Jacob is variously explained as "heel-holder," "supplanter," or "deceiver."

Two important events marked the early period of Jacob's life. The first was the acquisition of the Birthright from his brother Esau. The sale of the Birthright, according to one rabbinical commentator, was the final settlement of the quarrel which the brothers had before they were born. Each of them wished to be born first. It was only after Esau had threatened to kill the mother if he were prevented from being born first, that Jacob agreed to this—to spare the mother's life. There was also a struggle between them as to who should inherit the world, and who the world to come. Another author comments that Jacob desired the Birthright because the first-born was the precursor of the priests who offered the family sacrifices. Jacob felt that his brother was not fit to bring offerings to God. All these legends are based on the passage "wa-jitrozezu" in the Bible* ("and they struggled"). They throw additional light on the severe conflict between the brothers. We shall return to this situation later in this paper. Suffice it to say here that the Birthright being a highly important and long-coveted possession, Jacob waited for the opportunity to acquire it. The opportunity presented itself when Esau returned one day tired from hunting, and seeing Jacob preparing a pottage of lentils, asked him to give him some of the food. Jacob offered to do so in exchange for the Birthright, and Esau who felt hungry, faint, and "ready to die", sold it to him.

The second event occurred years later before the death of their father Isaac. The father, having become blind** and being fonder of his son Esau than of Jacob, decided to bless the former. On hearing this, Rebekah instigated the latter to intercept the blessing by taking Esau's place. At first Jacob objected, but then yielded to his mother's urging. "The Great Hoaxing", as Thomas Mann calls it, is described in the Bible in remarkable detail: While Esau was busy "hunting for venison in the field to bring it [to the father]... his mother made savory meat,

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* Genesis XXV, 22

**There are highly significant aspects to this blindness. Its origin, according to some commentators, goes back to Isaac's early life when his father Abraham, on God's command, was going to slaughter him, and the youth as a result of this became blind later on. Here the blindness is directly attributed to castration fear. Another version has it that Isaac's blindness was caused by the smoke coming from the sinful practice of incense burning which was used by Esau's heathen wives in Isaac's courtyard.

OEDIPAL

For insertion: "after rivers of blood, etc.

To rivet originally meant to fasten a ship to the river bank, and to rise is ultimately also connected with the Latin rivius (dreams rise in springs or lakes).

On analytic study these situations can be recognized as Oedipal settings, the symbolic equation of river = sister = breast = mother pointing directly to the Oedipal conflict in the adventurer - explorer's life and to the castration anxiety connected with it. (This particular combination of sexual curiosity and Oedipal urges (sister - mother) and castration fear represented in the symbolism can be further observed in certain languages in which a definite gender . . . .

(continue here on p. 89 of Hollitscher Journal to p. 90)

death

famous dictum about "thirst for knowledge [being] inseparable from sexual curiosity" seemed here applicable point-blank, as it were, ~~and made~~ making an attempt at analytic interpretation appear well justified.

~~The~~ The historical-geographical documents in question, consisting mostly of medieval writings and geographical maps ~~of the same period~~ between 500 – 1500, are filled with descriptions and pictures which the analytic observer can perhaps best characterize as a pictorial-descriptive aggregate of oedipal and preoedipal fantasies projected onto geographical areas which, ~~on today's maps~~ if still unknown today, would probably appear as blanks on our maps of today. The abundance of pictures on many of those early maps is truly remarkable. Mystery and dreaded secrets became perhaps less frightening when given some sort of accompanying pseudoperceptual expression. The texts are equally impressive. Perhaps no documents in the world literature are more eloquent, in this respect, than the laconic inscriptions of such early maps. In order to understand them at all, a brief survey of some historical and geographical data of the past appears necessary. (Add Part (text of page 41a))

~~Probably~~ The oldest known map is a clay tablet from Babylonia dating back to the period of King Sargon (ca. 2300 B.C.) which depicts a part of lower Babylonia surrounded by a "salt water river". Little is known, and hardly anything is preserved, of the maps of the ancient Phoenicians, Greeks, and Romans. There is an interesting story about a geographical map ordered to be prepared for Julius Caesar, but completed only in the reign of Octavianus Augustus. The latter placed the map in a copy engraved in marble in the Porticus of his sister Octavia (7 B.C.) It is possible that a later copy of this empire map was used by Ptolemy (ca. 150 A.D.) in his famous work on geography. ~~It is further noteworthy that~~ Ptolemy himself apparently abandoned the idea of the world encompassed by a circumfluent stream of water. He left the question open for further investigation. He also originated the practice of orienting maps so that the north is at the top and the east at the right.

such as his father loved...and took goodly raiment of her eldest son Esau and put them upon Jacob, her younger son...she also put goatskins upon his hands and upon the smooth of his neck," lest his father should recognize him. When Jacob entered and said to his father 'I am Esau, thy first-born...,' Isaac replied, 'come near, I pray thee, that I may feel thee.' Jacob, "his heart melting like wax," came near his father who felt him and, smelling the goodly raiment, said: 'See, the smell of my son is like the smell of a field which the Lord hath blessed.' Thereupon the father blessed Jacob and promised him that he should be the lord over his brethren. It should be noted, however, that in this dramatic and emotionally highly-charged episode Jacob escaped discovery (and possibly fatal punishment) by his father only by a hairbreadth, since the blind Isaac, feeling the son, remarked: 'The voice is the voice of Jacob, but the hands are the hands of Esau.' Only then the report continues: "And he discerned him not... and so he blessed him."

The biblical narrative, detailed as it is, is supplemented by various noteworthy comments in talmudic and post-talmudic literature. One authority states that Jacob received not only his father's blessing, but at the same time much gold and silver. Moreover, by reason of the blessing he had just received, he came out of his father's tent "crowned like a bridegroom, his bones much stronger than before, and he himself turned into a mighty man." From this account the phallic meaning of the blessing is evident. Indeed, most blessings of the Old Testament have the same meaning, with their promise of great power and procreative fruitfulness. As to the father's feeling and smelling his son, when they were near each other, the Talmud characteristically remarks that the fregrance of paradise came with him, when he approached his father.

The whole episode, then, reveals itself analytically as a homosexual union between father and son, the latter tricking the blind parent into it by deception and seduction and then triumphantly carrying away what he had ardently wished for—the paternal phallus. Reik compares the situation with the homosexual initiation rites of primitive peoples. I cannot see any evidence of this in the biblical report nor in the exegetical comments on it. Rather, there is abundant material to indicate that Jacob, when he finally succeeded in obtaining and carrying away the powerful paternal phallus, gratified his long-standing wish for it, as proved by the sequence of events since his birth: heel-grabbing at birth, birthright-grabbing in childhood, blessing-grabbing in adolescence. It is also noteworthy that the last act in this series,

~~ad~~ 41 a

I had initially ~~considered~~ thought to arrange this material in separate chapters according to data furnished by mythology, history, and geography respectively. It proved impossible. As soon as the history of discovery is ~~taken under~~ scrutinized ~~analysis scrutiny~~, it becomes apparent that geography turns into mythology, mythology into geography, with history providing the combining link.

Second Intentional Exposure

~~ad~~ 41 a

I had initially ~~considered~~ thought to arrange this material in separate chapters, according to data furnished by mythology, history, and geography respectively. It proved impossible. As soon as the history of discovery is ~~taken under~~ scrutinized ~~analysis scrutiny~~, it becomes apparent that geography turns into mythology, mythology into geography, with history providing the combining link.

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all what changed? the preceding paragraph
does not use the term "this" should refer
to what was immediately before.

~~doing~~

~~All this changed with the rise of the Middle Ages~~. The first medieval maps date back to Isidorus of Seville (570 - 636 A.D.) a learned bishop who wrote a manuscript named "Origines". The codex of Isidorus, preserved in the library of the Abbey of St.Gallen, contains the oldest known Christian mappamundi which is depicted in table II.

