

# THE BULLETIN OF THE MENNINGER CLINIC

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## **PROVIDING GROWTH EXPERIENCES: A PREVENTIVE APPROACH\***

J. TARLTON MORROW, M.D.†

### **Introduction**

"As an Animal, man is nothing. . . Man's 'inborn instincts' are drive fragments to be assembled, given meaning, and organized during a prolonged childhood by methods of child training and schooling which vary from culture to culture and are determined by tradition. In this lies his chance as an organism, as a member of a society, as an individual."<sup>1</sup>

This "chance" is made available to many children by the work of teachers, principals, scoutmasters, 4-H and "activity" leaders. Thousands of children make good use of these opportunities and develop a range of skills and capacities for achievement from which they build a sense of identity and confidence in their own future. But there are other children who do not fit.

In this paper, we shall discuss a pilot project designed to significantly influence the personalities of young adolescent boys at a critical stage in their development. The method used was to provide individually

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† Assistant Director, Children's Hospital, The Menninger Foundation.

planned and guided activities and projects specifically relevant to the boys' unmet needs and actual or potential interests, under the leadership of a young man, a graduate college student. He had at the time no clinical training, but he utilized periodically the consultative help of a child psychiatrist. We have described this project as "providing growth experiences" to distinguish it from therapy on the one hand, and simple "recreation" on the other.

The program was initiated to meet the apparent emerging needs of several lower-middle-class boys whose earliest development was known to have been good, but who were not responsive to even the limited cultural resources currently available to them, and whose poor response to school, scouts, and peer-group activities was a cause of concern to their teachers. We wish to show the preventive value of this approach as seen from a psychiatrist's viewpoint.

At first we needed to decide, ahead of time, what kind of experience to provide. Then as we proceeded, we utilized the experience gained to dictate modifications and changes in the direction of work, and to understand the processes which could be inferred from the responses of the boys.

### The Boys

For 12 years the development of 60 children from infancy up to the present has been studied at The Menninger Foundation. These children live with their families. They have been seen at four stages of development: infancy and preschool stages, middle childhood and puberty. Their development is studied through interviews with their parents, teachers, examinations by a pediatrician, a psychiatrist, psychologists and in some "natural" situations. They are in general of average health, and successful in their development. Some of them, however, have had serious difficulties—illness, loss of a parent or accidents; others whose life course has seemed free of violent disruptions and who appeared initially to have good prospects have faltered as they grew older.

In the experiment which is discussed in this paper, we tried to explore, understand, and to stem this tendency to fail in several of the adolescent boys who were losing their capacity to make good use of the resources available to them. Only one boy will be discussed here. Ned was the first boy to enter the program, approximately two years ago.

### Problem and Rationale of the Approach

The problems of classically conceptualized individual personality development, cultural deprivation, and constitutional variance present a complexly interwoven pattern when one attempts to extricate major factors accounting for developmental difficulties of a particular child. Ned, for illustration, clearly exemplifies such a complex interweaving. His current overt "problem" at the age of 12 years lay in the discrepancy between his excellent early and his poor present coping techniques. As a four-year-old and first son in a poor but proud family, he presented himself to the members of the research team as a boy quite aware of, quite proud of, and quite sure of his masculinity, as he entered the room stating, "My name is Edward William Collins." His work in the early school years was adequate, although not equal to the promise implied in his superior IQ. Although he still presents a certain kind of self-assurance as a male, his sex role identification, and his sex image have been confused by early identification with the mother during a period of rapid succession of births, the fact that he resembled the mother's side of the family, and his father's preference for a younger brother. In an intensive interview situation, he recently revealed wishes to be a female, in terms of wishes to be given to, to be done for, as women are given to, although not to have the body of a "woman."

Recently, still demonstrating good potential (IQ of about 125), he had been doing very poorly in school work. Similarly, in spite of a reasonably adequate physical development, he had petulantly refused to enter into organized school athletic competition, and in fact would participate in no sport where he could not easily excel. This attitude seemed to reflect not only Ned's latency problems but gave evidence of the exacerbation of inadequately resolved infantile conflicts. As the first son, after two girls, he had, as an infant, appeared to be a source of great pleasure to his mother who in turn seemed to be optimally perceptive and sensitively responsive to his needs. Apparently he had incorporated the magical expectation to be provided for, to be given to as the favorite—to have the job done for him.

From the time he was two years old, however, a rapid succession of five younger siblings (including two other boys) came along, thus creating a widening gulf between this magical expectation and cold

reality. As Ned grew older he tried to preserve the fantasy of special status by refusal to compete, or by giving up when he seemed to face defeat.

Ned also suffered from cultural deprivation closely interwoven with both his socioeconomic level and his disappointing relation with his father, who had a poorly-paid, unskilled job. Finances allowed for neither privacy (four children occupy one tiny room) nor materials to satisfy his curiosity and nourish his individual interests. The chemistry sets, construction blocks and other toys provided to most middle-class children were never provided for him.

As Margaret Mead<sup>4</sup> recently pointed out, studies of the upper-lower-class families have lagged behind those of the upper-middle and the extremely poor; occupying a position of not being able to enter fully into the regular stream of American life, they are still sufficiently a part of the culture to be sensitive to their differentness. Such a position may become a crucial concern for some of the children in this sample as they proceed into adolescence. Despite his superior ability, Ned, as we have indicated, seemed clearly pointed in the same direction as his father, who had finished only the sixth grade and who was to all appearances satisfied with his low-paying but fairly steady employment as a mechanic's helper. If Ned's relation with his father is frustrating and loaded with conflict we may wonder whether he is afraid of further alienation if he aspires higher; and what other factors prevent and which facilitate any effort to achieve such an aspiration. Since some boys do move upward, and many do not, we are interested in factors that allow or impede upward mobility in apparently similar family or subcultural circumstances.

In Ned's case, cultural deprivation (lack of resources available to middle-class children in the area) was greater because of the mother's restriction of the children's play to their own yard. The overrestricted child may suffer from insufficient experiences and acquaintance with a broad range of people who could represent varied potential occupational choices for him. He could be deprived moreover of a variety of activities which in themselves would allow him a chance to find for himself new dimensions to add to his self-image, *e.g.*, pleasure in the use of the body in sports other than the inevitable football or baseball, pleasure in the use of his mind in activities such as building a simple crystal radio set.

### Solution Attempted

As we considered the 12-year-old Ned with his poor school participation, disinterest in Scouts, increasingly explosive aggression, we were confronted with two questions: How could we come to understand the attitudes and conflicts which underlay his belligerence, his refusal to use sports, his poor school work? How could we discover steps which might set him on a more progressive path? Several things seemed against psychotherapy: It was not as syntonetic with this family as is the case in middle-class families. His parents, while angry and violently punitive, did not think of seeking help. Ned did not present "outstanding symptoms" which would, in themselves, drive teachers or parents to seek or to accept child guidance intervention. Nor was psychotherapy easy to obtain. He was not actually delinquent nor was he really failing in school. A place on the waiting list would go to the more "urgent" case.

Since Ned already rejected Scouts and school sports, and his church offered few resources to meet his special needs, we concluded the challenge presented by him might be met by a *tailor-made*, individualized activity program. We wished to emphasize both "growth" and "experience" in the planning; we would want, at least theoretically, to accomplish several goals:

1. *Broadening the scope of experiences*: by presenting opportunities which could broaden the boy's specific resources and the cultural vistas relevant to potentially emergent interests.
2. *Fostering mastery and skill development*: by developing a sense of skill and mastery of body and mind capabilities in activities which he actively enjoyed.
3. *Sublimation*: by offering substitutes and socially acceptable outlets for aggressive and sexual drives.
4. *Meeting developmental crises*: by offering ways of handling crises created by the collision of the child's present personality structure and his maturational phase with the difficult setting of home frustrations and conflicts. The methods fall into two categories:
  - a. supporting identification with a male
  - b. influencing the formation of an identity congruent with his own potentialities and drives and sufficiently acceptable to his family to avoid exacerbating conflicts.
5. *Releasing latent capacities for growth*: by providing opportunities for developing greater self-awareness of his own "native endowment," both as it reveals itself in the present and as it might be developed in the child's choices for the future.

## Beginnings

A young graduate student in psychology, without clinical training but observed to be "good with boys" and interested in them, as well as equipped with a wide range of interests and skills, was invited to undertake a special plan for work with Ned and his younger brother. This leader was directed at first simply to find out what activities would appeal to Ned; a Saturday morning or its equivalent would be allowed for time with the boys. Within the research program, this activity plan was initiated, then, primarily to learn more about Ned than we had discovered through formal examinations. In particular we needed to learn more about the nature of his resistance to school activities and Scouts. In the first session guidelines for providing the most effective experience, as well as for gaining his interest and confidence in an entirely new venture, were sorely needed. The leader demonstrated unusual skill and initiative in presenting Ned that first day with several interesting and different activities: building a crystal radio set, making slingshots, fishing, and going swimming.

### 1. *Broadening the scope of experiences:*

It seemed important at first to provide an activity which had both some definite pre-existing familiarity for the child and his family, and also a strong appeal to a boy. It was important that the program not be threatening to the family or too foreign to the child. Fishing, in the midwestern culture, we found, presented an excellent medium. Ned had a predilection for fishing, but he had not had much opportunity to pursue it. Fishing also seemed to serve the intrapsychic need for competition and achievement in a relatively noncompetitive medium, satisfying oral needs, not only literally, but figuratively in terms of the relatively passive nature of fishing itself. This could "fit" with Ned's general current attitude of indolence and a disinclination to put out much energy.

However, fishing can be expensive, and expensive projects are to be avoided as threatening to the culturally deprived family. Ingenuity on the part of the leader was required. Material was obtained from a local junkyard, and Ned was pleased to make his own telescopic fishing rod for a cost of about 25 cents. It was interesting to observe Ned's willingness to learn and to participate, himself, to a considerable extent, in the production of the equipment he needed for an activity in which he was genuinely interested.

### 2. *Fostering mastery and skill development:*

Thus we found ourselves not merely making richer cultural "experiences" available; we simultaneously moved into the area of providing for "growth" in skills. Building a sailboat, making flies and other equipment for fishing, repairing broken aquariums, all of which were done during the following months, did more than reveal to us the capacity for intense investment by a boy who had heretofore been so very unresponsive to opportunities. These activities also presented an opportunity for *pleasure in mastery*—actual mastery of both external materials and of the body. The concept of mastery has both an external and an internal aspect. Not only does the child gain a sense of mastery of his own body—of the use of his hands, eyes, muscles, and intellectual capacities—he also finds in activities such as fishing, sailboating, swimming, the additional effect of mastery over the external world.

Erikson,<sup>1</sup> long ago, provided the theoretical rationale for the development of a sense of *industry*. A sense of achievement in the use of tools, pride in the finished product produced out of the industrious application by the child, stand not simply as frills on the psychological developmental course of the child, but rather meet a fundamental need in a phase of development. The development of industry with consequent skill and mastery is an end in itself. The activities provided evoked and supported the development of this capacity to do good work. While the alternative feeling of inferiority is one suffered by many children at all socioeconomic levels, it may be most acute in the relatively deprived group to which Ned belongs, partly because of the lack of a wide range of materials.

He did not have enough interest in external symbols of achievement—the badges on which progress in Scouts is built—to be interested in the tasks which would raise his rank. (He was not alone in this—many other boys at all economic levels prefer activities which are interesting, satisfying or worthwhile in their own right.) That the "growth experiences" did meet his need is the more important in view of his stage of development at the transition between the latency period and the beginning of adolescence. Proud achievement in valued activities might undo certain attitudes of low self-esteem residual from the latency period itself.

A sense of mastery also arises from acquisition of relevant knowledge. The leader provided the boys with much relevant factual information as

well as coaching in skills. Learning the habits of fish under various weather conditions and learning the variations between different breeds of fish helped to stimulate and reinforce reality mastery.

As would be anticipated in the complex reality of an actual project, more than one goal is served by any single activity. The fly tying carried over to school in a significant way. The fishing flies were one of the first achievements about which Ned chose to tell his sixth-grade classmates during a "show and tell" period. Never before had he been willing to participate; he had not had anything new to "show and tell" about. After this, Ned became less resistant in class and began to respond to school opportunities to gain new knowledge.

### 3. *Sublimation:*

A step beyond skill development lies the possibility for such experiences of mastery and discovery to provide paths for potential *sublimation*. The activities already described, in addition to providing both internal and external mastery possibilities, proved to have this potential. As noted above, aggression apparently had been an especially difficult problem for Ned. In fact, the choice of making slings as the first experience was based on this recognition. A richer opportunity to channel aggression was provided in swimming experiences with the leader. In the pool, Ned learned for the first time that he could win if he would exert himself. It was also the first time that Ned competed with the leader. He was actually taught how to duck the leader and given permission to do so. From this simple feat, Ned began to overcome his fears of retaliation in outdoing an adult.

Sexual drives and sexual curiosity were afforded sublimation in Ned's prolonged involvement in the building, stocking, and care of an aquarium. His enthusiasm mounted to a peak especially at the birth of baby fish; he became strongly motivated to the point where, on his own initiative, he obtained pieces of equipment. And in spite of his lack of interest in formal academic work he avidly read a manual on aquariums from cover to cover.

