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CLINICAL HINTS FROM DREAM STUDIES*

By BERTRAM D. LEWIN, M.D.†

In ancient times, mankind held the dreamer and the psychotic to be inspired. Dreams came mysteriously to the sleeper through the gates of horn and ivory, bearing to him the true or deceptive messages of the gods, and the madman spoke an arcane language. It seems to us now that those who believed in the second sight of the madman and the dreamer were themselves near to prophetic insight, for they apparently realized, as we do today, that the dream is like a psychosis. To give folk-wisdom more credit than it probably deserves, we may add another old belief, embodied in the saying that out of the mouths of babes and sucklings shall come forth truth. In this we may read, if we wish, an inkling of a third pillar of present-day psychiatry, for we too are interested in what may be learned from the mind of the infant. Thus, most venerable adages and magical traditions agree with modern scientific beliefs. We know that the ill, the dreamer, and the child, all three have much to teach us.

Many pre-Freudian psychiatrists saw that dreams had much in common with psychoses, and Hughlings Jackson[10] was responsible for the statement: "Find out all you can about dreams, and you will have found out all about insanity." But it remained for Freud to teach us the surprising fact that from both dreams and symptoms we should learn about the small child. In dreams and symptoms, we found the expression of infantile thoughts and wishes such as those of the famous oedipus complex. It was not difficult to appreciate that psychotic and neurotic symptoms are distorted wish-fulfillments. Many years before Freud, Griesinger[6] made the observation that "ideas in dreams and in psychoses have in common the characteristic of being wish-fulfillments." Since 1900, when the *Interpretation of Dreams*[4] was published, it has become clear that dreams fulfill the same infantile wishes that we encounter in the psychoses and neuroses.

But the statement that the dream is a wish-fulfillment does not exhaust

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† Faculty member, New York Psychoanalytic Institute, New York, N. Y.

its significance. It resembles psychoses in other respects too, some of them quite evident. Griesinger, again, remarked that many persons who have recovered from an acute psychosis say that the attack appears in retrospect as if it were a dream, sometimes a painful dream, sometimes a happy one. Nunberg's catatonic patient[19] consistently referred back to his attack as "my dream," and stated that he wished to forget it. It has been noted that many recovered patients repudiate their illness by forgetting it, and it is quite beyond their ability to bring back to mind the forgotten events. This type of forgetting differs from ordinary, everyday forgetting, but it resembles closely the forgetting of dreams, which often cannot be brought back to mind by direct, conscious effort. The memories of such psychotic attacks and the memories of such dreams are, as we say, repressed; and in this again, psychosis and dream agree with infancy, for we are familiar with a similar amnesia in regard to infantile events. The study of individual cases has shown that there is a close connection between psychotic experiences and the dream life, for in many recovered persons, the delusions of the illness continue to appear in their dreams; and conversely, it has been noted that the delusional ideas appeared in dreams before the onset of the illness. There are indeed many reasons, besides wish-fulfillment, for studying the two states in parallel.

But the full impact of the relation between dream and psychosis was not felt until 1916, when Freud wrote his essay, "The Metapsychological Supplement to the Theory of Dreams."[5] In *The Interpretation of Dreams*, Freud had already made clear that the central purpose of the dream was to preserve sleep. The wishes that arose during sleep were considered intruders and disturbers, which threatened to awaken the sleeper, and the dream represented them as fulfilled, so that the sleeper might continue in the fulfillment of his real, dominant wish, namely, the wish to sleep. The wish to sleep is therefore the ultimate reason for all dreaming. In the "Metapsychological Supplement," Freud brings this out more sharply, and he no longer says that a dream is like a psychosis, but that it *is* one. It is declared to be a hallucinatory wish-fulfillment psychosis, due to the wish to sleep.

The new implication in Freud's statement is a profound one. It shows that Hughlings Jackson's dictum, "Find out all you can about dreams, and you will have found out all about insanity," has a new dimension—a dimension which may be expressed: "And to find out all about dreams, you must find out all you can about sleep." In the same essay, Freud brings sleep into the realm of psychological theory. He is no longer content to leave sleep a purely physiological problem without psychological interpretation; for he now states that sleep is a manifestation of *narcissism*, which is a conception originally introduced into psychoanalytic theory to explain certain findings in the psychoses and in infantile development. This narcissism is only indirectly evident in the dream psychosis, however, for the dream text is an "exception" to the narcissism of sleep. The dream is made up of remnants from waking life of various wishes and interests, which, as it were, did not go to sleep with the rest of the person. Therefore, at first glance, it seems as if the study of the dream could not lead to any understanding of sleep and narcissism. If, as Freud puts it, what we know about the psychology of sleep is only the psychology of the nonsleeping part of it, how can dream studies take us beyond the barrier? If the dream is only an impurity in sleep, how shall we ever know about sleep? Yet, if we take seriously the dictum that the dream is a psychosis, and that sleep is a regression to narcissism, must we not be eager to understand sleep itself?

Fortunately, the situation is not quite so baffling as it was. We are indeed far from understanding all about sleep or all about the psychoses and neuroses, but in recent years certain new observations have been made on dreams and on hypnagogic states, which along with parallel studies of symptoms and of the child, appear to hold promise of a profitable attack on the problem.

The ordinary dream is a visual projection. That is to say, the hallucinated action and the story appear to take place somewhere in front of the dreamer, as if in his visual field. It now seems probable that this imagined action is projected on an imaginary screen, like a motion picture; at least, such a *dream-screen* has been detected many times and the assumption that it exists in all dreams has been a useful one. The dream-screen first came to my attention when a young woman patient reported to me as follows:

> "I had my dream all ready for you, but while I was lying here looking at it, it turned over away from me, rolled up, and rolled away from me—over and over like two tumblers."

That is, she saw her dream, as if it were a picture on canvas or a screen, and in the act of forgetting it, she saw it become convex, roll up and then roll away. I was in the fortunate position of being able to analyze the meaning of the screen. It stood for her mother's breasts, which had figured tragically in her life. Her mother had undergone a mastectomy when the patient was seven years old and had died three years later, and although the patient had an almost complete amnesia for all the events dealing with her mother's illness and death, the topic of mother and breast figured constantly and extensively in her dream life. Her successful wish to forget the dream was a corollary of her wish to repress the idea of the breast.

My patient's experience brought to mind certain phenomena reported by Isakower,[8] a particular fantasy which appeared under certain circumstances while his patients were falling asleep. In this hypnagogic phenomenon, the beginning sleeper has a sudden hallucination of approaching large masses, which seem to grow larger and larger as they get near and finally merge with the sleeper, to the accompaniment of skin and mouth

sensations. These Isakower phenomena were interpreted as repetitions of the earliest nursing experiences of the infant falling asleep at the breast. I shall have more to say of them later on. Here I should like to point out their relationship to the dream screen.

I reasoned that my patient had included the breast in her dream as a background screen, and that the ordinary events of the dream and the manifest story had been projected on to it like a motion picture play. What she reported of the process of forgetting was the flattening out and disappearance on to the screen of the dream story, which then took breast shape and was removed from her. The manner in which the breast-screen rolled away was similar to the way other large objects mysteriously move in dreams, for which there is a recognized interpretation. Such objects moving about in the air of themselves are often based on early memories of things being moved about by adults, equally mysteriously so far as the baby is concerned, and indeed in dreams we often feel ourselves floating about, a repetition of our experience of being tossed or carried by adults.

The breast interpretation of the screen or background has now been confirmed by my further experience and by that of others. Thus, the patient in question later dreamed of a large iron trellis which came between her and the background of the dream, which on interpretation turned out to represent the prosthetic iron frame her mother had worn after the breast ablation.

When we think how many times in the life of a small baby the act of going to sleep follows a meal, it cannot surprise us that there should survive many associations between sleep and the mouth, and that this connection should include the dream too. Thus, when my patient's dream rolled away from her and she portrayed this as the removal of the breast, she gave us a clue to the meaning of dream-forgetting. To forget a dream means to wake up completely, and it means to give up oral pleasure. This finding has been confirmed many times. For example, one of my colleagues tells me that when she tries to recall a dream, she always has a feeling as if she had it somewhere in the back of her mouth, as if she could somehow find it there. Patients in analysis, trying to remember their dreams, often bring up instead associations dealing with food or the mouth.

The discovery of the dream screen led naturally to a consideration of visually blank dreams, and in fact I had previously studied a case where the blank dream had come to my attention in a very impressive way, four times in the same patient. This was a young schizophrenic woman who went through four hypomanic attacks while she was under my care. Each time the attack appeared when, after a rather long abstinence from contact with women, she had spent a happy, exciting day, shopping and lunching with an affectionate, maternal woman. Such a day always sent her into a rapturous state, which culminated that night in a blank dream

with orgasm. After this dream, each time, the patient had a hypomanic attack that was full of independence and delusional heterosexuality, and which was an obvious flight from the passivity and homosexuality that was directly expressed, so far as her feelings were concerned, in the erotic blank dream. From the clinical standpoint, the dream belonged to the story of the psychotic upset; or conversely, one could say from the standpoint of dream-study, that the ensuing attack was like a belated, defensive, denying part of the dream state.

There is not *a* blank dream, but a whole class of blank and nearly blank dreams, and the assumed "screen dream" is merely a possible variety or subclass. That there are such varieties pointed up the fact that the analogy of the dream and the motion picture play is inexact. When we go into the motion picture theater, the screen is already hung; a dreamer, however, projects not only the story but the screen too, so that the screen, even if it should make up the whole of the dreaming experience, is still a dream projection. What really led to a reconsideration of the whole blank dream idea was the realization that all dreams are not projected. Many blank and nearly blank dreams are not located in front of the dreamer in his apparent visual field; instead, dream and dreamer may feel and seem as if they occupied the same segment of space, so that the dream and dreamer are not separate.