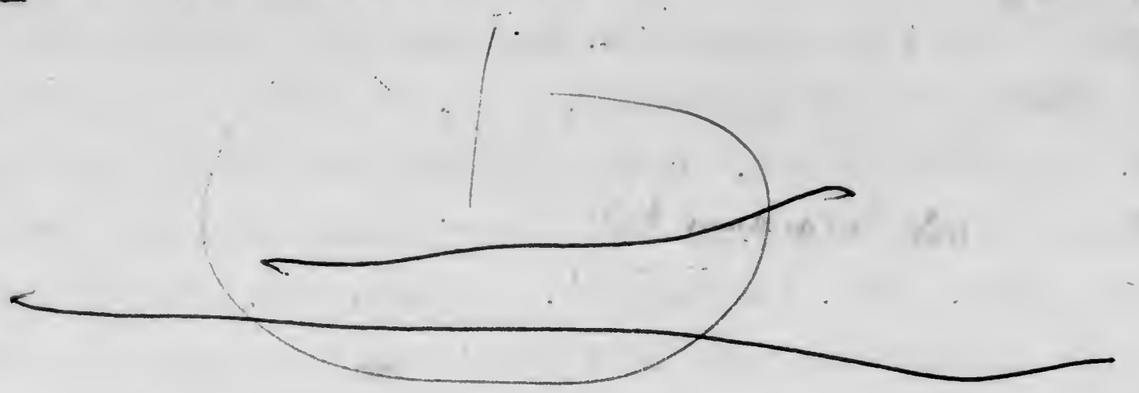

Table II (~~from Konrad Miller: "Die aeltesten~~ The oldest known Maps of the Middle Ages - Weltkarten")

The world is surrounded by the ocean, a circumfluent river. The map shows the distribution of the earth -according to biblical precepts - among the sons of Noah, Sem Cham, and Japhet; the Nile and Don rivers; the Mediterranean; and an area inscribed Paludes = swamps. The orient, as in all medieval maps, is at the top.

These circular or wheel maps became later in the Middle Ages very popular, especially under the name of T-maps, the basic diagram of which the Italian author Leonardo Dati described in his poem "La Sphera" as

> un T dentro a uno O mostra il disegno...
> (a T within an O shows the design...)

A number of such maps, drawn by the Spanish monk Beatus in the eighth and ninth century, show Oceanus fluvius surrounding the earth as usual, Adam and Eve at the

culminating in the deception and castration of the father by the younger son (who was originally rejected by the father), is also an act of vengeance for Isaac's overt favoritism for the physically stronger Esau. This act is committed at the instigation and with the active support of the mother who in this way not only re-enacts the Oedipal situation, but also takes revenge on Esau who at birth had threatened to kill her and who later had always kept closer to his father than to her.

When the betrayal is discovered, the paternal wrath is kindled against the deceiver, and the executor of this wrath, Esau, resolves to destroy Jacob, thus putting an end, once and for all, to the deceiver and his crafty supplanting. Jacob has to flee for his life from the father's wrath and the brother's vengeance. He has to leave mother, home, possessions, country, etc., for an uncertain and bleak future. The one who came out of father's tent so triumphantly—crowned like a bridegroom and feeling strong in the possession of father's blessing, power and wealth—is now a destitute, homeless refugee, wandering through the wilderness in fear of his life and future.

In this setting the famous dream occurs.

The symbolic meaning of the ladder, of course, is self-evident. To put it in Freud's* words: "Steep inclines, ladders, and stairs, and going up and down them, are symbolic representations of the sexual act."** Our inquiry, then, does not refer to the unmistakable symbolism as such, but to the use of the symbol as well as its specific meaning and position in the dream at a crucial period of the dreamer's life. Universal and stereotyped as symbols are, they also provide us with a key to the understanding of the dreamer's individual reactions to a specific set of circumstances at a specific period of his life. In Jacob's case, I believe, we also possess enough knowledge of the dreamer's life, interests, pursuits, and impulses, to enable us to subject his dream or, at least, part of it to an attempt at a more detailed investigation. It was Freud who in his classic studies on the Schreber case, Leonardo da Vinci, etc., first taught us how a book, a printed record, or a

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* "The Interpretation of Dreams," p. 372.

**The Greek word for "ladder" is climax, which also means "staircase." It originally referred to a flight of steps ascending from the orchestra to the highest tier of seats in an ancient theatre. In English, "climax" is frequently used as a term for acme, culmination, orgasm, and in this sense, denotes the sexual act.

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top, covering their genitals with their hands, and with the serpent close to Eve. Human figures holding ~~Aeolus~~ Aeolian bags who represent the windblowers, complete the picture. Figures of the windblowers were popular on maps as late as the seventeenth and eighteenth century.

A reproduction of such a Beatus map ~~x the original is preserved in Turin from the year~~ is shown on Table III.

Beatus Map

From about the eleventh century on, the mappaemundi become more elaborate. The city of Jerusalem is at the center of the earth. ~~In the East (at the top) usually~~ Paradise with its four rivers, usually in the East (at the top), The ocean remains a circumfluent river, but the inscriptions and pictorializations become more numerous. ~~We find Jerusalem in the center, named~~ the umbilicus terrae. On some maps Paradise appears as an island apart from the earth and protected by a fiery wall against adventurous intruders; on others, it is part of the mainland, surrounded by inaccessible mountains. It is referred to as Garden of Eden or as Garden of Delights. Its location is shown ~~xxxx~~, as on the earlier Beatus maps, by the figures of Adam and Eve

writers, Thomas Mann has devoted the first volume of his Joseph novels almost entirely to the subject; the poet Richard Beer-Hoffman has written a drama entitled "Jacob's Dream". In folklore, we frequently encounter the ladder symbol in the use of the so-called "lovers" ladder". In certain rural areas of southern Germany, Austria, Italy, etc., it is still the custom for a youth to set up a ladder against a girl's window, climb it, and serenade or talk to her--an old custom which Shakespeare utilized in "Romeo and Juliet". In older writings very detailed references to the subject can be found, especially by talmudic and rabbinical scholars, some of which seem to me important enough, both from an illustrative and interpretative viewpoint, to be included here. In the Bible the story of Jacob occupies more than half of the book of Genesis and returns in many of the later writings (Hosea, Chronicles, etc.) of the Old Testament.

The biblical narrative of the dream itself is clear and reads:

> "And Jacob went out from Beersheba, and went toward Haran.
>
> "And he lighted upon a certain place, and tarried there all night, because the sun was set; and he took of the stones of that place, and put them for his pillow, and lay down in that place to sleep.
>
> "And he dreamed, and, behold, a ladder set up on the earth, and the top of it reached to heaven; and, behold, the angels of God ascending and descending on it.
>
> "And, behold, the Lord stood above it and said, I am the Lord God of Abraham thy father and the God of Isaac. The land where thou liest, to thee I will give it, and to thy seed.
>
> "And thy seed shall be as the dust of the earth, and thou shall spread abroad to the west, and to the east, and to the north, and to the south. And in thee and in thy seed shall all the families of the earth be blessed.
>
> "And, behold, I am with thee, and will keep thee in all places whither thou goest, and will bring thee again into this land; for I will not leave thee, until I have done that which I have spoken to thee of.
>
> "And Jacob awaked out of his sleep, and he said, surely the Lord is in this place, and I knew it not."

To understand the dream, a brief account of Jacob's life and the circumstances under which the dream occurred is indicated. Jacob was the favorite of his mother Rebekah. The Bible simply states: "Rebekah loved Jacob." It also tells of a prenatal struggle* between the two brothers, Esau and Jacob: "The

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*Genesis XXV, 22

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covering their genitals and the serpent closeby.

It was generally felt that the secrets of the sea belonged to God and were not to be interfered with by mortals. It does not require great analytic acumen to recognize in this idea an expression of the fantasy that the water and its secrets (mother) are the domain of father (God) who is sternly opposed to filial intrusion (mortals = sons).

