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In order to understand the phenomenon of acting out, we must try to understand the phenomenon of symptom formation. Since the formation of symptoms is brought about by failure of repression, it is advisable to view the relation of acting out to repression. Repression is a defense mechanism of the ego from a clash with reality which it would otherwise suffer from the pressure of the id. The neurotic symptom is a compromise formation which, to a certain extent, satisfies the id, but on the other hand also the super ego as a representative of reality. Acting out seemingly has some similarity with the neurotic symptom, at least certain forms of acting out. I have in mind those neurotic characters who, for a certain period of time lead an irrational life, following the impulses of the id, and after this have periods where the ego suffers inhibition. This kind of acting out is an equivalent of the neurotic symptom. On the other hand, there is no doubt that there are people enough who act out, f.i. in their choice of profession, or in some kind of hobbies, who seem only to enjoy the gratification of infantile instinct demands in their realistic

life. From these few remarks it looks as if acting out did not deserve the designation of an ego defense mechanism. It looks more like an offensive mechanism, and yet I consider acting out an ego defense. Ego defense must be defined as an arrangement or a compromise between instinct ^{substitution} situation and instinct renunciation, which allows the ego to keep up its coherence. Let us view first the phenomenon of acting out where it is normal. I am speaking first of the child's playing. In the first place, children act out. They act out their instinctual claims which cannot be satisfied in reality. The Oedipus conflict is an actual problem for the child. Acting out is one means which helps the child to solve this conflict. In a paper I once published under the title "Doctor Game, Falling Sick and Becoming a Physician", I investigated in particular the doctor game under these aspects. We know from Freud that the child needs a play, f.i. in order to defend his narcissism. In play, the child tries to repeat actively what it was submitted to passively on account of his weakness. Everything the child has to suffer passively and what causes an increase of his emotional tension, the child repeats in a play arrangement, and in this way gets rid of the overcharge of emotional tension.

I pointed out that in children's games the process of identification plays an important part. This for one reason I have just mentioned: to be the active one in his phantasy, whereas in reality he had to be the passive one. But identification is of more importance in the child's acting out. F.i. in the Oedipus situation the boy would like to play the role of his father and have sex relations with his mother. But this would imply a collision with reality. The child suffers frustration from two sides: from the threat of the rival father

on the one hand, and from the rejection of his love object, the mother, on the other. Frustration entails the danger that the mental system gets overflowed with pent up narcissistic destructive energies. Acting out in the form of playing is a defense against it. F.i. in playing doctor, the child can satisfy all the demands of his partial demands of instincts, but in ^a ~~the~~ form which is socially acceptable. The parents approve of the child's playing. The destructive energies become released at the same time, for we observe very often that all plays of children give ample opportunity to discharge aggression. Aggression which has been suppressed towards the parents or towards the sibling rivals. It is essential that the child believe in the reality value of his play. What has happened? The child has withdrawn his libido cathexis from the parent object and has transferred it to his phantasy object. To this withdrawal of libido and to the opportunity to discharge the withdrawn libido in a displaced manner, the child has developed the capacity not to understand what is going on around him. Only this way it is understandable that a child can live in an environment where it is steadily exposed to libidinous frustration without being aware of it. As Freud pointed out repeatedly, in the child's mental system there is no strict demarcation line between conscious, preconscious and unconscious, and that is the reason why for the child actual reality and psychic ~~r~~eality can be identical. Through play, the child is saved from the perception of the relation between the parents. What happens is this: Acting out can be considered as the pre-stage of repression, or we can say, in acting out the child saves himself from repression. Repression to a certain degree becomes superfluous, because the child

found another way to defend his ego against the injury of being frustrated. Or in other words: acting out in the form of playing prevents an actual conflict from becoming introverted. On the other hand, we can consider playing as a function which serves the purpose to exercise the mechanism which leads to a successful solution of the Oedipus conflict. It is not my intention to go into more detail about the theory of children's play, and the significance it may have if children are prevented from playing by external forces, or what it means if a child, as an oral form of infantile neurosis, gets inhibited in playing. We must also remind ourselves of Freud's statement that repression can only take place after the development of the super-ego function. Before this, the activities of the child are oriented completely towards the permissions or prohibitions of the parents. Therefore, certain forms of acting out of grown-ups may be nothing but a mental infantilism, or a regression of the ego to the period where there was no internal parent representative. We know that this is valid f.i. for certain categories of criminals. They act out until they get caught. Then their guilt feeling gets neutralized by punishment, which is incentive to start acting out again. Guilt feeling and fear of one's own conscience as we know is not identical. I have investigated the mental mechanisms which lead from a child's play to the choice of profession. Summarizing I should say: the child plays doctor because this form of instinct situation is in conformity with the parents' demands upon the child. Later on, the individual, who f.i. becomes a physician, can go on playing doctor as long as his super-ego shows the same leniency as the parents did. The super ego later on would interfere only in a similar way as the parents would do, that is if the displacements from the

original object cannot be kept up. I once had a surgeon in analysis, who started to suffer from working inhibitions and depressions after he had to assist in operating on his own mother. Then the super-ego interfered and forbade ^{the} nasty playing with sick people as mother substitutes. It was then that repression had to take place.

I once analyzed a patient who was a children's nurse. Before she chose this profession, her wish was to take a position at a widower's house and take care of the children. It was obviously the acting out of her Oedipus conflict. The mother was dead and the father and his children belonged to her. It was a play arranged in a socially acceptable fashion. As her father did not allow her to chose ^e this profession, she became a nurse in a children's hospital. To her unconscious, the doctor was her father and husband, and all the babies were to her unconscious her siblings. However, in this play arrangement she was not able to control completely her aggressive tendencies against the sibling substitutes. And through this she arranged unconsciously a mistake through which a gas stove almost exploded. In consequence of this accident she felt sick with a hysterical convulsion symptom. Her alloplastic arrangement had to be transmitted to an autoplasmic introversion of the conflict, against repression... after she was unable to act out any longer.

