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BULLETIN of the MENNINGER CLINIC

Topeka, Kansas

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PSYCHOANALYSIS AND RELIGION

LEO H. BARTEMEIER, M.D.

Editor's Note: Dr. Leo H. Bartemeier, a trustee of The Menninger Foundation, was the Alfred P. Sloan Visiting Professor in the Menninger School of Psychiatry, April 12–26, 1965.

One of the pioneers in the psychoanalytic movement in the United States as it spread westward to Chicago, Detroit, Topeka and on to the west coast, Dr. Bartemeier is also distinguished as one of the first American psychoanalysts closely identified with the Roman Catholic faith. He has taught and lectured in Catholic universities here and abroad and is presently Medical Director of The Seton Psychiatric Institute in Baltimore. He is a former president of both the American Psychoanalytic Association and the American Psychiatric Association.

In this lecture, given April 21, 1965, he presented his thoughts about psychoanalysis with particular reference to Catholic theology.

Freud was an unbeliever from an early age. He refers to himself in *The Future of an Illusion*[1] as "an infidel Jew," apparently intending the reader to understand that he has ceased to believe in the religion of Judaism. Already while working under Brücke in 1876 he had adopted a materialistic view of man. The spirit of Brücke's institute was that psychology was the study of the nervous system, and psychical energy was nothing more than physical energy supplied by the brain cells. All through the rest of his life, Freud clung to the physical-mechanical analogue or model of mental life, although he retained the terminology of *psyche* and *psychical.*

It is interesting to trace some of the influences which may have contributed to his thinking on matters of religion. As a child he had a nurse who was a Catholic and used to take him to attend church services. "She implanted in him the ideas of Heaven and Hell and probably also of salvation and resurrection. After returning from Church the boy used to preach a sermon at home and expound God's doing."[2] He studied

under Brentano for two years, 1874–76. This is significant because Brentano was a priest who had left the Catholic Church, a trained scholastic philosopher who founded modern empirical psychology, and who emphasized the notion of *process* (rather than *content*) in his act-psychology. Moreover it was Brentano who recommended Freud to Theodor Gomperz as the translator of part of the works of John Stuart Mill into German: Mill has been aptly named "the saint of rationalism." From Brentano, Freud may have learned more than the basic concept of the unconscious and from Mill perhaps the essentials of utilitarianism and hedonism. Mill had found himself constrained by the facts themselves to go beyond the rigid and narrow hedonism of his father as early as his twentieth year (1826), just as Freud found himself constrained to go "beyond the pleasure principle." Human life could not be explained by a simple maximizing of pleasure.

It seems clear also, especially from Freud's way of dealing with concepts of culture and civilization, that he was much influenced by Social Contract theories of society. He thought of society in an almost Rousseauesque way. It is difficult to maintain Rousseau's theory of man, existing by nature in an idyllic condition, corrupted by civilization, and at the same time to maintain a Darwinian view of man's descent, plus Hobbes' view of the condition of man in nature as *"bellum omnium contra omnes"* (the war of every man against every man) and "the life of man, solitary, poor, nasty, brutish and short." But these are the ideas which seem to lie behind much of Freud's thinking about anthropology, prehistory, and religion. Thus we read: "But how ungrateful, how shortsighted after all, to strive for the abolition of civilization! What would then remain would be a state of nature, and that would be far harder to bear. It is true that nature would not demand any restrictions of instinct from us, she would let us do as we liked; but she has her own particularly effective method of restricting us. She destroys us—coldly, cruelly, relentlessly, as it seems to us. . . . It was precisely because of these dangers with which nature threatens us that we came together and created civilization . . . the principal task of civilization, its actual *raison d'etre*, is to defend us against nature."[1]

Freud conceived of religion as part of a social process (civilization) which was essentially utilitarian and hedonistic, even though the utilitarianism may have been ideal utilitarianism, and the hedonism may have been enlightened hedonism. It is important therefore in the logic of

Freud's thinking to understand that the question he was asking himself was this: Does religion successfully subserve the temporal needs of man? Does it defend us against the dangers with which nature threatens us? On his own premises, as a scientific humanist, he had already assumed that there was no God, no afterlife, no revelation, so the question of the truth of any proposition of religion is not asked by him. It is very interesting to note however that he was not as final in his rejection of religion as some of his followers were later.

Thus while teaching, as we shall see, that "religion is an illusion," Freud was careful to point out that "an illusion is not the same thing as an error; nor is it necessarily an error" and in fact what constitutes a particular belief an "illusion" is not its content, true or false, but its *motivation*: thus, he says that "we call a belief an illusion when a wish-fulfillment is a prominent factor in its motivation, and in doing so we disregard its relation to reality, just as the illusion itself sets no store by verification."[1] He is therefore clearly saying that the truth or falsity of a religious belief is not established by psychological statements about its origin.

Freud's atheism antedated his studies in psychoanalysis, and he did not teach that psychoanalysis *disproves* the teachings of religion. His polarity pairing regarding religion was not truth-falsity, but helpful-unhelpful as a means to temporal welfare. He conceded the right of the believer to go on believing: "I still maintain that what I have written is quite harmless in one respect. No believer will let himself be led astray from his faith by these or any similar arguments."[1] Earlier he had said: "Nothing that I have said here against the truth-value of religions needed the support of psycho-analysis; it had been said by others long before analysis came into existence. If the application of the psycho-analytic method makes it possible to find a new argument against the truths of religion, *tant pis* for religion; but defenders of religion will by the same right make use of psycho-analysis in order to give full value to the affective significance of religious doctrines."[1] It is interesting to note that this is precisely what has begun to happen within the Roman Catholic Church.

The Origin of Religion

Freud's theory about the origin of religion is contained mainly in three works, *The Future of an Illusion, Totem and Taboo,* and *Moses and*

Monotheism. In his *Obsessive Acts and Religious Practices* he put forward the theory that religious practice and the behavior of a compulsive obsessional person have much in common, and the compulsive obsessional person, he thought, was one who had not overcome successfully the obsessional neurosis of his childhood. Thus he could relate what he thought of as religion, through the neurosis, to what he had already come to understand of childhood. Religion originates, he thought, in man's helplessness before his own instinctive fears within, and the threatening forces of nature without. It belongs to an early stage of human development before man learns to handle his own internal fears and impulses and the forces of nature outside him. The affective states generated by fears that well up from within or are provoked from without are coped with by the introduction of counter-affects: the function of these counter-affects is to suppress and control the fear-producing elements which man finds he cannot cope with rationally.

It is at this stage that the "illusion" develops. The child, when he experienced danger, or uncontrollable fears, went to his father as a source of reassurance, strength and comfort. The father was also a source of authority, reward, and punishment. The child discovered he could win affection by obeying the commands of his parents. And above all he had the guilt of the oedipal phase of development to cope with. The violation of the parricide and incest taboos demanded expiation. (Freud assumed that morals were not essentially different from taboos: they were for his thinking merely the expressions of taboos in developed societies.) "Religion" derived from the fact that the adult who could not cope rationally with his problems "regressed" to the level of infantile defense: religion was a re-using of infantile behavior patterns, but with this important difference: because these infantile behavior patterns were inappropriate at adult levels, they came to constitute a neurosis. This is why Freud could say that on his own premises: "Religion would thus be the universal obsessional neurosis of humanity."[1] The illusion is the projected image of the father.

Underlying this theory of Freud's is a fallacy which has been called the fallacy of "psychomechanistic parallelism" formulated by Zilboorg.[3] It is the fallacy of assuming that where two behavior patterns are observed to exhibit the same constituents or are reducible to the same component elements they are due to the same psychological mechanisms. Fromm points out that Freud himself saw the invalidity of this kind of reasoning. It is also interesting to note that much of what Freud says about religion corresponds to the theologian's traditional teaching about the debased form of religion called superstition.

Since, for Freud, moral injunctions and prohibitions were so often related to primitive taboos, and had a primary utilitarian value, ministering to our personal comforts or preserving order in society, the notion of an objective, "natural" moral order was foreign to his thought. Together with many psychologists and psychoanalysts, he used the word guilt nearly always with the connotation "emotional" (and therefore neurotic) attached to it. Religion, then, is a means of getting rid of neurotic guilt, on the one hand by placating "God"—the projected father-image—and on the other hand by ritual cleansing of the guilt incurred by violation of taboo.

The problem of the existence of God is not a problem in psychology but in metaphysics. Freud saw that his theory about the origin of religion did not prove the nonexistence of God. But it has thrown a flood of light on some important problems. We now understand a great deal more about the phenomenon of adolescent atheism, seen as part of a more generalized adolescent revolt. It may indeed represent the young person's attempt to escape the domination of a father or father-figure. We can understand some of the neurotic patterns of behavior in religious practice, and the subjection of religion itself to neurotic ends. The functions of ritual, liturgy, and the sacramental system take on deeper significance through the application of the insights of Freud.

But this took many years to achieve. At first most believers turned away from the "errors" of Freud's thinking. C. G. Jung had already broken with Freud on the question of sexuality and its role in infancy and the neuroses. He soon took up the question of religion, and was seen by many as teaching a more acceptable doctrine. Jung thought that religion was the answer to one of our most deep-seated needs. So far from religion being a neurosis, he had never, he claimed, had a patient whose neurosis was not due to his lack of religion, nor had he ever cured a patient whose cure was not due to his return to religion. But Jung was using the word religion in a very special and personal sense. He meant by it a dynamism of the unconscious, essentially irrational in kind, which served as a unifying function or value system, around which or upon which one might build a consistent life-pattern. He prescinded from the existence of God, and regarded the propositions of all religions as equally

true, having what he called "psychological truth," *i.e.*, they were true for those that believed them. Jung taught that religion was a form of psychotherapy.

Some Catholic theologians (*e.g.*, Victor White, O.P., and Martin D'Arcy, S.J.) seem to have accepted this point of view, and further research and better understanding have led to a clearer understanding of Jung's position. Religion is not essentially irrational and it is not a form of psychotherapy. For Jung, soul and psyche were regarded as one and the same. Father Victor White taught that soul and psyche were in fact identical, and thought that this was Thomas Aquinas' teaching. But Thomas Aquinas* is quite clear that this is not so. There is a real distinction between the soul and its faculties. Psychoanalysis is now seen to be concerned with the psyche (the apparatus of processes of the psychophysical composite), while religion is concerned with the spiritual welfare of the whole man, but specifically with the soul, in whose essence grace resides.

St. Thomas and the Unconscious

While Thomas Aquinas does not discuss the concept of the unconscious formally, the idea is not foreign to his thinking. In fact it is intrinsic to his conception of man. Man is not a soul, but the psychophysical composite, the living organism. This doctrine St. Thomas defended strenuously against the surviving Platonists or Augustinists of his own day. The Platonic-Augustinian idea was that man was essentially a soul, dwelling temporarily in the body. This was also the heart of Descartes' theory, and is often confused with Christian doctrine (it is called the "official dogma" by Gilbert Ryle[4]). St. Thomas would have none of this, contending rightly that it destroyed the essential unity of man. In this he had to oppose the doctrine of "plurality of forms," asserting that the soul was the substantial form of the body, and such that, like all substantial forms, it was the source of *esse, agere,* and *species*: *i.e.*, it was the source of the very being, as well as of all the functions, of the body, and made man the kind of creature he is.

Thus St. Thomas teaches that the soul is the first principle whereby we

* St. Thomas Aquinas: *Passio proprie dicta non potest competere animae nisi per accidens, inquantum scilicet compositum patitur* (S.T. la 2 ae, QXXII al). (Trans.: Emotion in the strict sense cannot apply to the soul, except incidentally, in so far, in other words, as it affects the psychophysical composite.) This implies a clear distinction between soul and psyche.

are capable of all the various functions of generation, vegetative life, sensory life as well as intellectual life. It is precisely these functions which constitute the "psyche" in the contemporary usage of the term. Thus the soul is the source of many unconscious functions: at the lowest level, the vegetative and some of the generative functions go on unconsciously, mental life continues during sleep, and some of our highest functions of intellect (*e.g.*, the process of abstraction from phantasms, the *conversio ad phantasmata,* etc.) can occur unconsciously. In addition, St. Thomas would not have found Freud's doctrine on libido unacceptable. He would undoubtedly have added a great deal, especially the relation of *concupiscentia* to reason. But he taught explicitly that *objectum potentiae concupiscibilis est bonum vel malum sensibile simplicter acceptum* (the object of the concupiscible power is simply sensible good or evil). This is much wider than sexual gratification in the narrower sense, and coincides very largely with Freud's usage of the term libido. Moreover it is quite compatible with infantile experience and behavior.