Idrisi's* map of the twelfth century, engraved for King Roger II of Sicily on a silver plate, made history for at least two hundred years. It showed the Nile with one arm branching off the mainstream in Nubia. This imaginary branch of the Nile is shown flowing westward across northern Africa and emptying into the Atlantic. It was this branch also called the river of gold, which explorers in the service of Prince Henry the Navigator tried to discover. A century after Idrisi, another Arab geographer, Ibn Said, warned against exploring the sea, because "whirlpools always destroy any adventurer". Arab legislators of that period suggested that a man bold enough to embark on sea exploration should be deprived of civil rights. At any rate, such a man would soon be lost in a world of "mist, fog, and vapor".

On most medieval maps between the twelfth and fifteenth century we find an area in the West called mare tenebrosum, or sea of darkness. Some authors name it the "green sea of darkness", or "sea of pitchy darkness". On a fifteenth century map, one word stretches in capital letters across the whole southern region--Brumae (fogs). (The analytic observer is again reminded of Lewin's comments on the dream screen.) On scores of maps from

* Abu Abdallah Muhammed ibn-Idrisi or Edrisi, 1099-1154, was a Moorish geographer at the court of Roger II, the learned Norman king of Sicily and southern Italy at the time of the first Crusade.

Void.

experiences. It is certainly not coincidental that the Jewish, Christian and Moslem religions originated in or around the wide and semi-deserted expanses of Arabia, Egypt, the Sinai peninsula, and the other areas of the Middle East. In more recent years the late French writer Saint Exupéry, whose plane made a forced landing in the African desert where he then spent several days and nights alone until rescued, has left us a graphic description of his own "oceanic feeling" in the middle of the Saharah.*

At any rate, it is in the wilderness of Haran that the ladder in the dream appears. The Hebrew word for ladder, SULAM, is virtually identical with the word SEMEL = symbol. Since in Hebrew the vowels do not figure, SULAM and SEMEL are, in effect, the same words, except for a slightly changed arrangement of their consonants, viz., SLM = ladder and SML = symbol. The words denote in Hebrew both ladder and symbol, ~~(or emblem)~~ an interesting fact in itself which becomes still more significant when one considers the numerical value of the two words, namely 130 each. In the Hebrew language, every word expresses both a linguistic term and a figure corresponding to the numerical value of the consonants. By counting each consonant which has a constant numerical value assigned to it derived from its position in the alphabet, one arrives at the numerical value of the word. The words, then, for ladder and symbol--virtually identical as to their consonants and corresponding numerical values--contain the phallic numbers of 1 and 3. The relationship, however, does not stop here. It becomes clearer still, when one adds--following the rabbinical commentator Ebn Ezra--to the words SULAM and SELEM, the corresponding terms SINAI and MAMMON, all of which have the same numerical value, i.e., 130.xx) Of the last two expressions, SINAI (= Mount Sinai, where the law was handed down) is again self-explanatory as a powerful phallic symbol. Sinai and ladder have also in common that they both reach up to heaven, and in this way form a link between humans and God. Even more ~~interesting~~ signifying, perhaps, is the use of the word MAMMON (= money, charity) in this connection, since it has the identical meaning in Hebrew and in English, viz., money, the English word stemming here directly from the Hebrew-Aramaic mamona by way of the Greek mamonas = riches, wealth. In this sense the four expressions mean

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*Antoine de Saint Exupéry, "Wind, Sand and Stars," The Crowell Press, N.Y.1943

xx) The spelling of some of these words slightly varies in the different texts, and accordingly their numerical value varies, too. Instead of 130 it then can be 136.

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different countries and centuries one reads zona torrida, inhabitabilis et impermeabilis, or similar legends. Medieval commentators describe this zone as the one where elements melt with fervent heat. He who dares to enter has to bathe in fiery floods. Some commentators characteristically ~~xxxx~~ compare this zona torrida to the flaming sword with barred access to Paradise after the fall. A legend on a twelfth century map has humanus ~~oculus~~ oculus non videt which ~~reminds the psychoanalyst of~~ brings to mind Freud's interpretation of the caput Medusae. The ocean river is populated by sea monsters, dragons, serpents, and a man-devouring whirlpool monster called Physeter, a particularly vicious creature inhabiting the Gulf of Dragons. The prevalence (over)

One of the most famous map of that time is the Hereford Mappamundi, drawn in the Cathedral of Hereford, England, ~~during~~ at the end of the thirteenth century. This map, which is partly in color, with the river and lakes in blue, is circular in form, has Jerusalem in its center and the ocean stream flowing around the earth. At the top is the Last Judgment below which is ~~Paradixx~~ Paradise represented as a circular island, with Adam and Eve, the four rivers, and other biblical sites. Among the creatures depicted on this and other charts are Monoculi; people with one leg, ~~sitting~~ in the sun and holding their single foot over their head as a sort of umbrella; acephalic people, Gens ista habet caput et os in pectore; dog-headed people; Androphagi, humanas carnes edunt; and a tribe called Philli, pudicitiam uxorum probant obiectu noviter natorum serpentibus. single-pace

There are, on these maps, all kinds of weird animals such as dragons, white lions, gold-digging ants, griffons, phoenix birds and other fabulous creatures. Among them, "Linx ~~videt per muros~~ et mingit lapidem nigrum." In the north, the Hereford map shows the Sinus Germanicus in quo septem viri iacere feruntur, incertum est quot tempore --- the German gulf ~~which~~ where seven men are reported ~~xxxxxxxxxxxx~~ to lie sleeping for an ~~uncertain~~ indefinite period of time. This is ~~probably~~ an allusion to an old medieval legend which is also mentioned by Adam von Bremen in the eleventh century in quadam spelunca oceani iacere septem viri dormientes --- apparently a precursor of our Rip Van Winkle story.

JACOB'S DREAM

by

William G. Niederland M. D.

I.

THE LADDER

It is perhaps surprising that one of the most famous dreams in recorded literature, Jacob's biblical dream* of the ladder going up to heaven and angels ascending and descending on it, has found so little attention in psychoanalytic literature. Freud** repeatedly refers to the interpretation of Pharaoh's dreams by the biblical Joseph, but does not mention Jacob's dream. Nor have I been able to find any analytic study of the famous ladder by other psychoanalytic authors, except a number of scattered references to it in a paper by Reik***. This apparent lack of interest may be due, in part, to the obvious symbolism expressed so clearly in this dream—pointblank, as it were—with the result that any further analytic elaboration may have been regarded as utterly superfluous.

In the arts and in literature, nevertheless, the dream has found numerous and variegated expressions. Well-known is Tiepolo's baroque painting "Jacob's Dream", showing an exhausted youth resting on stony ground and dreaming of the ladder with the angels. Two of Raphael's paintings in the Vatican deal with the same subject. There are various lesser-known illustrations of the biblical theme by medieval artists. The dream is also reproduced on the cathedral of Bath in England. A giant Jacob's ladder is built on each side of the cathedral's façade, with angels ascending to heaven on one side and descending on the other.