At this point, I should like to return to Freud's statement that the ordinary visual elements in a dream represent an impurity in the primal narcissism of sleep. For in the dreams I have been presenting there is a minimum of such elements. They would therefore be very special dreams, with little manifestation of the intruding and disturbing wishes from the day. The interest is indeed centered on the sleep itself, and the dreams come very close to being concrete expressions and examples of what Freud means by the narcissism of sleep. This was immediately recognized by Rycroft,[22] who calls them "sleep dreams," and by Scott,[23] who speaks in this connection of "narcissistic dreams." Hoffer,[7] too, explicitly aligning himself with me, writes: "I should exemplify primary narcissism . . . by the infant's state of deep sleep."

In all the comparable blank and nearly blank dreams which have been collected so far, there are certain constant findings. There is a surprising consistency about the way they are told. All the dreamers say that the dream is hard to describe, that it was an experience for which they cannot readily find words, or they refer to it as an immanent experience, like an emotion, and they explain that their efforts to communicate are metaphorical or allegorical. In the unprojected type of dream, the position of the dreamer is unspecifiable, and they speak of being in or, on, or against some vague, indefinite, nebulous object or substance. In related dreams, where there is some projection, the dreamer sees large, looming masses,

with which then he unites or merges to become one. The dreams are apt to be repetitive, either over a stretch of time or during the course of the night, and most interesting fact of all perhaps, they are always intense emotional experiences. Either the dreamer finds that he has had a sexual orgasm, or an intense blissful sleep, or on the other hand, that he was severely anxious, sometimes to the point of nightmare terror. The dream work in no way tries to provide anything pictorial which might rationalize such feelings, but leaves them as pure, intense and immediate feelings. The dreamer either enjoys his sleep and his dream, or he fears them.

Of interest in connection with the blank dreams are certain hypnagogic fantasies, which have become known as the Isakower phenomena, so-called because of Otto Isakower's original, classic description.[8] The Isakower phenomena appear under certain circumstances in certain persons while they are dropping off to sleep. Typically, a large mass, usually round and dark, appears to approach the beginning sleeper; it envelops him and at the same time enters him through the mouth, producing a rough, doughy, corrugated sensation in the buccal mucous membranes and the skin. The dormescent person loses his sense of ego boundary, and he cannot tell where the division is between his own body and the mass. He feels that the mass is corrugated or that he is, or that he and it are having the same experience. All this is a reproduction of the little baby's sensations on falling asleep. The mass is a reproduction of the breast or the food, and the changes in body feelings and in the orientation of the body presumably repeat comparable feelings in the dormescent baby.

The study of the Isakower phenomena and of blank dreams thus holds promise of a lead to the study of beginning psychoses. For if dream and psychosis are of the same order of things, to find out what going to sleep may mean should ultimately illuminate the problem of going into a psychosis. This idea has in fact been recognized, and I may refer to a paper of Zilboorg,[25] "Anxiety Without Affect," in which the author describes prestuporous states and beginning stupors, where the Isakower phenomena, as we should now call them, are prominent, and where there are also strange ego states and feelings of bodily alteration that appear while we are going to sleep. In this connection, too, we should think of the studies of the late Paul Federn,[1] who studied these alterations in ego feelings, not only in psychoses and neurotic conditions, but also as they appeared in dreams and hypnagogic states.

It will profit us some day to study the relationship of waking up fantasies, those called hypnopompic, and the ideas that accompany recovery from a psychosis. It may turn out that the common fantasy of rebirth that often tends recovery is based on early experiences of waking up.

To return to the blank, narcissistic dream and its place in a clinical picture. In discussing the blank, orgastic dreams of my young patient, I

mentioned that they definitely belonged in the anamnesis of the hypomanic attack. These blank dreams were followed by the flighty denial of the hypomania proper. The sequence in all four attacks was the same; a happy, rapturous day spent with a maternal friend, a blank dream with orgasm that night, then a typical jubilant elation with delusional heterosexual and independence fantasies. The distracted, euphoric, overtalkative manifestations denied the meaning of her blissful dream and of the passive, narcissistic pleasure it contained. It seems possible to me that a dream of this sort, or its psychological equivalent, may be a constant precursor of the hypomanic state proper. We do not yet possess the experience which would tell us what a "psychological equivalent" would be, but it might take the form of a dreamlike or cloudy state.

On the other hand, the ecstatic or blank dream need not be followed by a clearcut manic state, even though there is a strong suggestion that it may always be followed by a manic equivalent. Further experience is necessary to clarify this problem. In my practice, I have noted that when a patient has made a special point of commenting on how satisfying his sleep has been, the following day may show a certain amount of hypomanic behavior.

If we considered the blissful dreams as psychoses, we should class them as ecstasies; which then, under certain circumstances, become filled with anxiety and lead to the defensive flight of the exuberant, overactive hypomanic or manic state proper. Let us try to see this situation in simple terms. A person, due to a fantasy of an extremely regressive quality, finds in a dream of ecstatic bliss an intense satisfaction and happiness, such as he cannot attain in his actual, waking situation. In his dream, he was as happy and irresponsible as the satiated nursling, and the sight of such a possibility is most attractive to him. However, to preserve this ecstasy, he must remain asleep or stuporous, and when he awakens, his ego with its defensive powers and its waking claims, is aroused to withstand the dangers of such a fantastic temptation. The ego may feel anxiety or it may still feel the euphoria of the dream situation. In the latter case, it is compelled to explain the euphoria. This it does, and in the overactive hypomania there is an assertion of vast activity and effectiveness, the happiness is attributed to fantastic successes and accomplishments, and all passivity and dependence are repudiated in the distortions of the manic or hypomanic attack.

The manic state, no less than a paranoid delusion, is like a piece of dream thinking, and it is an attempt at restitution of the relationship with the real world. Where the paranoid patient tries to form a compromise world through his false intellectual constructions, the manic tries to find in the world about him and in his doing a justification for his false euphoria. The overactive manic state is a flight from the passive ecstasy, the narcissism of the blank dream.

Experience does not yet permit us to correlate the ecstatic narcissistic dream with the manifestations of depression. It is not that we lack a plausible theory, for it seems assured that the same regression takes place in the depression as in the elation. Moreover, as Freud pointed out, under the blatant and painful complaints of the depression, there is an unconscious groundwork of narcissistic pleasure. We are certain too that the relationship between sleep and symptoms must be of great importance in the depressions, for insomnia is a prominent and characteristic symptom. Dr. Gregory Rochlin,[21] by a close study of the transition period between elation and depression, or vice versa, has demonstrated that the difference in the two states lies not in the fundamental libidinal situation but in the ego defenses and attitudes. Our uncertainty comes from lack of adequate observations of the dream life of depressive cases in *statu nascendi*, such observations as have become available in the case of hypomania.

A hopeful approach to one aspect of the depressive problem may be opened for us by Isakower's work[9] on the meaning of words in dreams. Isakower has shown that words in dreams give the superego's opinion of the latent thoughts that the dreams express. Sometimes at the end of a dream, a final remark of this sort, which comes too late to be distorted by the dream work, appears to waken the dreamer. A typical example is to be found in Freud's account[4] of the dream of the burning child, where the child appears to the father in the dream and reproachfully whispers, "Father, can't you see I'm burning?" The father wakes up and finds that a candle burning by the child's bier has fallen over and threatened to set fire to it. Here the superego makes its appearance in the reproachful words of the child, and it appears as a waker. In fact, the real arouser, that is, the real fire, is for a moment given the dream disguise of a superego utterance. In the depression too, the voice of the superego may also be considered as a wakener and a weaner, telling the person who is unconsciously clinging to the narcissistic situation that it is time to awaken and leave this state. What characterizes the depression and accounts for the persistence of the superego's voice, is the tenacity with which the patient clings to his state. He remains in fantasy fixed in the nursing situation, struggling to preserve his position, despite all conscience and pain.

In my above description, I have attempted to present as a good example of primitive narcissistic states of consciousness, the blank dream, and particularly the blank dream in what is perhaps its most primitive form: the unprojected, emotionally highly charged variety or subclass. I have also tried to point out where such phenomena as the blank dream and the dream screen fit into our clinical theory of the narcissistic neuroses and psychoses. I have omitted examples of the narcissistic picture that may be found in the psychoneuroses, for in these milder states they are not so conspicuous, and the only systematic study of them in this field has been

limited to the phobias. In the field of analytic technique, we have been able to deduce certain useful principles and and practical guidance to interpretation, but so far too, there has been no systematic application, although I plan one. As I indicated in passing, we have got some aid in the understanding of the process of the forgetting of dreams, and papers by Leo Stone,[24] and Clifford Scott[23] have pointed the way to an understanding of what has been called "transference sleep," that is, neurotic sleep on the analytic couch. It is possible that further study of the appearance of blank dreams and screen phenomena in the neuroses and on the couch will help us to a more profound understanding of neuroses and analytic technique, but a systematic treatment of these fields lies in the future.

What requires more discussion now is the genetic aspect of these narcissistic phenomena. A mental datum of such regressive quality is not considered to be understood analytically until we have discovered the infantile state in which it appeared originally, and which it repeats later in life, and we are particularly interested in determining which instincts are involved in its production. Here several theories present themselves, unavoidably containing conjectures and assumptions, and we must select from among those which have been suggested. For simplicity we may refer here solely to an unprojected blank dream, for among the manifestations that appear in this field such a dream is probably at the core, and whatever applies to it can easily be translated to apply to the dream screen, to the Isakower phenomena and to related states.

Some thirty years ago, it would have seemed quite proper in the analytic world to say that the blank dream repeated the state of consciousness of an unborn child, and that it was a representation of intrauterine regression due to a universal, inborn instinctual wish to return to the womb. Because the state of sleep bears a marked resemblance to the prenatal state, it seemed plausible to consider that such a manifestation of narcissism would depend on such a wish. Ferenczi,[2] and Rank[20] are two of the names associated with the exploitation of this idea; in fact, the latter instituted a method of analytic therapy which was based on the assumption that to lie on the couch was a repetition of going into the mother's body, and that the end of the treatment necessarily meant to be born again. Nowadays such ideas seem to us to be unanalyzed fantasies rather than true repetitions. There is no doubt that many patients have fantasies about having been in the uterus and about being born, but we doubt that these are direct memories and for an excellent reason.