St. Thomas taught also that emotion in the strict sense did not apply to the soul, but only to the psychophysical composite (la 2 ae QXXII art 1). He anticipated something of Freud's doctrine of ambivalence and the love-hate relationship: *"omne odium ex amore causatur"* (all hatred arises from love), and again *"aliquando videtur odium fortius amore"* (sometimes it seems that hatred is stronger than love). He distinguished sharply between the desires of libido which belong to the very nature of man and those which are acquired, corresponding in part at least to Freud's conception of innate sexuality and subsequent distortions of the psychosexual development. He was alive to the nature of anxiety, speaking of fears which are grounded in our nature: *"timor de malo corruptivo, quod natura refugit propter naturale desiderium essendi: et talis timor dicitur naturalis"* (fear of corruptive evil which nature avoids because of the natural desire of existing: natural fear), and of the consequences of fear for the organism: *"transmutatio corporis . . . Ex ipsa imaginatione quae causat timorem sequitur quaedam contraction in appetitu"* (bodily change . . . a certain narrowing of desire flows from the very imagination which causes fear).

The Roman Catholic Church and Psychoanalysis

The Roman Catholic Church has not spoken officially for or against either the theory or practice of psychoanalysis, wisely regarding both as

natural phenomena to be treated with caution and subject to the same criteria as any other body of scientific research and practice. However in 1961 the Holy Office issued a document in which the practice and use of psychoanalysis by priests and members of religious orders was made subject to the norms of Canon Law governing certain occupations. Special permission must be obtained by a priest wishing to practice medicine or act as a member of a state legislature, and now such permission is required if he wishes to practice psychoanalysis. Similarly priests or members of religious orders require the permission of their religious superiors to obtain psychoanalytic treatment. Such permissions are readily granted. Thus the 1961 decree is by no means a condemnation of psychoanalysis, and in fact is solely a matter of church organization for the clergy.

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ON "THE LONELINESS OF FREUD'S ACHIEVEMENT"*

Dedicated to the Memory of Dr. Maxwell Gitelson

ILZA VEITH, Ph.D.†

The title of this paper is probably familiar to many readers. It was taken from one of Ernest Jones' centenary addresses[1] which he presented in 1956, in commemoration of the one hundredth anniversary of the birth of Sigmund Freud. Jones' complete statement accentuates the loneliness of genius and the isolation imposed upon such persons by an uncomprehending world that automatically tends to turn hostile against intellectual innovations. "The ability to bear such loneliness," in Ernest Jones' words, is "a measure of Freud's revolutionary originality and also of the preeminent degree of courage needed for such a feat." To account for the exceptional intensity of Freud's isolation, one must first consider the resistance evoked by his particular doctrines in a world unprepared to accept them. To this there was the added factor of his Jewishness in a violently anti-Semitic country. Jones further offered the thought that Freud's work lacked continuity with any earlier psychological concepts and "was essentially the product of his own intuition and personal experience."

Unlike Einstein who suffered no such isolation, Jones continued, "Sigmund Freud had no Newton before him." Actually, Ernest Jones and others who came to similar conclusions seem to have overlooked the fact that Freud *did* have intellectual forerunners: that he *did* have his Newtons before him, perhaps not a single one, or essential precursor, as in the case of Einstein, but a number of "lesser" ones.[2] In his earlier psychoanalytical writings Freud ignored the opinion of forerunners and refused to study the available source material. Had he not done so he might have found some building stones for the enormous edifice which he himself thought and was believed by many to have erected without any preexisting basis. Moreover, had he been able to call the attention of his censorious contemporaries to such illustrious intellectual predecessors as Plato, Galen, Hippocrates, and Sydenham, and especially the Viennese

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psychiatrist Ernest von Feuchtersleben, he might have gained earlier acceptance and thus saved himself much of the distressing isolation that surrounded his work and, at times, his person.

Actually, he assumed what seemed a strange bravado on this subject when he wrote,[8] in reference to one of his early contributions, to his friend, the Swiss clergyman Oskar Pfister: "I am really very ignorant about my predecessors in the interpretation of dreams, and if we ever meet in the next world I shall certainly have a bad reception as a plagiarist. But it is so pleasurable to examine things for oneself at first hand instead of consulting the literature about them." This is so much at variance with the historian's point of view that one immediately shares Ernest Jones' astonishment at W. H. Auden's statement to the effect "that Freud was an historian rather than a scientist."[1] That Jones should have been astonished about Auden's designation of Freud as a historian is surprising in view of the fact that the method of psychoanalysis closely resembles that of historical research, whereby each patient furnishes the source material for an individual biographical study.

All in all, Freud's attitude toward historical sources and classical philosophy is somewhat surprising in view of his impressive intellectual record which goes back to his high school days in the *Gymnasium*, that austere institution of humanistic education which has traditionally prepared Europe's youth for subsequent university studies. The *Gymnasium* concludes its course of study with a final examination known as the *Abitur*. The unforgettable awesomeness of these finals has haunted the dreams of innumerable academicians and was superbly characterized by Freud's Austrian contemporary, Franz Werfel, in his dramatic novel *Der Abituriententag* or *The Class Reunion*. Remarkably, while it was this event that was so emotionally traumatic to countless others, Freud described his *Abitur* to his friend Fliess as having been neither easy nor difficult but simply *gemütlich*.* Specifically, he related in this letter, which contained all the details of the important examination, that in the Latin test he had been given a passage from Virgil, which he already knew from previous reading. This coincidence enabled him to complete his assignment in half the allotted time, very likely much to the consternation of the supervising Herr Professor. It so happened that Freud's examination in Greek turned out to be just as easy for him. He was given

* This German word, which is actually untranslatable, has the meaning of "comfortable" in this context.

a lengthy section from *Oedipus Rex*, which he had also perused in his prior private studies.

For one who had, during high school days, concerned himself with Virgil and Sophocles in his spare time, far beyond the call of duty, and who could call the experience of his *Abitur* "*gemütlich*," Freud's later professed ignorance about his intellectual predecessors must, indeed, seem unusual. This admitted indifference toward history was not limited to his early edition of *The Interpretation of Dreams*.[4] It is also evident in his writings on hysteria where he assumed that he would be saved from any possible criticism of plagiarism by his intentional and avowed abstention from reading other sources.

In this respect, he stated later in his *An Autobiographical Study*[5] (1925): "Even when I have moved from observation, I have carefully avoided any contact with philosophy proper. . . . The large extent to which psycho-analysis coincides with the philosophy of Schopenhauer—not only did he assert the dominance of the emotions and the supreme importance of sexuality but he was even aware of the mechanism of repression—is not to be traced to my acquaintance with his teaching. I read Schopenhauer very late in my life." He had read Schopenhauer about nine years earlier, for in a footnote added in the 1914 edition of *The Interpretation of Dreams* he referred to Schopenhauer's erroneous belief that everyone who figures in a dream acts and speaks in complete accordance with his character. "Nietzsche, another philosopher whose guesses and intuitions often agree in the most astonishing way with the laborious findings of psycho-analysis, was for a long time avoided by me on that very account; I was less concerned with the question of priority than with keeping my mind unembarrassed."[5] This was written by the same person who had written, in 1896, to his friend Fliess: "As a young man I knew no other yearning than that after philosophical cognition."[6]

To scholars and scientists in general who will, as a rule, endeavor to acquaint themselves with all literature of possible pertinence to their own research, this reasoning of purposely avoiding studies so as to remain intellectually unencumbered might appear somewhat peculiar. But Freud, it seems, initially preferred to work in this rarified atmosphere uncontaminated by knowledge of his intellectual predecessors. This splendid independence of earlier sources doubtless added to the originality of his theories so far as he himself was concerned. To his Viennese colleagues this early rejection of historical continuity may have been a

factor in their rejection of Freud's ideas, and in the academic vacuum which they created about him. Although Freud gave the impression of being indifferent to this loneliness, his brief *An Autobiographical Study* and a number of his letters show clearly that he actually yearned for approbation, companionship and recognition, and that he welcomed fame with delight when it finally came to him. We will never know whether he himself was aware of these ambivalent reactions because these aspects of Freud's self-image can only be inferred from the incidental sources.

Most assuredly, Freud was second to none in self-awareness and self-criticism, yet he refused steadfastly to write a complete autobiography. In view of his vast impact upon mankind, his literary interests and accomplishments, it is truly remarkable that he never felt impelled to present himself to the world in a comprehensive record of his life and work. The idea of writing such an autobiography was suggested by his nephew Edward Bernays, then a public relations counsel in New York. His reply[6] in a letter dated August 10, 1929 makes interesting reading:

> Dear Edward
>
> Your suggestion is of course completely impossible. A biography is justified under two conditions only. Firstly, if the person concerned has participated in important and generally interesting events, secondly as a study in psychology. My own life, however, as the outsider sees it, has passed rapidly and without special significance and could be taken care of with very few dates and facts. But a *Lebensbeichte* [confession of my life], psychologically complete and candid would require so many intimate disclosures about my family, friends, and foes—most of them still living . . . that these would make it obviously impossible. The thing that makes all autobiographies worthless is their mendacity. In addition, it is sheer American simplemindedness on the part of your publisher to expect a hitherto decent human being to commit such vulgarity for a mere five thousand dollars. So far as I am concerned temptation would begin at a hundred times that sum but even then it would be turned down in half-an-hour.
>
> I hope you, your wife, and daughter are in good health and I send you my cordial regards. Your uncle, Sigm.

This reluctance toward committing personal indiscretions was also evident in his revelations about his own dreams in *The Interpretation of Dreams*[4] where he stated: "I reflected on the amount of self-discipline it was costing me to offer the public even my book upon dreams—I should have to give away so much of my own private character in it.

> *"Das Beste was du wissen kannst,*
> *Darfst du den Buben doch nicht sagen."**

It is never possible to gain conclusive insight into the nature of anyone's self-image, to say nothing of that of a genius and one of the world's most prominent intellectuals. However, an autobiography composed by such a person might possibly have furnished some clues to his image of himself. To accept an autobiography—any autobiography—at face value, always remains problematical, because it may inadvertently have distorted events and hidden motives which were no longer clearly remembered. The question of at what stage in an author's life his own biography was written poses another problem: was it written so early in life that memories had not begun to form, or so late that memories had become petrified, or polished by frequent retelling? Had reminiscences, even of past shortcomings and inadequacies, become so cloaked in worn phraseology as to become meaningless? If considerations of this nature pertain to autobiographies in general, would a full-length autobiography of Freud's have unequivocally furnished the answers we are seeking?

Some information, at least, can be gleaned from Freud's brief *An Autobiographical Study* which he had been prevailed upon to write in 1925 as volume four in a series entitled *Die Medizin der Gegenwart in Selbstdarstellungen.* This was to be a collection of short studies by various members of the medical profession designed, as the title indicates, to show the contemporary state of medicine as pictured in the autobiographies of its leaders. Because of the primary purpose of this series, the stress was laid upon the professional rather than the personal histories of the contributors. Other information may be gleaned from his professional writings, for, very much like the great Graeco-Roman physician Galen of Pergamon, Freud peppered his scientific writings with items of personal interest which, if pieced together, are immensely revealing and present a fairly coherent picture of the processes of his thoughts at work.

For the warm, personal, friendly contact with colleagues which Freud lacked in his immediate surroundings, he was amply compensated by many lasting friendships with followers and disciples from all over the world. One of the most devoted among these was the Protestant minister Oskar Pfister, mentioned above, with whom Freud carried on an intensive

* Mephistopheles, in Goethe's *Faust,* Part I, scene 4: "The best of what you know may not be told to boys."

correspondence over several decades. With him Freud shared many of his personal and professional joys, sorrows and disappointments. Particularly gratifying was Pfister's increasingly intensive involvement with psychoanalysis.

In spite of his great admiration for and devotion to Freud, Pfister had become aware of the historical lacunae that had resulted from Freud's unwillingness to deal with the thoughts of his forerunners. When Pfister himself discovered a striking intellectual link between Freud and classical antiquity, he was eager to communicate it to his revered friend. Thus on January 14, 1921, Pfister[8] wrote:

> "I have made a wonderful discovery in Plato which will give you pleasure . . . [He] wrote the following: 'For the art of healing . . . is knowledge of the body's loves . . . and he who is able to distinguish between the good and bad kinds, and is able to bring about a change, so that the body acquires one kind of love instead of the other, and is able to impart love to those in whom there is none . . . is the best physician.' Plato traces back all art, religion, morality, to love, and he also has an admirable knowledge of the unconscious, the conflicting aspirations of the mind. . . ."