In literature, of course, Jacob's life and dream have been the subject of much theological, exegetical, historical, and philosophical treatment as well as of poetic elaboration from ancient times up to the present. Among the modern

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* Genesis XXVIII, 10-18
** "The Interpretation of Dreams"
***Th. Reik, "Dogma and Compulsion", Internat. Univ. Press, N.Y., 1951

These are only a few of the many ~~interesting items offered~~ details on the ~~se~~ old ~~maps.~~ charts. A detailed description would easily fill a separate volume, and ~~xx~~ ~~therefore~~ ~~more specifically~~ especially any reader/interested in these matters is referred to the ~~special~~ geographical literature indicated in the bibliography ( ). From an analytic viewpoint, two legends on the Hereford map seem ~~xxx~~ to me worth noting:

a. Amidst all the unknown regions and waters inhabited by dragons, monsters, and people without heads, legs, etc., the Hereford mappamundi shows an island in Ethiopia with the legend ~~xxxxxxxxxxxxxxxxxxxxxx~~ Hic sirenae habundant (Here sirens abound). ~~The libidinal connotation of this text~~ (after what was said about nymphs, naiads, circus, etc.) is clear. Seductive females in the midst of dragons, devouring whirlpools, castrated men, and all the other fantastic terrors of the deep --- here we have a sexual geography par excellence, to paraphrase Freud's comment on Dora's second dream.

b. Among numerous islands on the Hereford map, there is a group of six named Fortunatae Insulae, the Islands of ~~Bliss~~ Happiness. These isles can also be found on many other maps of that epoch, in varying numbers, often in pairs. Due to their special nature and analytic implications, ~~these islands~~ the Blessed warrant a more detailed discussion.

really the same thing, and can be directly equated thus:

SULAM	=	SELEM	= SINAI	= MAMMON
ladder	=	symbol	= Mt.Sinai	=charity
130		130	130	130

In the rabbinical literature this series of coordinated terms is further extended to the Hebrew words ZAUM = fasting and KAUL = voice. Their numerical value is identical to that of the preceding words. They therefore belong together. Furthermore, it is through fasting--as the commentators say--and through the use of the voice in prayer that close bonds with God are established. "Ladder" (SLM) which stands for this bond in the dream, thus includes also fasting and praying (= voice), in addition to obeying the law = SINAI and giving charity = MAMMON. The equation indicates the ladder as a symbol for the various ways in which God can be reached: through fasting, praying, charity, obeying the laws of God, etc.

To make the specific homosexual character of the ladder symbol in this dream comprehensible, we may add still another commentator, Baal Haturim, who explains the top of the ladder in the dream as "se kise hakowaud" (= "this is the seat of the divine splendor"). Elaborating further on the meaning of MAMMON in this connection, the commentators state that it refers to the use, in those days, of sacrifices and offerings as a means for achieving closer contact with the Deity. Again, the Hebrew word for "sacrifices" is KARBONAUS which is derived from KAROB = close, near, intimate, and literally means a way of coming close to or intimate with God. In the ritual of sacrifice, close contact with God is achieved principally through the smell of the sacrificed animal (see above, Isaac smelling Jacob), and in this whole ritual invariably great stress is laid on the smell which must be acceptable and pleasant to God. We then come to see the reason, mentioned earlier in this paper, why Jacob felt that his brother was not fit to offer sacrifices to God, i.e., to be close to father, which was precisely the situation he wished for himself with father.

Nor could Jacob endure his brother's position as the first-born, as it made Esau (and his offspring) candidates for the priesthood. This prospect proved unbearable for Jacob, because Esau and the generations coming

Fantasies about the Isles of ~~the Blessed~~

The story of these islandscan be traced back if not to Plato and his famousremark about Atlantis, at least to Strabo (circa 65 B.C. to 20 A.D.) who speaks of "the golden apples of the Hesperides, the islands of the blessed." One of the early Beatus maps, drawn in the eighth century, bears the inscription Insulae Fortunatae, where the Canary Islands are located. A reference to them can also be found in Idrisi's annotation:"The Fortunate Islands are two in number and are in the Sea of Darkness". The Hereford map, as mentioned above, carries the inscription"Fortunatae Insulae sex sunt" and locates them also at the site of the Canary Islands. However, the so-called Dulcert map of 1339, drawn by the Majorcan Angelinus Dulcert, as well as the map of the brothers Pizigani of 1367, show several islands corresponding to the Madeira group as the Isles of Bliss. The legend of the Dulbert map at this site is difficult to read, but has been reconstructed by Babcock ( )xx as "Insulle San Brandani sive puellam (or puellarum)". On the Pizigani map, these islands are inscribed as "Ysole dictur ~~xxxxxx~~ sommare" ---Islands called of slumber. The juxtaposition of sleep, bliss, and legendary island sites in the ocean appears, of course, noteworthy per se. This becomes still more intriguing by the inclusion, at the same site and on the same map, of a stern warning against any attempt to sail the ocean around the general area of the Madeira group. Freud, in his Introductory Lectures, tells us something about the name Madeira:

single-space

> "... in the Atlantic Ocean, there is an island named Madeira, and this name was given to it by the Portuguese when they discovered it, because at that time it was covered with dense forests; for in Portuguese, the word for wood is madeira. But you cannot fail to notice that this madeira is merely a modified form of the Latin materia, which again signifies material in general. Now materia is derived from mater = mother, and the material out of which anything is made may be conceived of as giving birth to it. So, in the symbolic use of wood to represent woman or mother,

Void

There is a striking clinical parallel to much of this in Nunberg's account of a homosexual patient[x] whose love for his father assumed the form of aggression and to whom the homosexual act represented, as in Jacob's case, a triumph over the father: "Not only does he overcome him and appropriate his strength," reports Nunberg of his patient, "but he makes a woman out of him and subsequently feels himself sufficiently masculine to take possession of his mother... The fulfilment of his homosexual desires resulted... in the comfirmation of his infantile feelings of omnipotence, and gave him an exalted feeling that a certain magic power emanated from his personality." (Italics mine). The patient's wish for his father's large penis was supported by his mother whose urging is described by Nunberg in these words: "Your father deserted you, he does nat support you any more, so you are small and weak. If you want to become a big, strong man, go to your father and get money from him" - that is, Nunberg adds, his "virility". One can almost hear Jacob's mother challenging her son in similar words to go to the father and get the blessing from him.

Even the way in which Jacob appropriated the paternal phallus, i.e. through direct tactile contact during the act of blessing, is strikingly paralleled in Nunberg's case. The patient believed that "through mere contact with a man of strength, or through an embrace, or through a kiss, he would absorb this strength and become himself as strong as the man whom he desired." It is also interesting that this patient was deeply impressed by certain passages in the Bible describing "how the sick and unclean were healed - that is, made strong - by the touch of Jesus' garment," etc. It is probably safe to assume that the touch during the act of blessing in the Old Testament is but a forerunner of the healing touch, etc., in the New Testament.

x) H.Nunberg: "Practice and Theory of Psychoanalysis", p.150/164

we have a survival of this old idea."

To return to the Islands of ~~Bliss~~ the Blessed (sometimes also called Insulae San Brandani, the historians tell us that the latter name refers to a legendary Irish or Scottish monk, Brendan (also Brandon or Brandan), who in the sixth century undertook a voyage in search of Paradise and after a number of stirring adventures arrived at an island of great beauty and fertility. To him it was Paradise, and later it was designated St. Brendan's Island. On fifteenth century maps, it usually is associated with Madeira. On the famous Behaim Globe* of 1492 it appears at the site of the Canary Group, where a mermaid and merman are shown sporting to the south of the area. On later maps, it is moved to the area west of Ireland, and becomes finally located in the West Indies. It still exists on charts as late as 1759. For more than two centuries, Portuguese expeditions tried to reach it until it was finally established that it was a fantasy and that moving it from one position to another did not remedy this condition. To Columbus, however, (as will be seen presently) it still was reality.

high-placed

There were two more phantom islands located off the Irish coast, named Daculi and Bra. They appear, situated as sister islands close together, on fourteenth and fifteenth maps. Babcock ( ) thinks that the name Daculi is derived from the Italian culla = cradle, and interprets the name as Cradle-Island. Pareto's map of 1455, carries the following inscription about Daculi: "Item est altra insulla nominaBra in qua femine que in insulla ipsa non pariuntur sed quando est eorum tempus pariendi feruntur foras insulla et ibi pariuntur secundum tempus. According to this, being transferred to the outer island Daculi was of help to pregnant women who

* The original German name of the globe was Erdapfel. The connotation (apple = breast) is obvious.

instinctual sources which can be summarized as

a) anxieties derived from the Oedipus-and castration complex acutely reawakened at the river crossing and the vicinity of the avenger,

b) anxieties derived from Jacob's latent homosexual feelings toward the brother and reactivated by the latter's imminent approach.

It may be remembered in this connection that the persecutor--here the avenger--represents the homosexual object in the unconscious. The persecutor, furthermore, though representing a real object, is at the same time unconsciously perceived as the subject's own body or parts of it, such as genitals, faeces, etc.