For we have all learned from an early mistake of Freud. If you recall Freud's account or if you have read Ernest Jones's brilliant book,[11] you will probably remember that Freud was initally deceived by his hysterical female patients into thinking that they had really been seduced by their father or some other near male relative in infancy. He therefore originally

proposed a theory of infantile seduction to account for the symptoms of hysteria. To his surprise he later found out that his patients had not been seduced, and that they had been telling him memories of infantile fantasies rather than of facts. This clarified the situation, so that Freud could then formulate a correct theory of hysteria and of infantile sexuality. We find ourselves in a comparable position in relation to the ideas presented by patients concerning their gestation and birth. Certainly they were in the uterus and they were also born, but even if we should some day be sure that real memory traces persist from these early days, we may well disbelieve that they recall very much about it, and certainly we must not credit their elaborate imaginations about these matters. For we know that the ideas presented to us about the insides of the mother's body and about birth are fantasies. They are infantile sexual theories which arise not from personally lived experiences, but in the days when the child becomes aware of the facts of life and puzzles out his own theoretical explanations.

Having rejected the fetus as an assured basis of reference, we may consider an alternative assumption about the narcissistic dream; namely, that it repeats a state of mind which arises in early postnatal life. We should then have to assume that the very small baby's state of consciousness is repeated in the unprojected dream, that the dreamer who is immersed and inseparable from the environment of his dream is reproducing an infantile state of consciousness, and that the strong affects often contained in the dream are also repetitions from the earliest months of life. From analytic studies and direct observation, certain notions are now held concerning the early state of mind of the baby. They have been well formulated, simply and plastically in a recent paper of Anna Freud,[3] from which I should like to introduce a relevant excerpt:

> While the observer sees the infant as a separate entity, he has to realize that the infant himself has as yet no correct conception of where he himself ends and the environment begins. . . . The observer, watching the infant on the mother's lap, will notice that he makes no distinction between his own body and hers; he plays with the mother's breast, or her hair, or nose, or eyes, as he plays with his own fingers, or feet, or explores his own cavities. He is surprised and indignant when his mother walks away from him, as if he were suddenly left by part of his own body. Only through the painful experience of losing his mother periodically does the child learn very gradually in the course of the first year that the big pleasure-self he has constructed in his mind is not all his own. Parts of it walk away from him and become his environment, while other parts remain with him forever. . . . When adults think in terms of a "self," infants think, or rather feel, in terms of a body.

I think it is this "preverbal" and "preconceptualizing" lap baby, as yet unextricated from the mother as an independent self, that we should think of when we try to work out what the blank dream may reproduce. Especially we should think of this new baby in the nursing situation, drinking,

relaxing, its bodily feelings becoming more and more blurred until it finally falls asleep. It is not so much that we must deny categorically any mentation to the embryo, as that we do not at present need any ideas about the embryo's state of mind to explain our findings. Assumptions about the embryo's mental life do not matter; in present parlance, they are not "operational." Biologically, it may be the case that sleep is a restoration of an intrauterine state, but psychologically, deep sleep is a basic fact, a datum. It may occur in the embryo, but it certainly occurs in the child and in the adult of all ages.

When we compare the blank unprojected dream with the description given by Anna Freud, we see how consistent such a dream is with the mental state of the baby. Miss Freud's construction, it should be understood, was made without any consideration of these dreams but on the basis of much other material of many varieties. Again, compare Anna Freud's statement of how the child and mother periodically become one and then separate, with the Isakower phenomena, where the large mass approaches the beginning sleeper, grows larger and larger and comes nearer and nearer until it finally merges with the beginning sleeper through his whole body, so that he loses all sense of separateness.

The periodic and repeated union with the mother, suggested in the periodic and recurrent nature of the dream is doubtless felt through many modalities of sensation, but our clinical findings come to us predominantly in the form of oral fantasies. The mouth and the act of incorporation seem to have attracted most of the interest and feeling with which the idea of union is charged. To be sure, the oral libido has for long been a well-recognized psychoanalytic concept, designating as it does the pleasure aspect of the mouth's functions. Its central model has always been the nursing situation, and a working concept of this situation is clinically and theoretically useful.

For many years it has been known that the wish to devour represents a large part of this early instinctual activity. There is no trouble in inferring from a baby's behavior that it wants to eat, and the importance of this part of the oral striving is now common knowledge. But this function and this wish do not cover the totality of the nursing situation, and to explain the phenomena centering around the blank dreams, as well as the clinical picture in the elations, I saw fit to include two other instinctual wishes in the nursing situation, which I called, perhaps too adultomorphically, the wish to be eaten and the wish to sleep, and I spoke of these three wishes together as the oral triad of wishes. With the baby's wish to eat and the wish to go to sleep, there is no difficulty in empathizing. Everyone can put himself in the baby's place and can imagine the baby enjoying the fulfillment of these two wishes. But the middle wish of the triad, the wish to be eaten, is more difficult. Its name may suggest a conscious impulse in

the baby which of course should not be assumed; strictly speaking we also should not assume a conscious wish to eat and sleep until later.

By inserting in the nursing situation what I call the wish to be eaten, I am actually referring to a pleasurable state, which I assume arises near the end of the oral satiation and before the baby drops off to sleep, when it relaxes and experiences some of those stages of union which intervene between eating and complete rest. The strange appelation was chosen for a special reason. From the memories and revived feelings of this state, later in life, in dreams and in psychopathological states, there are constructed pleasurable, as well as anxious fantasies, which center about being eaten, and these fantasies are closely linked with ideas of being put to sleep. By assuming that the equivalent or precursor of this wish is present in the nursing situation, I act not as an empathizer, but more the way a mathematician does when he postulates an ideal point at infinity—because it is an aid in thinking.

Thus, to consider from this point of view the Isakower phenomena, when the mass enters the beginning sleeper's mouth and he feels himself merge with it, the experience includes not only the idea of engulfing the mass but also of being engulfed, that is, being eaten by it. If we contemplate Anna Freud's description and try to understand the baby's frame of mind, we can readily see that the uncertain position of the actor and the acted upon, and the inability to distinguish self from environment, must operate in the nursing situation too. Breast, mother and mouth are all included in the large pleasure-self. But the pragmatic reason for speaking of a wish to be eaten comes from the manifestations of later years, when it is possible to distinguish the wishes, which have taken on relative independence and formed separate connections.

As an example of this later relative independence of the elements in the oral triad, I may refer again to the case of the young woman with the orgastic blank dreams and the ensuing hypomania. Her blissful sleep was a fulfillment of the two latter elements of the triad: in this sleep she gratified the wish to be engulfed by the mother not only at the breast but within her too as if she were part of a larger unity. In her subsequent flight from this tempting narcissistic state, the patient turned to the first of the wishes in the oral triad, always remaining within the domain of the triad, but choosing the active fulfillment of the first wish. That is, instead of reliving a deep narcissistic sleep, she became all activity, all independence, gratifying only her wish to devour. By this defensive turn to the active first wish, she was able to deny her wish to be eaten and put to sleep.

In this essay, it has been my purpose to present certain unusual dream states and phenomena related to them, and to demonstrate their clinical application, as well as to give a theory of their genesis and their instinctual

basis. More generally, I wish to show the profundity of the idea that the dream is a psychosis, an idea capable today of ever new application. In fact, I should like to close my remarks by quoting for the third time Hughlings Jackson's statement: "Find out all you can about dreams, and you will have found out all about insanity."

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VICISSITUDES OF THE "INTERNAL IMAGE" IN THE RECOVERY OF A BORDERLINE SCHIZOPHRENIC ADOLESCENT*

By Rudolf Ekstein, Ph.D.†

We expect no outstanding difficulty in the task of reconstructing patients' early object relationships from the analysis of clinical material emerging during the development of a transference neurosis. Freud said of the neurotic patient, "He will always treat himself therapeutically, that is with transference." The developing transference is the track upon which the treatment process proceeds. With schizophrenic and borderline conditions, we feel frequently, however, as if we never get the patient on the track, since we cannot establish contact; or as if the track gets lost, when only intermittent contact can be maintained. In such instances, the transference track may be so precarious and shifting, narrowing, widening or disappearing altogether during the vicissitudes of the treatment process, that we may well wonder which vehicle to employ, and if there is any adaptable to such fluctuating and unpredictable conditions.

This problem arose in the treatment of a borderline schizophrenic female adolescent, now 16 years of age, in treatment during the past three years.

I discussed Elaine's particular means of communication via religious metaphor in an earlier paper[1] and understood their use as protective distance devices brought into play by the stress of the developing transference. These distance devices were elaborated as the ego's attempts to maintain itself in the face of disintegrative threat, by maintaining precariously weak neurotic defenses, enabling thereby the avoidance of both regression and the loss of tenuous contact with the therapist.

As treatment proceeded it was observed that the patient was caught between strong conflicting pulls. Her unremitting attempt to get near the transference object was opposed by forces of equal vigor in the service of distance and flight. Her struggle reminded one of a butterfly drawn constantly toward the flame that may eventually destroy it. The patient herself used a comparable simile when she said on one occasion that she wanted to discontinue treatment because she was now in the same situation as a butterfly attempting to emerge from its cocoon. She said that if someone

* Presented at the Mid-Winter Meeting of the American Psychoanalytic Assn., New York, 1954, and at the January 22, 1955 Meeting of the Topeka Psychoanalytic Society.

† Consultant in Psychotherapy, Department of Child Psychiatry, The Menninger Foundation, Topeka, Kansas.

freed the butterfly from its cocoon, the well-meant help might be disastrous, even though the cocoon's protection had become burdensome; the freed butterfly does not have the strength which it would have achieved by struggling alone, and must therefore die. Thus, in Elaine's transition from the chrysalis to the butterfly state, she felt that she had to avoid the therapist, whom she regarded as helpful only so long as she was a chrysalis. This fantasy contains the essential dilemma of this patient.