We encounter the phenomenon of acting out habitually in our psychoanalytic treatment as a temporary formation. It is my impression that this artificially created acting out occurs after specific symptoms have disappeared through the medium of transference. The symptoms could be dis~~played~~posed off because the patient intends to act out in collaboration with the psychoanalyst. The psychoanalyst

becomes the substitute object, with whom the patient intendsⁿ to play. The patient is faced with the necessity to perceive consciously forbidden demands towards the psychoanalyst. We know, if the patient would go on to associate freely about her feeling for or against the psychoanalyst, the actual meaning of her transferred feeling would become conscious to her. In order to avoid this, he transfers his demands towards objects of his actual world, and in this way becomes capable of not understanding the transference conflict situation. The fear of frustration and the threatening consequences from the ego drive the patient away from the psychoanalytic situation into his object world. The process of identification plays here the same role as in childhood. The patient changes object love into identification love. I published one striking example: a woman patient of mine who suffered from a heart neurosis, and was afraid that she could never bear a child on account of this heart neurosis, had a mother who was suffering from a heart condition. The mother almost died by giving birth to her younger sister. On the height of the transference situation, the patient obviously fell in love with me, but was afraid of perceiving it in order to avoid the frustrations she once had experienced in childhood. In particular, since her hatred towards her mother was a means in which she had identified herself with her in her heart trouble. All my attempts to interpret failed. The patient instead tried to play doctor. First by calling me always jokingly "uncle doctor", she wanted me to examine her mother and to cure her mother instead of her. She told me a dream: instead of coming alone to her psychoanalytic hour, she brought her mother. Her mother lay down on the couch instead of her. I took out a long stethoscope and put it on her mother's breast. She watched it very attentively. But to her

great terror she noticed that the stethoscope was a dagger which I buried in her mother's breast. The patient wanted to exchange projection for identification and wanted me to commit the murder in her place. On the other hand, this patient showed the same phenomenon as many patients: she became very enthusiastic about psychoanalysis, and started to analyze her environment. ~~Rich~~ ^{Such} patients want to become psychoanalysts in order to avoid going on to be psychoanalyzed. They want to discharge actively to what they are submitted passively. In this way, wild psychoanalysts come into being, who act out psychoanalysis in order to avoid an understanding of what psychoanalysis is.

It deserves a special investigation in how far anxiety can be avoided through acting out. Summarizing we can say, acting out saves repression or during the treatment it saves re-repression. I had a patient, a doctor, who was a morphinist and had collided with the police. His analysis revealed that as a boy he had consciously masturbated with sexual ideas about his mother. Once his father had caught him masturbating and had threatened him, and the special threat which his father and his mother repeated again and again was: we will take you to the doctor. One motive for becoming a doctor was to avoid the fear of being passively submitted to a threatening doctor. No wonder, that as soon as he had started his clinical career, he fell sick twice with severe organic diseases, so that he had to be operated on. Through this morphine abuse he made his doctor career impossible. As soon as through the treatment he had become rehabilitated again so that he could start practicing again, he had a relapse in the form of ^{an} alcoholic spree. He married a woman of very high class society, whom he admired, and on the other hand had

relations to a nurse in his office. He used to have ~~inter~~ intercourse with this nurse during ^{the} day time at any time he wanted. So he had divided his mother transference into the mother type and the prostitute type. His alcoholic lapses came about ~~to~~ his increased guilt feeling. Then he turned the prostitute type also into a mother type. When he was drunk, he was very sloppy and dirty, had to stay in bed and had to be nursed by his office nurse. In particular he had a craving for drinking milk. What we see here is that acting out also follows the trend of ego regression. Regression on the genital level to the pre-genital level, because the pre-genital regression is acceptable to the super-ego. It was very impressing that after the patient had told me for the first time about his childhood masturbation, he did not want to see me anymore. And his motivation was: because I knew of his masturbation. In other words, I had become the doctor, of whom his parents had told him they would take him to. This man acted out as a doctor as well as as a patient. His morphinism was a defense act against acting out. Another patient which I treated a number of years ago, was ^a girl who had the compulsion to fall in love with colored people. On the other hand she was completely inhibited sexually. The colored men with whom she had had sexual relations, were, of course, substitutes for the father. The success, or rather missuccess, was that she lost her sexual inhibition to ~~the~~ colored men and the result was her pregnancy. Analysis revealed that the unconscious wish was to have a child from her father and was associated with a special envy of her brother, who once, as a little boy, got as a gift from the father, a little colored doll. This patient got an understanding of the repetition compulsion in her life, but lost it again completely.

Even the fact that she indulged in deep psychological conversations with the colored boy could not convince her that the colored ^bboys were temporarily a substitute for me. When once the patient was in trouble on account of her pregnancy, she told me something about the treatment of acting out. It is the fear of frustration, and the patient could not understand the psychoanalyst on account of his acting out as long as the psychoanalyst does not show any reaction which can be ~~conceived~~ conceived with the unconscious of the patient as a transference gift. Acting out in psychoanalysis is the repetition of acting out in childhood. With the difference that here it is the return of the repressed which becomes acted out, whereas in childhood children act out ~~instinctual~~ instinctual drives before they become repressed.

Occupational therapy, enforced acting out in order to analyse inhibitions (garden work of the astronomer), twilight states as a form of acting out.