It follows, from the reply Pfister received from Freud, that he had sent him with his letter an article he had written on "Plato as forerunner of psychoanalysis," which he had published in the *Zentralblatt für Psychoanalyse.* Freud's answer to this communication was contained in a simple postcard which arrived within two weeks, on February 4, 1921, which carried the phrase: "Your little paper on Plato is very welcome, *celà va sans dire.*"[8]

Freud's mere acknowledgement of "the little paper" must have sounded disappointingly moderate to Pfister. It was little more than the customary, impersonal formula used by the prominent to acknowledge uninvited reprints. It is, actually, in such contrast to Freud's usually effusive letters to Pfister that it implies a subtle rebuke to the zealous pastor for this intrusion into the great man's thought processes. Besides, at that time, Freud had discovered for himself the writings of Plato and their pertinence to his own research, for in the 1914 edition he refers to the Platonic statement from the *Republic* (Book IX): "A virtuous man is content to *dream* what a wicked man *does.*"

The incident mentioned above, of Freud having been approached by his nephew Bernays to write an autobiography, indicates a self-contented, though exaggerated, modesty when he described his own life as having

passed quickly and without special significance. He apparently felt satisfied to remain aloof from the attention of the world at large. This apparent self-containment obviously underwent a change in his later years as manifested by his unconcealed pleasure in the fame with which he was showered in 1938 upon his arrival in England after fleeing his homeland from the persecution by the Nazis. Even earlier Freud had given signs of emerging from his intellectual self-sufficiency. We have a letter from him to Princess Marie Bonaparte, his friend and biographer, in which he speculates on what it means to achieve literary immortality. This letter reads:

> "To the author immortality evidently means to be loved by many anonymous persons. As for myself, I know, I shall not have to lament your death for you will survive me long, and I hope you will quickly console yourself about mine and allow me to live on in your kind memory which is the only sort of limited immortality which I acknowledge."[6]

Even at times when his interest in public recognition had not been manifest, he must have craved understanding from his friends, for the theme of longing for affection recurs in many of his personal communications; it was evident as early as 1890 when he had planned to visit his friend Fliess in Berlin but found himself unable to make the trip. His regret was expressed as follows:

> "I am very sorry, for I had expected much from being with you. Apart from this disappointment I am quite content and happy. Yet I am very much alone, scientifically dull, lazy, and resigned. When I used to talk with you and I realized that you thought well of me, I even used to think well of myself, and the convincing picture of energy which you offered was not without impression on me. Medically also I should have wished to profit from being with you and being in the Berlin atmosphere; this all the more because I have been without a teacher for years, and I am occupied almost exclusively with the treatment of neuroses."[6]

A few years later, in 1896, the feeling of futility and dullness seems to have left Freud completely for he wrote, again to Fliess:

> ". . . If we are both granted a few more years of quiet work we would surely be able to leave something that can justify our existence. It is this conviction which fortifies me against all the daily worries and troubles."[6]

In the late spring of 1900 Freud still felt cheerful and described in one of his letters to Fliess his pleasure at life and the flowering of the spring

blossoms around Bellevue, his charming villa on the slopes of the Vienna Woods. He further hinted at this belief that he had achieved a bequest worthy to be left to posterity, and in a semijocular vein he said:

> "Can you imagine that one day there will be a marble tablet affixed to the house on which there will be written:
>
> It was here that on July 24, 1895
> The Secret of the Dream
> Revealed itself to Dr. Sigmund Freud
>
> So far, there is little chance for this but when I read in the newer psychological books (Mach, *Analyse der Empfindungen*, 2nd ed.; Kroell, *Aufbau der Seele*, etc.) what they have to say about the dream, I am pleased like the dwarf in the fairy tale because 'the princess does not know.' "[6] *

Freud's admission to Fliess of his play of thoughts around a commemorative marble tablet, although expressed in jocular terms, may have been partly serious, since much later, in 1936, on the occasion of his eightieth birthday, he expressed unreservedly his delight in being celebrated. Freud's report about this event to the German author Arnold Zweig reads in part:

> "The visit of Thomas Mann, the address which he presented, the public lecture which he held at the celebration were enjoyable and impressive things. The Viennese colleagues also honored me and showed through all sorts of signs how difficult this was for them. The Minister of Education sent his formal, polite congratulations and then forbade the newspapers, under threat of confiscation, to publish within the country the news of this act of participation."[6]

It was so different from the gloomy years of his total isolation upon which he reminisced movingly in *An Autobiographical Study*:

> "For more than ten years after my separation from Breuer I had no followers. I was completely isolated. In Vienna I was shunned; abroad no notice was taken of me. My *Interpretation of Dreams*, published in 1900, was scarcely reviewed in the technical journals."[5]

Nevertheless, he goes on to tell that the psychiatrists of Vienna took a stand against this work. One of them, a clinic assistant, wrote a book attacking Freud's theories. On a later occasion this man had to admit to Freud that he had never read *The Interpretation of Dreams*. In Freud's words, "He had been told at the Clinic that it was not worth while."[5]

* This refers to the rhyme: "Little knows the Royal Dame, That Rumpelstiltskin is my name."

Freud met this discouraging situation with a remarkable degree of equanimity:

> "As soon as I realized the inevitable nature of what I had come up against, my sensitiveness greatly diminished. Moreover my isolation gradually came to an end. To begin with, a small circle of pupils gathered round me in Vienna . . . Even to-day [1925] it is of course impossible for me to foresee the final judgment of posterity upon the value of psychoanalysis for psychiatry, psychology, and the mental sciences [*Geisteswissenschaften**] in general. But I fancy that, when the history of the phase we have lived through comes to be written, German science will not have cause to be proud of those who represented it. I am not thinking of the fact itself that they rejected psychoanalysis. . . . But for the degree of arrogance which they displayed, for their conscienceless contempt of logic, and for the coarseness and bad taste of their attacks there could be no excuse."[5]

In view of all these adversities it can readily be seen that Freud finally developed a distinct sense of pleasure in accepting praise. The Swiss psychotherapist, Ludwig Binswanger, had given a lecture also in honor of Freud's eightieth birthday at the Viennese Academy of Medical Psychology. Freud had not attended but had read the text of the lecture. His written appreciation to Binswanger was effusive:

> Dear Friend,
>
> A charming surprise your lecture! Those who heard it and told me about it remained ostensibly untouched; it must have been too difficult for them. In reading it I enjoyed your beautiful diction, your erudition, the width of your horizon. Of praise, as is well known, one can take unlimited quantities.[6]

This youthful delight in recognition remained with Freud even on his arrival in England at the age of eighty-two after he had been forced to leave everything behind in fleeing the Nazis. This transplantation at such an advanced age, which would have been unbearable to many others, was tolerable and even welcome to Freud, as he expressed it, in July 1939, in a letter to the eminent British historian, H. G. Wells. Wells had written to Freud requesting permission to call on him and to discuss with him a plan to obtain British nationality for the distinguished immigrant without the customary waiting period. Freud's gracious reply reads:

> ". . . you are intending a great satisfaction for me. Indeed, you cannot

* The translation of "mental sciences" for the German word *Geisteswissenschaften* is erroneous; actually the word denotes the humanities and the social sciences.

have known that since I first came over to England as a boy of eighteen years, it became an intense wish phantasy of mine to settle in this country and become an Englishman."[6]

Although his death, in less than two months (September 23, 1939), put a sudden stop to Wells' planning, Freud's short period of residence in England had amply rewarded him for the decades of his silent admiration. On his arrival he had been given a warmer reception than he had ever experienced during his long life in Vienna. The leading newspapers carried friendly messages of welcome. This change so impressed him that he wrote in English: "We have become popular in London overnight. 'We know all about you,' says the bank manager; and the chauffeur who drives Anna remarks: 'Oh, it's Dr. Freud's place.' We are inundated with flowers."[6]

This frank admission of pleasure at the great acclaim must have been a relief to Freud after his decades of solitude and his striving to underplay his desire for recognition and applause. When writing his brother Alexander he expressed this feeling without hesitation: "for the first time and late in life I have experienced what it is to be famous."[6]

Looking back on what we have observed on the loneliness of Freud and his achievements, it would appear that the explanations offered by certain biographers have overlooked one important aspect. If they attribute his isolation to the fact that the way to his startling discoveries was untrodden by precursors and that the world therefore was reluctant to accept Freud and his work, it must be borne in mind that actually much of what Freud had believed to be his own had been anticipated in the long course of Western civilization. It would seem a valid surmise that the acceptance of Freud's theories would have been facilitated had he not been avowedly unwilling to develop them against their historical background.

It was apparently Freud's deliberate choice to remain unaware of his intellectual ties with the past as is evidenced by his studied refusal to consult earlier literature, a trait totally inconsistent with his original scholarly inclinations. His reasoning that ignorance of previous publications would protect him from possible charges of plagiarism is novel.

As to the loneliness itself, Freud shows considerable ambivalence. His early disclaimer of any interest in or desire for public recognition is not altogether consistent with his later expressions; and is denied by his pleasure when fame and honor were showered upon him. Instead of the

self-sufficiency to which Jones attributes Freud's ability to withstand his long years of rejection and frustration, may it not have been quite the opposite, namely an extreme sensitivity of mind that enveloped itself in a shell of indifference—conscious or otherwise—as its means of protection?

Equally challenging is the true assessment of Freud's intellectual self-image because of his steadfast refusal to commit himself to the public, his one but brief autobiographical sketch scarcely fulfilling this purpose. Much, however, can be gleaned from the incidental subjective comments that permeate his scientific writings. Perhaps the most revealing aspect of this study is the essentially human quality of Freud's personality which, despite his overriding genius, shares the faults and virtues of mankind.

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ANCIENT PSYCHOPHARMACOTHERAPY*

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It has been characteristic of man to seek out and to attribute to himself characteristics which make him superior or unique in the animal kingdom. In the past, in order to elevate himself, he has ascribed to himself uniqueness upon the basis of an opposable thumb and his ability to indulge in intelligent communication, but it is common knowledge that we are indeed not unique in these respects.

We do, however, have a characteristic which makes us unique and that is the drive that we have to ingest ourselves and to compel others to ingest various substances which alter our physiology, functioning, sensorium and cerebration. Granted that some animals seek out and eat certain grasses and herbs and that horses will eat (and become addicted to) locoweed, it is not with the intent of altering their psyche. Man seems to be the only member of the animal kingdom to indulge in such a practice.

My inquiry into ancient treatments was prompted by curiosity to learn what might have been the counterparts of our current psychotropic agents —to identify compounds which man in former times administered to man in order to alter his physiology and psyche. Such information is difficult to delineate inasmuch as they were but one facet of a total treatment plan.

The pharmacologic properties of many of the ancient drugs made them admirably suited to the overall goals which were striven for in ancient times in the treatment of mania, madness, etc. In researching the literature I was most impressed by the variety of substances which we seem to have inflicted upon our fellowman, not only by mouth, but by every other conceivable route. To make a crude summation, ancient treatment seemed to have as its goal to make the patient as uncomfortable as possible. And to achieve this end, various physical, psychic and chemical measures were used to evoke fear, shame and exhaustion.

To achieve this end, it seemed necessary to induce the patient to excrete from every conceivable orifice and in some instances through artificial vents as well. Thus, trepanning of the skull, issues in the

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shoulders and puncturing of blood vessels became popular procedures for reinforcing excretion. In a crude sort of way, the objectives of treatment seemed to be to get the patient to vomit, defecate, urinate, sweat, weep and bleed as copiously as possible.

When I was a medical student, my professor of pharmacology taught us that all that a physician required to practice medicine were about ten basic substances. Among these he listed water, alcohol, aspirin, digitalis, opium and a few others. Had he lived four or five hundred years ago, he might have told his students (had they wished to practice psychiatry) that all they needed were two basic substances—an effective vomitive and an effective purgative.

The following are examples of treatment regimes of several hundred years ago. They are drawn from the writings of Daniel Oxenbridge who published early in the 17th century. He described two treatment regimes for madness depending upon the financial status of the patient. His treatment for a wealthy client is exemplified by his account of Mrs. Miller, age 24 years. She was a cloth-worker's wife who "was mad for two years though she took many remedies." He was called in 1628 and after he administered a common glister (raising of vesicles on the skin by an irritant), he "bled her plentifully in the Cephalic Vein, on both arms, at the Saphenous Vein in both feet, at both Salvatellas [dorsal vein of the finger], in the forehead, under the tongue and by leaches to the Hemmorrhoidal Vein."