### 4. *Meeting developmental crises; Identification and identity formation:*

As we begin to consider the question of providing satisfactory, and perhaps longstanding patterns for sublimation, the possibility for actual character modification by means of such growth experiences requires

discussion. As we do so, we begin to swing from our original emphasis on the activity toward the more traditional emphasis on the relationship inherent in the practice of psychotherapy. Ned was moving from an incompletely achieved latency into early adolescence. Adolescence intensifies the struggles of the child to consolidate his identity and faces him with the crucial need to break old ties with internalized objects, in order to find new objects in his world with which to identify and in whom to make an investment which, by internalization again, can come to form the nucleus of a new, or modified, superego.<sup>3</sup> To some degree, former identifications created distortions in the development of this boy. Could, or would, the growth experiences have a positive effect in this direction? How could this effect be controlled? Certainly the leader was no myth; he was a real and active person in the boy's life with whom a rather intense relationship was developing. Dynamically speaking, the leader, an adult male, became a potential ego-ideal—a "hero" of sorts. The leader stood—literally and figuratively—as a man against whom the boy, the man-to-be, could test his strength, his developing masculinity. This aspect is already implied in the earlier illustration of the swimming experience.

Furthermore, the leader presented a new model for the boy, a model outside the home, yet not threateningly foreign to the family, a model for the boy to pattern himself after, to compare himself to. Hence, some aspect of the process of identification was an integral part of the growth experiences. When considering the leader as a potential identification figure and ego-ideal, insofar as he is not a member of the family but instead a representative of the community, he serves almost automatically the important function of broadening the cultural outlook for the child. Furthermore, insofar as the leader represents this broader culture, he is in a position to represent and bring to the child for possible internalization, the mores of the culture. In considering this contribution of the leader to the child's ego-ideal, Erikson<sup>2</sup> supports an emphasis on the *content* of the superego, or ego-ideal.

"When Freud spoke of 'the superego or ego-ideal,' he tentatively tossed together a dynamic and an ideational concept, one that has force and one that has image. For decades, psychoanalysts have used whichever of these concepts suited their argument or the way their minds worked. Some emphasize that the superego represents a transformation of instinctual energy into moral energy (the original quality breaking through in moralistic sadism). To some, the ego-ideal is more a kind of control board,

which gives signs if and when a switch should be thrown which will unloose superego energy against the id and restore the equilibrium of self-esteem. Most workers are concerned only with what happens to the energy; *the ideational part* [our italics] is left to social anthropologists."

The leader respected Ned as a growing youth, potentially able to do a man's work and to accept the responsibilities of the adult work-world. This was implied in the opportunity he offered to build a rock retaining wall the second summer, when Ned was 13 years old. Two critical factors seemed to be at work in the success here. First, the stimulating effect of the matching of the job to his physical and mental capabilities and to his latent wish to be a man was remarkable. Whereas in tasks suited to a younger child, such as leaf raking, he had been lazy and sloppy, in the course of the rock quarrying and wall building he mobilized far more energy than had ever been seen before. When he did tend to let down a little on the job, the leader reminded him that in the adult world an employer demanded a full day's work of his employees for a full day's pay. Ned was then warned that if he wished to work half-time, he would only be paid half-rate. This second factor, the threatened penalization, apparently emphasized the adult standards to be met. We may reasonably assume that such "standards" were to some extent incorporated into Ned's superego or ego-ideal. Transfer of such standards to certain other segments of his life appear to have occurred later, in the gradual improvement he showed in several areas of academic achievement.

##### 5. *Stimulating creative potential:*

Ned did not always demonstrate the kind of enthusiasm and feeling of achievement he exemplified in building the retaining wall. In fact, he often reflected an underlying feeling of relative depression and discouragement. Yet, it was recognizable both from the infancy material known about Ned, and in his present functioning, that he had a tendency toward invention and creation, with a consequent or concomitant tendency to see himself as a potential inventor (he even has in his background a maternal uncle who is a successful jet airplane engineer). This then seemed not only a potential identity, or self-concept, for Ned, but an area of potential capability to be developed. Furthermore, we knew from early studies that Ned possessed a rather rich fantasy life. This too seemed a sensible area upon which to capitalize. The inventiveness showed up first early in the fishing experiences, and was

repeated later in many subsequent activities in which he was often ingenious in adapting available materials to the requirements of the particular project at hand, as when he contrived a workable fishing rod from a broken auto radio antenna. Further, in the design and execution of some of the projects, unlike other boys in the project, Ned from time to time spontaneously recognized certain modifications in design and building, some of which were quite practical and successful, e.g., a brake for the winch on a pontoon boat. From these successes emerged an awareness of himself as having something in common with inventors. Here was a beginning of a *new self-image* more appropriate to his gifts.

##### The Leader

One issue seems to be important in selecting a leader. All the children we have worked with so far have been boys. For them a man, and probably a fairly young man, seems essential. The lack of clinical experience in the present leader afforded him a certain freedom from self-consciousness about the use of elementary social guidance and even simple therapeutic maneuvers. His age and gender seemed to intensify his role as a potential ego-ideal, as well as a bearer of cultural mores, and tended to render him less threatening as a confidant regarding certain "facts of life."

Moreover, in this kind of work, a good deal of skill and ingenuity is required of the leader. His execution of projects must of necessity be genuine. He must also be possessed of a certain breadth of interest in order to deal with a variety of children. Patience and a certain warmth of personality are required, but it appears important that the leader keep a certain psychological distance between himself and the child in order not to become too involved. In this regard, perhaps we have a partial answer to the question of transference and psychotherapy. By maintaining objectivity the leader can avoid taking the attitudes of a parent through becoming too invested in the success or failure of the child.

To be a culture bearer, the leader should have clear convictions about the mores of his own society, and be able to voice them without undue ambivalence or conflict. Perhaps it goes without saying that a degree of psychological-mindedness is required of the leader. Many subtle uses of this attribute became clear in the actual operation; for example, in

deciding when to support a child by doing part of a project for him, and when to expect firmly that he carry on for himself. Notions that children "must do things for themselves," or that children "need a lot of help" are of no value in themselves; rather, finding the psychologically-effective attitude for a particular child at a particular moment in his progress will effect results.

### Conclusion

Objective reports indicate Ned's improvement in the following ways: He has been more able to participate in organized athletics at school and to stick to them even when he is disappointed. He has been out for at least two athletic teams during the past year. He is more self-assured, more able to follow through on projects rather than to give up quickly. Although his grades still are not at the level one might expect for his native intelligence, he has performed more adequately in some of his academic work.

Beyond these objective gauges, one could feel that in a subtle, but specific, and important way, Ned's identity, or self-concept (self-image) was influenced by the growth experiences. In order to accomplish this, it was essential to avoid the stereotyped use of experiences. To go fishing *per se*, to build a sailboat *per se*, would not of itself promote growth. Rather it was necessary to find *an individual fit* between the activities and (a) the child's present character structure including needs, interests, problems and conflicts, (b) his development so far, (c) the dynamics of his current failure to progress, and (d) the vital understanding which unfolded as the work with the child progressed. With this information, each activity would be carefully weighed in terms of its meaning for the individual boy with some conceptualization of the direction in which he might most productively develop.

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## THE WORKING ALLIANCE WITH THE MONSTER

RUDOLF EKSTEIN, Ph.D.\* and ELAINE CARUTH, Ph.D.†

### Dedicated to the Memory of Dorothy Wright

The Lord to Mephisto:  
Appear quite free on this day, too;  
I never hated those who were like you:  
Of all the spirits that negate.  
The knavish jester gives me least to do.  
For man's activity can easily abate,  
He soon prefers uninterrupted rest;  
To give him this companion hence seems best  
Who roils and must as Devil help create.  
—From the Prologue in Heaven in Goethe's *Faust*.

Only after Dorothy Wright was permitted by the Space Child to join him as a traveling companion on his fantasied and fantastic journeys to outer space where he directed battles against his delusional opponents, could she, as his therapist, attain the necessary leverage with him for meaningful interpretive interventions leading to the ultimately successful treatment process that has been reported in the literature.<sup>11</sup>

He who works with psychotic children cannot interpret from the outside—from the world of reality testing and the secondary process. He would be in error to assume that there would be contact and communication with an intact, observing ego, capable of stable representation of past and current objects. Instead, he must be prepared to join a fiercely raging internal battle in which unstable, fluctuating, rapidly appearing and disappearing introjects constantly change sides in this intrapsychic "reign of terror." And, in fact, one is reminded of periods of violent social conflict in which the oppressed of today become the oppressors of tomorrow and where the amorphous panicky masses impulsively and irrationally switch from the support of one government to the support of rebellious forces who may well become the government of tomorrow.

The therapist of psychotic and borderline children often finds himself with strange and ever-changing bedfellows, and may well discover that

\* Director, Project on Childhood Psychosis, Reiss-Davis Clinic for Child Guidance, Los Angeles, California.

† Clinical Research Psychologist, Reiss-Davis Clinic for Child Guidance.



some of his best friends are devils and witches, creatures and monsters, robots and ghosts. The patient's willingness, tentative as it generally is, to accept a therapist into his delusional world must be matched by the therapist's capacity to ally himself with the monsters of the patient who reside in this world. In doing so, the therapist begins to lay the groundwork for personality integration rather than fragmentation and for the development of adaptive functions within all aspects and layers of the personality. Thus he seeks to avoid a suppression of the psychotic elements and hence a sealing off of so much of the personality that the patient may well become a kind of living shell, doomed to a "burned out" automaton-like existence.

Paradoxically, such patients will seem to demand that the therapist destroy these monsters who persecute and torture them, who make them steal and engage in forbidden sexual activity and who put crazy thoughts in their minds, and at the same time torture and punish them and seem even to keep them away from the therapist. The patients think that their only salvation is to get rid of their monsters, their influencing machines or their bad thoughts and they seek to engage the therapist to this end.

A schizophrenic adolescent girl<sup>2,3</sup> describes her creature in this way:

"You know it is sort of something like an imagination . . . like you can imagine yourself, that you lead yourself. But then suddenly you can imagine another person that will think that he is greater than you, and then he will tell you, 'Look! I'm stronger so I'm going to lead. Not you, you're weak. You do what I say.' So then he makes me do what he says and he's scolding me in my imagination, he's punishing me, he's getting angry at me, and that is what gets me angry. Then I grab something. I feel like grabbing and just breaking it . . . it isn't that another *person* thinks he's stronger than me. It's something like that. It's the creature . . . if I do something wrong, he punishes me and . . . that's what gets me in a bad mood. When he punishes me because I did something wrong, it just makes me laugh at you and break anything and get rid of that creature and break him apart."

A schizophrenic boy<sup>1,4</sup> writes to the therapist and offers the following description of his struggle with his own personal devil, Mr. Punishment:

"The only reason why I didn't want to do the dishes was because Mr. Punishment was telling me 'you're getting tired. You will not do all that work! We won't have time to have fun if it gets too late!' He wants

me to be in bed as early as possible so that he can have his fun. Just because I'm getting lonely for Mr. Punishment I don't do the dishes. Help! Help! I didn't want even to listen to the ball game because I was too desperate to go to my inner world! . . . it is real hard for me to do my job when Mr. Punishment is still in command . . . but any time he knows you're not here, he becomes powerful, very powerful!"

As one observes the vicissitudes of these monsters during the therapeutic process, one realizes that they are but primitive precursors of the superego with rudimentary adaptive functions which are being utilized by the child in the psychotic transference. These powerful persecutors appear in the lives of these children at very critical moments; for example, whenever the therapist is unavailable or whenever the child is alone and, unable to maintain a stable and internalized object, is thus threatened with the dissolution of whatever remnants of object relations of which he has been capable. In such instances, when these children are unguarded as it were, and overcome with the anxiety and terror of autistic isolation, they call on these monsters in much the same fashion that the normal child, alone at night, uses his teddy bear as a transitional object<sup>9</sup> with which to revive the absent nurturing mother.

However, since these psychotic children have never truly separated from the original mother-child matrix, they seek instead to restore the hallucinated symbiosis by means of these creatures which might well be understood as *transitional introjects* and which are revived at such moments in the service of a psychotic kind of adaptation.

When the sixteen-year-old schizophrenic girl, in the early years of treatment, was left alone, the creature appeared to urge her to overeat—a kind of do-it-yourself nurturing—when the parent figure was absent and when she needed to restore the object but was unable to do so. We can see also in this psychotic attempt at reconstitution, how the patient "reconstructs" her life history, where, in order to be nurtured, she was impelled to steal and force her needed supplies from an ungiving world. It is interesting to note here that this patient had the nightly habit of gulping down raw food in immense quantities and shortly before this period would go to bed with a can opener. We might consider this a psychotic version of a transitional object, by which she revived a graphic picture of the original violent, aggressive, withholding mother-child relationship.

Despite the terror these children experience in the face of the over-

powering force of their monsters, we would like to suggest that these same persecutors whom the child beseeches us to destroy, and to help suppress (which presumably would result from dealing with them rationally and subjecting them to secondary process functions such as reality testing), are the very basis for developing what Greenson<sup>6</sup> has referred to as a "working alliance," a condition which has to be restored when the therapeutic process seems to be at a stalemate.