The cocoon fantasy suggests, at least on the surface, certain common denominators with the neurotic or normal theme of the "Sleeping Beauty": a latent state is to be followed by awakening and potential fulfillment. Prince Charming ends the death-like sleep of the princess and the happy awakening symbolizes adult capacity for integrated sensual and tender love. In Elaine's cocoon theme, however, the helper is tolerated only during the latent state, and appears as the harbinger of death as soon as this quiescent state is about to be given up for the mature position. Thus, the helper safeguards life only so long as the desire for mature object relationships is not truly awakened. Elaine's simile states dramatically what is apparent in so much of her clinical material, that she can tolerate only a distant love object (we refer, of course, to psychological distance). As she attempts to diminish the distance she experiences a growing danger which threatens not her self-control or her self-esteem, but her very identity. Not Prince Charming but a devouring flame seems to stand at the end of her efforts.

In Freud's classical study of his hysterical patient Dora,[2] the response to sexual temptation is regression to an earlier libidinal stage in which the protective father of childhood days is summoned up to help ward off the frightening situation. Elaine's defensive efforts bring into play more powerful, much deeper ego regression, in which the experience of identity is disrupted and exchanged for a partly symbiotic experience, namely, the chrysalis state of the ego before development enables the maintenance of object cathexis. We know that object cathexis can be maintained only if the internal parental image is stabilized. In Elaine's fluid psychic organization, the internal image breaks down and thus threatens the maintenance of identity except on a symbiotic or autistic basis. While Dora summons up her infantile love for her father in order to ward off the threat of sexual temptation, Elaine summons up, as it were, the archaic ego organization and thus copes with the transference threat by wiping out the capacity for self, as well as the capacity for object experience.

The first period of therapy was characterized by Elaine's compulsive cooperation with the therapist whom she described as a sort of unhuman psychiatric mechanical brain. (We note parenthetically that this concept of the therapist is mindful of the transitional objects which Winnicott[5] has

discussed.) She kept her appointments faithfully and gave her unsolicited pledge at the start that she would suppress all her weird fantasies, including her fantasy marriage to Robin Hood as well as all thoughts of violent destruction. She insisted resolutely that her only wish was to serve Christ and emphasized that real help would be forthcoming only from Him and not from me. It was as if the relationship with the therapist could be sustained only if grafted onto it was the "perfect" relationship with Christ which she felt could be trusted. This is very similar to her turning to Robin Hood at a time when her loyalties were divided between her troubled parents who were engaged in angry divorce proceedings. Robin Hood and Christ both served the same function, in that they afforded protection against the imaginary or real threat of the relationship in reality.

During this period my remarks on a confronting, supporting, or interpretive level hardly seemed to reach her or were instantly, though politely and quietly, depreciated. She tried desperately to reach Christ and reported deep religious experiences while in silent prayer. She heard voices which she attributed to Christ whose image she tried to summon up in in hours of distress. On one such occasion, a symbolic message, obviously an open delusion, concerning Christ's wish that she reach him, created a panic and ended in terrible self-accusations and loss of contact with me. She castigated herself for the blasphemous thought of wishing to be Christ. Her wish to be like Him, to keep His image before her as an example of the good life, had turned into the uncontrollable thought of being Him, and she fought the devilish thought that two could become one.* Clearly, at this time and at other such times, normal capacity for identification had given way to primitive, introjective, devouring mechanisms. The internal representation of the parental image had collapsed and had yielded to frightening and primitive ways of pre-ego or early ego mastery.

The transference implications of these experiences are clear. Yet, one is left with a bewildering question as to why normal, though displaced object cathexis broke down and resulted in union without boundaries between self and object.

In these early days of treatment, Elaine shifted from fantasies of complete fusion with the object, to a contactless autistic position, showing as well a range of relative capacity to deal with the transference object on a temporarily normal transference track. In one of the later hours, following approximately six months of therapy, Elaine berated herself for her ugliness, her inability to reach Christ or even to conjure up His image. She

* One is tempted to order these data according to the views expressed in Kubie's[3] "The Drive to Become Both Sexes." Like Virginia Wolf's Orlando, Elaine at this moment succeeds only too well. As she fuses with Christ she resolves the bisexual problem and wipes out the difference through return to an undifferentiated state.

feared that she would never again find Him, and that her faith was too weak to bring about His return. Like the sheep eaten by the wolf, she would be exposed to the devil and be devoured by him. This seeming reversal of the transference situation described earlier was again a clear description by displacement of the therapeutic situation. Anger against the therapist had led to the loss of Christ's image. Her despairing feeling that she would be unable to recapture this image in spite of divine help was experienced in the therapy situation, despite my repeated assurances of help.

I offered her on this occasion a Christmas card which I possessed showing a combination of shadows on a vast snow field. This card presented a *Vexierbild*, a picture puzzle in which with sufficient perseverance and intent, the hidden image of Christ could be found. I ventured the thought that if she tried hard enough she might find His hidden image by our next session. This quasi magical gesture on my part helped her back into the therapeutic situation via the discovered image of Christ. And during these swift shifts between the dangers of fusion with the powerful image and loss of the image, I helped her through magic gestures which represented actually projections of her own rudiments of post-symbiotic omnipotence. In such fashion I endeavored to strengthen the weak internal representation of the internal parental image through fusion with the newly added internal image of the therapist. It is as if I became a newly-grafted-on parent. Her new inner state was expressed through displacement onto religious context in the description of her changing experiences with the image of Christ.

She began gradually to concede that I was a real person with some positive attributes and not merely a psychiatric thinking machine. Her new inner state found vivid expression in a dream which occurred about a half year later. She dreamed as follows: *"I was in a burning house. I think it was Southard School. I wondered what I could save out of my possessions in my room. I realized that my father's picture was downstairs in the steel file cabinet and that nothing would happen to it. But the Messiah records were still in my burning room and they would be destroyed."*

I wish to call attention here only to certain features of the manifest content of this dream which starts out so similarly to Dora's jewel case dream but has such distinctly different features. Her fear at the time she came to Southard School was that we would take Robin Hood away from her. At the beginning of treatment she herself suppressed the fantasy romance and replaced it with her preoccupation with Christ and her struggles to reach Him and to maintain His image. This, as suggested, represented the more distant embodiment of the internal parental image. The dream, however, describes the significant change. The parental image, namely the transference picture, safe in my steel cabinet, had begun to

make it possible to relinquish the more distant and elusive, but at the same time unstable image, of the Messiah. The internal image of the parent strengthened by the grafted-on representation of the therapist's image, had made possible the achievement of a more stable, or shall we say more neurotic, transference track.

The relationship with the therapist in becoming safe led in several directions. Elaine could give up fantasy objects which protected her from real relationships or kept them at a safe distance. Moreover, she had in effect, arrived at a stage where, not unlike Dora, she could in the face of sexual excitement (the house on fire) summon up the parental image and the therapist's protection. She no longer needed to conjure up a fantasy protector, a phantom substitute of the formerly rudimentary internal image.

At about this time Elaine underwent a routine psychological examination. The outlines of a man which she had drawn a year earlier had been vague and unclear. At this time her drawing was clear and concise. The man was drawn wearing a college outfit, and had the capital letter E on his sweater. Jokingly, one may suggest that E stands for transference.

One must keep in mind that the loss of the external love object or a temporary disappointment about the love object is not synonymous with loss of the internal image. The loss of the one goes hand in hand with the other only under conditions of ego failure as discussed above. As Elaine moved toward richer and more complex ego mastery she could use less archaic modes of handling disappointment and anger against the love object. And, as psychotherapy became a more secure experience for her, with few danger points to remind her of her earlier use of the therapeutic situation, she made a corresponding advance by a more stable adjustment to the boarding home, school, and social contacts with boys and girls her age.

A recent incident will show this progress as well as certain similarities with former modes of mastery and defense. Elaine had found a boy whom she described as sharing all of her wishes and interests. Nevertheless, she claimed that this relationship could only be of temporary duration since she felt herself too young to be thinking of a more lasting relationship. It was only puppy love, not real love, she said. Her friend had given her his picture, on the back of which he had written an inscription far more intimate than is customary among high school students. Elaine cherished the picture, carrying it in her billfold so everyone might admire it. A few days after this gift, and just before therapy was to stop temporarily because of a vacation period, he confided to her, perhaps not unexpectedly, that they had better break up in order to find out if they really loved each other. Elaine took this as a sure sign of the end and expressed great anger and grief. While crying bitterly she confessed that she had lost her billfold

which contained his picture. The loss was irreplaceable because of the inscription which he would never repeat even if he replaced the snapshot. She berated his unfaithfulness and said that she wanted to wipe his memory from her mind. She added that she could no longer even imagine what he looked like. But, under deepest stress, and unlike earlier and similar occasions where the regression was outstanding, Elaine remained in complete contact with her surroundings and maintained steadfastly that she would soon find somebody else to replace him. She was able to accept some hints from me that this ending was a response on both sides to the increasing conflict over their growing intimacy. Shortly thereafter she had an enjoyable vacation and fulfilled her own prediction about finding a new boy friend without difficulty.

This time, therefore, the loss of the object did not destroy the internal image and the capacity for new object cathexis. Her outburst of anger and grief over the loss of the snapshot shows structural similarities to earlier modes of response. It was as if the seam where there had been ego rupture was still visible, but, though strained to the limit of its elasticity, it held fast.

In attempting to understand the special difficulties during the psychotic phases of the treatment process in the case of Elaine and similar patients, we found characteristically a particular impairment of early introjects. In transference neurosis the well established introjected parental images are projected onto the analyst. During the psychotic phase, one may well speak of a transference psychosis. The insufficiently consolidated early introjects which contribute to the transfer of early experiences onto the therapist are of an autistic or symbiotic nature. It is these very early contact difficulties which are relived within the treatment situation, and the therapist is often perceived as lifeless, machine-like and as a transitory love object.