He goes on, "I made her drink much cider made fresh in the house, with apples and water. I tempered the atribilarious humors [black bile to which melancholy was attributed] with syrup of borage." Borage is a concoction made from the leaves and flowers of the plant *Borago Officinalis*, and the active ingredients have cathartic, emetic, diuretic and diaphoretic actions. He also gave her Bugloss, which is obtained from a plant of the genus *Anchusa*, known in some parts of the world as oxtongue, German madwort, European Hawkweed, etc. He followed this with endives, succory (a variety of chicory) and fumitory, which is made from the plant *Fumaria*, which was used in ancient times as an emetic and antiscorbutic. Apples were prescribed and then he states, "after the general evacuation once in three or four days, I either bled her or vomited her strongly, or purged her. She would vomit twelve times, and purge two or three times downward. After she was thus evacuated, I shaved off all her head and used a stillicidium daily to her head" (dripping or dropping of water). In this water, he added the herbs rosemary, sage, lavender, betony (extracted from betony wood and having emetic and cathartic properties), "and she keeps cloth wet in the same about her head and I annoint her

head with Oleum Mandragorae [extract made from a plant belonging to the potato family and containing atropine]. At bedtimes she bathed her feet in warm water to dispose her for sleep. Other opiates she used inwardly, such as Laudanum Paracelsi [opium preparation] or lettuce boiled and sweetened with sugar, or an emulsion of barley with lettuce seed or white poppy seed, Diacodium [poppy head, used as a narcotic]. To her head I applied the warm lungs of lambs, sheep, young whelps or pigeons alive." A rather impressive regime in keeping with the patient's financial status.

The following is Oxenbridge's regime for a poor patient, the case of goodwife Jackson, age 39 years, "raving mad, but being poor, I gave her glasses of Antimony, a scruple of beer each morning for fourteen days, then sometimes Scamony [related to Jalap and causing watery stools in about three or four hours] in beer or ale with nutmeg and sugar each other morning, not omitting bleeding and sleepers; and I gave her broth and posset drink with much plantane boiled in it and this cured her and she is well to this day having been half a year mad to a high degree."

I had anticipated that my inquiry would uncover all sorts of specifics for the treatment of madness. To my surprise, though, the number that I found were quite few. Certainly, the first that should be mentioned, perhaps the most famous, is hellebore. Various writers preferred the white, green or black variety. It was considered as much a specific for madness as we view insulin in the treatment of diabetes. The medical literature of the third century implies that the use of hellebore was common for at least a thousand years prior to then. Hippocrates mentions it and he presumes that its uses were so well known that it was not necessary to describe it, but only to write that in certain cases recourse must be made to a course of hellebore.

Robert Burton, in *The Anatomy of Melancholy*, published in 1621, makes ample references to the use of hellebore. Two hundred years later, William Battie, president of The Royal College of Physicians, wrote *A Treatise on Madness* in which he advocated abandonment of most of the measures which were then in vogue and said he had found little to recommend either white or black hellebore. He stressed multiple types and causes of mental illness and the possibility of spontaneous cures—"at least until the secret for cure is developed and if already developed, is released by its inventors."

Hellebore is a genus of the crowfoot family of plants, consisting of perennial, erect herbs. There are ten species in Europe and Asia and one or two in America. They are related to the aconite plants and contain alkaloids which have diuretic, diaphoretic and anodyne properties as well as a depressant effect upon cardiac and respiratory functions.

Botanically, white hellebore is quite different from the others. It is a tall herb, profusely leaved and contains an alkaloid which has powerful vasomotor-depressant effects. Green hellebore, sometimes known as bear corn, bugbane, earth gall, or itchweed, contains an acrid, narcotic poison which has emetic, diaphoretic and sedative properties.

All the hellebores contain an alkaloid—protoveratrine—which has depressant effects upon the medulla, circulation, blood pressure and temperature. It produces emesis by central action. Clinically, the hellebores provoke intense vomiting and convulsions leading to a languid and debilitated state.

Since the discovery of hellebore, other specifics have been developed, but none have enjoyed the universal acceptance which was accorded to it. Many of those which followed were primarily promoted by one physician or quack, were kept secret and eventually faded into obscurity.

Edward Sutleffe, in the 19th century, provides an example of such a fleeting specific. His writings propound that the juice of the ground ivy was a new and powerful sedative and that it was the ideal "tranquilizer."

Thomas Willis, physician of the 17th century, published a paper in which he elaborated upon what he felt were the specifics for the treatment of madness. He considered the most important one to be a "Decoction of pimpernel with the purple flower." It belongs to the genus *Anagallis* and, characteristically, the flowers close at the approach of rainy or cloudy weather. The plant contains an alkaloid with diaphoretic and diuretic properties.

Willis lists as the second most effective specific, the tops of hypericum, sometimes known as St.-John's-wort or rosin rose. Extracts of the plant were used topically to promote healing of wounds and for its astringent properties and it was used internally to promote menstrual flow and diuresis. The active alkaloid is an irritant belonging to the poison ivy family. He lists opiates, powders of antilysis, cupping glasses with scarification, blistering, cautery and trepanning as other specifics.

Hypericum seems to be the second most commonly mentioned specific in the ancient literature. It attained a very respectable status as such and is mentioned in *The Anatomy of Melancholy*. The drug is obtained from a lily which is related to the primrose and the plant is still cultivated to this day for ornamental purposes. It belongs to the poison ivy group of

plants and contains substances with irritant properties. The directions for preparing hypericum dictate that the lily be picked on Friday at the hour of Jupiter.

In 1705, Thomas Fallowes, who listed himself as "quack, self-styled M.D. and owner of a private madhouse" published an article about the "Incomparable Oleum Cephalicum" which he felt was the "best medicine in the world in all kinds of lunacy." It contained animal, vegetable and mineral substances that evoked inflammation, raising pustules upon the head so that "it opens the parts which are condensed by the black vapors, confirms the texture of the brain, strengthens the vessels, and gives a freedom to the blood and spirits inclosed in them."

A much more ancient and venerable specific was undoubtedly camphor. Auenbrugger in 1776 wrote about it and stressed that it be given in repeated doses until convulsions occurred. There are undoubtedly references in the literature about camphor which antedate Auenbrugger by hundreds of years. Meduna, who developed the convulsive treatment for schizophrenia, used as a convulsant, Metrazol, which is a camphor derivative. It is said that he obtained his choice of a camphor-convulsant from a reference in the Old Testament.

Benjamin Rush, in 1812, published *Medical Inquiries and Observations Upon the Diseases of the Mind*, in which he detailed a two-phase treatment plan for madness. In the first phase, he concerned himself with measures which were applied to the mind through the medium of the body and among these he listed bloodletting (copious), starvation, cupping or leeches, opium, digitalis, large doses of camphor, purgatives, emetics, blisters, cold, solitude, darkness, erect position of the body, hellebore, shower baths, castor, assafoetida and oil of amber (a rubefacient). In the second phase, he concerned himself with the measures which were applied to the body through the medium of the mind and he listed music, terror acts, fear, pain, sense of shame and sense of grief.

An early 20th century manual of insanity by Spitzka[6] lists conium as "the best and safest drug for mania." Conium is an alkaloid obtained from water hemlock and is supposedly the poison which was administered to Socrates. It was first introduced into medicine around 1770 and was used as a sedative and antispasmodic. Its action is based upon its ability to paralyze central nervous systems and skeletal muscle nerve endings. Spitzka also advocated the use of amyl nitrite in the treatment of catatonia; opium which he referred to as "probably one of the true ancient specifics—and the most useful drug in all insanity"; stramonium (an atropine-like drug) as helpful in hallucinatory states, cannabis indica in the treatment of depressed states and strychnine for motor anergia.

John Snow, a pioneer anesthetist and epidemiologist who was the first to demonstrate that cholera was a water-borne disease, published articles on the value of chloroform anesthesia in differentiating hysterical paralysis from organic, for making patients eat as they emerge from narcosis and for calming severely disturbed patients.

Opium is mentioned repeatedly in the literature as a specific for madness. Typical of the claims made of it are the publications of George Young, who in 1753 wrote regarding *tinctura thebaica* (opium), "The relief was like a miracle. From the greatest possible furor, in a few hours my patient was calm and rational." Opium has enjoyed periods of popularity in psychiatric treatment since the time of its discovery.

Sir Theodore de Mayerne, in the 16th century, wrote on the importance of vomitives in the treatment of madness and his writings are typical of that period. He wrote, "Let vomitives lead the van, as well for to cleanse effectually the first region of its ballast, as to remove those things which will be a hinderance to the efficacy of specifics, from which only is to be expected the victory over melancholy." Among the effective vomitives, he listed an infusion of *Crocus metallorum* in canary wine, simple Oximel (one part acetic acid and seven parts honey), an ounce of *Carduus Benedictus-Water* obtained by extraction from a plant known as the blessed thistle and believed to be a bitter tonic, a draught of barley water, the clear broth of a pullet and "warm water alone." He went on to instruct his reader that "after the body is conveniently evacuated, you must turn to the use of steel—the captain-general of the whole cure. Bleed through two limbs and two issues on the top of shoulders, shave the head, apply *Fernelius-Cataplasme* [a poultice] or any other epipastic plaster and annoint the whole backbone with balsam of earthworms or bats."

In the 18th and 19th century publications, there are references to digitalis as a specific for the treatment of madness. This apparently stems from a publication of William Withering, who in 1785 gave an account of the treatment of two cases of delirium associated with heart failure which cleared under treatment with digitalis, partly because physicians failed to distinguish between the organic confusional states and mental illness proper; but also partly because the nausea, vomiting and diarrhea produced by large doses of digitalis were also the classical aims of antimaniacal medications.

Electricity as a somatic modality has been known to mankind as far

back as the ancient Greeks. They had available to them the electric eel, which abounded in the Mediterranean. Galen commented upon the stupefying effects of the touch of a living torpedo and he prepared an oil from dead electric eels to be used when living eels were not available.

In the 18th century, with the invention of the friction-electric machines, shock treatments became a craze and patients were electrified out of their senses. Following the invention of the Leyden jar, there was a revival of electric shock treatment for nervous diseases of all types. Even Benjamin Franklin, who himself was stunned twice (with retrograde amnesia) during his kite experiments, became interested in the application of this electrical charge in the treatment of mad people.

John Ford, in 1803, published an article on "The Sedative Properties of Tin" in which he professes success in treating hypomania with granulated preparations of tin. Currently, lithium (from the same class of heavy metals) is occasionally used in controlling excitement and overactivity.

The use of chloral hydrate to produce drowsiness first appeared in the literature during the 19th century. It was mentioned by G. Fielding Blandford who referred to it as "the second active hypnotic known" (the first being morphine). He also mentions hyoscyamus, a compound belonging to the atropine group, as a specific. It was first mentioned by Ascorides in the first century and has been used in domestic medicine ever since. It is an alkaloid with a number of actions, its important one being its effects upon the autonomic system. Blandford also mentions cannabis indica though its use in the Orient undoubtedly antedates recorded history. Its value appears to be in its ability to produce inebriety, confusion and psychic alterations.

The writings of Andrew Boorge, a physician and Carthusian monk, exemplify well the medical and psychological philosophies which colored the treatment of the mentally ill in the middle 16th century. He recommends to "first keep the patient in a closed chamber and let him have merry company about him and give him goats milk with sugar and let him drink posset ale made with goats milk and if one cannot get goats milk, use for it meth of metheglin [a beverage of fermented honey] or pure water with sugar. For infirmity due to corrupt blood in the head, first in the chamber in which the patient is kept in, let there be no pictures nor painted clothes about the bed nor chamber nor things redolent or of sweat savor and keep the patient from musing and studying and use myrth and merry communication. And use the patient so that he do not hurt himself nor no other man and he must be kept in fear of one man or another and if need be he must be punished and beaten and give him three times a day warm meat and use to eat *Cassis Fisula* [belongs to the senna

group of laxatives and causes extensive intestinal irritation and griping] and *Epithime* [a type of poultice]."