These views findample corroboration in the talmudic and rabbinical literature. Some commentators explain that the unknown stranger who attacked Jacob touched his penis in order to seduce him and see whether he would succumb to homosexual temptation. The hip joint which was injured in the fight is identified by them with the phallus. Others vividly describe the battle between the strangerand Jacob. According to them, the two fighters became so closely interlocked in struggle that they merged into one, welded together like a "candle". The famous medieval Hebrew scholar Raschi translates the passage about the nocturnal wrestling using the term "intertwined". Another opinion has it that their fight was really not of a bodily kind but a spiritual one, the mysterious visitor kissing and embracing Jacob all through the night and trying in this way "to blind Jacob's mind and make him succumb to his base instincts." The commentators here use the expression "Jezer Horah" which is the Hebrew term for instinctual drives.

These graphic descriptions come close to our concept of the struggle portraying it as an intense intra-psychic conflict reinforced by the brother's proximity, the river fantasies, the nocturnal scene, etc. The unknown stranger who falls upon Jacob in the dead of the night, is also described as a visitor from Heaven, an angel of God. Some think it was the tutelary angel of Esau. Analytically, the "angel" can be understood as the phallus originally appropriated from the father--as demonstrated in first part of this paper--and now relinquished, while meeting the own self or parts of it projected into the external world is in correspondence

had difficulties in giving birth on the inner island of Bra. Jones( ) Diskin

Another pair of interesting islands is shown on the Behaim Globe in the area of the Indian Ocean. They are named Masculina and Femina respectively. The legend here reads: "In the year 1285 after the Birth of Christ, one of these islands is inhabited by men only, the other by women only, who meet once a year. They are Christians." No source is given for this statement nor its specific date.

As can be noted, one remarkable aspect of these phantom islands with their fantasied birth and bliss-connotations is that they appear so often in groups of two as sister islands. Freud has stated that "sisters" in dreams represent mother's breasts -- and where can be found greater everlasting bliss than on two such islands representing mother?

A study on Ireland has pointed to "the geographical fact of insularity" which in the unconscious tends to become attached to "ideas of woman, virgin, mother and womb" and ultimately to one's own birthplace.

Fantasies about Prester John

Another remarkable feature of the age of exploration is that along with all the searching for the islands of bliss went the relentless search for the kingdom of Prester John. This was a mythical Christian ruler who in some medieval chronicles is also called Presbiter (alderman) Johannes, priest-king, or emperor. He reigned over a kingdom of great power and wealth, first located in Asia and later shifted to Africa. As with the legendary islands, we see here the moving of another mythical area from place to place. This is but an expression of the persistence of the fantasy in the unconscious if it remains unchanged. When the mythical character of a region was found out, due to the progress of exploration, the fantasy as such was not given up, but its imaginary location shifted to another position.

The story of Prester John goes back to a probably forged letter of

denotes the renewal of the old struggle with the twin brother Esau who enters the scene as the dreaded avenger and executor of the paternal wrath. As we mentioned earlier, the fight between the brothers had gone on since their natal and prenatal days, and in this sense river also signifies birth. In two of the clinical examples, the one reported by Ella Sharpe and the other observed by me, direct references to birth fantasies are given. Also in Ferenczi's original paper ( ) a traumatizing event in the patient's life which dated back to the birth of his sister is recorded. Mythology, of course, abounds in river births, from the legendary birth of Moses to the riddle of the Sphinx in which the ocean (mother) devours her little children (rivers)--a theme which we have also encountered in the death scene of Charles Dickens' story. In these examples a river also symbolizes death as further evidenced by the river Styx, Lethe, the river of oblivion, and the punishing river-gods already mentioned.

In Jacob's case both sets of fantasies can be found: the danger of death at the hand of the avenger, and the birth or rather rebirth of a new personality as indicated by the change of his name. Reik has correctly recognized rebirth fantasies in the ceremonies usually connected with circumcision and puberty rites, and therefore relocates the river encounter to Beth-el.

But there is another way to look at the nocturnal episode. In Jacob's train approaching the river there was also his wife Rachel who according to the legend was pregnant at the time with her youngest child, later named Benjamin. When Jacob divided his people on learning of Esau's imminent arrival, he said: "I fear him lest he come and smite me, the mother with the children." Have we here the emergence of a birth fantasy in which the subject sees himself as the mother and the child, both in acute danger? Though this cannot be answered on the basis of the text, it will be recalled that the perilous situation in which Jacob found himself at his brother's approach was both real and instinctual. He consciously feared Esau's murderous intentions and had every reason to do so. That much for the realistic danger. But this was increased to panicky proportions from

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unknown origin allegedly sent in three copies to Pope Alexander III , emperors Frederic Barbarossa of the Holy Roman Empire, and emperorx Manuel Kommenus of Byzantium in 1165. Without going into the history of this initial forgery or the later vicissitudes of the Prester John myth, the fact remains that for approximately three centuries the fantasy of the existence of Prester John was universal in Europe and played a role in all early explorations. ~~Still~~ Even Columbus thought for a while that he had discovered Prester John's country - in Cuba. Most of the expeditionary forces in the later Middle Ages, especially those organized by Portugal, were under orders to locate both the kingdom of Prester John and the River of Gold in Africa —with Idrisi's imaginary western Nile as the geographical landmark ~~of their efforts~~ on their maps. At the time when these Portuguese expeditions were searching for Prester John in Africa, Martin Behaim's globe shows his kingdom still located in the area of the ~~Kwan~~ Hwang Ho river with the legend: "In this country resides the mighty emperor known as Master John."

Single-spaced

Although the weight that should be assigned to such factors as here mentioned in influencing the course of history may be very variously appraised, there can be little doubt that some of these fantasies - the century long quest for the isles of bliss, Prester John, Paradise, etc. - were among the significant forces shaping the age of discovery. If I may venture a tentative formulation of the unconscious factors involved, I would say that ~~the libidinal drive standing behind~~ in the search for the islands of bliss and the secrets of the sea, with all its accompanying guilt, fear of retribution and terror - dis-covering here ~~meant~~ Signifying uncovering (and conquering) the deep, i.e. mother - had to go hand in hand with the quest for Prester John, the good priest-king, who in all old chronicles is depicted as the helpful, kindly, yet powerful Christian father. It seems to me that ~~denial was the essential mechanism here in operation~~ the essential mechanism operating here was denial, as if the early explorer declared: No, I am really not imbued with any forbidden

and camels and asses." After some time frictions develop between him and Laban's sons who complain to their father that "Jacob hath taken away all that was our father's and ... all his wealth." Here we see our hero again in the process of depriving the new father, Laban, of the paternal phallus -a repetition of his earlier situation with his own father - and a violent crisis resembling the one with Esau threatens to break into the open with Laban's sons. Before it comes to this,however, he is forewarned in another dream to leave the country and return to his homeland. After overcoming serious difficulties with Laban and his sons, he succeeds in leaving Mesopotamia with his possessions intact, and accompanied by an imposing train of wives, concubines,children, servants, and herds of cattle, he starts on the long journey home. While approaching the border, near the river Jabbok, he receives the ominous news that his brother Esau, now a mighty warrior, is going to meet him and that Esau is in command of an army of 400 well-armed men. "Jacob was greatly afraid and distressed," the Scripture reports, "and he divided the people that was with him and the flocks...into two camps,saying 'if Esau come to one camp and smite it, then the camp which is left shall escape; for I fear him, lest he come and smite me, the mother with the children.'

The night before the dreaded encounter, having sent servants with rich presents to Esau to appease him, he remains alone on the bank of the river. It is during that night that the mysterious attack occurs which leads to the breaking of his hip and the changing of his name from Jacob to Israel. Frazer, as we have seen, assumes an attack by a river deity. Reik modifies the whole account, dates the episode back into the period of Beth-el, and explains the story as another version of the initiation rites of primitive peoples, "a considerably revised deposit of the ancient memories of the Jewish people; memories of the introduction of circumcision..."