In treating neurotic children we know the necessity of maintaining a working alliance with the parents. This is accomplished primarily through maintaining equidistance from both sides of the external parent-child conflict, a parallel of the necessary equidistance from the ego, id, and superego internal conflicts in the standard procedure that Anna Freud<sup>5</sup> has described. In work with psychotic children, however, we have to establish this equidistance with the incomplete and negative parental introjects—the delusional and hallucinatory monsters—the fused and undifferentiated representatives of both the bad self and the bad objects projected back on to the environment. The psychotic child comes to us and instead of trying to enlist us on his side against the parent says in essence, "Let's love each other but hate my monster." The child at this moment uses the monster to become the personification and receptacle of all the bad impulses which enables him to establish distance from them and deny them as his own, and also uses the monster to become the receptacle of all the bad extrojects which thus enables him to maintain and isolate the image of the good therapist. Winnicott<sup>10</sup> has reported what happens when the child does succeed in engaging the therapist in such a struggle with the bad side of him.

We suggest that the therapist develop a tolerance for the monster and develop an alliance with him. Since we deal with delusional psychotic introjects when we speak of the monster, we expect here a fusion to develop in which ultimately the features of monster and therapist begin to merge in the alternating play between introjective and projective identifications. Mr. Hyde adopts some features of Dr. Jekyll. We expect therefore to see the patient developing a tolerance toward both monster and therapist, since the patient now knows that the therapist does accept him, including his monster. Thus the child can begin to accept this part of him which has already become changed in part through the therapeutic alliance. We have developed techniques by means of which we use this alliance in order to gradually strengthen the secondary

process ego functions borrowed from the therapist, so the patient can utilize rather than be overwhelmed by the primary-process-derived functioning as expressed in the delusion of the creature.

The schizophrenic adolescent girl referred to above has described, by means of a movie version of one of the Grimm fairy tales, the subjective experience of a therapeutic change brought about by the taming of the monster. She relates the story of the dragon who at the king's request is to be killed by two brothers, one "crafty and shrewd," the other "innocent and simple, and of kind heart." However the older brother wants all the credit and the prize for the killing and murders his younger brother. He returns then to boast to the king of his own prowess and to claim the princess. Just as he is about to be rewarded, a little shepherd begins to play for the first time on a leg bone of the dead brother which he had found and had shaped into a horn. The magic bone sings the true story of the slaying of the wild beast and as the story is told the younger sibling magically comes back to life. He is rewarded by the king and made the master of the wicked brother. Thus the patient tells us that she initially appealed to the king, the displacement figure of the therapist, and demanded the death of the monster, the psychotic illness. But since she has learned that the monster within her also serves a positive function, she feels that the weak, helpless, although healthy, part of her would also be destroyed. However with the king's help, the healthy part is gradually able to revive and become so strengthened that he who had been killed by the wicked part of her, the monster within, now becomes the master of the wicked part and the two parts of her are able to live then more harmoniously together, the psychotic process now under control and in the service of adaptation.

This kind of treatment philosophy, prescribed by the monsters themselves, so it would seem when we begin to understand their function in the lives of these children, is suggested also by the structural model of personality which implies that conflict occurs at all levels of psychic functioning. Whereas the topographic model pictures the unconscious as Pandora's Box, to which is assigned all repressed instinctual activity, the structural model recognizes rather the ubiquitousness of conflict and the quasi-adaptive nature of resolution through symptom formation. Thus the delusional monster, just like the hand-washing compulsion or the hysterical tic, represents a compromise formation between impulse

and delay mechanisms, and functions as an organizer of the inner life, although of a more primitive nature.

These patients that we describe suffer from certain basic ego deficits resulting in islands of psychic structure<sup>7</sup> that are disconnected and fragmented and, in the case of the persecuting paranoid objects, projected. Dragons and monsters have always been the basis of early superego development,<sup>8</sup> and the primitive ego of the small child inevitably experiences the parent as either fantastically threatening and punitive or magically omnipotent and giving. Normally these early introjects of the child become modified and synthesized into developing superego structures and, as the internalization and identification proceeds, the archaic, distorted features recede. These patients, however, are unable to synthesize the good and bad images into a whole person and remain with only the primitive precursors of the superego derived from a period in which loving and hating were still fused rather than synthesized. In treatment we seek to integrate and synthesize the islands of psychic functioning through a kind of psychological grafting, metaphorically analogous to the use of fill to build a causeway between separated islands. If successful, if the degree of compacting is high enough, there will appear little difference in the completed structure from the natural formation. Nevertheless we know all too well that underground movements will always be more dangerous than when there has been no fill necessary.

The specific interpretive interventions that have been utilized to carry out this treatment strategy may be described as attempts to engage the monster in a psychotherapeutic process, to treat him as a common property—a temporary mutual delusion or *folie à deux* which links together the patient and therapist. Once brought into the analytic hour, the delusional monsters are then available to the same kind of interpretive work as accorded to the patient. The therapist points out that they seem to serve a positive function despite their cruel sadistic methods. He wonders if they cannot be helped to become more rational so that they can give reasons for what they do. The therapist directs his remarks to the monsters when appropriate. As the process develops a dialogue ensues between the therapist and the monster who has now become someone with whom the patient and the therapist can negotiate. Through this process the very nature of the monster is changed in that he becomes more rational and subject to secondary process reasoning.

The patient slowly develops sufficient strength and distance to try, himself, to influence these monsters to accomplish their purpose by less punitive, less destructive, and more adaptive means.

We would like to turn back to the actual clinical data from these patients in order to illustrate how such change slowly unfolds in the clinical process. The schizophrenic girl referred to above describes the present situation *vis-a-vis* the monster:

"I haven't been trying to just get him out of the way or just get him out of my mind or by other means to get him out of me . . . remember before how hard I would try? . . . Now I just try to ignore him, that's the best . . . before I would want to get angry at the creature, he's the one who would get me angry, nobody else, he started it and I would want to finish what he started and instead I would wind up doing it to someone else . . . but I found out that's not the best thing to do to tame him . . . the creature bothers me now with a reason."

The schizophrenic boy referred to above who came into treatment so terrified of his personal devil, Mr. Punishment, that he could not even say the full tabooed word for months but could only refer to Mr. P., has finally come to describe himself as Donald Jones and Donald Punishment, two different parts of one person. After about a year and one-half of treatment, he writes to the therapist as follows:

"I have made a big discovery. When a person hides himself from other people he builds up in his imagination what he thinks is real. But it is not. Because I didn't want to face the real people of my life, I said the inner world for me. Ever since then I have thought Mr. Punishment was important . . . Then I felt I wasn't doing good at all so I said why not go get someone to teach me how to do things. But this made-up teacher (Mr. Punishment) knew only one thing from the first, Punish Punish Punish!!! So that is why he knows only one way of helping me because I fed into him all I knew then. . . . It seems I'm divided into three parts, not two. Part one wants to learn, feels he's behind; part two wants to be punished, feels he should suffer; part three thinks he is a genius. So I think I may be more than just Donald Jones and Donald Punishment, I may have a third part, Donald Genius. But the main part is Donald Jones. So it is really good to divide yourself up into three parts."

Following this letter this boy brought into treatment a peace treaty, a kind of charter for an intrapsychic United Nations, as it were, which read as follows:

Donald Jones and Donald Punishment Peace Treaty

After many years of torture and punishment, we have come to a decision to become great friends. For a long time we have been enemies and competitors (sic). Now we both realize that we are growing up, And becoming men. In the past you Donald Punishment, Would always punish Donald Jones. He would think he was doing wrong but, the more you punished him the more wrong he would do. So I ask you, Do you want to continue living in the past or do you want to come up to date? There is much more fun in life than just Punishment. Dr. R. E. will do all he can To Help Us achieve a better life for us in the future. . . . Someday we will have to change our ideas for something Else That is more mature and grownup.

Donald Jones & Donald Punishment. do you hereby agree to start working For each other? And form one good person Donald F. Jones?

SIGN HERE I \_\_\_\_\_

Good luck friends

Signiture (sic) of doctor \_\_\_\_\_

PLEASE SIGN TO MAKE OFFICIAL

We have used as our guiding theme the suggestion that the Lord made in Goethe's *Faust* concerning the use of the devil in order to bring about higher accomplishments. In the beginning it is God who makes the decisions that He will like the devil and accept him for what he is, as someone who drives men to accomplishment even though the devil's subjective purpose is to cheat God and fight Him. At the end however the devil literally becomes more human and starts to love God, although he projects the change onto God. Thus Mephisto says about the Lord:

"I like to see the old man now and then  
And try to be not too uncivil.  
It's charming in a noble squire when  
He speaks humanely with the very devil."

In this preliminary communication we suggest that in therapeutic work one must start with the acceptance of the delusional monster and bring about a working alliance with that part of the patient's personality. At a later point of the process we will have helped the patient to accept and to synthesize the monster parts of himself as well as the patient's feelings about the therapist. The interpretive strategy of the taming of the monster, analogous to Freud's dictum that where id was

shall ego be, suggests that where unstable introjects ruled, capacity for object relations shall be developed.

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## THE FEMININE ROLE: CASE REPORT\*

TERESA BERNARDEZ, M.D.†

Betty is a twelve-year-old girl, one of more than fifty children studied from early infancy in a series of investigations of successive phases of normal development. She is the only girl among five children born into a working-class family which went through periods of financial stress and unemployment of the father. When Betty was a baby her mother, Mrs. A., was seen as an outstandingly feminine person, attractive, natural, spontaneous, and prone to capitalize on her charm. Before her marriage, she had enjoyed acting and dancing parts in local theatricals. The mother related how her own mother used to do extra work to pay for her daughter's lessons in acting.

Her first child was a boy, Carl, and two years later Betty was born. The mother was eager for the second child to be a girl, perhaps because she had had several brothers and was afraid she might produce only boys. According to her statement, she cried with joy when her wish for a girl came true. Her first thoughts after knowing the sex of the baby were of the way in which she would dress her up in a yellow pinafore with pretty ribbons. Her hope then was that her two children would become movie stars.

Betty's mother was also the only daughter; she had two brothers. Betty's father had had a sister who died at the age of three; the paternal grandmother had wished very much for a daughter and was deeply grieved by the death of her only girl. Thus, when Betty was born, she was from the beginning the desired girl for several members of this large family. The paternal grandmother's memory of the loss of her own daughter led her to be anxious about Betty, whom she sheltered and did not want to engage in any sort of rough-and-tumble play. The maternal grandmother, on the contrary, introduced the baby to various pieces of equipment, encouraged her motoric activity and enjoyed tossing her about and swinging her in the air.

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† Staff Psychiatrist, C. F. Menninger Memorial Hospital.

When Betty was first seen by the observers, she was 28 weeks old. She was an energetic baby of vigorous and mature postures, sturdy, good sized and well developed. She was described as being more charming than beautiful. She enjoyed being held upright and showed pleasure in attempts at locomotion. She was socially vigorous and outgoing, alert and responsive to other tests. She executed movements with precision, showing good capacity for impulse inhibition and delay, while at the same time she was a markedly active infant.

From the very beginning she was a forceful rather than a dainty girl, an energetic and active baby rather than a passive one, a baby who found pleasure in exploring. The comments of the mother at that time were that it was hard to see how Betty missed being a boy. Betty was not the kind of little girl of whom the mother had dreamed along with all her husband's family, who had not produced a girl for two generations. But Betty's mother cuddled her as "mama's baby doll" and dressed her in elaborately feminine clothes.

It is important to mention that a few weeks after the baby's birth the mother became exhausted and ill, which in her opinion was due to the fact that she tried too hard to keep the baby immaculate while she was having, at the time, more than the usual chores and had a small boy to care for along with the baby. In order to rest she went to her mother's farm and was able to recover in a couple of weeks.

We have seen that this little girl who is constitutionally sturdy, prone to activity, who finds delight in muscular movement, and who is well endowed in this area, from the very beginning defeated her mother's dream and expectation of a "feminine" daughter, meaning by "femininity," delicacy, fragility and passivity. Moreover, Betty grew up among boys (her siblings); three younger brothers were added to the family when Betty was two, four and five years old. The boys and their games gave Betty an outlet for her expansivity, her active and exploring traits, her need for large muscular activity. Through her development during the preschool years, it was noticed that freedom of movement was not sacrificed to a feminine interest in her appearance, although the latter had developed by the time Betty was four years old. Apparently it gave Betty more pleasure to be the executor of her destiny as a vigorous person than to rejoice in being admired as a pretty object. She liked especially to fix things, to take things apart and put them together as her father fixed things about the house.

As she grew up and these traits became more evident, the mother's dislike of what she saw as a masculine side of Betty was more obvious. She made several comments to the observers about her disappointment over the fact that Betty did not keep herself clean or preferred to be dressed in comfortable clothes if she was to play, comments that were frequent enough to make us assume that the girl perceived her mother's dissatisfaction. Betty was determined and hard to bend. Observers felt that her disobedience toward her mother was as conspicuous as that of her siblings; in Mrs. A.'s eyes she was the hardest to handle of her children.

With her father, however, Betty was more coy and seductive in getting her way. When there were disagreements with her mother, she either resorted to stubbornness or to an intellectual appraisal of the situation to find a solution that could fit her and be permissible at the same time. Cleanliness was often disregarded if it had to be achieved at the expense of restraint and passivity although, if the situation were one (party, test situation) that did not call for much activity, Betty was happy with pretty dresses and could keep herself neat.

Intellectually, she was found to have a superior capacity with an IQ of 138. She worked efficiently, with excellent concentration, with ability to synthesize and integrate, and she showed enjoyment in working out solutions and achieving intellectual success.