In summary, a superficial overview of some of the ancient literature pertaining to the treatment of mental illness has a surprisingly familiar ring to it. Instead of ancient techniques to produce suppuration and blisters, we now have fever therapy; instead of trepanning, we have lobotomy and interventricular injections; instead of physical pain as by beating, we now have sulfur-in-oil for subperiosteal injection; instead of the pimpernel or hellebore or stramonium, we now have atropine toxicity therapy; instead of the ancient vomitives, we now have apomorphine; instead of the ancient purgatives, we now have croton oil; instead of chloroform anesthesia, we now have sodium amytal narcosis; instead of camphor, we now have metrazol; and, instead of chloral hydrate, we now have the tranquilizers.

Perhaps ancient treatments are not as ancient as we say nor are modern treatments as modern as we think!

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WRITING BY THE CLINICIAN*

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In her foreword to *A Psychiatrist's World*,‡ Marion E. Kenworthy reported Elmer Ernest Southard as saying to the young physicians he was teaching: "It is important for young psychiatrists to get into the habit of writing. Write about your cases. Whether you feel you have anything to say that has new significance or not, it is important for you to write. You must share with others what you have learned, and the task of writing clarifies your own thinking." Southard's injunction, Kenworthy notes, was delivered "in his warm, genial, persuasive fashion."

Are Southard's arguments still relevant? Or have new developments since Southard's day rendered them at least partially obsolete? With the quantity of psychiatric publications increased as much as tenfold, should some writers be told to stop publishing and start thinking? With the increased knowledge and sophistication about research in the psychiatric disciplines, should writing be curbed if it fails to meet such canons? Or are the Southard arguments about writing relatively independent of time and history? Is clinical writing important with or without general publication?

My thesis will be that clinical writing itself, which was what Southard meant, has become even more important now than it was in his day, even though the self-applied criteria about general publication, and not just circulation to a few colleagues, may well be more severe than in an earlier period. Lacking Southard's powers of warmth, geniality, and persuasiveness, I shall rely, in support of my thesis, upon logical argument and analysis, as no doubt Southard did also.

Publication and Social Pressure

With my principal base in a university-type of setting, yet with regular contacts in a great clinical institution, I have long felt the contrast between the two environments in social pressures to write or not to write. In my observation, the pressure in colleges and universities to publish or lose one's job has been exaggerated in journalistic discussions of the

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‡ *A Psychiatrist's World: The Selected Papers of Karl Menninger, M.D.* New York, Basic Books, 1959.

past few months. And yet the pressure is there and it is strong, at least until the university faculty member has been awarded an indefinite tenure position. Once tenure has been awarded, it is a truism in university circles that some write and some do not. The nonwriters-after-tenure reveal, at the least, that their previous writing, doctoral dissertation and all, was brought about mainly by the social pressure necessary for advancement.

Writing and publication in the university are often referred to as "research," which must appear a loose use of the term to those in clinical institutions. In the latter, "research" has come to have more limited and precise connotations, such that the exposition of a view or the exploration of an idea would not be considered "research" unless there were a hypothesis, a procedure to test it (usually by direct observation and with an appropriate number of instances or subjects), and setting the findings critically against the hypothesis. Part of the reason for the difference in the meanings of "research" in the university and the clinic is due to the range of inquiry appropriate to the university. It does not seem fair play to accord the research accolade to the man at the cyclotron but to deny it to the man exploring what Euripides said and meant. In principle, then, "research" in the university connotes explorations, large or small, at the frontiers of knowledge, disciplined according to the nature of the subject matter and the current state of knowledge and ignorance in that field. And research in the university is, so to speak, what "justifies" publication.

In clinical institutions, on the other hand, the term "research" is used decreasingly except in relationship to more precise investigations; and terms like "observations" or "reflections" or "ideas" or even "brainstorms" are employed to describe the kind of material that emerges from reflection on clinical work itself. It seems likely that this fact tends to reduce the motivation to write on the part of persons who give most of their time to clinical work. One has to stick his neck out further to give "observations" than to make a "report." Rightly or wrongly, and successfully or otherwise, the university tries to retain the writing-motivation-power of "research." From a psychodynamic point of view, such an association apparently increases objectivity, casts less suspicions of narcissism, and is less obviously an evidence of what was once called "the will to power." When, in the clinical institution, "research" is defined more precisely, the writer of "observations" has to plow through more hazards of subjectivity

if he writes at all. As the university situation, by its extensive conception of research, may appear to support trivia on occasion, so the clinical institution, professionally sensitive to charges of subjectivity such as narcissism and aggressiveness, may have a "failure of nerve" about writing at all.

At least until tenure is secured by the university professor, the social pressures certainly push him to "research," writing and publication. In the clinical institution, on the other hand, highest prestige is accorded clinical work and skill; only slowly is "research," in the more precise sense, beginning to climb the prestige ladder. Generally speaking, advancement depends little if at all upon writing, publication, or on "research" however defined. To be sure, administrative as well as clinical abilities may affect some types of alleged advancement, as indeed they do in the university too. But, unlike the university, advancement in rank in the clinical institution may be relatively independent of writing or publication.

It is not the purpose of these remarks to take sides for either the university or the clinical situation. Analysis suggests strengths and weaknesses in both kinds of social pressures. But in the context of the present discussion, the contrast in patterns shows the clinical institution as relatively devoid of the special pressures toward writing that exist in the university; and implies, therefore, that the decision to write or not to write is much more an individual matter in the clinic. If one does not think well of clinical writing, he may say that the clinician has to be more narcissistic or aggressive to write. If he does think well of it, he may note that it takes more courage for a clinician to write.

Types of Clinical Writing

Writing as reporting on specific research projects has already been mentioned. Such writing carries a minimum of subjective stigma with it. But as methods and learning about research in this more precise sense increase, it becomes more evident that most clinicians will not engage in it. Among all the personnel of a psychiatric institution, undoubtedly research in this sense is most highly valued by clinical psychologists, who tend to try harder to keep their hand in on some specific research project. While the future may not demand that all precise researchers give full time to research, it will probably become more difficult in the future to do significant research just by keeping a hand in. Hence psychologists may confront in the future a sharper clinical-versus-research crisis.

The content areas being considered by precise research are certainly being expanded in clinical institutions. Thus the future will see more

kinds of people involved in such research than in the past: not only psychiatrists and psychologists, but also biologists, sociologists, social workers, and others, perhaps even philosophers and theologians. These persons will seldom be researching on the side. Thus, research personnel are likely to become, at the same time, both more interprofessional and more self-conscious as researchers. There is little doubt that their writing and publications will be of increasing significance, with prestige values also on the ascent.

In addition to the research report, there are three other kinds of writing done in a clinical institution: cases, speeches, and what will be referred to here with the neutral term "essays."

Whatever else "case reports" may be, they are also, as Karl Menninger has done more to demonstrate than anyone else, writing. They are the one form of writing engaged in all the time by every professional clinician. He may, to be sure, openly or cryptically define them as merely notes, or jogs to memory, or background for therapeutic planning. Certainly they are all those things. But in a psychiatric institution, the case study is above all intended for communication with one's colleagues, not only those of one's own profession but also those of other professions on the team. Writing is, thus, not only for memory but also for appropriate self-discipline in professional and interprofessional communication, all in the final interest of understanding and helping the patient. Even with *A Manual for Psychiatric Case Study** held firmly over his heart, the psychiatric resident (and sometimes others too) does not easily get beyond rigidity of categories, unneeded technicality of language, and doctrinaire diffuseness in point of view, in his case write-ups.

The resident has, however, one advantage over senior personnel from the point of view of learning through his case studies. He has to write out, in longhand or by typewriter, a good deal of the material before he dictates his final case report to a stenographer or a machine. It is, therefore, clearer to him that what he is engaging in is writing. He may, consequently, be more open to improving what he is doing, even considered as writing, than the more experienced clinician, who is tempted to allot "writing" and "dictating" to quite different categories of thought. Perhaps this temptation also accounts for an observation I have sometimes been forced to make to myself, that far too many able psychiatric clini-

* MENNINGER, KARL: *A Manual for Psychiatric Case Study.* New York, Grune & Stratton, 1962.

cal people, who manifest the greatest understanding and sensitivity in direct relationships, retreat to something like nineteenth century copy books when they "dictate" letters, even though letters are also means of one-to-one communication.

In the Menninger community and elsewhere, I have sat in on many case conferences both as guest and as participant; and, almost without exception, have found them intensely interesting, professionally responsible to a high degree, completely sensitive to the individualities of the sufferers, and with interprofessional communication at a high level of accuracy and depth. But it has struck me more than once that I have virtually never seen in print a complete transcript of such a case conference. Making due allowance for confidentiality (de-identification would be very simple) why has such material not been published? What could be better calculated to show the appropriately curious and intelligent layman just what psychiatry really is than such reports? The United States Congress and courts of law give it to us straight; if we choose, we may criticize precisely what was said or not said at their deliberations. Why the passion for privacy in the psychiatric team discussion (except for protecting confidentiality of the patient)?

My hunch (*i.e.*, observation with a bias) is that this passion for privacy stems from psychiatric experiences that demonstrate the extreme difficulties of human communication. From one point of view, most of the psychological and social forms of psychiatric treatment may be seen as the slow, patient, and *oral* closing of the gap in communication between patient and professional person. This process leads to a habit of mind in which clinical sensitivity may, in the next hour or the next sentence, correct—for communicative purposes with this patient—what professional sensitivity and alertness have made evident. If one is alert, he can correct faulty communication even in the next breath. Clinically, all this is of the greatest positive value. But it may give rise to an habitual reluctance to commit oneself to any kind of communication that can not be altered in the next breath. Or, to put it more bluntly, do psychiatric personnel become so attached to oral and immediately alterable modes of communication not only as a necessary ingredient of their therapeutic work but also, unwittingly, as a compulsive avoidance of any form of communication that may encounter the risk of misunderstanding not correctable at once? In an ironic sense, may psychiatric sensitivity lead, unintentionally, to a kind of "security operation" in modes of communication?

Speeches

Along with research reports and cases, a third form of clinical writing is speeches. Unless his stammer is uncontrollable or his personality poisonous, no clinical person these days can avoid at least a few speeches. They may be addressed to Parent Teacher Associations, to church groups, to luncheon clubs, to youth assemblies, or to professional or semiprofessional associations. They may vary in degrees of formality, homogeneity of audience, thoughtfulness of organizational planning, specificity of intent, salubriousness of context, and in many other ways. But such speeches, whether delivered from manuscript or the "seat of the pants," are also a form of writing. The speaker has to consider and organize the thoughts phenomenologically, *i.e.*, in relation to the particular group to whom they are addressed. He is "writing," whether he knows it or not. If he has no manuscript, or fails to deal critically with his notes, he demonstrates that he assigns himself minimal critical responsibility in oral communication, and thus that "speaking" and "writing" are, for him, categorically different. Perhaps this is why there are so many disorganized, unclear, and unphenomenological speeches by very good clinicians.

The prudent clinician, wary of charges of popularity seeking, unresolved narcissism, evangelical fervor, or neurotic need for approval, rations his appearances before lay groups. If he addresses the Parent Teachers Association or the Rotary Club only annually, he may work very hard on his speech—but his caution, unhappily, may be so much directed at not saying the wrong thing that he fails to communicate the challenge made possible for this group by his professional wisdom and experience. If he proves to be especially good at such speeches, the good clinician is likely to have a strong subsurface conflict between his public and his professional performances.

These comments on speeches should not be misinterpreted to mean there are no differences between oral and written communication. The uncompleted sentences, the flashes of wit that make sense in the speaking context, the verbal repetition or reiterations that are wonderful in a speech need to be pruned and honed for appearance in print. Conversely, the speaker who reads from a manuscript is altogether likely to lose his audience, no matter what his prescience and imagination, if he is chained to his words, is unable to *ad lib.* when he senses incomprehension, or fails to take humorous advantage of an unanticipated response on the part of his audience. Even a manuscript has to be ridden lightly if the aim is

effective communication. And yet there are great commonalities: an effective ordering of the material, a reasonably accurate perception of what the consumer knows and is interested in, a taking the hearer or reader in on what one is really about instead of revealing one's purpose only in the final paragraph, an honesty in admitting with equal force one's own self-judgment of strengths and weaknesses (however implicitly) in relation to the subject matter, and yet others. Good speaking, properly self-criticized, leads to good writing, and vice versa, even though the carry-over is not automatic.