This leads us to the birth and death aspects of river symbolism which have not yet been fully considered. It is evident that in approaching the river all of Jacob's long-existent anxieties, rooted in the castration complex, now become manifest again and the great struggle of his life begins anew. The river crossing, in addition to being a sexual and incestuous symbol, here further

Second Intentional Exposure

desires for mother and her secrets (which would be an abominable heathen pursuit); rather I am a good Christian ~~myself~~ and much more interested in father, the good priest-king Johannes. The fear of retribution was enormous. According to the historian Beazley ( ) it was the prevailing idea ~~was~~ that any Christian who passed Cape Bojador would infallibly be changed into a black and would carry to his end this mark of God's vengeance for his insolent prying.

Another ~~striking~~ example of the mechanism of how denial was employed in the history of discovery: When in the year 1488 Bartolomew Diaz, also in search of Prester John, finally succeeded in reaching the southernmost point of Africa, he appropriately named it ~~Cabo~~ Cabo tormentoso, Cape of Storms. At his return to Portugal he reported the discovery to King Joao II who, promptly turning the name into its opposite, rechristened it Cape of Good Hope.

earlier note on the meaning of creek) impregnating them. To ward off these dangers he had to resort to increasingly vigorous measures of cleansing and desinfection, using copious amounts of water, soap, and alcohol, and finally resorting to complex and compulsive washing rituals up to 60 or more time daily. His castration fear was enormous. The nocturnal encounter while on his way to his sister "across the river", be it factual or fantasied, has all the earmarks of meeting the dreaded river demon and mysterious avenger of the ancient tales here reported.

Let us at this point return to the Jacob story and first resume the biblical narrative. Here, at first glance, the link between river episode and sister-motif seems to be missing - Jacob had no sister- but the gap can easily be filled by following the Scriptural account. From Beth-el where Jacob had the dream about the ladder, the story takes us to Mesopotamia and the residence of Rebekah's brother Laban. When the mother urged Jacob to flee from Esau's vengeance, she had been prompted by <u>two</u> motives. The one was to save him from his murderous brother. The other reason was to have him marry one of her nieces, i.e.one of Laban's daughters. Indeed, Jacob married Laban's two daughters Lea and Rachel, serving his father-in-law as a shepherd and cattle breeder for many years. It is easy to see that the mother's marriage plan for him as well as his ready acceptance of it re-enact the original Oedipus situation between mother and son, when the latter marries ther former's nieces. A female cousin can be seen as a sister — once removed, as it were. In accordance with Freud's interpretation about "sisters" as mother's breasts, Jacob symbolically rejoins his mother, when he marries two sisters from her family. It is also noteworthy, in this connection, that these two sisters, Lea and Rachel, together with Rebekah and Sarah represent the four traditional mothers of the Hebrew people.

During the years of service under Laban the details ofx which we can forego here, Jacob gradukally grows from a destitute youth into a wealthy family man with patriarchal leanings, a tender husband, and a good provider, a sort of rejuvenated and more vigorous Isaac. The biblical text tells about his life in Mesopotamia:" And the man increased exceedingly, and had large flocks, and maidservants, and manservants,

considered by ~~the~~ his biographers who have contented themselves with ascribing it to"eyestrain" caused by Columbus' untiring captainship, overwork, constant watch on deck, etc. The explorer himself, however, explains his hurried departure from the Gulf of Paria in his letter to the Spanish rulers much more specifically: "...I was in a hurry... to restore myself, for I ~~xxxxx~~ was ill, with my eyes sore for lack of sleep; for though during the voyage in ~~xxxx~~ which I discovered the mainland I was 33 days without sleeping and blind for so long, I did not suffer so much from my eyes nor did they hurt and bleed as they have done now." ( ). It is obvious tha Columbus understood more about his illness than his biographers. He did not attribute it to overwork but to lack of sleep and to the need for restoring himself. In view of ~~his overt~~ the breakthrough of such fantasies (and their oral connotations), it seems justified to assume that the appearance of his illness at that particular time had to do with phobic anxieties (names of the straits, sudden departure) ~~or~~ and a ~~dep~~ state of depression (insomnia, fantasies about woman's breasts) ~~or both~~ accompanied by physical manifestations. This assumption of a psychological cause for the outbreak of the eye sickness seems at least as justified as the assumption of physical strain. ~~John Fiske ( ) in his history "Discovery of America", summarizes Columbus' situation at that time rather generally: "His strength was worn out."~~ The unconscious impukses infkuencing exploration are described in Kipling's poem "Expbrer" with rare insight:

" Something hidden. Go and find it. Go and look
Behind the Ranges —
Something lost behind the Ranges. Lost and
Waiting for you. Go! "

Famtasies about the Consistency of Water

Dreams and fantasies about"dirty water", "foul" and "smelly" fluids, change of clear water into muddy, gutter-like material, etc., are clinically well-known in their urethral-anal connotations. Their relation to the cloaca theory of female sexual anatomy is evident. An example of this type of fantasy ca be found in the Beowulf composed about the year 725 A.D. The hero, Beowulf, after having killed the vicious monster Grendel, is irresistibly swept by a strong water current into the slimy retreat of Grendel's mother. There she clutches him fast and deprives him of his sword. He has great difficulty in freeing himself from her deadly grasp, but finally succeeds. His sword, however, gets over-heated, melts in the blood-tainted water (from the fiery blood of the she-monster) and nothing but the hilt of the sword remains.

It was to be expected that the geography of the Middle Ages, so heavily charged with unconscious fantasies, would also give expression to this type of primary process fantasy. This is indeed so. Antoninus of Placentia, a Christian pilgrim to Palestine in the time of the Emperor Justinian, reports that nothing can float inthe Dead Sea because "it is instantly swallowed up", and that "the Jordan stands up in a heap every year at Epiphany". Medieval accounts about the "slimy sea", filled with all sorts of jellies, impenetrable weeds and sucking swamps, are frequent. A chart of the Atlantic issued by Andrea Bianca in 1436, has a section called "Mar de Baga", theSea of Berries. The belief in the existence of a "coagulated sea" in which adventurous sailing craft would get stuck and never return dominated the history of navigation from antiquity almost up to the present time. This fantasy drew powerful support from Aristotle who taught that the heat of the tropical sun must condense water into a jelly so that no ship could pass. Moreover, the heat would first kill the captains and their crews

between the hero and the monstrous female as described in psychoanalytically unmistakable terms:

"... away to her den the wolf-chief dragged
Beowulf the bold o'er the bottom sand
Swimming monsters swarmed about him,
Dented his mail with dreadful tusks,
Was that good sword began to melt
With the gore of the monster,
Its bloody drippings it dissolved away...
Yet... Flodeds blood had melted
Its metal had vanished, so venomous
Was the blood of the demon-beast..."

Nigle-
Hrace/

and then set their ships afire. Conrad Gessner,in his 1560 edition of Nomenclatur Aqualitium Animanti um ( ) describes a thick and slimy "Lebermeer" (liver sea) from which no ship, once having entered, can free itself. In the Ouroboros-book also the serpent's whirlpool-connection is vividly depicted. The notion of the Sargasso Sea, a well defined area in the Atlantic with lots of seaweed, but of no particular danger ( ), became a focal point for fantasies of horror, decay, and destruction. Here, according to the graphic description of contemporary authors ( ), ships of all epochs "slowly rot in the slimy but unbreakable grip of a...floating continent of seaweed, sometimes heaving with the terrible life of enormous crabs and gigantic cattle fish. Nothing caught there can escape again, unless it can fly like the birds...here time loses its meaning where there is nothing but silence and haze and heat and the stench of rotting seaweed..." This, the Sargasso Sea "of fiction", the authors correctly add, "and the Sargasso Sea of fact have really nothing to do with each other except that both concern seaweed." How deeply ingrained, however, the horror fantasies concerning the Sargasso Sea still survive today, was forcefully brought to my attention when I showed this very chapter, in manuscript form, to an enlightened and scholarly educator. "But the dangers of the Sargasso Sea are real, not imaginary," he exclaimed and hurried to the nearest encyclopedia to look it up. He was visibly taken aback when he found none of the perils he had imagined mentioned there.

p. 56A

The Sources of the Nile

As was said elsewhere), rivers provided relatively easy avenues for exploration. (Could this be another factor in the unconscious equation river - sister, the sister often being the first object of the little boy's sexual exploration desires really aimed at the mother ?) Schliemann, in his efforts to locate the site of ancient Troy, originally followed Homer's

add on p. 56 this paragraph (where the arrow points)

The universality of such fantasies as contained in the Beowulf saga, the whirlpool monster story, etc. is strikingly shown in the socalled Florentine Codex, the sixteenth-century version of Sahagún' s ( ) Historia general de las cosas de Nueva España (written in parallel columns, the Florentine Codex has the original Aztec text on the right and the Spanish translation on the left; the recent English edition, which reproduces the Aztec of the Codex directly in English, tells of the highest gods worshipped by the natives of ancient Mexico. Among the deities named is the Jade-skirted Chalchiultli ycue who was goddess of the waters. This is how she is described:

Myth-ological

" ....her likeness was that of a woman. It was said that she belonged among the rain-gods, as their elder sister.