Yet if we ask then how therapy succeeds via the introjection of the therapist,—when it is specifically this capacity to introject fully which was initially impaired, according to our hypothesis,—we face a difficult question. Perhaps, as the ego becomes strengthened in the treatment process, there is a carry-over into all areas of the ego, so that its initial impairments are modified. Wexler[4] has stressed the superego aspects of these early introjects. We wish to add that these introjects provide the basis for reality testing and judgment which are ego functions and it is perhaps in this regard that the therapist becomes introjected into the ego of the borderline patient and serves as an ever-present mentor and guide to the patient when he becomes anxious and perplexed. Another possibility is that the parental figures of these patients themselves were poor objects of introjection and identification, because of their own vacuity, instability, and unreliability. And it may well be that the introjective capacity is not impaired except

insofar as the introjected objects themselves were unreliable and elusive. Or, it may be an interaction of some impairment in capacity with elusive parental figures. If this were so, then the reaching out by the therapist, his firm anchorage in reality, his assurance of constancy and stability, may in themselves be sufficiently strong to call forth response even from a relatively impaired ego capacity or incomplete introjective capacity. One may also conjecture about the defensive nature of these fusion states and consider them as devices against the awareness of early introjects. The data from Elaine's treatment and the treatment of similar patients permits a variety of explanations. Our differential criteria are still insufficient for any comprehensive evaluation of therapeutic technique. Still less can we point to definite causes for these conditions.

A word of caution must be expressed concerning the psychotherapeutic techniques employed. Although the case described suggests that a variety of innovations have been used, these are not intended as established or firmly held guides, but rather as experimental endeavors whose validity and usefulness await further clarification. In addition, it must be stressed that such innovations were employed primarily during the non-neurotic phases of the process. The neurotic phases have been treated, although perhaps more cautiously, according to the well-established classical principles of analytic interpretive technique.

In summary: This paper, continuing the clinical discussion of a previous communication[1] concerning the treatment of a borderline patient, attempts to clarify the economic and dynamic role of the internal image. Stable capacity for object cathexis depends on a stabilized and integrated internal image of the parental figures. If such early stabilization is threatened by autistic or symbiotic dissolution of the internal image, special transference problems arise during treatment. The spontaneous grafting of an internalized image of the analyst is described and its shifting functions in this particular case are discussed. The oscillating internal image of the parent-therapist figures reflects the recovery process in which the symbiotic defense against normal processes of introjection and identification gives way to more mature patterns of defensive and integrative ego organization.

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ELECTROSHOCK THERAPY FOR A PATIENT WITH CRANIAL DEFECT REPAIRED BY A TANTALUM PLATE*

By J. E. KOOIKER, M.D.†

Almost since their introduction, insulin coma and electric shock therapy have been used in the treatment of patients with psychotic reactions following brain injury. In this paper the writer wishes to report such a case. The situation was unusual because the patient had a cranial defect repaired with a tantalum plate. In addition, his illness followed the removal of a brain tumor. Only one other case of skull defect repaired by a tantalum plate and later given electric shock therapy has been reported.††

The patient was considered well except for headaches of many years' duration, until 1950, when he experienced a sudden loss of consciousness, accompanied by a generalized convulsion. When the reason for this convulsion was investigated, he was found to have a fibrillary astrocytoma in the right parietal region of the brain. The tumor was removed by two operations six weeks apart, and the resulting skull defect was covered with a tantalum plate approximately six by nine centimeters in diameter. Postoperatively, his only persistent neurological defect was a left homonymous hemianopsia.

After discharge from the hospital he did not attempt to go back to work, but remained home for a year. In the first few weeks at home he had two convulsions, but after this was given dilantin and had no further difficulty with these.

Five weeks prior to admission to Winter Hospital, his wife noted that he was crying at frequent intervals. A month before admission he complained of hearing accusing voices and ran out of the house in a panic. Because of this behavior he was immediately hospitalized and then transferred to this hospital.

On admission he appeared dejected, cried frequently and seemed preoccupied by the accusing voices he heard. At first, shock treatment was not considered, but after two months with no change in his condition, electroconvulsive therapy was begun. The Reiter machine, model CW47, was used. Hand held electrodes were applied at a point just above the ears. The tantalum plate extended from the mid-line posteriorly over a gap in the occipital bone and the posterior part of the parietal bone to a point even with a perpendicular line through the tip of the mastoid process.

* From Winter Veterans Administration Hospital, Topeka, Kansas.
† Assistant Chief, Acute Intensive Section, Winter VA Hospital, Topeka, Kansas.
†† Humphrey Osmund's article "An Account of E.C.T. Given to a Patient with a Tantalum Plate in His Skull." *J. Ment. Sc.* 97: 381–387, 1951.

The lowest part of the plate was on a line extending horizontally along the floor of the anterior cranial fossa. With the electrodes placed just above the tips of the ears this put the right electrode between two and a half and four centimeters from the closest margin of the plate. The current flow was switched into the patient circuit and increased from zero to twenty milliamperes over three to four seconds. The current was maintained at this maximum until the patient entered the sustained tonic phase of the convulsion, and then was switched off. The convulsions were not different from those other patients experienced with this technique. Total time of current application averaged five to six seconds. A total of fourteen treatments were given at the rate of two a week. As a result the depression improved, but was replaced by negativism, hostility, and occasional assaultive behavior. The hallucinations were unaffected.

He remained in this state for a year. Then, since there was no evidence of recurrence of the tumor, or improvement in the psychotic reaction, insulin coma therapy was begun. The patient was given a little over forty hours of coma plus fifteen electroshock treatments while in coma. No important changes occurred in his mental state as a result of this treatment. The comas were not unusual except that it took him about twice as long as the usual patient to recover from coma to the point where he could be assisted to the showers after treatment.

During treatment the tantalum plate did not create a problem except on two occasions, when a fluid pocket formed over the plate. However, the accumulation was probably not related to the therapy as it had occurred a time or two prior to his coming to the hospital. The fluid was spontaneously re-absorbed and treatment had to be stopped only a day or two.

ACTIVITIES AT THE MENNINGER FOUNDATION

The Foundation's Department of Child Psychiatry has been able to arrange for the admission of a limited number of emotionally disturbed children for resident treatment at the Southard School at fees ranging from a minimum of $200.00 a month. Up to the present the minimum fee has been $650 monthly which is approximately what the services cost to provide. Realizing that this is considerably more than most families can pay, the Foundation's Board of Governors have decided to seek a larger portion of the School's income from philanthropic sources. The basic fee will still be $650 but the Foundation can now adjust it downward in a few cases in accordance with the ability to pay.

There will be no change in the School's program. Residential treatment will continue to be available to boys and girls from six to fourteen years of age, of average and superior intelligence, with problems ranging from behavior disorders to psychotic disturbances. The basis for admission is not specific symptomatic behavior, but rather the child's amenability to individual therapy, his potentialities for receiving help from residential group living, and his ability to adjust to an open environment. In every instance, admission comes only after a complete evaluation has indicated that the School's resources will meet the child's needs.

* * *

The Foundation has decided to begin an experimental training program in psychiatric hospital administration. This is an area which has been receiving increasing attention from psychiatrists and others during recent years. In 1953 the American Psychiatric Association issued standards for mental hospital administrators and established an examining and certifying procedure together with certain requirements of experience and formal training. The hospital administrator, according to the APA, should have "a minimum of one academic year of formal training" in addition to medical and psychiatric training, and experience.

Up to the present there is nowhere a program which provides the period of formal training required. The Menninger Foundation, therefore, plans to develop such a program, initially on an experimental basis, hoping that its experiences may assist in the development of similar programs elsewhere throughout the country.

During the initial period it is planned not to admit more than three Fellows to the program each year. Requirements for admission will include completion of three years of approved residency in psychiatry or a satisfactory period of employment as a physician in the field of psychiatric administration, in addition to demonstrating interest and aptitude for administrative work.

As now planned, the training period will be for two years, the first designed to meet the APA's requirements for formal study, and the second intended to give the Fellow an opportunity to practice his skills under supervision.

The director of the program will be Doctor R. C. Anderson, manager of Winter VA Hospital, and he will be aided by an Assistant Director, to be furnished by The Menninger Foundation, who will devote full time to the day-to-day planning and coordination of the program.

* * *

Not since the initial expansion of the Foundation's psychiatric training program a decade ago has the Menninger School of Psychiatry received so many inquiries and applications from prospective residents. The School anticipates a total enrollment of over 100 Fellows at the beginning of the new school year, compared with roughly 90 the past several years.

A new edition of the Catalog of the Menninger School of Psychiatry has just been published and is available on request.

* * *

When the new addition to the C. F. Menninger Memorial Hospital was completed and occupied last spring, patients were moved from the two older buildings—East and West Lodges— so that these could be remodeled in harmony with the newer section. The modernizing of one of these buildings, West Lodge, has been completed, bringing the present capacity of the Foundation's hospital to 94. Remodeling of East Lodge should be completed in mid-spring to bring the entire bed capacity to 113.

* * *

The Veterans Administration has announced that contracts will be let about July 1 for construction of a new 1,000 bed neuropsychiatric hospital to replace the present temporary buildings occupied by Winter VA Hospital in Topeka. The new hospital is expected to cost more than $25,000,000.

* * *

The Foundation's Fund for Research in Psychiatry has made a grant to The Menninger Foundation to support its psychotherapy research projects for a three-year period. This study is the largest of the research projects under way at the Foundation, involving five psychiatrists, four psychologists, and two social workers. Ultimately the aim of this project is to develop a deeper understanding of the psychotherapeutic process and of the relative effectiveness of various elements in psychotherapy. Its chairman is Lewis L. Robbins, M.D., Director of the Foundation's Department of Adult Psychiatry.

PUBLICATIONS BY MEMBERS OF THE STAFF

EKSTEIN, RUDOLF: The Space Child's Time Machine. *Amer. J. Orthopsychiat.* 24: 492–506, July 1954.

Therapeutic material from a borderline case is used to demonstrate that the function of psychotic-like reconstruction is to serve changing motives during therapy, and that its psychotic-like nature indicates shifting ego organization. As the patient moves from the past to the present, from distant space into the therapeutic situation, he resolves conflicting material as well as regains lost ego functions which permit him to exchange fantastic reconstruction for normal reconstructive attempts. Reconstruction is considered as a synthesizing function of the ego and indicates that the analytic process is a synthesizing one as well.

MURPHY, GARDNER: Social Motivation. *In Handbook of Social Psychology*, Gardner Lindsey, ed. Cambridge, Mass., Addison-Wesley Press, 1954, pp. 601–633.