Essays

Finally, in addition to clinical writing of research reports, cases, and speeches, there are "essays," which include many books. By present linguistic standards, most of Freud's scientific writings would be in this class. And it is precisely this category of writing around which inhibitions seem to be growing among clinicians. Throughout its history, most of the articles in this *Bulletin* have been, by the present definition, "essays" rather than research reports or speeches or cases. They have begun from a problem, often a clinical problem, drawn upon either cases or more general reflections or both, considered other reflections on the same problem, and emerged with some novel view or slant or fact in relation to the problem. They have been, in short, a combination of observation, report, reflection, presentation of selected data, and critical thought. With all due respect to the immense potentialities of research, and research reports, in a more precise sense, both now and in the future, it is difficult to see how psychiatry can make the needed progress if it does not have "essays" as well as "research reports." Why should one drive out the other? Are not both necessary ingredients in the progress of a discipline?

In actual practice, no psychiatric group is more "essay-minded" than the psychoanalysts. Their journals are the biggest, thickest, and most essay-minded of all. In them, hardly anyone ever counts anything. And yet, even though their language system tends to be a bit in-groupish, they unquestionably make contributions of great value not only to psychoanalysis but also to psychiatry in the more general sense and including several cooperating professions. It is true that the authors of many psychoanalytic-journal articles seem to give themselves the benefit of the "research" designation, thus temporarily adopting the university rather than the clinical perspective; but, narcissism, aggression, will to power, or no, they do keep the ideas flowing. Frankly, I am for them

and their practice of "essays," if not always for their linguistic standoffishness. But I do not quite see why an analysis is a necessary prerequisite to braving the charges of narcissism and fervor and presenting one's observations and reflections for critical inspection by his colleagues. I pay unreserved tribute to psychoanalytic writing. But I give no aid and comfort to the psychiatrist, psychologist, social worker, or other psychiatric team member who thinks to himself, "My observations would be worth writing up if only I were a psychoanalyst, or had been psychoanalyzed." Some psychoanalytic articles might have been better if their authors had stopped analysis while their creativity was ahead.

In my capacity as editorial board member to five or six journals, I am constantly startled by the unwitting pretentiousness of those who have not written very much. Aware that their immortality is not yet assured by the Library of Congress or the Cumulative Periodical Index, they are tempted unconsciously to "put the whole gospel in one sermon," as we say in my profession. The result is the avoidance of specificity, the concealment of the subjectivity that is interesting, and too often a discussion that is confusingly abstract and banal; while all the time the person may have an excellent idea, genuine openness of communication so long as he is not being tested by his peers, and other favorable indications for "essay" writing. As an editor, I never merely analyze such efforts, but always attempt to help the author pinpoint the more specific point or points which, if developed, would make a good piece—if he can be content to secure his literary immortality by stages rather than in one gulp. And sometimes it even works.

Editors, however, do not see the brain children, overambitious or otherwise, of many clinical people who never get to the submission stage. Why do not some clinical people, with enormous potentiality for saying the very things that need to be said, take a flyer at saying them apart from their oral communications to colleagues? In so far as such persons have high and reasonable (but not perfectionistic) standards about publication, and keep plugging away at their writing with checkups by a reasonable number of colleagues, we can certainly commend them, provided they finally come through. There can be no substitute for quality; and there can be no quality without a combination of appropriate self-criticism along with readiness to hear the truth from those one respects. But precisely these people—if they have taken the trouble to write at all—hear encouragement as well as caution. It is this fulcrum, I believe, that

should mark the transition from writing to publication. A sensitive and intelligent person would be foolish indeed to commit to print what both he and those he respects regard as junk. But as he exercises effective self-criticism, and welcomes advice from a limited number of people he respects, and comes out a bit on the plus side, why should he not risk a wider critical arena—welcoming the challenge to the unwitting provincialisms of his own group (every group has them), but also helping to sharpen what he has that is defensible and constructive?

Honest writing is never, even for the most able and experienced, without effort. However few are to read it, it does make a cross-sectional commitment that is not needed in oral communication. It does, therefore, require some kind of courage or "ego" or conviction. But, especially if one follows the wise words of Southard—"the task of writing clarifies your own thinking"—the proper starter on the practice of writing is a commitment to what might be called "articulative honesty." Never mind, at the start, whether it is to be published (or only shared) or not, or where, and when (new authors are apt to sulk if they do not get into print in a month). Such self-discipline is, I think, a mark of professional maturity. Sometimes one's idea can be captured, and be of interest to others. Sometimes, not. Either way, how can we know until we have tried? Either way, there is, as Southard wisely implies, progress in clarifying one's thinking. If the idea does not pan out, why should it be any worse to slip the written effort into the wastebasket than to lose various oral efforts at communication? Why, on logical grounds, should we be more attached to one than to the other? Is not the acquisition of true sensitivity in conversation partly the by-product of readiness to "waste" what failed, without pining? Why should it be different on paper?

Encouragement of Clinical Writing

The psychiatric clinician, whatever his particular profession, faces today a more formidable accumulation of knowledge than he did even a generation ago. If, then, he thought and wrote from a certain perspective, almost anything he said would be original, whether it proved in the long run to be important or not. It was a bit like trying out an antibiotic drug on various illnesses. It might or might not be therapeutically effective. But what one could be sure of was that it had never been tried before.

Today, originality is not so easily come by. Today's clinical writer can not be so sure of the original nature of his message. And, if his paper is

either not published or is criticized after publication, he can not be so certain of the infallible support of his core professional community. Psychiatry and its allied professions have become, so to speak, more "public." The clinical writer must take his chances, both at home and abroad. A generation ago, a greater proportion of psychiatrists published at least something. Without denigrating their work, which has borne much fruit, we do need to note that, when they failed abroad, they always had support at home. Today, support is less infallible.

Many of the earlier psychiatrist writers—whether in Topeka, New York, or Chicago—did their writing after a ten-hour clinical day. Much of that writing contributed not only to the sense of professional integrity on the part of individual persons but also to their sense of belonging to a profession concerned with proper integrity. Some of the writing has proved to have enduring significance. But, enduring or not, it had real significance both for individuals and for the professions.

The sense of pioneering, metaphorical travel in psychiatric covered wagons, will not see one through any more. Every clinical institution has built or is building a library which, while it has every resource the clinical writer could want to consult, is nevertheless intimidating in showing what a host of other people have thought. In addition, there are other impediments to clinical writing today. Family obligations, for instance, with a time schedule attached, have become the Mark Supreme of Mental Health. The clinician finds far more meetings, lectures, and forums related to his field. There are more and better conducted "conventions," events away from home lasting at least a couple of days. Besides, there is more pressure to "keep up with culture." Not infrequently, the victim of all these good things is the clinician's writing. At any rate, writing is harder than it once was.

In this new day, it seems imperative that the psychiatric institution take account of the changes and help to provide, for those who are interested and have some promise, suitable inducements to writing in all the categories that have been mentioned: case reports, speeches edited into articles, essays of any length up to books, and of course research reports.

The needed encouragements may fall under four headings: time, place, guidance, and moral support. Time may mean a reconsideration of clinical schedules, provided the time allowed for study and writing is not used merely to watch television or do the family laundry.

Place may be more important than it sounds at first glance. Even con-

sidered architecturally, few clinical offices are designed to encourage study and writing. They carry their own sort of clinical "life space" with them, their own clinical associations. They may be the worst possible places for a clinician to get the perspective needed for his writing. If he is in a city, he may well, even with a good income, have no "study" at home. Besides, it may be unwise to delegate all his writing responsibilities to his allegedly "off hours." For some persons, the provision of a no-telephone, no-name-on-door anonymous "study" or "writing room" may mean the difference between productivity and literary silence. I went through a period when I had no working or writing room, and know what a handicap this lack may be even for the determined would-be writer.

Then there is what has been called "guidance." For the competent and experienced writer, guidance may mean only the checking of his spelling, punctuation, syntax, or occasional flights of fancy. But especially for new writers, it may mean everything from details of expression to basic structure, statement of hypothesis or thesis, sequence of thought, concretizing of abstract principles, or coming down from the clouds.

Especially, because any serious writing involves emotional self-investment, it is easy to understand and to laugh at the recent cartoon in *The New York Times* in which an author, returning to his wife, is reported as saying, "I told him I'd rather fight than rewrite." There are few persons today with sufficient knowledge of both clinical and literary realities to show the cartoon's hero how his own purpose can be better achieved by rewriting in this way or that. Never mind that he can accept criticism about his clinical work, how he rears his children or where he takes his vacation. It requires something not far from the wisdom of Solomon to be honest with a clinician's first draft, and still to encourage his rewriting it. We may not need many such persons, but we do need to develop a few.

The days in which clinical work and writing could be regarded as equivalent to the covered wagon are gone. And concentrated research may find out and report various truths tomorrow that no asides from clinical work could ever achieve. Nevertheless, the progress of the psychiatric disciplines will still rest upon Ernest Southard's "clarifies your own thinking," upon his "share with others what you have learned," and upon learning to write whether it "has new significance or not." Every young clinician should write. Some, tempered by appraisal, should publish. And no older clinician should give up either writing or trying to publish.

THESES OF GRADUATING FELLOWS

One of the features of the graduation of Fellows from the Menninger School of Psychiatry is the preparation of a thesis by each graduate. Originally conceived as an exercise in scientific writing, these theses are also recognized as indications of the Fellows' comprehension of a subject as shown by their ability to apply research to their own experience and thought.

The titles of the theses and their authors, who graduated on June 19, 1965, are:

Cinderella: A Psychodynamic Ordering Principle, William A. Abell, M.D.

Principles of Science, and the Attacks on the Importance of Sexuality in Psychoanalytic Theory, Johannes Andeweg, M.D.

The Interest in Anatomical and Neurophysiological Correlates of Mental Functions During the Nineteenth Century, W. Maurice Bowerman, M.D.

A Super-Hero's Secret, Rodney C. Caudill, M.D.

Deja Vu in Clinical Practice, Humberto Diaz, M.D.

Group Psychotherapy and the New Member, William C. Greer, M.D.

The Antitherapeutic Community, Linda Hilles, M.D.

The Role of Neonatal Anoxia in Mental Retardation, Irene Jakab, M.D., Ph.D.

Observations about Payment of Psychotherapy Fees, Jaime Lievano, M.D.

Premature Psychological Aging: A Clinical Syndrome, Richard G. Lunzer, M.D.

Some Interns View Psychiatry, Robert C. Luther, M.D.

Malingering, James N. Nelson, M.D.

Mourning a President: The Reactions of a Group of Emotionally Disturbed Adolescent Girls to the Assassination, James K. O'Toole, M.D.

A Fine Contradiction: A Fine Madness, John R. Phelan, M.D.

Assassination: Hospitalized Adolescents' Reactions to John F. Kennedy's Death, Garry L. Porter, M.D.

Some Speculations on the Attitude of the Psychiatrist Toward the Psychiatrically Ill, Hospitalized Physician-Patient, Kathryn A. Rainbow, M.D.

Science Fiction as an Ego Coping Device, John B. Schoonmaker, M.D.

As I See It: Psychological Aspects of Acute Neurological Disease Resulting in Permanent Disability, Lewis C. Sharman, M.D.

Psychiatry and the Town Eccentric, Martin E. Sodomsky, M.D.

Understanding as a Tool in the Training of Psychiatric Aides, Arnold B. Wolfe, M.D.

Prizes conferred by the Alumni Association of the School were awarded to Dr. Humberto Diaz, Dr. Lewis C. Sharman and Dr. Linda Hilles.

In the post-residency program in Child Psychiatry:

Consultation Process—Preliminary Report, Salomon Alfie, M.D.

The Role of the Doctor on Call in a Residential Treatment Center, Jack P. Edelstein, M.D.

Don't Call Them Accidents, Thomas P. Johnson, M.D.

Juvenile Court Referrals to a Child Guidance Clinic, George P. Mernin, M.D.

Foreign Doctors in the United States, Kiyoshi Ogura, M.D.

The Psychiatrist in the Juvenile Court Detention Home, Gordon E. Warme, M.D.

In the post-residency program in Psychiatric Research:

The Effects of Hearing One's Own Voice on Dreaming, Vincenzo Castaldo, M.D.

PUBLICATIONS BY MEMBERS OF THE STAFF

MENNINGER, ROY W.: Attitudes Toward International Crisis in Relation to Personality Structure. In *Threat of Impending Disaster*, G. H. Grosser, Henry Wechsler and Milton Greenblatt, eds. Cambridge, Mass., M.I.T. Press, 1964.