Hence she was esteemed, feared, and held in awe; hence she terrified men. She killed men in water, she plunged them in water as it foamed, swelled, and formed whirlpools among them; she made the water swirl; she carried men to the depths.

She upset the canoe, she emptied it; she lifted it, tossed it up, and plunged it in the water.

And sometimes she sank men in the water; she drowned them. The water was restless: the waves rowared...

When it calmed, when it quieted, it heaved to and fro...

... They offered her offerings, and the fire priests came out to receive her. They strewed aromatic herbs before her...

...They remembered that because of her we live..."

Florentine Codex, General History of the Things of New Spain, by Fray Bernardino de Sahagún, The School of American Research and the University of Utah, No. 14, Part II, Santa Fe, N.M., 1950

description of the ~~Sx~~ Skamandros river. The first excavations which led to the discovery of Herculaneum in 1738 and later of Pompeji, ~~the remnants of~~ initially started from an old well which provided access to ~~khm~~ the ancient Theatrum Herculanense ( ).

Where the river itself is the object of exploration, the most con - centrated efforts are usually aimed at the discovery of its source or sources. The great question invariably is: Where does it come from ? The best known example of such river exploration and of the fantasies connected with it, is what has been aptly called "the romance of Nile exploration." Perhaps no problem in geographical research has exercised a more lasting influence upon the imgination of men than the search for the origin of the Nile. ~~Indeed~~ Efforts to find the sources of the Nile continued for two thousand years; they came to a close less than a century ago with the discovery of the Nile sources between 1858 and 1863. The Nile was sought -and found - almost everywhere. Until the early years of the nineteenth century the conviction prevailed that there was a secret connection between the Nile and the Niger. Another belief was that the Senegal estuary was really the mouth of the Nile's western branch which also formed the Gold River and reached the Atlantic on the west coast of Africa. The prevalence ~~and general acceptance~~ of such fantsies ~~persisting~~ which, after all, persisted over many centuries is difficult to account for. Their common denominator, as I see it, may be found in the unconscious wish to have this great ~~symbol~~ stream of fertility and abundance, this perennial source ~~of which "the land of Egypt is but a gift", this generous giver~~ of food, wealth and strength - Egypt was known as "the gift of the Nile" - as close to one's ~~river~~ backyard as possible. (Perhaps not too ~~close~~ close, ~~however~~ though, since great givers can also be great takers —at any rate, ~~sometimes~~ at a reachable distance!). Whether this explanation is correct and whether it really is an explanation at all, cannot be determined at the present stand of our knowledge in these matters. ~~Nonetheless~~ Nevertheless there are certain factors ~~which~~ which have led me to think along these lines.

In the first place, in the Judaeo-Christian tradition the Nile has always been associated with one of the four rivers flowing through Paradise. By having the Nile within reachable range, one had so to speak a piece of Paradise, too. This idea, however, presented some major difficulties. The site of Paradise being generally accepted as a part of Asia, usually Mesopotamia, it was thought that the Nile on coming out of Paradise immediately vanished and descended beneath the earth where it plunged "through huge chasms and subterranean channels inaccesible to men" (per praecipitia hominibus inaccessa). The river, then, was swallowed up in valleys so exceedingly deep that "it is received in the very bowels of the earth and absorbed in its abysses." After that, it reappears in Africa, and passing the cataracts flows with many maeanders ("multeplici gyro") into the sea ... the river's maziness"rivalling that of the Daedalus labyrinth." This is how a seventeenth century author, the Jesuit Athanasius Kircher ( ), describes the course of the Nile. There is, an ever-present objection to this: Such fantasies as here presemted - including those of the early map makers, geographers, historians, etc. - from the unconscious of the individual authors. This is undoubtedly correct. Still the fact remains that through centuries the same ideas are expressed in the writings from different countries, different groups, societies, There is,for instance, another sacred river which sinks beneath the earth and winds its way through secret passages, the river Alph, of which Virgil speaks in his Aeneid,and Coleridge in his"Kubla Khan"who makes it flow through "caverns measureless to man."

Second, since biblical times the Nile has been associated with what is probably the most famous dream in recorded literature, i.e. Pharaoh's seven kine "fat fleshed and well favored" dream about the which were devoured by "seven other kine... ill favored and lean..." (Gen. 41, 1-8).

Some of the ~~multivalent~~ ambivalent features of the river symbol are there startlingly manifest:

~~Deadly~~ visible, yet hidden
dear & yet far
familiar & yet mysterious
close & yet inaccessible

To these we have to add other manifestations of the ambivalence found in ~~river~~ symbolism:

Creative ~~waters~~	—	destructive
Purifying ~~waters~~	—	dirty
Healthy	—	dangerous

Image - space

Second Intentional Exposure

Without attempting any fuller analytic interpretation I limit myself to a few observations based solely on the manifest content of the dream and on the circumstances reported in the text:

It is a river dream (Pharao "stood at the bank of the river").

It is a birth dream (the animals "came up out of the river").

It is an oral-cannibalistic dream in which the older, fat-fleshed cows (mothers) are eaten up by the lean, young ones born later (children).

It is a dream in which the greatest oral danger threatening the child's (and, historically seen, the world's) existence - starvation - is successfully averted if magic interpretation by the correct destruction. of the dream. It assures plenty instead of famine, abundance instead of

It is a dream the interpreter of which, Joseph, a foreign-born, destitute slave-prisoner, is forthwith made viceroy of all Egypt.

As far as I know, the impact of this dream upon the imagination of countless generations has never been fully appraised. across the span of centuries and countries) It must have been immense. The name of its hero-interpreter became a true patronymic testifying to the hero's personality, life, conflicts, tribulations, triumphs, birthdreams and interpretations, and upon people their influence down the ages, but is still significant today. An observation about the name Joseph ( ) by Jones in the first volume of his biography of Freud is not without interest: " ... this was a name that often played a part in his life... Above all, the biblical Joseph, as the famous interpreter of dreams was the figure behind which Freud often disguised himself in his own dreams."