Although her mother admired her efficiency, along with most of the members of the family she did not prize intellectual achievement. Apparently the family did not expect and did not particularly want Betty to develop superior intellectual capacities. Furthermore, since she was outstanding and her oldest brother was not, Betty got less praise for her performance than would be otherwise expected since her parents felt that this would avoid making her brother feel inadequate.

At the time of the preschool examination, Betty seemed to be able to integrate successfully both her "feminine" and her "masculine" tendencies to develop her potentialities fully. She was interested in mother's tasks and identified herself with the maternal role when the youngest brother was born. She enjoyed taking care of him and by that time she enjoyed as well wearing pretty dresses and receiving compliments about her looks. Dancing was a gratifying interest since she could satisfy her need for activity, exercise control of muscular impulses, and at the same time identify with and please her mother. On the other hand, Betty enjoyed

fully her brothers' games and she continued to be as skillful as they or their male companions were.

When Betty was five years old, several circumstances seemed to lead her mother to another breakdown; she was exhausted, gloomy and unwell. The husband was out of work and she had to deal with four active children for whom she could not provide all that she wished them to have and with whom she could not cope effectively. Being a woman who liked to have things in perfect order, she preferred to do things for the children rather than to fight with them to "mind her." In reviewing the circumstances that led to her breakdown, Mrs. A. complained with some feelings of resentment of all the demands she had to fulfill. She mentioned her husband's coming to the house for lunch which made more work for her, the people in church who expected her to do more in Sunday school, and the children's disobedience, putting most emphasis on Betty's disobedience.

Mrs. A. became very depressed and after a period of hesitation decided to follow her husband's advice and leave the home and the children for a trip to the mountains to rest. The children were left to the care of their grandparents until the mother came back. On her return, the mother was still apathetic; she showed obvious lack of energy, and according to the observers, a sudden blandness or dullness of affect although she seemingly was able to carry on her household tasks.

A series of changes were noticed in Betty about this time. When the observers came to take her for tests, she became tremulous and tearful, clinging to her father and refusing to leave him. A little later, when it was possible to test her, her IQ was 18 points lower than on previous tests and the efficiency that was so prominent before was absent from the picture. Responses to the test were dull and unimaginative; Betty appeared uninterested and inhibited in her responses and seemingly experienced defeat without being able to do much about it. That her mother's illness had affected her and that in some way she felt herself responsible for her mother's condition was indicated by her comments in which she displaced the blame. She mentioned that what had made her mother ill was the fact that her brothers did not mind the mother, emphasizing at the same time that she herself minded her. She alluded metaphorically to the same situation when she talked about her dogs, explaining that she was bossy with dogs except with "Scottie," the good one, who had always minded her.

Mrs. A. described her inability to curb her children's demands but did not express her anger and her frustration directly toward them. That her anger made her feel guilty was indicated by her statements that she could not bear to leave the children alone for a trip that she considered necessary and that she could not say "No" to Betty because the child would feel that she did not like her. The mother herself made an analogy between her situation (surrounding her illness) and that of her own mother who had worked terribly hard to pay for her daughter's music and acting lessons, that is, for her daughter's happiness. She expressed some guilt toward her mother for being the cause of such a sacrifice and at the same time she seemed to imply that Betty did not reward or pay her for her sacrifices since she refused to be the dreamed of little girl she (mother) had expected.

How Betty perceived her mother's disappointment we do not know. We do know that she seemed to react to her mother's illness with guilt and then we see some major changes in her that might be explained as an attempt to repair the damage done.

From then on we see in her a consistent turn toward a more "feminine" lady-like behavior. In a group party, when Betty was seven years old, observers noticed that she came dressed as a lady, with bracelets and nail polish. She was more restrained and compulsive, was less spontaneous, interacted less with others and was not emotionally responsive. She was still persistent and efficient, but showed far less enthusiasm and pleasure.

To this attitude we find a maternal counterpart. Mrs. A. related in an interview a few months later that Betty now had her own room and had become quite an aid to her mother, helping her with parties and taking care of the younger children. Betty was active in Sunday school, took cooking and piano lessons and attended square dances. At this time the mother felt differently about the girl. According to her, Betty was proud to be dressed up and she spent time fixing her own hair. Her mother felt that she had been told so often how glad they all were to have a girl that Betty now did not wish to be a boy. Seemingly, Betty's turn toward the more feminine and restrained behavior now fitted into maternal patterns and won approval. Apparently there was a re-establishment of a certain equilibrium between the mother's desires and expectations for Betty, and the girl's compliance or adaptation to these wishes by changes in her behavior that pleased her mother.

However, together with these changes, some of which can be seen to be in line with her free process of feminine identification, there are over the same years others that cannot be seen in quite such a positive light.

As described, when Betty was tested at the age of seven, her performance was very poor by comparison with her previous tests. She was unable now to distinguish the important from the irrelevant, lacked the necessary freedom to generalize, and was obsessed with fitting details together. She could not give the rationale for her choices and was irregular in her performance on some of the items, missing some while she answered correctly others which were more complicated. In the Rorschach the following spring there was evidence of depression and anxiety and general constriction which was interpreted as Betty's attempt to resolve her conflicts. In the Children's Apperception Test given the same day the themes of punishment for being messy or disobedient were abundant. Such concerns suggest at this point that the drop in the quality of her intellectual performance and the 18 points decline in IQ was related to the acute conflicts exacerbated by the mother's illness.

If we follow Betty's development until the age of twelve, we see the stabilization of these trends toward self-limitation in narrowly defined feminine terms. Betty was described as "the Shirley Temple of the Project." She was striking because of her physical appearance, her attractiveness, beauty and feminine charm. She dressed accordingly, showed considerable pride over being able to fix her own hair and had very few of the tomboyish traits seen at earlier ages. She gradually seemed freer emotionally and in comparison with the latency period, she was better able to concentrate and to persist. She was definitely more practical and realistic and, although she still seemed under pressure, she appeared much happier than during latency tests.

But in the intellectual sphere the downward trend in obtained test scores persisted and *Betty's Full Scale IQ was 12 points lower than in latency and now 30 points lower than in the preschool age.* Thus, evidence pointed to a compromise resolution of her previous conflict, with Betty assuming a more definitely "feminine" position which seemed to bring her the gratification or the approval of the family and quite a bit of popularity within the peer group, at the expense of motor and intellectual capacities which seemed unfeminine to her mother.

If one looks at these two trends, the upward trend toward a much more narcissistically feminine identification and the downward trend in intellectual achievement and investment, there seems to be a correlation. In this particular girl can the feminine traits, the narcissistic cathexis on the body, appearance and behavior, be achieved only at the price of *not* developing the intellectual potential? If so, what made the equal development of these potentialities impossible?

As far as the first question is concerned there are some factors which seem to favor this hypothesis first: Betty's family is not intellectually oriented. They understated her achievement to protect the older brother from feeling bad about Betty's superiority. In this attitude, there are hints that the parents believe that intellectual superiority in a girl is of no practical value in her future life and that intellectual potential may be considered as a masculine trait.

Betty's superior intellectual ability could have been experienced and used by Betty as an advantage over the mother during the preoedipal and oedipal stage when the girl's rivalry with her mother was more acute. It could also have been of use to Betty in helping her to differentiate herself from her mother by becoming intellectually proficient where the mother was not particularly endowed.

Subsequently, at the time of the mother's breakdown, the girl might have experienced her mother's illness on a deeper level as a result of Betty's wish to surpass her, to get rid of her, to occupy her place, while on a more conscious level it appeared as a result of her misbehavior, her lack of obedience and her messiness. The mother's illness seems to have been too much of a threat for Betty and a compromise solution seems to have been found in the changes described.

On the other hand, Betty can still develop her superior abilities in other areas. Her motoric skills, for instance, are channeled in socially acceptable (for her sex and by her mother) activities such as dancing. In an outdoors type of family, Betty's need to move physically without restraints finds permissible outlets. When Betty was twelve the whole family learned to bowl and to ice skate. The fact that she can develop many of her abilities and that she can become an attractive and charming girl apparently makes the other sacrifice less painful and taxing for her subjectively, and consequently mental health seems to be fairly well maintained at the age of twelve.

## HEAD-BANGING: ITS MEANING AND MANAGEMENT IN THE SEVERELY RETARDED ADULT\*

DEAN T. COLLINS, M.D.†

Despite frequent brief mention as a childhood behavior pattern in textbooks of pediatrics, psychiatry and neurology, the significance of head-banging remains an enigma. A dozen different authors may ascribe as many different meanings to it. I shall attempt a synthesis of some of the observational data obtained in a longitudinal study of a patient.

### Review of the Literature

Head-banging has been described as a normal phenomenon<sup>1</sup> during the development of a small percentage of ordinary children—three and one-half to six and one-half percent in the usual private practice of pediatrics.<sup>2</sup> Characteristically, it begins in the last half of the first year of life and is usually preceded by other sorts of rhythmical behavior patterns (head or body rolling or crib-rocking).<sup>3, 4</sup> Its appearance coincides in age with tooth eruption, and with the transitional phase from sitting to crawling.<sup>2</sup> Normally self-limiting, the average duration of the behavior is 17 months,<sup>2</sup> although de Lissovoy's study<sup>8</sup> gives the mean age of termination as 38 months. Of significance in Kravitz's study<sup>2</sup> was the observation that 91 percent of the children had no associated crying, and two-thirds of the children did not cry at night when teething.

The personality traits of children who engage in head-banging have been described as: active, neat, unusually interested in sounds, slow to approach strangers or new activities, and prone to rhythmic behavior.<sup>3, 5</sup> Kravitz<sup>2</sup> describes it as three and one-half times more frequent in males. All researchers have generally agreed that head-banging that continues beyond the age of four is abnormal.

The literature describes a variety of meanings ascribed to head-banging. De Lissovoy<sup>8</sup> believes that continuation of the behavior beyond the usual age of termination is a response to fatigue or frustration. Richmond and Lipton<sup>6</sup> refer to head-banging as an attention-getting device. Teplitz and Bromberg<sup>7</sup> describe it as a purposeful response to

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† Staff Psychiatrist, The Menninger Foundation.



internal or external sources of tension, brought under control of the infant's own body and musculature, with a simultaneous loss of interest in human responses, for the time being. Fitzherbert<sup>8</sup> suggests that head-banging represents the infant's attempt to re-experience the mother's heartbeat as the child feels it when he is held in her arms. Freud and Burlingham<sup>9</sup> describe it as a sign of frustration and impotent anger, with the child enacting on its own body its own aggressive and destructive tendencies. They also note important differences from thumbsucking, rocking and masturbation, and relate head-banging to institutional life, where the child is separated from his family. Lourie<sup>1</sup> presents head-banging as a form of expression of dissatisfaction and compensatory satisfaction, related in mental defectives to their frustration in intellectual achievement or to inability to adjust satisfactorily in other ways. He emphasizes the importance of the auditory component in this sort of stimulation. Kravitz,<sup>2</sup> in his study and review, supports the theory that head-banging reflects a maturational pattern emerging in the transitional phase from sitting to crawling as an inherent function of the organism with a tension-reduction role. Greater sensitivity to tactile, kinesthetic and auditory stimulation than to verbal activities is important. Attention-seeking is not a primary motivation, and probably not important except as a secondary gain in chronic cases. He does not accept the theory of the act being a form of self-inflicted aggression.

### Case Illustration

The case of a severely retarded adult illustrates the persistence of head-banging from infancy into adulthood. Our information regarding the early mother-child interaction is insufficient to draw any valid conclusions regarding the origin of the behavior. Therefore, we shall concentrate our efforts instead on the present function and significance.

C. D. is a 26-year-old man whose prenatal history, birth and early developmental milestones were unremarkable. Following several acute infectious illnesses with associated episodes of high fever occurring between the ages of 20 and 24 months, his development slowed and his behavior became disorganized. By the age of 30 months he had lost his ability to talk. At four years he was irritable, hyperactive, fearful of animals and strangers, and would cry for no apparent reason for several hours at a time. When frightened, he began to beat his head or face with a hand or knee, or to hit his head against a wall or table.

His behavior prompted his parents to seek assistance when he was

six years of age. He was considered too severely retarded to be included in the program of a private school, so he was admitted for several months to a private nursing home. He returned home, but because of increasing difficulty in his management, he was admitted at the age of 12 to a state training school. At that time he was described as seclusive, mute and hyperactive, but cooperative to instructions.

Increasingly the patient engaged in head-banging, until, at the age of 17, he had to be restrained by all four extremities and to wear a collar to prevent hitting his head on his shoulders. Ataractic drugs, in dosages high enough to produce toxic side effects, produced only slight and temporary improvement. A bilateral frontal lobotomy was considered as a measure to interrupt his head-banging, but was not performed.

At the age of 22, except for being assisted by two persons in being bathed and fed, he was confined to a bed, wearing strap restraints to all four extremities, a thick foam rubber collar and a broad sheet restraint to his trunk. When released from restraints, he would immediately attempt to hit his head on any available object, or with a fist or knee. Even though he wore a football helmet with a face guard, constant vigilance on the part of attending personnel was inadequate to prevent frequent contusions and lacerations to his head. His emotional expression was one of complete blandness, showing no recognizable variation of affect under any condition. He showed no reaction to the suturing of scalp lacerations, either with the use of local anesthetic or without it. Electroencephalographic tracings were normal, with no alteration produced by pressure on the testicle. He showed no evidence of sexual interest, engaged in no manipulation of his genitalia and was not noted to have erections.