Querying a small group of patients at a private psychiatric hospital regarding their reactions to the Cuban Crisis in 1962 indicated that they tended to perceive the crisis and the risks of nuclear war as a major threat. The styles of their responses—expressiveness, points of special emphasis, implications drawn, language used and rationales for their points of view—demonstrated a pronounced similarity among the members of each of the two groups examined. The study illustrated the feasibility of relating perceptions of and judgments about events geographically and functionally remote from the observer to the underlying character structure.

THOMPSON, PRESCOTT: The Church and Its Role in the Promotion of Health in Older Persons. In *The Aging and the United Presbyterian Church in the U.S.A.*, Charles G. Chakerian, ed. New York, U.P. Board of National Missions, 1965.

Health or ill health is defined, with the help of *The Vital Balance*, as the relatively favorable or unfavorable balance—at any given moment—brought about by interacting social, psychological, and physical forces and processes. Six objectives are suggested with which the church should concern itself. Briefly, those are the relief of loneliness, provision of opportunities to experience stimulus, excitement, and mastery, programs to give young people an opportunity to serve their elders and vice versa, the encouragement or establishment of informational centers for older persons, and the continued effort to apply psychological principles to church-sponsored living units.

MURPHY, GARDNER: Human Psychology in the Context of the New Knowledge. *Main Currents in Modern Thought* 21:75–81, March–April 1965.

An attempt was made to sketch the outlines of a psychology which is "an amalgam of three primary components: the West European tradition in science; the West European tradition in philosophy; and the psychoanalysis of Sigmund Freud." It was shown that this amalgam has actually managed to achieve a working relationship with modern physical and biological sciences, and even to be drawn into a structural unity of a sort which could be called an "integrated" world view. The thesis was developed that this is very dangerous for psychology, which has a great deal of unfinished business in fundamental issues for which there are neither clear-cut empirical findings nor convincing conceptual definitions. The thesis is developed that many types of experiences, including classical mystical experiences of the East and West, the recently intensively studied effects of psychedelic drugs, and particularly the data of parapsychology, are by no means ready to be subsumed within any unified world view. In fact, the case was pleaded that psychology, physics, and all the rest may achieve integrations in the next few decades which are quite different from the integrations most evident in present-day physics, and that psychology

and parapsychology may play a considerable role in the structuring of this new outlook.

APPELBAUM, STEPHEN A. and SIEGAL, RICHARD S.: Half-Hidden Influences on Psychological Testing and Practice. *J. Porj. Tech. Pers. Assess.* 29:128–133, June 1965.

Attention is called to some half-hidden influences on the tester's practice which arise from the social, professional, and interpersonal contexts in which he works. The ubiquitousness of these influences and fruitful directions in which to look for them are indicated. The sources of such influences include: Those stemming from extraordinary use of tests; from special aspects of the patient; from the process of communicating test findings and the settings in which this takes place; and those stemming from personal professional motives. Psychologists are encouraged to include self-conscious consideration of these kinds of half-hidden influences among the technical and intrapsychic influences with which they work.

HARTOCOLLIS, PETER: Our Patients' Anxious Relatives: Overcoming Interference with Treatment. *Mental Hospitals* 16:180–183, June 1965.

The doctor's ability to communicate reliably with his social worker will in most cases safeguard the effectiveness of communication with his patient's relatives. But some problems may require his direct contact with relatives who, inasmuch as they are too anxious, tend to interfere with the patient's treatment. Such problems, which may or may not involve crises, are always inherent in the relatives' feelings toward the patient. In dealing with his patient's relatives, a doctor should keep in mind the principle that relatives need to feel understood before they are able to understand and support the doctor in his treatment effort.

NOVOTNY, PETER: A Poetic Corroboration of Psychoanalysis. *American Imago* 22:40–46, Spring–Summer 1965.

The paper tries to demonstrate that the Brazilian writer and poet, Machado de Assis, anticipated intuitively some of the discoveries later made by Freud. In his book *Don Casmurow*, published in 1900, de Assis seems to describe the coincidence of jealousy paranoia and homosexuality. Furthermore, it appears that the conflict which pervades the story also finds expression in the specific literary style of the novel.

THE FREUD COLLECTION OF THE MENNINGER FOUNDATION MUSEUM

One of the most common misconceptions is that primarily age creates the value of books and manuscripts. Actually, of course, there are many eighteenth and seventeenth century volumes of little or no monetary value. On the other hand, the works of Sigmund Freud (1856–1939), who made great contributions to medical science, and had a far-reaching impact upon twentieth century thought, are already of great monetary as well as scholarly value.

There are, in the rare book room of the Museum, eighteen separate "first editions" of Freud's writings and three first edition compilations. The earliest writings[1] by Freud in the collection are his translations of Professor Hippolyte Bernheim's works: *Die Suggestion und ihre Heilwirkung* (Suggestive Therapeutics), Leipzig, 1888, and *Neue Studien über Hypnotismus, Suggestion und Psychotherapie* (New Studies on Hypnotism, Suggestion and Psychotherapy), Leipzig, 1892.

Joseph Breuer's study of Fraulein Anna O. was made between 1880 and 1882, and Breuer who died in 1925 was already famous when he coauthored with the young Freud a series of articles which appeared as a separate volume, the famous *Studien über Hysterie* (Studies on Hysteria), in 1895. We have this treasure, and also a first edition of one of Freud's early nonpsychological works, *Die Infantile Cerebrallähmung* (Infantile Cerebral Paralysis), Vienna, 1897.

Die Traumdeutung (The Interpretation of Dreams) was published in Vienna under the date 1900, but Freud pointed out that the book really appeared in the winter of 1899 and was postdated into the new century. Even at that, as he later remarked, he had held back publication of the work for four or five years. It was probably near completion by 1896.[2]

It is interesting to note that the book was relatively ignored for many years, only 351 copies having been sold by 1906. It was not until 1913 that A. A. Brill's translation appeared. Today *The Interpretation of Dreams* and the *Three Essays on the Theory of Sexuality* are considered his most ". . . momentous and original contribution to human knowledge."[2] The *Three Essays* went through more subsequent modifications than any other, with the exception of *The Interpretation of Dreams*. The sections on "Sexual Theories of Children and Pregenital Organizations of the Libido" were not added until 1915. Our rare book room has the first edition of the *Drei Abhandlungen zur Sexualtheorie* (Leipzig, 1905).

As with so many of Freud's works, *Totem und Tabu* appeared in periodicals before it appeared as a separate volume. The book appeared in 1913 and the first edition is in the collection. The three parts of the *General Introduction* appeared in 1917 as a single volume, *Vorlesungen zur Einführung in Die Psychoanalyse* (A General Introduction to Psychoanalysis), Leipzig. The rare book room has a presentation copy made by the son of the publisher to Dr. Margaret Mead, and by her in turn to our library.

Another interesting first edition, *Liber amicorum Romain Rolland* (Zurich, 1926), contains Freud's tribute to Romain Rolland. Freud begins this moving tribute on Rolland's sixtieth birthday thus: "Unforgettable one! By what troubles and sufferings must you have fought your way up to such a height of humanity as yours!"

Our collection also includes the first edition of *Die Zukunft einer Illusion* (The Future of an Illusion), Vienna, 1927, and of *Das Unbehagen in der Kultur* (Civilization and Its Discontents), Vienna, 1930. In the postscript found added to his *An Autobiographical Study* in 1935, Freud observed that he had noticed in the last ten years his tendency to return to "cultural problems" which had fascinated him as a youth.[2]

The library has also in the last year and a half acquired nine journals wherein various of Freud's works first appeared.

Carefully preserved in the archives of the Foundation are sixteen original hand-written letters and correspondence cards by Sigmund Freud, as well as the unique "Heredity Questionnaire." This questionnaire was sent out by a Chicagoan, John F. Kendrick (d. 1961), who as a hobby sent questionnaires to prominent people. Freud, on a whim and with no little humor, in 1925 filled it out and the original is owned by the Foundation. These letters and documents cover the period 1907–1938, and have been acquired largely with the aid of the Carkhuff family fund. This collection is one of the more important collections of Freud papers outside of The Freud Archives, which are administered from New York City by The Sigmund Freud Archives, Inc. and are largely closed to researchers at the present. The papers are on deposit with the Library of Congress.

Three of the letters acquired by the archives were written to Dr. Emil Oberholzer and one to his wife, Dr. Maria Oberholzer, both of whom worked on the development of the Rorschach test. These original letters and copies of others have been obtained through the generosity of their son, Dr. Emil Oberholzer of New York City.

Two of the letters in the collection were obtained for the archives by Dr. Bernard Hall and Dr. Ernst Ticho at auction. One dated July 7, 1938, is probably addressed to his friend and ear doctor, Dr. Schnierer, and reports that his ear does not bother him, but comments on difficulties with the prothesis and his heart. On December 21, 1938, he wrote to an unidentified doctor, probably Max Schur, a letter which displays his famous wry humor.

"I was very glad to hear from you although the news did not sound cheerful. But I tell myself the main thing is to get out of this hell, the rest will take care of itself sooner or later, harder or easier. . . .The consequences of my 'successful' operation are not yet overcome. A bone sequestrator has cut itself off, and I am waiting for the next one, under pain, and I hope it will be the last. Of course, I know at my age I am not entitled to expect much, but unfortunately I sometimes forget these helpful truths."

Freud very rarely discussed the pain of his cancer, so that these two letters are quite unique. It is to be remembered that he had 33 oral operations, beginning in 1923, and that for many years he had to wear "a monstrous prothesis to replace much of his upper jaw and hard palate so he could talk and eat."[3] The pain finally ceased with his death on September 23, 1939, in England where he had been received with much honor the previous June as a refugee from the Nazis.

On loan from Dr. Karl Menninger to the Archives are a letter and two correspondence cards written in 1937 and 1938 to Dr. Karl. Their contents largely concern the Sigmund Freud issue of the *Bulletin of the Menninger Clinic* in 1937 and Dr. Menninger's book, *Man Against Himself*, of which Dr. Freud wrote: "I welcome your book especially because the death instinct has become rather unpopular among analysts." (Vienna, February 14, 1938).

The separate museum room of materials relating to the life and work of Sigmund Freud was opened in December, 1964. Selections of the first editions and the manuscripts are displayed. There are also photographs of Freud from significant periods of his life, some of which have been personally inscribed. A focal point of the room is the original bronze bust by Peter Lambda, an English sculptor. The bust, one of two, was presented by Dr. Gisela Fleischmann in memory of her husband, Dr. Otto Fleischmann. There are two other busts of Dr. Freud: One, an original head in clay with green patina on a wood base, by Doris Appel, was

presented to Dr. Karl on his 65th birthday by the Fellows in the Menninger School of Psychiatry. The other, bronze on a marble base, from the original by Leo Cherne, 1958, was presented in memory of Dr. Sol W. Ginsberg by his wife, Ethel Ginsberg.

There is also a bas-relief reproduction of Gradiva, the inspiration for Dr. Freud's *Delusion and Dream in Jensen's Gradiva,* a psychoanalytic study of the novel, 1907. Another replica of this bas-relief, the original of which is in the Vatican Museum, hung in Dr. Freud's office. It is by an unknown artist and is perhaps a Roman copy of a Greek original. Our reproduction once belonged to Dr. A. A. Brill and later to Dr. Bertram Lewin who presented it to the Museum.

Lewis F. Wheelock, Ph.D., Director

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READING NOTES

One often hears some accusations about contemporary college girls which are considered flattering by some and slanderous by others. As everyone knows, there has been since 1910 something of a revolution in the freedom of relationships between the sexes everywhere. The casual and unsupervised dating of present life was unknown before World War I. With casual dating came widespread acceptance of petting. The assumption is that with more petting has come more promiscuity. This is one of those things that lots of people think they know the answer to because they know some college young people or because they teach in a university or even because they work in a students' mental health clinic.

So I like something definite such as the study of Mervin Freedman of Stanford, reported in the *Merrill-Palmer Quarterly* for January. He talked to about 50 seniors several times a year beginning with their freshman year, who were pretty thoroughly studied along the way. He compared his findings with some other conservative investigations and came up with some thoughtful observations—in a word, that non-virginity is just about as extensive as it was a third of a century ago which, however, was definitely more than it was a third of a century prior to that. It probably doubled or tripled in the years just following World War I from a base of low incidence, but stabilized about 1930. The percentages arrived at by various investigators run 13, 20, 25 percent.