To return to the sources of the Nile, Herodotus tells an interesting tale. He could not find anyone, he reports, who knew anything about the origin of the Nile except a single person, a certain scribe in the city of Sais. This scribe told him that "between Syene and Elephantine there are two hills with conical tops; the name of the one is Crophi, and the name of

the other is Mophi. Midway between them there are the fountains of the Nile, fountains which it is impossible to fathom.... " This was written in the fifth century B. C. And this is the report written in the nineteenth century A.D. by Sir Samuel White Baker, on discovering the sources of the Nile:

> "..... I looked down from the steep granite cliff upon these welcome waters, upon that vast reservoir which nourished Egypt and brought fertility where all was wilderness... that source of bounty and blessings to millions of human beings, and as one of the greatest objects in nature, I determined to honor itx with a great name. As an imperishable memorial of one loved and mourned by our gracious Queen... I called this great lake 'The Albert Nyanza'. The Victoria and the Albert lakes are the two sources of the Nile." (Italics mine)

After this kaleidoscopic survey of fantasies which went for geographical and historical data, a note of caution is indicated. First of all, it has to be stated that such fantasies as here presented - including those of the early geographers, explorers, historians, and map makers - undoubtedly stemm from the unconscious of the individual authors. This does not alter the fact that through centuries with minor variations, the same ideas are expressed by authors from different countries, different societies, different ethical groups and Some analytic and many non-analytic readers will undoubtedly complain that not enough attention has been paid to the economic, political, and social factors w hich prevailed during the age of discovery. I freely admit that this is correct. My main object was to point to the impact of unconscious psychological forces on the course of the historical events connected with the age of exploration, not to discuss history or geography in terms of population growth, colonial expansion, power politics, opening of new trade routes, (racial and religious factors) etc. The study of these important factors must be left to the historians, sociologists, economists, and the other experts in these sciences.

I do not believe, however, that the psychoanalyst has necessarily to refrain from writing about history or geography, because he is not aufficiently versed

in politics, ~~economics~~ economics, or sociology. I rather concur with de Saussure ( ) who finds it "amazing that psychoanalysis has not been systematically applied by historians." It seems to me that the present study proves this point. When I embarked on it, originally along clinical lines only, I ~~soon found myself~~ of trying to understand soon recognized the necessity ~~for understanding~~ at least some of the material contained in the charts and writings presented above. I also found that it was impossible to understand any of these materials without the application of analytic principles. This is probably the reason why historians and ~~geographers~~ geographers, including those who have devoted considerable space to a study of these documents, tell us so little about their nature. Here are some opinions expressed by contemporary authors:

"As fo the maps of the Middle Ages," writes Hendrick van Loon, ( ) ~~"Maps became~~ "maps became mere funny pictures, full of headless monsters and snorting unicorns and spouting whales and krakens and mermaids and griffons and all the other denizens of a world bewildered byfear and superstition."

Lloyd A. Brown ( ), who has devoted a special volume to the story of early maps, finds it "impossible to trace in them [i.e. the maps of the Middle Ages] a developmental process, a progression of thought... It is also impossible to classify medieval maps in a sensible way or to grade them according to accuracy and utility."

In many historical and geographical texts, the recurrence of mythological material in medieval geography is either dismissed as obsolete with little attempt at explanation, or is attributed to older writers like Pliny, Pomponius Mela, Solinus, and later, Mandeville, whose "fanciful" descriptions and "gruesome" characters were used by ~~the early~~ medieval map-makers. Lloyd A. Brown ( ) calls Solinus "an utterly shameless spinner of tall tales" and similar accusations are addressed to Pliny and Mandeville by other authors who ascribe many of the errors and exaggerations of medieval geography to the influence of these writers. It certainly cannot be expected that manifestations of the castration complex, ideas referring to the vagina dentata-fantasy, etc.,

would be immediately comprehensible to an observer not trained in psychoanalytic principles. Still, the almost complete lack of understanding of the nature of these documents is ~~indeed~~ remarkable.

In Samuel E. Morison's ( ) history of Columbus' life and discoveries, an account of practically every island sighted and every port visited by the explorer can be found; also the episode at the Orinoco River is related in detail. Yet no attempt is made to appraise Columbus' emotional situation in the Gulf of Paria and the possible "why" of his ~~xxx~~ "weird conclusions" about that region, except a hasty annotation: "He was not out of his mind." I mention ~~these points~~ this in order to show the need for an inter-disciplinary approach to certain aspects of history and geography, an approach to which psychoanalysis with its exclusion of moral judgment and its investigation of the unconscious motivating drives, can well contribute its share. This ~~xxxxxxxxxxxxxx~~ was proven long ago by Freud in his studies on Moses and Leonardo da Vinci, and more recently by Greenacre in her work on Swift and Carroll.

More specifically, then, we have to ask why medieval geography became "a distillate of folklore, religious cosmography, and an assortment of statistics transcribed with all the errors from ancient itineraries." ( ) ~~The answer admittedly is not simple. I would be inclined to think of several factors here involved.~~ Apart from the more or less general repression of overt genitality during the Middle Ages, it should be noted that

a. medieval manuscripts were mostly the work of scholarly clerics, usually monks who wrote in the relative seclusion of convents and abbeys,

b. Under such circumstances tendencies to regress to earlier modes of libidinal gratification (longing for the blessed isles, Prester John, etc.) are likely to occur,

c. In such a setting, moreover, views expressed by authoritative, historically ~~xxxxx~~ older, i.e., paternal scholars like Aristotle, Pliny, Virgil,

The answer admittedly is not simple. Apart from the particular aspects of medieval thinking with its emphasis on religious beliefs, dogmatic conditions of paradise and beatitude, and biblical concepts of sin, evil, and punishment, the psychodynamics of exploration, map making, and map studying offer at least one clue to the understanding of this complex phenomenon. Selma Fraiberg[1], in her recent paper on "Tales of the Discovery of the Secret Treasure" has shown that the search for unknown places and hidden treasures so frequently observed in children is really "an analytical search". The map, in this setting, represents "the acquisition of a magical device [through which] the hero achieves the means of obtaining the inaccessible woman" — the mother. On the basis of her clinical findings Fraiberg confirms our view that the emphasis, absorption in discovery and maps is an unconscious displacement of interest from anatomy to geography.

In Fraiberg's study it is the maps which [illegible]

problems ~~into~~ according to primary and secondary process elaboration.

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"reveals the place where something is hidden... the treasure" which on analysis turns out to be the "Queen." The medieval maps discussed above likewise reveal magically the site of the "Queen" by indicating the location of paradise, of the blessed isles, and other sites of happiness, as well as the terrifying dangers threatening the bold adventurer who clearingly sets out to win this "treasure of treasures". It is interesting to note that there exists another set of medieval charts not yet mentioned here, the so-called portolani. These realistic maps coexisted, throughout the Middle ages, with those described earlier, and in contrast to the latter, showed rather accurate outlines of the known sea coasts, countries and trade routes with little or no reference to unknown areas. These portolani were used by seamen as practical navigation guides. The coexistence of two sets of maps, one filled with fantasies and the other with factual geographical data appears to correspond to a split in the approach to geograph-

etc., are ~~more likely to be~~ accepted ~~and~~ to become fused with the unconscious fantasies of the later scholars, ~~in their own writings,~~ on the conscious level, the persistent efforts

d. At the same time, a breakthrough of the dammed-up libidinal strivings is likely to occur in areas where these otherwise forbidden impulses ~~could~~ be more freely admitted, ~~such as writing and science~~ [illegible] It is noteworthy, for instance, how openly the incest theme is dealt with in the medieval Tristan saga and in Hartmann~~x~~ von der Aue's Gregory legend. It seems that the same process holds true for medieval geography.[x] The latter, with the limited amount of factual knowledge available, offered an especially fruitful field for fantasy and speculation, factual and imaginary adventure, because the repressed fantasies could be easily and freely projected into the unknown areas far away which thus were made the natural habitats of all those ~~unconscious~~ forces---depicted as fabulous monsters, dragons, demons, mermaids, ~~etc.~~---residing within [illegible].

In fact, the whole idea of the alter orbis as the place of unmentionable doings, unheard of terrors, indescribable experiences of bliss, represents such a ~~projection~~ on a gigantic scale. It seems to me that we are witnessing today a revival of that old idea of the ~~alter~~ alter orbis --- with the only difference that from the mare tenebrosum it has been projected into the dark spaces outside the earth, with spaceships taking the place of caravels and interplanetary travels substituting for journeys to Paradise, Prester John, and Fortunate Islands. The mother has moved from her earthly dwellings. Now she hovers in the outer spaces and is as eagerly sought after there as in the days of old in Africa, ~~and~~ Asia [illegible].

x) ~~The~~ German term for geography = Erdkunde (knowledge of the earth = mother) makes this connection even clearer.