Vision appeared normal; indeed, he hit his head only on objects within his visual range. When seated at a table he made no attempt to move his knee toward his head.

### New Treatment Program

When C. D. was 22 years old, a program was developed for him, in which he was taken to the toilet at regular intervals eight times a day, and he was encouraged to feed himself at meals. A radio was placed on his bedside table, squeaking squeeze toys were placed in his hands, mobiles moved by air currents or by blowing were hung over his bed, and he was offered spiced candy or gum at frequent intervals. Perfumed soaps and lotions were used in his toilet care. Two attendants began spending 15 minutes each day with the patient out of restraints.

This time was spent in going on walks, playing with toys, eating or drinking, talking to him, and other such simple activities. Of necessity, their work with him initially included much physical contact. Characteristically one walked on each side with an arm interlocked with his. It

became apparent that very light pressure on the upper side of his flexed forearm would deter him from making any move to strike his head. Similarly, when he stood or walked, only a suggestion of a pull was sufficient to keep him from bending his torso forward so that he could strike his head with a knee. His gait was perceptibly ataxic and he placed his feet on the ground with a forcible stomp.

Within weeks, the patient's intense efforts at head-banging had subsided, so that one person could accompany him without incident. The length of time was gradually increased and after several months other patients joined the pair, so that one attendant then supervised a small group. Within a year, the patient no longer required restraints. He had become toilet-regulated and fed himself, but would still occasionally make a playful gesture of striking his head when he could see attendants watching him from a distance.

At the age of 26, C. D. still needs assistance in dressing. He plays with toys and participates in simple group games. He can carry out simple instructions and respond to simple requests. His speech consists of isolated one- and two-syllable nouns. He acquaints himself with new objects first by smell, occasionally followed by taste. When alone and unoccupied, he often sits gently rocking his trunk to and fro. He now is observed to manipulate his penis when showering and occasionally has been seen masturbating in bed. He winces or withdraws from painful stimuli, such as an antiseptic on an abrasion. He is frequently playful, laughing or smiling, and shows obvious joy and affection when his mother arrives for a visit.

### Discussion

The case of C. D. illustrates how a phenomenon of behavior, considered not alarming at one stage of development, may incapacitate a person and present serious problems in management when its occurrence is exaggerated and extended to other stages. C. D. was reported to have begun head-banging in childhood during a period of regression from a more integrated level of development. The symptom apparently occurred in response to fear. It continued, with periodic alteration in intensity, to his adult years.

Reconstructing the inner experience of a nonverbal patient is always open to the pitfall of imposing the world of the observer on the subject. In an attempt, however, to conceptualize the function of the patient's behavior in his psychic life, we shall propose some hypothetical constructions, drawing on analogous observational data on children, brain-damaged persons and emotionally-disturbed persons.

Let us postulate, for a moment, the inner experience of C. D. at the

age of 22 years. His perceptual world had seemingly reverted to a mass of primitive stimuli centering about the head. Diffuse, unintegrated sounds, meaningless visual forms and movements, smells and tactile sensations were constantly present, but no longer subject to organization or integration to maintain any significant separation from the internal physiological stimuli. Sensations of external origin did not carry connotations of pain or pleasure. The passive experience of external stimulation carried no meaning; only when he actively moved and could experience simultaneously kinesthetic, visual and tactile stimuli did any organization at a higher level occur.

A movement of an extremity to strike his head reinforced for a brief moment the perception of the extent of his body—differentiating it from the external world—through the kinesthetic and proprioceptive experience of motion and position, the visual image of the approaching object, the tactile sensation of the blow, and the primitive auditory or visual stimuli associated with a head blow. Pain (in the usual sense of the word) was not perceived—the act served the much more essential purpose of maintaining an awareness of his body and of his self as a discrete entity.

A retrospective view of a management program is a natural attempt to draw meaning from behavior and critically evaluate our attempts at altering it. The program instituted when the patient was 22 years old was devised out of a desperate search for a humane and effective way of helping the patient achieve a better level of adjustment.

All the factors that contributed to the behavior of C. D. as an adult cannot now be identified or reconstructed. Certainly of significance was a disturbance in the higher cortical integration of perception in the second and third years of life, probably a disturbance in brain function subsequent to febrile illnesses. The effect of this disturbance on his ability to communicate impaired his use of relationships with other persons to maintain self-identity. Doubtless the change from the home environment to institutional life, with its multiplicity of changing human objects, contributed to his further regression to a personal world of internal sensations and meaningless external stimuli.

We can best understand his behavior at 22 years as an effort to maintain a self-identity through constant reinforcement of the perception of the extent of his body—a most primitive and basic level of existence. Other meanings to the behavior, if previously present, had become lost,

and head-banging was perpetuated as his only mode of continuing an existence with some degree of separation between self and the world of amorphous stimuli. By this time, however, a pathologic feedback circuit, as it were, had been set up, so that the restraining measures of control reduced even more the availability of kinesthetic and visual stimuli for the maintenance of autonomous ego functions. He had come to lead an existence in relative sensory deprivation, with internal stimuli assuming the predominant role in his life.

The treatment program provided the opportunity for external stimulation and freedom of movement, which enabled him to begin re-establishing his concept of body image through motor activity. Intimately intertwined with the establishment of body image is the differentiation of the self as an entity discrete from the environment. Only after these stages of reorganization and reintegration had occurred was he able to establish object relationships and demonstrate an effective response to other persons. At the same time, the improved integration of sensory stimuli allowed for differentiation between modalities (*i.e.*, distinguishing pain from touch).

These formulations in no way minimize the contribution of a change in attitude on the part of persons who surrounded the patient. The change from viewing him as a self-destructive "object" to be contained, limited and restrained, to seeing a person discovering himself and his surroundings, no doubt contributed to his being able to explore with greater security and less fear.

The observations we have presented and the conclusions we have drawn should not be misconstrued as a general and universal explanation of head-banging as a behavior. Indeed, it appears that several distinct purposes are served in different types of such an action. We are led, however, to the inescapable conclusion that the head-banging we have described is an exaggeration—a more desperate restitutive maneuver—of the more benign rhythmic activity of body-rocking.

Provence and Lipton,<sup>10</sup> as well as Brody,<sup>11</sup> have described different types of rocking which serve distinct purposes in the development of the child:

(1) *Normative* (or *transient*) rocking, which serves to provide reassurance and a feeling of safety in the child who experiences frustration in attempts to master a new stage of development. We would postulate that head-banging is a rare development out of this type of behavior.

(2) *Agitated* rocking in which there is some degree of maternal deprivation or a disturbed mother-infant relationship. This behavior offers autoerotic gratification, just as the head-banging of a tantrum-like nature that it often precedes is an expression of autoaggressive impulses.

(3) *Repetitious* rocking, frequently preoccupying or reassuring to the person, and often a sleep-release mechanism, appears to serve no "social" function, but instead is an effort to maintain an awareness of the body.

This last form of rocking is often the prelude, and in the case of C. D., the postlude, to rhythmical head-banging. This sort of behavior—*i.e.*, repetitive or rhythmical body-rocking and head-banging—is used to differentiate the self from the environment and establish body image.

From these observations we would draw the following hypotheses: (1) Kinesthetic and proprioceptive sensations are more primitive or more basic than pain, touch or temperature. (2) Self-identity and body image are prerequisites to the formation of object relationships and to the development of affective responses to other persons. (3) When ego development is at the stage of incomplete differentiation of the self and of diffuse body image, awareness of pain and pleasure are experiences of internal stimuli alone; external stimuli become organized and are assigned these qualitative values only after the development of self-identity and body image.

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## PINOCCHIO IN THE TREATMENT OF SCHOOL PHOBIA\*

THEODORE J. MACHLER, M.D.†

This paper is based upon experience with a single patient, and reports a diagnostic and therapeutic method utilizing hand puppets and the Pinocchio theme in the brief treatment of a ten-year-old girl with a school phobia. The method and treatment described were used adjuntively with other forms of play therapy and case work with the parents. This method cannot be regarded as applicable for all children with school phobia. It is an effective technique that allows the child a nonthreatening way to explore, develop, and express his fantasies, and to discharge the feelings associated with his fantasies.

The value of dramatic forms of play in the treatment of children has been almost universally recognized. In 1931, Margaret Lowenfeld<sup>1</sup> introduced the idea that "symbolic play" would tend to drain off the "excess emotional energy" that resulted from the conflicts in childhood neurosis. In their book *Understanding Children's Play*, Hartley, Frank, and Goldenson<sup>2</sup> list eight functions of dramatic play: (1) To imitate adults; (2) To play out real life roles in an intense way; (3) To reflect relationships and experiences; (4) To express pressing needs; (5) To release unacceptable impulses; (6) To reverse roles usually taken; (7) To mirror growth; and (8) To work out problems and experiment with solutions. In addition they quote Erik Erikson, "to play *it out* is the most natural autotherapeutic measure childhood affords."

In 1933, Levy<sup>3</sup> reported on the use of set patterns of toys which were intended to bring out information regarding special difficulties in children. In 1935, Lowenfeld<sup>4</sup> described the use of trays upon which various scenes were constructed in an attempt to elicit response in specific areas.

Puppetry in the treatment of children has been described by several authors. In 1936, Bender and Woltmann<sup>5</sup> described the use of puppet plays in a group setting for hospitalized children. Specific themes were used and the children's responses were observed. The children utilized the show itself as material for further discussion. The authors used the children's responses, distortions, and amplifications in much the same

way as dream material. They felt that the shows in themselves had a definite therapeutic value. Hawkey,<sup>6-8</sup> in 1945, 1947 and 1951, reported on the efficacy of puppetry in the treatment of children who were too shy or inhibited to produce fantasy material. In 1941, Lyle and Holly<sup>9</sup> discussed applications of puppetry to treatment.

As early as 1897, Freud<sup>10</sup> wrote to Fliess of his intensifying awareness of the significance of fairy tales. In one case report "The Dream and the Primal Scene" Freud<sup>11</sup> interprets the wolf in *Little Red Riding Hood* as representing the patient's fear of his dominating father.

Heuscher<sup>12</sup> describes fairy tales as efforts to explain and deal with aspects of human existence such as thinking, feeling, hoping and behaving. He classifies fairy tales in terms of psychosexual development according to the problems encountered by the hero of the tale. Heuscher differentiates fairy tales which are artistic creations rather than folk tales and observes that they often reflect some of the vicissitudes experienced by the narrator.

### Pinocchio

*Pinocchio* was written in 1881 by Carlo Lorenzini under the pseudonym, Carlo Collodi.<sup>13</sup> Lorenzini is reported to have had difficulty in school and to have made a sudden transformation into a model student. Pinocchio was carved by an old cabinet maker, Gepetto, who wished to have a marionette as a companion. To the old man's surprise the puppet was alive. Gepetto was ambitious for his foster son, and bought him clothes and books and sent him off to school. Pinocchio was not overly fond of school. Despite the admonitions of his conscience, in the form of Jimmy Cricket, he was easily dissuaded from going to school. During these periods of absence from school, he had many wondrous and frightening experiences. He was frequently rescued by the Good Fairy. He promised her that he would reform, but he often broke his promise. The story concludes with Pinocchio showing evidences of courage, industry, and good intentions. For this he is rewarded by the Good Fairy by being turned into a "real boy."

The escapades of Pinocchio are known to most children and to most therapists. This common knowledge may be utilized by the therapist for exploration, and by the child as a means of expression. A hand puppet is not only connected to the puppeteer, as noted by Woltmann,<sup>14</sup> but is also a direct extension of the puppeteer and his personality.

Were Pinocchio to be evaluated in a modern child outpatient clinic,

\* Accepted as a thesis in the Scientific Writing Course in the Menninger School of Psychiatry.

† Veterans Administration Hospital, Bay Pines, Florida.

he would probably be described as having: feelings of depersonalization, preoccupation with his body image (the displacement being upward), auditory and visual hallucinations, and concerns about a tyrannical and not easily placated superego (Jiminy Cricket). The school report would show that he had a short attention span, poor peer relations, a propensity toward procrastination, and a tendency to hang around with a bad crowd. His long record of truancy would be noted, and there would be speculation at the case conference as to whether he was a truant or a genuine case of school phobia.

Fortunately, children do not have to worry about these things. To them, Pinocchio is a kindred spirit, acting on impulse and behaving in a nonresponsible and infantile way. He is punished for his transgressions, but none of the punishments are permanently catastrophic and, in the end, he emerges whole, and in better shape than when he started.

### The Patient

Nora is an attractive ten-year-old girl of superior intelligence who was referred to a guidance center in Kansas by her family physician. For approximately 18 months prior to referral, she had been complaining of visual hallucinations consisting of "little brown men with knives" who were after her. These hallucinations occurred most frequently in the mornings after breakfast or as she would get out of the car to go to school. After eight months, she was taken to the psychology department of a nearby college and, following testing, her parents were told, "Nora is psychotic with a paranoid behavior pattern, and immediate treatment is indicated."