A theory is offered about the "raw material" of human nature, its primitive mainsprings of social action and social awareness, the elaboration of which is the social individual. Some concepts of drive, motive, value, or goal-seeking which have dominated modern thinking about motives in the social scene are considered. Psychological theories hold mostly that although the organism consists largely of devices for adjusting to the environment, there is always the question of, "What makes the thing work?" Biological sources of motivation and the ways in which these energies are elaborated and developed into social motives are discussed.

MENNINGER, WILLIAM C.: Psychiatry—Facts for Trust Officers. *Trusts and Estates*, Aug. 1954.

For every hospitalized mentally ill patient, ten persons, not in hospitals, have serious emotional problems and need psychiatric help. An acute shortage of psychiatrists and other trained mental health workers delays their getting this help and has benefited the practice of charlatans and quacks. It costs more than one billion dollars a year to hospitalize the mentally ill, yet $\frac{1}{200}$ of this amount spent in research might shorten patients' stay in the hospital or prevent their becoming mentally ill. As a personal counselor, as an executive, the trust officer can play a key role in educating his clients about mental illness.

MENNINGER, KARL: The Hydrogen-Cobalt Bomb. *Pulpit Digest* 34: 38–41, June 1954.

Freud predicted that unless the eternal Eros were enabled to put forth its strength, the human race would destroy itself. The tide now would seem to be running in favor of the latter eventuality. The author suggests that Eros needs our help! He suggests that a commission of clergymen and scientists might succeed where diplomats have failed to convince the Russians that the fate of the world should not be left to military plotting, but to the use of intelligence and vision.

WALLERSTEIN, ROBERT S. and GRAFF, NORMAN I.: Unusual Wheal Reaction in a Tattoo: Psychosomatic Aspects in One Patient. *Psychosom. Med.* 16: 505–515, Nov.–Dec. 1954.

Tattooing has been studied in both anthropological and, in certain aspects, psychiatric literature. However, the problem of specific somatic reactions occurring in tattoos has been investigated primarily by the allergist and the dermatologist. The patient in this report was receiving psychotherapy for his neurotic difficulties when he experienced an unusual wheal reaction in one of his tattoos. This phenomenon was studied in relation to the psychological constellations of the patient and with consideration for the particular ways in which this "symptom" could be psychologically understood and significantly integrated into his total behavior.

SHEFFEL, IRVING and DOLGOFF, THOMAS: The Psychiatrist as an Administrator. *Mental Hospitals* 5: 27–28, 1954.

The administrator's job is to influence individuals to cooperate in defining and accomplishing group goals and at the same time to provide maximum satisfaction to each member of the group. The psychiatrist's ability to distinguish each person as a unique individual with special needs, and his training and experience give him special value as an administrator. However, he must learn to use his tools in an administrative rather than in a therapeutic context. He must also learn to adjust his goals and methods to economic necessity and to understand the dynamics of organization, the values and limitations of budgets, statistics, and other management tools.

THOMPSON, PRESCOTT W.: A General Practitioner Studies Psychiatry. *J. Kansas Med. Assn.* 45: 624–627, Nov. 1954.

The author, formerly a general practitioner, comments on lessons learned while studying psychiatry which he found useful when he temporarily returned to general practice during a flood disaster. He describes briefly a number of patients with physical complaints, such as are seen daily in every general practitioner's office, and points up how psychological awareness provided the major clues to diagnosis. He then suggests a number of "key questions" which the busy doctor may find useful in orienting himself to psychological factors in the patient's illness.

SOMMER, ROBERT and KILLIAN, L. M.: Areas of Value Difference. I. A Method for Investigation. *J. Soc. Psychol.* 39: 227–235, 1954. II. Negro-White Relations. *Ibid.* 39: 237–244, 1954.

The study represents an attempt to devise a technique for ascertaining patterns of valuations of behavior and to reveal conflicts in these patterns between and within groups. Part I reports that tests of 500 white female Oklahoma University undergraduates revealed significant differences between prejudiced and unprejudiced subjects in evaluating the behavior of a negro. Part II contrasts the ratings of the prejudiced subjects with those of 100 Negro female Langston University undergraduates. Important differences were found and parallel results found by Johnson in his extensive interviews with Negro youth.

EKSTEIN, RUDOLF and WALLERSTEIN, JUDITH: Observations on the Psychology of Borderline and Psychotic Children. *Psa. Study of the Child* 9: 344–369, 1954.

Findings from an ongoing research at Southard School, regarding the distinctive features of the ego organization of the borderline and psychotic child, are reported. Some of the special attributes of the ego organization of these patients include rapid fluctuation of ego state, the emergence of archaic relationship modes (autistic and symbiotic), rapidly shifting transference phenomena, the use of symbolization, archaic language, and changing modes of communication, the special prominence of *time* and *space* defenses, and other special patterns in play and fantasy productions. Case illustrations are offered and the dynamic and economic aspects of these observations are discussed.

Research Publication

ESCALONA, SIBYLLE: *Early Phases of Personality Development.* $1. Pp. 72. New Orleans, Child Development Publications, La. State University School of Medicine, 1953.

This monograph describes the planning, events, methods, population, of the infancy study directed by Sibylle Escalona and Mary Leitch in the Department of Research of The Menninger Foundation from 1944 to 1951 with the support of the National Institute of Mental Health from 1947 to 1951.

The aims of the report are described by the authors as follows: "It is apparent that diverse kinds of data concerning a great many different facets of infant behavior and development could not conveniently be reported in the form of one publication. The data will be the basis for numerous studies, each dealing with different topics within the field of infant psychology. No report of findings can be evaluated by the reader unless he is familiar with the manner in which the findings were obtained, as well as something of the general thinking of those who conducted the research. It would be impractical to precede each of the project's publications with a detailed account of what we did and why we did it. A separate publication was decided upon which is to serve as background for all subsequent reports dealing with our results. In addition, we thought it of some interest to describe a study as an event which had its own course of development, which was characterized by a specific intellectual atmosphere, and which bears a definite relationship to other research in the field."

No findings are reported. The monograph is thus of interest to other research investigators concerned with methods of studying infants, and those who will read forthcoming studies from this research group.* (Lois Murphy, Ph.D.)

* Preliminary reports of this study have been made as follows: "The Use of Infant Tests for Predictive Purposes" by Sibylle Escalona, *Bull. Menninger Clin.* 14: 117–128, 1950; and "A Commentary on the Oral Phase of Psychosexual Development" by Mary Leitch, *Bull. Menninger Clin.* 12: 117–125, 1948.

BOOK NOTICES

Psychoanalytic Psychiatry and Psychology. ROBERT P. KNIGHT and CYRUS R. FRIEDMAN, eds. $6. Pp. 391. New York, International Universities, 1954.

Psychoanalysts have an obligation not only to provide the best possible care for their troubled patients, but continually and relentlessly to explore beyond the current frontiers of psychological facts by persistently questioning, taking stock, evaluating methods and techniques and communicating results to others. Workers at the Austen Riggs Center have taken this task seriously and have published in this volume 23 papers by eight staff members. The papers, all previously published in various journals, range in content from fascinating clinical-empirical material to highly abstract and provocative theorizing. They are of uniform excellence. The spirit of creative inquiry at Riggs is at once apparent in these papers. (Philip S. Holzman, Ph.D.)

Psychoanalysis and the Education of the Child. By GERALD H. J. PEARSON. $5. Pp. 357. New York, Norton, 1954.

The need for making pertinent research findings and theories of psychoanalysis available to educators in a meaningful way is documented in this book and it represents a major effort in this direction. From his vast experience, the author pinpoints the dangerous consequences of the misunderstandings and misapplications of psychoanalysis in so-called "progressive education" and in the rearing of children by psychoanalytically oriented parents. He points out new and more sober roads. An abundant use of undefined technical terms and inclusion of much as yet controversial theory in a dogmatic form make for heavy, but still rewarding, reading. (Povl W. Toussieng, M.D.)

Statistical Methods in Educational and Psychological Research. By JAMES E. WERT, CHAS. O. NEIDT, STANLEY J. AHMANN. $5. Pp. 435. New York, Appleton-Century-Crofts, 1954.

This elementary statistics text includes the basic statistical techniques and many examples taken from educational or psychological data. These examples, however, are inadequately interpreted, for there are few discussions of theory and no mathematical derivations. While non-parametric techniques are omitted, some new topics such as discriminant analysis (multiple biserial *r*) and multi-cell correlation are included. Another special feature is a table of correction factors for correlations where there is coarse grouping of data. (Lolafaye Coyne)

The Leaven of Love. By IZETTE DEFOREST. $3.50. Pp. 206. New York, Harper, 1954.

Ferenczi was one of Freud's best friends and later one of his greatest worries. Ferenczi insisted upon experimenting with transference modulations which Freud regarded as contaminating psychoanalysis with psychotherapy. He scolded Ferenczi and disparaged his work, but Ferenczi remained loyal and loving to the end. Ferenczi's idea was that psychoanalysis is too cold, that there comes a time in the treatment when the analyst

should undisguisedly give the love which the patient wants and needs so much. The element of danger in this rests partly in the difficulty of controlling it; the element of truth in it, however, has been exploited in the modifications of psychoanalysis used today for the effective treatment of the more schizophrenic and "psychopathic" conditions. The author believes, and ascribes to Ferenczi a belief, in the healing power of love, of "loving thy neighbor as thyself." (K. A. M.)

Learning Theory, Personality Theory, and Clinical Research. The Kentucky Symposium. $3.50. Pp. 160. New York, John Wiley, 1954.

These eleven lectures explore in what ways theory and experimentation in the psychology of learning are relevant to the understanding of personality. They range from pure learning theory (K. W. Spence) through studies of perception (D. D. Wickens); motivation (H. F. Harlow); cybernetics (O. H. Mowrer); individuality (R. B. Cattell); to personality theory and psychotherapy (J. M. Butler; D. Snygg; J. R. Wittenborn).

Some of the contributors feel that only through rigorous conceptualization and experimental verification can adequate foundations be laid; others take their science more fluidly, science being a child of its age: "Prior to 1915 cultural traditions had caused psychologists to repress sex and talk about curiosity; after 1915 it became popular among psychologists to talk about sex and repress curiosity" (H. F. Harlow, p. 39). Some think that experiment can throw clinical findings into elegant form; some think it discovers *new* principles: ". . . finer measurement and analysis yield . . . newer patterns unknown to the clinician" (R. B. Cattell, p. 95). All agree that the tasks are colossal: "The capacity of a finite number of psychologists to spread themselves over an infinite number of variables is something for sampling theorists . . . to marvel over" (R. B. Cattell, p. 110). (Gardner Murphy, Ph.D.)

Medicine and Science. IAGO GALDSTON, ed. 13. Pp. 159. New York, International Universities, 1954.

The sixteenth volume in the series of Lectures to the Laity given by the New York Academy of Medicine continues the high standard set by its predecessors. The topics dealt with are timely, provocative and, often, controversial: men and machines by Norbert Wiener; stress, adaptation and endocrinology by Hans Selye; emotions and disease by Harold Wolff; and the relation of animal psychology to psychiatry by David Levy. Two lectures—the quest for new antibiotics told by Burkholder of Yale and their mass manufacture described by John E. McKeen of the Pfizer Co.—add a specially fascinating chapter to the story of modern medicine. (Nathaniel Uhr, M.D.)

Appraising Personality. By MOLLY HARROWER. $4. Pp. 197. New York, Norton, 1952.

Dr. Harrower imagines a young physician in general practice meeting a former classmate who has become a clinical psychologist. The latter proceeds to tell his intelligent but extremely naive medical colleague what psychological testing is and how it is done. In the form of conversation, the Rorschach, the Wechsler-Bellevue, and Szondi, and some other tests including a new one called the Sentence-Completion test are explained

simply and graphically. I strongly recommend the book to all young psychiatrists and those older ones who have despaired of getting a clear notion of what psychological testing really tests. Incidentally, the professional attitude of Dr. Harrower toward psychiatrists is completely ethical and very nicely presented. (K. A. M.)

Deprived Children. By HILDA LEWIS. $1.55. Pp. 163. London, Oxford, 1954.

The author was the child psychiatrist at the Mersham Reception Center for deprived children in Kent County England. With data from diagnostic studies, recommendations, and placements made of the 500 children who stayed there shortly during 1947–1950, Dr. Lewis tests many concepts about the effect on mental health of such factors as maternal deprivation, "problem families," and institutional upbringing. A follow-up inquiry evaluates the effect of the Center's recommendations three years after placement. Dr. Lewis' evaluation of the Center is well documented as to research methodology, and includes statistical tabulations, clinical impressions, and abstracts of case records to illustrate the findings. (Mary Ella Wheeler)

Counseling Theory and Practice. By HAROLD B. and PAULINE N. PEPINSKY. $4.50. Pp. 307. New York, Ronald Press, 1954.

This much-needed book deals primarily with theoretical and research studies in the field of counseling rather than with casework skills or psychotherapy. It compares counseling from the educational point of view, that is, psychological counseling, with other forms of helping people, and then discusses various types of research that have been done by psychologists. The chapters on initial contacts in counseling and further contacts are largely theoretical and deal with research findings in this area, rather than with the more practical kind of material which would help a person become a counselor. Directed toward professional people doing counseling, I believe it is a worthwhile contribution to the literature. (Robert G. Foster, Ph.D.)

Pediatric Problems in Clinical Practice. HAROLD MICHAL-SMITH, ed. $5.50. Pp. 310. New York, Grune & Stratton, 1954.

To help those who are responsible for the welfare of handicapped children, fourteen authorities have presented from their respective fields compact information which is permeated with the philosophy of the interrelatedness of social and individual behavior and the dynamic interplay between physical and psychological factors. Bender has contributed a chapter on the schizophrenic child, and Goldstein one on the brain-injured child. Among other subjects discussed are cerebral palsy, allergy, cardiac conditions and tuberculosis. This is an excellent book. (Dorothy S. Fuller, Ph.D.)

Current Therapy, 1954, ed. 6. HOWARD F. CONN, ed. $11. Pp. 898. Philadelphia, Saunders, 1954.

With this well-edited volume, covering the wide field of general therapeutics, an up-to-date, authoritative compendium on treatment of infectious and systemic diseases is again presented to the busy practitioner. New drugs and modalities are discussed in detail and in those diseases

where therapeutic controversies exist, the opinion of two or three authors are given. It is an excellent reference volume. (Nathaniel Uhr, M.D.)

Problems of the Family. By FOWLER V. HARPER. $9. Pp. 806. Indianapolis, Ind., Bobbs-Merrill, 1952.

Increasingly used in the single course on domestic relations given in law school, this textbook is one of the most useful current books in the field. It presents patterns and theories of family organization, problems of premarital relations and describes what constitutes the basis of marriage. The author discusses marital maladjustments, intrafamily and family relationships, and family disorganization. (Robert G. Foster, Ph.D.)

The Need to Believe. By MORTIMER OSTOW and BEN-AMI SCHARFSTEIN. $3. Pp. 159. New York, International Universities, 1954.

Most of what is said in this book is said better elsewhere. I find comparatively little material on what I have known as religion, *i.e.*, the bulk of American Protestantism, and much more of primitive, strange, and unusual features. These are revealing, but not relevant to many other religious matters, especially to active social idealism. (Robert Preston)

Roofs for the Family. By EVA BURMEISTER. $3.25. Pp. 203. New York, Columbia University, 1954.

Filled with lively anecdotes about children, pets, staff, architects, contractors and others associated with Lakeside Children's Center, Milwaukee, this book is a guide for designing a setting in which children can live comfortably. How children of the Center coped with various phases of moving from old to new quarters and what was done to help them is described. Underlying this, one detects a deep sensitivity to children's needs and a creative mind attempting to meet them. Especially interesting is the description of the revival of separation anxiety, as the children abandon the old familiar house and move to the strange new place. (Jules Schrager)

Out of Wedlock. By LEONTINE YOUNG. $4. Pp. 261. New York, McGraw-Hill, 1954.

This volume is one of the most valuable the reviewer has seen recently. It is so partly because of the author's psychoanalytic orientation to and understanding of the dynamics of the problem of the out-of-wedlock child and mother, and partly because of some discussion of the caseworker and the facilities available for dealing with such problems. Robert Fliess, M.D. describes two types of unmarried mothers in a psychoanalytic postscript which will interest those having some psychoanalytic orientation. The unwed mother would benefit from reading the book which is written in a style easily understood by the layman. (Robert G. Foster, Ph.D.)

The Cobweb. By WILLIAM GIBSON. $3.95. Pp. 369. New York, Knopf, 1954.

This novel is of some special interest because the setting is a psychiatric hospital, and the dramatis personae are staff and patients. The characters are well and consistently drawn, and the reader's attention is effectively held to the very end. Mr. Gibson employs literary license in condensing involved human conflicts around one situation and in exaggerating them

somewhat. However, the people are very real and the situation plausible, making this a most enjoyable novel to read. (Lewis L. Robbins, M.D.)

Modern Clinical Psychiatry. By ARTHUR P. NOYES. $7. Pp. 608. Philadelphia, Saunders, 1953.

Whatever the edition, for many of us Noyes' book was our first reading in clinical psychiatry. This text has grown and changed through Dr. Noyes' continued efforts to provide an up-to-date text-book. Despite its critics, it remains perhaps the best single textbook of basic psychiatry. This fourth edition reveals an increased use of dynamic and genetic concepts, increased usefulness from its organization around the American Psychiatric Association's new nomenclature of psychiatric illnesses, and increased readability from a new format. (Bernard H. Hall, M.D.)

Symbolic Wounds. By BRUNO BETTELHEIM. $4.75. Pp. 286. Glencoe, Ill., Free Press, 1954.

The author has prepared a vivid, readable study of puberty rites as seen in psychoanalytic terms. Extensive ethnological material permits effective focus upon rituals in our culture in which boys and girls inflict pain and physical damage upon themselves or upon others of the same or opposite sex. Initiation rates betokening the deep experiences of craving for life and conflictful fear of its meaning are seen as recurrent expressions of the same basic needs which have expressed themselves in puberty rites in primitive societies. An impressive case is built to indicate that such conflicts and the resulting ceremonies arise directly and naturally from physiological development and inability to assimilate and cope with the meaning of such changes. (Gardner Murphy, Ph.D.)

Science and Man's Behavior. By TRIGANT BURROW. $6. Pp. 535. New York, Philosophical Library, 1953.

Burrow, a former Jungian analyst, observed that "wherever there is a question of his own feelings and the relationships begotten of them, man ceases to be objective and scientific; he is subjective, wayward, and independable." He lost interest, therefore, in individuals, turning to the study of man as a "phylum." Unlike Freud, who "started with human relations as they were," the author sought a "remedy applicable to every man everywhere." The remedy, "cotention," has something in common with other autohypnotic systems, and was developed in a thirty year research, embattled against offending affect. (Helen D. Sargent, Ph.D.)

The Causes and Treatment of Backwardness. By SIR CYRIL BURT. $3.75. Pp. 128. New York, Philosophical Library, 1954.

This up-to-date abridgement of Burt's *The Backward Child*, published 15 years earlier, is addressed to the classroom teacher. Eight short chapters deal with the history of mental deficiency and child study in England; methods of investigation; environmental factors; physical, intellectual, emotional, and moral characteristics; and practical conclusions. Informative on measurements in education, it omits reference to recent advances in clinical testing and neuropsychiatric contributions (the EEG, for example). (Walter Kass, Ph.D.)

Wartime Psychiatry. NOLAN D. C. LEWIS and BERNICE ENGLE, eds. $15. Pp. 952. New York, Oxford University Press, 1954.