Nora responded to the testing by becoming quiet and withdrawn, but no longer did she complain of hallucinations, and for about five months her school attendance was good. Then she began to be afraid of going to school; she would beg her mother to stay at school with her, and would cry, scream, or have a tantrum when the mother would leave. The parents did not seek further help until Nora again started having the same hallucination, which became progressively more frequent in occurrence. Nora finally was attending school only one day a week. Despite her absences, she continued to make high grades.

The parents did not wish to return to the psychologist whom they had seen before. They went to their family physician, and he referred the child to the guidance center. In his letter of referral, he suggested

that Nora was suffering from an epileptic equivalent. He added that he had known the mother since she was a child. He described her as being a tense and over-conscientious person, especially where the children were concerned. The father is a policeman who often works the evening or late shift, and he is frequently at home during the day.

The patient had a sister two years younger who had difficulties similar to those of Nora, but who had no history of hallucinations. Her symptoms were thought to be imitative.

### The Treatment

When first seen, Nora separated from her parents with hesitancy. Upon entering the playroom, she stood in the middle of the room with her hands behind her and made no attempt to use any of the toys, games, or art materials. The purpose of the evaluation and her freedom to use the time in any way she preferred were explained. She asked if I were going to give her tests. I said that I was not; that I wanted to know her and to help her if she wanted help. She asked if she could draw and spent a portion of the hour drawing horses. She expressed interest in the doll house. I placed it and the box of furniture on the table. She methodically and meticulously arranged the furniture. She had some difficulty deciding whether to place a double bed or twin beds in the bedroom which she had set aside for her parents. She placed her mother in the kitchen fixing dinner and caring for the male baby which she substituted for her sister. The dolls representing Nora and her father sat on the patio and discussed what had happened during the day. I told her of my plans to see her regularly every other week, but that I was going to insist to her parents that she go to school during the evaluation. She smiled and replied, "We'll see."

*Second hour:* Nora arrived on time and left her parents readily. As we entered the playroom, she said that she wanted to play with the doll house. Play with the dolls progressed until she decided that everyone in the doll house should go to a movie. She then brought the box of hand puppets to the table and suggested that we put on a show for the dolls. She avoided the Pinocchio puppets. For the remainder of the hour we played out varying forms of a triangle where the maiden (played by Nora) would be attacked by the "beast" (the therapist) and rescued by the hero (alternately Nora or the therapist). By the end of the hour, she was laughing and expressed displeasure that the hour was up.

*Third hour:* This hour started with a repeat of the themes acted out in the previous hour. I commented that we hadn't used the Pinocchio puppets. She smiled and said, "I like Pinocchio best of all." I asked her why she had not used these puppets before. She smiled and replied, "I've been saving him." At this point, she cleared the table and made a stage out of an empty cardboard carton. She gave me the Gepetto puppet and the "wicked wolf." She took Pinocchio and Jiminy Cricket for herself. I asked her who would play the Good Fairy, and she replied, "We don't need her. Oh, I suppose we do—but not yet. You can be her when the time comes."

She started the play by saying that Pinocchio was going to start toward school but wasn't really going, and she suggested that the "wicked wolf" trick Pinocchio into going to work for the carnival. We acted this theme out, and I put Pinocchio to work carrying water for the elephants. Jiminy Cricket (Nora) kept saying, "I told you so; Pinocchio, boy, are you going to be in trouble!" Pinocchio replied, "Go away, you old cricket. Who needs you?"

At this point I told Pinocchio that the circus was going to leave town, and that he had better send Jiminy Cricket after Gepetto to rescue him. Nora replied, "No, send for the Good Fairy." The Good Fairy (therapist) arrives: "Pinocchio, you bad boy, you said that you would go to school."

Pinocchio: "I didn't really promise."

Good Fairy: "I don't know if I'll rescue you or not."

Pinocchio: "You have to; that's the rule."

Good Fairy: "All right, but I hope that you will return to school."

Pinocchio: "We'll see."

*Fourth hour:* Nora hurried into the playroom and set the stage with the same cast as before except that the therapist was Jiminy Cricket. Jiminy Cricket said, "Pinocchio, you really should go to school today."

Pinocchio: "Oh, shut up, you silly cricket."

J. Cricket: "Don't you like school?"

Pinocchio: "Sure."

J. Cricket: "Why don't you go?"

Pinocchio: "That's for me to know and you to find out."

J. Cricket: "Poor Gepetto, he wants you to go to school and learn things."

Pinocchio: "Oh, I will."

J. Cricket: "The Good Fairy wants you to go, too."

Pinocchio: "That's too bad." (With sarcasm)

J. Cricket: "Don't you like the Good Fairy?"

Pinocchio: "Yeah, I guess so."

Good Fairy: "Hi, Pinocchio. I came to take you to school."

Pinocchio: "I can't go today, I don't feel good."

Good Fairy: "I'm sorry to hear that."

Nora (Aside): "He's not really sick."

Therapist (Aside): "I think you are mad at the Good Fairy."

Nora: "No, Pinocchio just wants to be able to do magic like the Good Fairy."

Therapist: "I wonder what Pinocchio would do if he could do magic."

Nora: "He'd buy lots of nice things for Gepetto."

Therapist: "Why don't you ask the Good Fairy?"

Pinocchio: "Good Fairy, I would go to school if you would give me a magic wand."

Good Fairy: "Why do you want a wand?"

Pinocchio: "To buy things for Gepetto."

Gepetto (Therapist): "I heard that. I don't need anything except for my Pinocchio to go to school and to grow up and be big and real."

Pinocchio: "And then can I have the magic wand?"

Gepetto: "You grow up, Pinocchio. You go to school and learn all that you can. And then, if you get a magic wand, you can use it wisely. And if you don't get the wand, you will be wise enough to get along without it. Either way, Gepetto and the Good Fairy love you."

At the end of the hour, Nora asked if we would be meeting again. I told her that we would and asked her why she thought that we might not be. She shrugged her shoulders.

*Fifth hour:* Nora entered the playroom and sat down. I asked her what she would like to do. She shrugged her shoulders and said, "Talk, I guess." She then proudly volunteered that she had a project for the science fair that she was working on. I asked her if she had been sick or felt badly enough to stay home and miss school. She smiled and said, "No." I told her that she was smiling as though we were sharing a secret. She laughed. I said, "I think that you are like old Pinocchio, that you haven't really been sick." She laughed and said, "I didn't *say* that." We

spent a portion of the hour discussing her science project. She proudly exclaimed that her mother was allowing her to work in the kitchen and that she was learning how to cook. We discussed the original reasons for her coming for the evaluation. We then explored her feelings about her parent's concern for her and her happiness. I pointed out that she had changed during the course of the evaluation and that some of these changes were positive. She seemed pleased that I had noticed the change. I told her that I was going to be talking to her parents and asked if there were anything that she wanted me to tell them, or if there were anything that she did not want me to tell them. After a moment, she said, "You won't tell them that the little brown men weren't real?"

I told her that her parents would be concerned about this. She asked, "Can't you tell them that they have gone away and that they won't be back?" I smiled and asked, "What if old Pinocchio gets angry or wants something—won't they come back then?" She laughed, "No, they won't be back." I agreed to relay this to her parents.

The parents have been seen in casework since the termination of Nora's treatment. In six months since termination, she has missed only two days of school. She has become more active in the Girl Scouts, and frequently spends nights away from home at slumber parties.

The dynamics of Nora's "school phobia" or "resistance to going to school" are better understood as a result of the puppet play. Although other determinants exist, the puppet play vividly points out the mechanisms described by Emanuel Klein:<sup>15</sup> ". . . a girl who has strong repressed hostility to a thwarting mother on whom she is dependent. This fear represents a return from the unconscious of the formerly repressed hostility: it is strengthened by the Oedipal attachment to the father, jealousy of the mother, and the wish to have this rival out of the way." The wish for the Good Fairy's wand might indicate a desire to make the mother weak, defenseless, and without the power to satisfy the father or provide for his needs.

Another interpretation would be that the wand means the breast or a source of nurturance and supply. Coolidge et al.<sup>16</sup> point out the type of interaction present between Nora and her mother:

"By her own concern for the child's welfare the mother fosters in him a sense of helplessness in mastering new situations independently and forces him to rely on her for continued help in areas which he is

actually mature enough to handle independently. When thwarted from external help and called upon to act assertively the child feels helpless not only on the basis of inexperience, but also in the face of the anger which is immediately generated and which itself is magically feared as having destructive and annihilatory power. The magic then functions as a double-edge sword. Fearing he cannot cope with the anger, he resolves the crisis usually by regressive maneuvers and increasing the demands for assistance from his mother. In effect, he re-establishes the illusion of omnipotence, and thereby obliterates the source of the frustration."

In the play therapy, Nora was able to relinquish this illusion. Should the pressures and stresses in her life again reach an exceedingly painful level, it might be expected that Nora will again regress in search for infantile omnipotence and the magic wand.

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## 311 Memorialiam

MAXWELL GITTELSON, M.D.  
(1902-1965)

Dr. Maxwell Gittelson of Chicago, who was Sloan Visiting Professor in the Menninger School of Psychiatry in September, 1961, died February 3, 1965. In addition to his association with the School of Psychiatry, he and his wife, Frances, who was from Kansas, had long been close friends of many of our staff and had been interested particularly in the Topoka Psychoanalytic Institute and Society.

Dr. Gittelson was devoted to psychoanalysis. He had recently been president of the International Psychoanalytic Association and had been a guest of most of the psychoanalytic societies in both North and South America and in many European centers. He was host to Dr. and Mrs. Ernest Jones when they were last in this country, and he and Mrs. Gittelson were their guests in London, just before Dr. Jones' death.

The limited time he spent at the Foundation was an extremely valuable period for our residents and for our psychoanalytic candidates and for our staff. Even more important than the specific teaching given in numerous seminars, always sound and helpful, was the influence of Max Gittelson's character.

What I particularly admired in Max Gittelson was a kind of ethical purity and steadfastness to principle. One felt that certain compromises could not even be considered because they were departures from scientific principles to which he adhered and he opposed such compromises because he felt that they were immoral, or at least that they ran the hazard of becoming a form of immorality to which professional men are subject.

He felt that popularity should never be a consideration in psychoanalysis. Some thought him too strict about this, but to the admiration of many of us colleagues he thought that one could not be too strict in such areas. If some of us felt sometimes that we did not quite measure up to his standards for us, perhaps that was merely his way of making us all feel as he felt toward himself, namely, that we must continuously strive toward the refinement and improvement of our science and our work. No one could have a more honorable memorial.

Karl Menninger, M.D.

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## BOOKS, OLD AND RARE

Dr. Edwin Levy of our Children's Hospital has presented the Rare Books Division of our Medical Library with two finds. The first is a small pamphlet on *Epidemic Delusions* by Frederic R. Marvin, M.D., professor of psychological medicine and medical jurisprudence in the New York Free Medical College for Women, given before the New York Liberal Club, if you please, on May 9, 1873. He devotes the beginning of this lecture to the demolition of the "delusion" of a Moral Agency, held by men who "vainly imagine themselves . . . the weavers of their own destiny. . . . The modern historian seeks for a law in the rise of a dynasty and the murder of a king; the theologian finds in climatic causes the secret of a religion, and in the topography of a country the cause of a revival; and the psychologist sees in the tides of crime that rise and fall . . . now overflowing the banks of civilization . . . the working of natural laws that cannot be circumvented nor successfully resisted."

After this beginning I expected most anything—and I was right. Some of the "epidemics" were the rise of the Mormon religion, the crusades, pilgrimages to Lourdes and "outbreaks" of St. Vitus Dance, pyromania, melancholia, lycanthropia. Unfortunately, the lecture ends very abruptly and is followed by some advertisements, of which this one caught my eye in view of some recent developments: "Parturition Without Pain; or A Code of Directions for Avoiding most of the Pains and Dangers of Child-Bearing" (1873)

Dr. Levy also discovered an English psychiatry of 1867, *Clinical Observations on Functional Nervous Disorders* by C. Handfield Jones (Philadelphia, Henry C. Lea). Perhaps the most striking superficial point about this book is that under this heading the author discusses over 35 conditions including angina pectoris, sciatica, facial paralysis, Parkinson's disease, epilepsy, catalepsy, tetanus and syphilitic affliction.

The chapter concerning epilepsy begins, "There can be little question that epilepsy is primarily and essentially a functional malady. . . . The various alterations which have been found in the cerebral hemispheres and their membranes . . . are certainly rather consequences than causes of the paroxysms."

It might be a very good educational experience for our residents to have to read a few chapters of this book. It would help to correct their mistaken impressions that the modern trend is away from organic

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notions of psychiatric syndromes toward functional ones. This book, however, revises my understanding of the extent to which the "functional point of view" had been stretched in the middle 19th century.

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Another book that recently came our way is a gift from Dr. Richard Hunter of London, our Sloan Visiting Professor of two years ago. It is by Dr. Nicholas Robinson and is entitled *Hypochondriack Melancholy, Wherethin all the Decays of the Nerves and Lownesses of the Spirits, are mechanically Accounted for. To which is Subjoin'd, A Discourse upon the Nature, Cause, and Cure, of Melancholy, Madness, and Lunacy. With a particular Dissertation on the Origine of the Passions; the Structure, Mechanism, and Modulation of the Nerves, necessary to produce Sensation in Animal Bodies. To which is prefix'd, A Philosophical Essay concerning the Principles of Thought, Sensation, and Reflection; and the Manner how those noble Endowments are disconcerted under the foregoing Diseases* (London, A. Bettesworth, W. Inny's, and C. Rivington, 1729).

In a way of speaking, Robinson subscribed to the unitary theory of mental illness in that he considered all mental illness to be hypochondriac melancholy. A picture of the frontispiece of the book appears in Hunter and Macalpine's *Three Hundred Years of Psychiatry*, page 343. They give seven pages to this book and we are very proud to have an original copy.

Karl Menninger, M.D.

## READING NOTES

The Mayo Clinic has just published the Mayo Centennial Symposium addresses delivered last fall in Rochester. The commemoration was for the births of the brothers Mayo, Doctor Will in 1861 and Doctor Charles in 1865. The Mayo Foundation was founded when their Doctor Will was 54 years old. The Menninger Foundation was founded when our Doctor Will was 46 years old.

L. M. Gould of the University of Arizona, now a professor of geology but also president emeritus of Carleton College, gave the introduction. "We no longer live in a world of nature," he said. "Ours is largely a synthetic environment . . . Man has taken his life into his own hands." Very aptly he quoted Abraham Lincoln of a hundred years ago: "The dogmas of the quiet past are inadequate to the stormy present. As our case is new, so must we think anew and act anew." Dr. Gould particularly condemned the waste of natural resources and the pollution of our air, water, seas and land.

Dr. Loren Eiseley of the University of Pennsylvania followed with a horizon-lifting review of the evolution of our universe, particularly our earth, ending his inspiring address with these noble lines by Pindar:

" . . . we have some likeness in great  
intelligence, or strength, to the immortals,  
though we know not what the day will bring,  
what course after nightfall  
destiny has written that we  
must run to the end."

One might think that next must come an anticlimax, but not so. Nobel prize winner Dr. Peter Brian Nedawar, born in Rio, educated in England and now director of the National Institute for Medical Research in London, boldly presented the question, "Do advances in medicine lead to genetic deterioration?" His conclusion, after a long analysis, was that the fear of building up a huge and increasing genetic liability in the human population is well grounded. He expects and hopes that solutions will be found to cope with the danger.

General Lauris Norstad reflected then on "Man's adaptation to his expanding environment," which was really the subject of all the addresses. But the General's reflections were very practical. So was Edward Teller's account of "Progress in the nuclear age," Dr. Arthur Larson's address on "Can man's brain mold his international environ-

ment?" and Dr. Constantinos A. Doxiadis of Athens "On the measure of man."

It was a great intellectual feast and reading the modest January 1965 issue of the *Mayo Clinic Proceedings* affords a generous sharing of the occasion.

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Items like the following always intrigue me: The monthly program of the New York Academy of Sciences for March announces that on March 16 at 8:00 p.m. the Society for the Investigation of Recurring Events will hear a paper on "The 20-Year Cycle in Presidential Deaths" presented by the Director of Research, Department of Psychiatry, Maimonides Hospital, Brooklyn, New York.

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Neuropsychiatry gone international might seem to be an extension of physiological chemistry and pharmacology to judge from the initial number of the *International Journal of Neuropsychiatry* (February, 1965) which discusses among other things "Schizophrenic Behavior and Urinary 5-HIAA" (you know what that is), the "Effects of Chlorpromazine," "A Clinical Trial of Desmethylinipramine" and "A Controlled Pilot Study of Tybamate." *Chacun à son goût!* But is this neuropsychiatry?

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"We Kid You Not" is the title of the review of *The Greatest Story Ever Told* in *The Christian Century* (April 21, 1965) by Fred Myers. I like the title, and the review—an honest, disturbing criticism of this highly advertised, expensive, religious appeal picture.

"Even a fine actor flounders in *The Greatest Story's* most inane script, put together from a mishmash of hybrid translations of the Bible and a potpourri of random half-thoughts about the Gospel story. No apparent rules govern transitions from the archaic language of Jesus to the modern vernacular of his disciples. This Jesus Christ sounds like a creature from a different universe, and in more than one sense he is: a Swede playing opposite Americans and Englishmen, he repeatedly insists that his 'kingdom' is not of this world. In one scene, for fully five minutes von Sydow's head remains silhouetted against a monstrous, green-cheese mock-up of earth's only natural satellite. Does Mr. Stevens mean to suggest that the Messiah was really a man from the moon?

"Watching *The Greatest Story* is rather like perusing a comic strip.

In one frame we have Jesus coming across the desert one more time, followed by his disciples, the Twelve Dwarfs, while Alfred Newman's score sounds variations on the William Tell Overture and the St. Matthew Passion. In another we see John Wayne, fresh from straight-talk-about-Barry on television, dressed as a Roman centurion and declaiming at the moment of Christ's last agony: 'Ah believe this man was the son of God!'

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It was H. D. F. Kitto in his book *The Greeks* (Penguin Books, 1951) who said that in our climate grass is "one of the bitterest enemies of social and intellectual life." The Greeks were lucky not to have had it. They also got along without bed clothes, tobacco, newspapers, and of course, telephones. The average Greek citizen got up at dawn "shook out the blanket in which he had slept, draped it elegantly around himself as a suit, had a beard and no breakfast, and was ready to face the world in five minutes. The afternoon, in fact, was not the middle of his day, but very near the end of it."

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The appearance of *Book of the It* was a spectacular event in psychoanalytic history. The work was denounced by some colleagues as unscientific, improper and in bad taste, but admired by Freud, Ferenczi, and later by Frieda Fromm-Reichman, Balint and the reviewer. Frieda Fromm-Reichman once told me that I resembled Georg Groddeck in some ways and I felt flattered. Carl and Sylva Grossman in *The Wild Analyst* (Braziller, 1965) say that Freud was very much taken with Groddeck, got ideas from him and defended him, while some of Freud's associates fumed at, snubbed and denounced Groddeck.

This biography is long overdue. It is a delight to read, even though it somewhat tarnishes my idealized image of the hero. He was certainly most odd at times and did some strange things, such as trying to reason Hitler out of his anti-Semitism. But that he became completely disorganized, as I had heard, is apparently not so. A few private delusions are certainly everyone's privilege.

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In recent years there have been numerous books on suicide and still more recently there have been more and more books on the subject of death—varying conceptions of it, varying attitudes toward it.

The most recent is a collection of articles—nearly half a hundred of them—by Professor Robert Fulton of California State College in Los Angeles, entitled *Death and Identity* (Wiley, 1965). He ascribes the revival of interest to Herman Feifel's book, *The Meaning of Death*, published only six years ago.

One might think it distressing to read these essays on the fear of death, the values destroyed by death, the uses of funeral rites and the like. But not so. The net effect is salutary, I think; it infers a willingness to look at a great mystery and a topic of universal dread with calm objectivity. To do this is healthy-minded, indeed.

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*The End of Hope*, by Arthur Kobler and Ezra Stotland (Free Press of Glencoe, 1964), while distressing in its content, is at the same time a very important study and a valuable document. More than 80 colleagues collaborated in the study of the factors connected with an epidemic of suicides in a psychiatric hospital in which there were disturbed relations among the staff members. The title might have been more accurately put *The End of Hope?*

The question is, why did hope come to an end for certain people? And is such hopelessness ever objectively justified, however precipitated?

Doctor Kobler is well known to us; he was trained here; we have followed his career with pride.

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Is everyone impressed with the proliferation of journals? Time was when the arrival of *The Ladies' Home Journal*, the *Youth's Companion* or the *Saturday Evening Post* was an event to be looked forward to. Then came *Time* and *The New Yorker* and after that the deluge.

I would be ashamed to record here how many I subscribe to and try to look at, if not read, each week and each month. But of these all, the one of greatest serendipity (I like this word) is the *Journal of Biblical Literature*!

For example, in the March issue a scholar, Professor Andrew F. Key, examines the evidences that the early Israelites were worshipping a moon god named Sin. Not the sin you are thinking about, but the Sin revered in the third dynasty of Ur, about 2,000 B.C. You may remember that Abraham came from there and was no doubt indoctrinated as a child with Sumerian beliefs. The moon god Sin was represented by a "fe-

rocious bull, whose horn is thick, whose legs are perfected," and who wore a long flowing beard of lapis lazuli. This author (a Southern Methodist) suggests that the revelation on Mount Sinai might have been from the moon god Sin. Remember the golden calf the people were worshipping when Moses came down? Remember the golden calves that King Jeroboam made and about which he said to the children of Israel, "Behold your gods, O Israel, who brought you up out of the land of Egypt." (I Kings 12:28) Not Jehovah, you see, but the Sin(ai) gods.

The author believes that some of the Israelites followed the moon god Sin and some of them the Kadesh god Yahweh. Moses and Joshua became identified with a fused tradition. This, he adds, may explain the continuing north-south (Israel-Judah) conflict and also the continuing emphasis on lunar holidays and festivals which play so large a role in later Judaism.

Christians may be more interested in the analysis by Professor Pierson Parker of the introductory sentences of the Book of Acts. The writer refers to an earlier communication, which has always been assumed to be the Gospel of Luke. Now the Gospel of Luke was certainly written *after* the Gospel of Mark, and includes many obvious inclusions from Mark; but Mark was written just *before* the fall of Jerusalem (70 A.D.), a period of great stress, whereas details in the Gospel of Luke make it clear that it was written *after* the fall of Jerusalem!

And so how could Acts, written *still* later, make no references to Nero or his persecution of 64 A.D., nor to the siege and fall of Jerusalem?

The omission of these events, the apparent ignorance of the author of Acts regarding the content of Mark and of Josephus, also of Nero, the fall of Jerusalem and the death of Paul and of Peter is explainable thus: The author of the Acts knows none of these things, because when it was written they had not come to pass!

How then can the preceding book, Luke, know these things? Because, says the author, what we call the Gospel of Luke is a *second edition*! The "former treatise" to which the author of the Acts refers is a first edition, which was written before the author had read Mark, before many of these later events had occurred. Then he *wrote* the Acts, and then he *read* Mark and then he corrected and enlarged his earlier manuscripts!

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A part of our constant reality testing activity has to do with the

detection of danger. And danger seems to be everywhere. Sharp stones, tarantulas, speeding drivers, banana peelings on the street, tornadoes in the air, thugs in the park, pollution in the rivers, smog in the air . . . on and on.

Add to these dangers now a new one: "One of the greatest threats to the sanctity of wildlands in our national parks and forests . . . is a mechanical mule that may become as popular as its predecessor, the horseless carriage . . . Numerous ads in national outdoor magazines offer a new stripped-down motorcycle that pulls forty-five percent grades with a 400 pound load and fits snugly in the back seat of a car. . . ." (See *National Parks Magazine*, May 1962.)

If you want to see the damage that even the old-fashioned kind can do take a look at the way in which motorcycles have crashed through our neighbor's fences and ruined the Horseshoe Cliff area. This is to say nothing of the way in which some of these ruthless noisemakers crash through *our* fences, woods, gardens and lawns on the West Campus.

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Edward Radin, a science writer, must have worked for quite a long while on his new book, *The Innocents* (Morrow, 1964). He collected roughly 80 cases of individuals who actually served prison sentences but were proved to be completely innocent. These false convictions were obtained on the bases of confessions, eye witness, testimony, property found in possession, and all sorts of "indubitable" things. The accused were found guilty without any shadow of a doubt. Overzealous police, overambitious prosecutors, unreliable witnesses, frame-ups, false confessions and the community's thirst for blood—these are some of the main causes.

This book is more exciting than any mystery story, and more shocking. And don't think it couldn't happen to you. It happens to approximately 50 innocent individuals somewhere in the United States *every day*.

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From *Harper's Weekly*, April 15, 1865:

"The country seems to be under a curious misapprehension as to what has taken place in and around the city of Richmond. It has been generally supposed that Grant had defeated Lee in a fierce and sanguinary series of battles, and had finally compelled him to a hasty

and rather uncomfortable retreat from Richmond. But the real facts of the case are set forth by the New York organ of the rebellion, as follows:

"The great armies that have so long defended Richmond and Petersburg have been removed to another quarter, where, in the estimation of their General, their valor and endurance can be made more available."

"And once more: 'Lee's army withdrawn intact, and tied no longer to one position, the Confederacy frowns a more terrible defiance today from the fatnesses of her vast interior.'"

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Recently a flood of books on sex has been flowing onto the book stalls and onto the reviewers' desks. Out of about a dozen before me I would give first attention to Daniel Cappon's *Toward an Understanding of Homosexuality* (Prentice-Hall, 1965). Dr. Cappon is professor of psychiatry at the University of Toronto. He has a constructive, helpful, no-nonsense view of homosexuality that first of all dispenses with the designation "homosexual" as a noun. "There are no homosexuals—only people with homosexual problems." And, says he, such people are not aberrant creatures; they suffer from a symptom which is "as curable as its underlying causes are reversible." If anyone with a homosexual problem really wants to be cured, he can be. The assumption that some cases of homosexual preference are congenitally different in some harmonic or organic respect is unsound and is used by some individuals as resistance to change. Others do not come for help merely out of shame or guilt feelings and still others of course because they do not wish to relinquish the "symptom." I believe this is the best book I have seen for people who encounter this problem for the first time.