Back in 1918 the librarian (Mabel Brown) and Associate Medical Director (Frankwood Williams) of the National Committee for Mental Hygiene published a bibliography with abstracts of all available neuropsychiatric articles relating to World War I, arranged by countries. It covered about 400 items, less than half of which were British or American. Now Mrs. Engle and Dr. Lewis have completed a similar collection of abstracts of the psychiatric books and articles relating to World War II, and limited largely to British and American literature. Even with this restriction, the items run to well over a thousand in number. They are classified under such subtopics as administration, aviation, special therapies, problems of combat, demobilization, and rehabilitation. The abstracts are long enough to accurately convey the content of the articles and they are helpfully critical. This makes it a reference work of incalculable value for all psychiatrists, military physicians and librarians. It won't be a best seller but it is a conscientious labor of love and a permanent contribution. (K. A. M.)

How to Be a Woman. By LAWRENCE K. and MARY FRANK. $2.75. Pp. 144. Indianapolis, Ind., Bobbs-Merrill, 1954.

The excellent outline of woman's development provided in this book starts with the first ten years of life and continues through the periods of growing up, dating, marrying, having children, middle age and old age. While the content is provocative on some points, it is still a good outline and could be beneficially expanded into a book of 500 or 600 pages. It is well worth reading for those concerned primarily with women's problems and development, and those interested in education. (Robert G. Foster, Ph.D.)

Peripheral Nerve Injuries. WEBB HAYMAKER and BARNES WOODHALL, eds. $7. Pp. 333. Philadelphia, Saunders, 1953.

The editors have made this second edition even more valuable than the already invaluable first edition. They have added a chapter on the degrees of nerve injury based on pathological changes—have rewritten with greater emphasis, the topics of trick movements, pain, contractures and Tinels sign. They have added one hundred more pages and combined the old with the new in what will continue to be the Bible of injuries to the peripheral nervous system. (Richard C. Tozer, M.D.)

Introduction to Psychiatry. By O. SPURGEON ENGLISH and STUART M. FINCH. $7. Pp. 621. New York, Norton, 1954.

This book gives a broad general survey of psychoanalytic psychiatry, presenting the resident with a brief but sufficient account of the history of psychiatry, the modern concept of personality, the techniques of case study, the emphases of child psychiatry, the currently recognized syndromes and psychotherapy. It is just what its title says: an introduction to psychiatry. Some classical formulations which we regard as obsolescent are retained, but the field of modern dynamic psychiatry is excellently surveyed. (K. A. M.)

The Work of the Counselor. By LEONA E. TYLER. $3. Pp. 323. New York, Appleton-Century-Crofts, 1953.

A "text for a first course in counseling procedures," at the undergraduate level. The chapters on diagnosis, testing, and psychotherapy are superficial. Evaluative summaries of research-tested knowledge at the end of each topic, though necessarily cursory, are a commendable feature in textbook writing. (Walter Kass, Ph.D.)

Child Development. By ILSE FOREST. $4. Pp. 291. New York, McGraw-Hill, 1954.

This introductory text in child development emphasizes the field theoretical approach to the understanding of children's behavior and also the importance of interpreting the dynamics of behavior in relationship to developmental levels as revealed by such investigators as Gesell. Brief rather superficial mention is made of many subjects such as Freud's theory of personality development and the "phenomenological frame of reference." (Dorothy S. Fuller, Ph.D.)

The Year Book of Psychoanalysis. Vol. 9. SANDOR LORAND, ed. $7.50. Pp. 350. New York, International Universities Press, 1954.

This volume of the Year Book brings together a collection of well selected papers which cover a wide range of psychoanalytical topics. Of special interest is Melanie Klein's paper on "The Origins of Transference" where she states not only her "divergences" from Freud, but "clarifies the extent and nature of the differences between the two schools of psychoanalytic thought represented by Anna Freud and" Mrs. Klein. It is obviously not by chance that this paper was followed by Dr. Phyllis Greenacre's sound paper on "Pregenital Patterning." Of particular value are the papers by Zilboorg on "The Emotional Problem and the Therapeutic Role of Insight" and by Szasz "On the Psychoanalytic Theory of Instinct." (Ishak Ramzy, Ph.D.)

Adrenal Cortex, Transactions of the Fourth Conference. ELAINE P. RALLI, ed. $4. Pp. 165. New York, Josiah Macy, Jr. Foundation, 1953.

This account of the Fourth Conference on the Adrenal Cortex is in four sections. The first is a discussion among the whole group concerning the permissive action of adrenal cortical hormones. In the second section is a paper by Dr. Hans Selye on "Mechanisms Through Which the Adrenal Cortex Produces Qualitatively Different Effects." The third section (led by Dr. Marthe Vogt from Edinburgh) concerns the so-called salt hormone secreted by the adrenal gland. It is the fourth section which is of greatest immediate interest to clinicians; Dr. F. D. W. Lukens gives a detailed report of the consequences of bilateral adrenalectomy in sixty-nine patients suffering from severe hypertension. (Donald J. Watterson, M.D.)

The Mind Alive. By HARRY and BONARO OVERSTREET. $3.75. Pp. 333. New York, Norton, 1954.

It is a curious fact that it is more difficult to write about mental health than about mental disease. We psychiatrists should for this reason be all the more grateful to the collaboration of Dr. and Mrs. Overstreet for their contributions to public information in regard to the nature of maturity, self-acceptance, the open mind, emotional liberation, and the other topics of this gracefully written directive in the general area of self-help and self-improvement. (K. A. M.)

The Psychiatrist: His Training and Development. Report of the 1952 Conference on Psychiatric Education. Pp. 214. Washington, D. C., American Psychiatric Assn., 1953.

Foremost authorities on the training of psychiatrists have in this book recorded their areas of agreement on the nature of training programs offered residents in psychiatry. Most of this volume is a detailed outline of a recommended curriculum for a three year residency training program, based chiefly on what the better training programs now offer. Of significance is the emphasis placed on the teaching of psychodynamic principles, desirability of experience in child psychiatry, and the recommendation that residents be encouraged to participate in research projects. The editorial board, of which Dr. John C. Whitehorn was chairman, has performed a remarkable feat in compressing the conference deliberations into this small, readable and scholarly work. (William Rottersman, M.D.)

Progress and Problems in Mental Hospitals. DANIEL BLAIN, ed. $2.50. Pp. 204. Washington, D. C., American Psychiatric Assn., 1953.

This volume is an accurate reflection of the time and effort spent by the editor in its preparation. Those readers who did not attend the Fifth Mental Hospital Institute will be able to form an accurate impression of what they missed. Those sections which should be most provocative are Section 4 and Section 5. (R. C. Anderson, M.D.)

Saving Children From Delinquency. By D. H. STOTT. $4.75. Pp. 266. New York, Philosophical Library, 1953.

The author's approach is from the point of view of a social anthropologist. His emphasis is on the conscious manifestation of delinquent behavior. The unconscious motivation of such behavior is not presented. There is an extensive list for "Further Reading," but books by Freud, Aichhorn, Eissler, and Redl are not included. (E. D. Greenwood, M.D.)

Intensive Group Psychotherapy. By GEORGE R. BACH. $6. Pp. 446. New York, Ronald Press, 1954.

Here is an intelligent, clear, pleasant-to-read book. No doubt the author practices successful group psychotherapy and ably reflects about what he is doing. But he is doing so many different things with his patients that one senses some haphazardness and primitiveness. It is an atmosphere similar to that of the medieval apothecary who has fifty different remedies for each condition. We need better research evidence and measure of therapeutic success in order to eliminate the unnecessary and the damaging remedies, and to retain and to find the essential ones. (Paul Bergman, Ph.D.)

Long Journey. By HAROLD KENNETH FINK, M.D. $3.95. Pp. 298. New York, Julian Press, 1954.

One is not sure if the author wrote "a verbatim report of a case of severe psychosexual infantilism" for lay consumption or if he intended scientific communication. If the former was his purpose, he may have succeeded in

giving a warm picture of a suffering person. As a scientific contribution, the volume suffers from a seemingly arbitrary and arty condensation of interviews which gives no picture of the therapist's part in this and reveals a naive conception as to the nature of analytic dream interpretation. The mere translation of symbolism in the manifest content of the dream does not reveal the latent content. The author tried the impossible task of combining cross purposes; his simplifications while hardly aiding the untrained person leave the expert with serious misgivings. (Rudolf Ekstein, Ph.D.)

Modern Experiments in Telepathy. By S. G. Soal and Frederick Bateman. $5. Pp. 425. New Haven, Yale University Press, 1954.

This extraordinary volume by two mathematicians first briefly surveys the modern literature in parapsychology; then gives a detailed account of tightly safe-guarded experiments with two highly gifted British subjects. The basic method is to present to an "agent" or "sender," one at a time, a series of animal pictures (the order of which, in groups of 25, has been pre-determined by a system of random numbers); the subjects' task is to guess in each case which animal it is. The book recounts many ingenious investigations of the psychology of the telepathic process, and abundant evidence of unconscious factors in the acceptance and rejection of the items presented, especially as a function of interpersonal relations such as competition between one subject and another. Some readers may find the book "too statistical," for every psychological trend in the data is carefully scrutinized with the aim of excluding not only premature generalizations but statistical artifacts. But psychologically it is a great book. (Gardner Murphy, Ph.D.)

Psychoanalysis and the Education of the Child. By Gerald H. J. Pearson. $5. Pp. 357. New York, Norton, 1954.

This book documents the need for making pertinent research findings and theories of psychoanalysis available to educators in a meaningful way and it represents a major effort in this direction. From his vast experience, the author pinpoints the dangerous consequences of the misunderstandings and misapplications of psychoanalysis in so-called "progressive education" and in the rearing of children by psychoanalytically oriented parents. He points out new and more sober roads. An abundant use of undefined technical terms and inclusion of much as yet controversial theory in a dogmatic form make for heavy, but still rewarding reading. (Povl W. Toussieng, M.D.)

A Murder in Paradise. By Richard Gehman. $3. Pp. 278. New York, Rinehart, 1954.

This is a detailed account of the circumstances under which a murder was committed in Lancaster County, Pennsylvania, and how it was detected and presented in court. The murderer was unable to adduce any reason whatsoever for his senseless behavior, and psychiatric testimony was offered by Dr. Edward Strecker and others, but he was found guilty and executed. Proving nothing except that we do not know why people kill, or what to think about them when they do. (K. A. M.)