Professor Ralph Slovenko, now on our staff, has collected nearly fifty essays by competent authorities on such problems as sexual misbehavior in the army, sexual misbehavior in marriage, unmarried mothers, abortion, sodomy, incest, prostitution and pornography (*Sexual Behavior and the Law*, Charles C Thomas, 1965). There is considerable unevenness, naturally, but there is an index and there are many references at the end of each article making it an excellent reference book. The introductory panoramic view of the relations of sexual behavior to the law, written by Slovenko himself, is excellent. Some of the unexpected or familiar names on the roster list are James Feibleman (poet and novelist, department store manager and now professor of philosophy),

## BRIEF BOOK REVIEWS

Harry Golden, Bernice Engle, Seymour Halleck, Albert Glass, Karl Bowman, Masud Khan, Edward Knight and Joe Noshpitz.

*Why Wait Till Marriage?* (Association Press, 1965) is by Dr. Evelyn M. Duval, the well-known sociologist, long executive secretary of the National Council on Family Relations. She refutes systematically a common rationalization offered by teenagers and others for breaking the traditional taboos.

*Sex Offenders in Group Therapy* (Sherbourne Press, 1964) by Manning R. Slater calls group therapy "the psychiatric technique that breaks down all the barriers." That gives you a clue as to the quality of this book.

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Naturalists please note that the March-April issue of *Audubon Magazine* was an extraordinary number containing interesting material on the whooping crane, bird migration routes, bluebird and wren houses, the Indiana dune problem, the migration of the Monarch butterfly (across the ocean!) and the frightful catastrophe to 30,000 songbirds against a TV tower and its wires in the fall of 1963, when a star was obliterated by overcast so that the birds switched to the little TV light for a "star" and headed for destruction.

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"The first time we heard the word 'hopefully' used to mean something it doesn't mean. . . ." begins the editor of *The New Yorker* in the March 27th issue. He asked the woman who used it so whether she meant she hoped something would come to pass or that she was going to be in a hopeful frame of mind when the event occurred. She got mad and wanted to know "what in the hell" he was "driving at." She saw nothing wrong with the phrase, "hopefully" on Tuesday."

Some of us around here are also in a state of *angst* about the spreading use of this ungrammatical and indefensible construction. As *The New Yorker* added, even *Time*, "always elegant in its rhetoric," brought forth not long ago this miscarriage of English diction: "The Government would like to bring the case to a quick trial, hopefully before the end of January." (Which verb gets the adverb?)

K.A.M.

*Left-Handedness.* By HENRY HECAEN and JULIAN DE AYURRAGUERNA. ERIC PONDER, tr. \$5. Pp. 162. New York, Grune & Stratton, 1964.

As noted in the introduction, the complexity of the original language style is a basic problem which would be difficult for any translator, and all of the problems have not been solved in the current volume. However, in spite of this, these renowned authors present an excellent review of the literature, an analysis of their own cases of right and left hemisphere lesions, and a number of reasonable speculations. Most important, they define the complexity of handed preference and cerebral dominance. This is a book which will come easily only to a knowledgeable student of this field. The bibliography will be valuable to anyone who is interested. (Joseph Stein, M.D.)

*Tay-Sachs' Disease.* BRUNO W. VOLK, ed. \$5.75. Pp. 158. New York, Grune & Stratton, 1964.

This is a very comprehensive review of the clinical, pathological, chemical, and epidemiological aspects of this hereditary disease. The material is well introduced by a historical review. This is an excellent source book, with extensive bibliography. (Joseph Stein, M.D.)

*The Psychedelic Experience.* By TIMOTHY LEARY, RALPH METZNER and RICHARD ALPERT. \$5. Pp. 159. New Hyde Park, New York, University Books, 1964.

Prepared by the three psychologists who a few years ago lost their jobs at Harvard because of unfavorable publicity concerning the use of LSD with undergraduate students, this so-called psychedelic manual offers instructions to those wishing to bring upon themselves or others a drug-induced mystical experience. The style is that of religious initiates who, probably unintentionally, speak like scientists. For, aside from some matter-of-fact suggestions about drug dosage, "set," and "setting," the content has little to do with science—it is rather an imaginative commentary on an old Buddhist book of prayers as applied to the various stages of the LSD experience. (Peter Hartocollis, M.D.)

*Diagnostic Classification in Child Psychiatry.* Psychiatric Research Report #18. RICHARD L. JENKINS and JONATHAN O. COLE, eds. \$3. Pp. 152. Washington, American Psychiatric Association, 1964.

This monograph illustrates a variety of attempts at nosological reform, limited in this symposium to syndromes encountered in clinical work with children. With each proposal there appears the formal discussion and impromptu comments of symposium panelists. The monograph is short, well-edited, and will be of interest not only to those concerned with taxonomy, but to readers who, as one of the obligations in clinical practice, find themselves called upon to attach diagnostic labels to emotionally-disturbed or mentally-ill children. (Martin Mayman, Ph.D.)

*Society and Love.* By ROGER MEHL. \$4.50. Pp. 223. Philadelphia, Westminster, 1964.

The author, a French Reformed Church theologian, writes about the family and marriage from an ethical perspective. He is well aware of what has been happening to the family in the modern world—changes in function, the new role of women, the impact of technology—and takes both sociological and psychological data into consideration. He sees his task as that of elucidating the human meanings of the realities faced by today's family, of making evident the "values that man can love and to which he can dedicate himself." The first part of the book deals with the family as a social institution; the second part addresses itself to the more personal sphere of marriage, especially the sexual relationship in marriage. Included are chapters on the problem of authority in the family, the present-day functions of the family, marriage and engagement, celibacy and birth control. (Richard A. Bollinger, B.D.)

*The Healing of Persons.* By PAUL TOURNIER. \$4.95. Pp. 300. New York, Harper & Row, 1965.

The author, a Swiss doctor, is no stranger to American readers. *The Healing of Persons*, translated into English just this year, was Doctor Tournier's first book (1940) and is still the favorite of readers on the Continent. You get the full flavor of the author's style in this example of "medicine of the person," as he terms his combination of interests in medical art and religious values. He states frequently and very simply his conviction that "personal problems" have a considerable influence on health, and that it is the doctor's business not only to minister to the person's physical ailments but also to recognize and release the person from psychological and moral impediments to healing. Many cases are marshalled as evidence for the truth of his conviction. It is a tribute to Doctor Tournier that his whole life mirrors the thing he believes in most, and that he can write so persuasively about his experiences. (Richard A. Bollinger, B.D.)

*Sigmund Freud: A Short Biography.* By GIOVANNI COSTIGAN. \$4.95. Pp. 306. New York, Macmillan, 1965.

This delightful biography presents a warm and lively portrait with, at the same time, a sense of Freud's great integrity and his human foibles. Whether one has read Jones' long biography or not, this book is well worth reading. Costigan does not seem to have had to lean over so far backward to avoid "hero worship" as did Jones. Costigan's reconstructions of events in Freud's life from various sources have the ring of truth, and his quotations from Freud's letters seem exceptionally well chosen. (James B. Home, M.D.)

*The Role of Pleasure in Behavior.* ROBERT G. HEATH, ed. \$6.50. Pp. 271. New York, Hoeber, 1964.

Twenty-two authors, psychologists, psychiatrists, neurophysiologists, pharmacologists, and one philosopher participated in a symposium on the topic expressed in the title. Research on drugs, brain stimulation in both animal and

humans, evoked potentials, and self-stimulation are all presented and discussed. The major emphasis is on the neurophysiologic exploration of pleasure and pain and yet the gap between the neurophysiologic and behavior still looms large. As Neil Burch says in a final paragraph, "The understanding of human behavior should increase exponentially with advances in the technics and methodology set before you in this symposium, but the understanding of human behavior in terms of higher order abstractions such as mind, value system, and even soul remains our final need." (Paul E. Thetford, Ph.D.)

*Leopold's Principles and Methods of Physical Diagnosis*, Ed. 3. By HENRY U. HOPKINS. \$8.50. Pp. 503. Philadelphia, Saunders, 1965.

Dr. H. U. Hopkins, for many years associated with Doctor Leopold, has done a superb job in revising this well-known monograph on physical diagnosis. (The reviewer has not had access to the 1957 edition.) Though the revision offers no startling innovations, much of the old material has been either deleted or condensed, many chapters augmented and updated. The vital subject of History has been expanded and relocated where it belongs—at the beginning of the book. The text is clear and concise, the photographs—all black and white—excellent. The author devotes 16 pages to a psychiatric survey which embraces or encompasses many of the modern percepts of psychological medicine. Highly recommended. (Nathaniel Uhr, M.D.)

*Psychosomatic Research.* By J. J. GROEN and others. \$12. Pp. 318. New York, Pergamon, 1965.

Professor Groen's important contributions to the psychosomatic approach to medicine date back to the time of the German occupation of The Netherlands when he found, to his surprise, that in the last years of the occupation and in concentration camps, peptic ulcer, ulcerative colitis, migraine, and hyperthyroidism nearly disappeared. Since that time at the Wilhelmina Gasthuis in Amsterdam and later at the Haddassah Hebrew University Medical School and Hospital in Jerusalem, Groen and his medical and psychiatric colleagues have continuously attempted to put their psychosomatic researches on a scientific basis. This volume represents a collection of some 21 titles relating to work dealing with a wide variety of psychosomatic phenomena. The historical background chapters and those dealing with group psychotherapy in asthmatics can be particularly recommended. (Russell M. Wilder, M.D.)

*Gesammelte Aufsätze.* By HERMANN RORSCHACH. K. W. BASH, ed. Pp. 379. Bern, Hans Huber, 1965.

This collection of essays by and about Hermann Rorschach is one of the series of classical German-language books and articles which Hans Huber is reissuing. The book consists of a biographical section (including a Rorschach biography by Henri Ellenberger) and a scientific section containing Rorschach's shorter writings. There are about 30 articles, ranging widely in content, from "Comments about Sexual Symbolism," through "Horse-theft in a Twilight State" and "The Neurotic's Choice of Friends," to an essay

about "Murder Based on Superstition." The book also includes approximately 30 of Rorschach's discussions of the works of colleagues. (Ernest A. Hirsch, Ph.D.)

*The Threat of Impending Disaster.* GEORGE H. GROSSER, HENRY WECHSLER and MILTON GREENBLATT, eds. \$8.75. Pp. 335. Cambridge, M.I.T. Press, 1965.

A score of contributors, one of them our own Dr. Roy Menninger, herein address themselves to the topic suggested in the title, the fear of disease, death, disaster, annihilation, and in just being hurt. These are all examined, illustrated, and reflected about. The authors all seek to describe how much the internal balance is disturbed and how it is restored. These are short essays, many of them interesting and a few stimulating, and the editors provide a splendid brief summary. (K. A. M.)

*Psychotherapy: A Dynamic Approach.* By PAUL A. DEWALD. \$6.50. Pp. 307. New York, Basic Books, 1964.

This is an excellent textbook for residents who are beginning to try their wings in the complex art of psychotherapy. Within the theoretical framework of psychoanalysis, Doctor Dewald first orients the reader to psychodynamics and psychopathology and then goes through a careful examination of the spectrum from supportive psychotherapy on one end to insight-directed psychotherapy and psychoanalysis on the other. With remarkable conciseness and didactic style he describes their differences both in the process as well as in the technique. In matters of technique he is inclined toward an ego-psychological approach with little mention of more controversial methods. This book is a perfect reference for professionals in other fields who are interested in the more concrete aspects of the therapeutic interaction and would be a valuable aid to teachers of the subject and to control group leaders. (Teresa Bernardez, M.D.)

*The History of Prostitution.* By VERN L. BULLOUGH. \$7.50. Pp. 304. New Hyde Park, New York, University Books, 1964.

This is a serious and scholarly survey of the development of prostitution. The author begins his study in antiquity, and with the Middle Ages, concentrates on Western Europe and the New World. Professor Bullough is a competent historian and his study is well written with humor, compassion and sorrow. "The prostitute," he says, "should be looked upon as a sick person, much as society now looks upon the alcoholic, and is beginning to look upon the drug addict." The author hopes that his study may serve as "one of the opening wedges for . . . a full-fledged investigation of prostitution." (Lewis F. Wheelock, Ph.D.)

*Cognition: Theory, Research, Promise.* CONSTANCE SCHEERER, ed. \$4. Pp. 226. New York, Harper & Row, 1964.

This book offers a variety of approaches and emphases in its discussions of the cognitive processes. The range of offerings should have something of interest for most readers with even a slight concern for the area. Some of the chapters

present new ideas and vistas for research, and others offer what is essentially a recapitulation of positions which are stated elsewhere in greater detail. A better interlocking of the chapters and more adequate coverage of significant problems in the area of cognition might have improved the overall effect. While the chapters are scattered in several different directions and deal with different levels of phenomena, they present important points of views that are well worth the reading. A number of them will stimulate the reader who is interested in the cognitive processes to think of research possibilities that perhaps had not occurred to him before. This would seem to be in keeping with the aim of the book and the spirit of Martin Scheerer himself. (John F. Santos, Ph.D.)

### Books Received

- ACADEMY OF RELIGION AND MENTAL HEALTH: *Moral Values in Psychoanalysis.* New York, Acad. Religion & Ment. Health, 1965.
- ADAMS, MARGARET, ed.: *The Mentally Subnormal.* New York, Free Press, 1965.
- AICHHORN, AUGUST: *Delinquency and Child Guidance.* New York, International Universities, 1965.
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