* * * *

National Wildlife is published by the National Wildlife Federation in the interests of the wise use and proper management of our natural resources. I don't know how large the circulation is, but whatever it is I wish it could be multiplied by ten.

The current issue (June–July, 1965) contains many interesting articles and beautiful illustrations. One that caught my eye had to do with the rhinoceros. (Not exactly relevant to the preservation of American wildlife, but the spirit of the article is appropriate!)

Here is one of the most interesting of our living mammals, a kind of a prehistoric mystery continued from the ice age. It really belongs with mastodons and saber-toothed tigers. It has an incredible daily routine involving bathing, long distance trotting, avid feeding and occasional fighting. The beasts' romantic affairs are very odd: the amorous female charges at a likely suitor in a fearful attack, goring and battering him

until he is erotically aroused! After mating, "if he is still alive, the female may batter him a few more times for good measure." She then disappears for 18 months of gestation. (This form of love making if clinically observed in man might be known as the rhinoceros syndrome.)

There are two kinds of rhinoceroses; one is relatively placid and one is highly irascible. Both are being destroyed by (a) "sportsmen" who like to see things fall over dead and (b) native poachers who sell the ground rhinoceros horn to the Chinese, who believe it enhances sexual powers.

* * * *

Dorland's Illustrated Medical Dictionary has been coming out every few years since 1900. The 23rd edition appeared in 1957; now in 1965 after 8 years, the longest interval that has ever occurred, we have the 24th.

It has grown from 1600 to 1724 pages, adding (the publishers say) 20,000 definitions. The dental field seems to have been particularly improved; also hemotology and of course pharmacology. Just for fun I looked up a few psychiatric and psychoanalytic words at random. These seem to be about the same as in the 1957 edition. Schizophrenia is "Bleuler's term for dementia praecox." Schizoid is "resembling schizophrenia . . ." or "a person of schizoid personality." And a neurotic is a "nervous person in whom emotion is predominant over reason."

On the positive side let me say that the list of Greek and Latin prefixes fundamental in medical etymology is worth the price of admission to scholars and students alike.

* * * *

In the June issue of the very readable monthly *U. S. Medicine*, Menninger School of Psychiatry alumni were pleasantly surprised by encountering pictures of and stories about four of their fellow members. On the front page, the work of Kurt Wolff, at Coatesville, Pa., in group psychotherapy for geriatric patients is described. On page 3, Alex D. Pokorny of Houston is quoted with reference to his suicide study which has attracted much attention, with a good picture of him. On page 4, Tom Stage reports on psychiatric services for the Indians, which of course gives me special pleasure; a good picture of Tom, too. And on page 33, Roger F. Reinhardt, now a full Captain in the U.S.N., is quoted at length in regard to the usefulness of compulsive devices in the character structure of aviators.

And in the same mail but in another journal—*Mental Hospitals* for June—articles by Peter Hartocollis of the C. F. Menninger Hospital and alumnus Wendell W. Batchelder of the Sheridan, Wyoming Veterans Administration Hospital are printed in full.

* * * *

City Psychiatric (Ballantine, 1965) is a different kind of paperback. It describes a series of scenes and events in the wards of a large psychiatric receiving hospital. The author, Frank Leonard, has worked in psychiatric receiving hospitals and his descriptions are vivid and essentially accurate. The book recalls a similar one written about twenty years ago by Harold Maine entitled *If A Man Be Mad.*

The public has such a vague idea about what goes on in a psychiatric hospital, even a good one, that the average reader has nothing with which to compare these unpleasant scenes. Sadistic characters turn up in all sorts of places—newspaper offices, the medical profession (including psychiatry), the bench, the legal profession and the police force. The most brutal bully I ever met was a streetcar conductor. A psychiatric aide who enjoys inflicting sadistic abuse can have a field day in a psychiatric hospital not carefully structured and supervised. But a psychiatric hospital can also be a beautiful, comforting and comfortable place.

* * * *

While we were in New York, Dore Schary reminded me of a book published thirty-five years ago which had deeply impressed him at the time though now it is almost forgotten. It was *Rope & Faggot*, a biography of Judge Lynch by Walter White, which reviewed the phenomenon of lynching in America with details of certain terrible mob violence taken from the history of our various states.

* * * *

"Individualism is a fantastic impossibility. It simply cannot be, either as a way of life or as a slogan. . . . It lies at the bottom of capitalism and our economic structure; it is precious to the thought of that political philosophy known as democratic republicanism; it is the avowed and loved token of orthodoxy in the so-called 'democratic' churches; it is both means and goal in much psychological therapy in the Western world. Yet it is a heresy, an abortion of community, a denial of democracy, a false maturity and healing, and is the ultimate spiritual error. . . . It is the nearest, most personal, and most powerful framework for prejudice. It is the most intimate channel within which and through which we become properly prejudiced people—which requires almost a half of our lives.

". . . .It is impossible and prevalent; it is heretical, but everywhere received; it is absurd and sacred; it is a philosophical position no one would admit that he owns and yet, the almost universal social individualism provides the deepest and most vicious channel for the operation of human prejudice.

"Individualism travels under many banners. There are other words for it—subjectivism, egoism, and, to be properly psychological, narcissism. Philosophically there is a nicely precise word for this view of life which is both an epistemology and a metaphysic. The word is sola-ipsis—self alone, or solipsism." (Quoted from *Structures of Prejudice* by Carlyle Marney. New York, Abingdon Press, 1961.)

* * * *

Dr. John M. Dorsey is a long time friend of ours who has taught many young psychiatrists in Detroit. His unique point of view is born of wide reading and interest in philosophy, art, literature and religion as well as psychiatry.

His book, *Illness or Allness* (Wayne State University, 1965), consists of dialogues between the author and a general practitioner, a medical student and an educator, a research worker and the author, and so on. Some readers will complain that the question and answer style becomes tedious, discursive, and sometimes patronizing. Let them turn to other books; this one will find welcoming readers.

* * * *

Philip Weissman, author of *Creativity in the Theater* (Basic Books, 1965), is a psychoanalyst and psychiatrist. His comments about several plays and many aspects of the theater are penetrating and stimulating. I do not happen to agree that Sophocles' Antigone was a "typical, hysterical preoedipal old maid," whatever that is. But he defends that thesis well, and makes interesting analyses of O'Neil, Tennessee Williams and others.

* * * *

Eduard Pernkopf was one of the last representatives of the famous Viennese School of Anatomy founded by Hyrtl and best known to American physicians through Toldt, whose *Atlas* was world famous. Pernkopf's seven-volume *Topographical Human Anatomy* is a German classic, and now these seven volumes have been condensed into a two-volume set by Dr. Ferner of Heidelberg, translated into English by Dr. Monsen of the

University of Illinois, and published here by W. B. Saunders (1963). The result is a beautiful two-volume anatomical and topographical atlas. As a long time Spalteholz admirer, this reviewer concedes that in some respects the Pernkopf is better. (Thus far only one of the two volumes has arrived.)

* * * *

"Hatred has great power to sustain one's life. . . . When hatred becomes the basis of a human relationship it can perpetuate the relationship as durably as love. One can grow accustomed to such a relationship and feel lost without it. . . . [hence] It is not always wise for the analyst [or anyone else] to disturb the bond." (Ping Nie Pao in "The Role of Hatred in the Ego." *Psychoanalytic Quarterly* 34:257–264, April 1965.)

Assuming that we all have some of these hate investments, where and when do discrimination and selection develop so that we hate the appropriate things? What antenna does the reality testing function employ?

* * * *

Our Dr. Zelman, distinguished for competence in internal medicine and for brilliant investigations and discoveries in liver pathology, is dead set against smoking. So am I. It produces cancer, and who wants that? It results in other pathology also. Who wants *that*? Dr. Zelman reminds the VAH staff members about these things with a news item in each weekly bulletin.

Here's help for him. A short article by Ilza Veith, medical historian, and Leo Zimmerman, surgeon, in *Modern Medicine* for June 21, says that at one time tobacco was supposed to have nearly unlimited curative powers. But gradually its *bad* reputation spread. Kings and clergymen condemned it. Czar Mikhail Feodorovich of Russia proclaimed it a deadly sin and had possessors and dealers of tobacco flogged and exiled. His successor inflicted similar penalties on anyone caught smoking. In the 17th Century the sultans of Turkey imposed the death penalty on users of tobacco; thousands of persons were tortured and killed and their possessions confiscated!

But smoking has continued, up to and *after* the scientific basis of its badness was discovered in the 20th century.

K.A.M.

BRIEF BOOK REVIEWS

A Practical Introduction to Psychiatry. By C. M. B. Pare. $6.50. Pp. 181. Boston, Little, Brown, 1964.

This book is written for medical students to give a bird's eye view of psychiatry. To do so in such a few pages, selections and drastic abridgements have had to be made and the material suffers from the necessary over-simplifications. It is, nevertheless, well written and does give a creditable, although brief, accounting of the major subjects of psychiatry. The subject matter, furthermore, is slanted toward the organic approach. The reference bibliography is almost totally, although not exclusively, devoted to publications in England and, therefore, this volume would be most appropriately used by medical students in the United Kingdom. (Roman Borsch, M.D.)

Progress in Clinical Psychology, Vol. 6. Lawrence Edwin Abt and Bernard F. Riess, eds. $8.75. Pp. 252. New York, Grune & Stratton, 1964.

In this sixth volume of the series, the editors include for the first time a section concerned with "Developments Abroad," with chapters on clinical psychology as practiced in Japan, Latin America, and the Arab Middle East. The section on "Measurement" is limited to two chapters, one on the projective techniques and the other on the Minnesota Multiphasic Personality Inventory. Other chapters on clinical applications touch on problems of aging, problems of addiction, problems in industry, and problems of training in clinical psychology. The theoretical section includes an interesting chapter entitled "Counterpoint in Psychoanalytic Thinking," and another brief chapter on the timely subject of community mental health programs, stressing the need for more careful research into the effectiveness of these programs. (Martin Mayman, Ph.D.)

Social Psychiatry in Treating Mental Illness: An Experimental Approach. George W. Fairweather, ed. $7.95. Pp. 300. New York, Wiley, 1964.

By dividing a ward of chronically hospitalized, mentally-ill patients into small groups whose individual members help each other achieve better levels of adjustment, an attempt is made to return such patients to the community. The hospital staff's role is largely advisory. Detailed observations are compared to those of a more traditional ward. The effect is a more sociable and motivated patient. The limited results are no surprise to those who have not become too deluded by the usually prevailing inertia of large mental institutions. People, including the chronically mentally ill, can be stimulated to greater achievement in a stimulating milieu. The hope to transpose these groups more into the community appears to be a promising idea. (Hugo J. Zee, M.D.)

Child Psychiatry and Prevention. Proceedings of the 5th International Congress of Child Psychiatry. D. A. van Krevelen, ed. $9. Pp. 322. Bern, Hans Huber, 1964.

When the Fifth International Congress of Child Psychiatry met at Scheveningen, The Netherlands, August 1962, the proceedings were charac-

terized by an intensive focusing on the single problem of primary prevention of mental disorders in childhood. This volume contains a selection of the major papers with discussions, as well as a selection of source material from small international-group discussions from that meeting. A broad spectrum of considerations and approaches to primary prevention are included. Of particular interest are papers on the future of child psychiatry by Dr. M. Tramer of Switzerland, Dr. G. Heuyer of France, and Dr. L. Kanner of the United States. The international spirit of the actual congress is preserved by reproducing the papers and discussions in the same language in which they were delivered. This volume will certainly become a standard reference book in this very special area. It will, in line with the hope of Dr. van Krevelen, be a souvenir to remind the participants of the Congress of many valuable and stimulating hours. (Robert E. Switzer, M.D.)

The Tunnel Back: Synanon. By Lewis Yablonsky. $6.95. Pp. 403. New York, Macmillan, 1965.

This is the best study to date written about the much publicized and controversial Synanon Foundation. Founded in 1958 by Charles E. Dederich, Synanon, a community of former drug addicts, utilizes a particular type of group therapy in the process of withdrawal and rehabilitation. The author, a sociologist, gives a fascinating presentation of the origins, development and goals of Synanon, and argues strenuously with its various critics. (Lewis F. Wheelock, Ph.D.)

Industrial Jobs and the Worker. By Arthur N. Turner and Paul R. Lawrence. $4. Pp. 177. Boston, Harvard University, 1965.

The authors, both professors at The Harvard Business School, have written a book which "focuses on the response of workers to technologically determined variations in the nature of their work." The book argues for "job enlargement" in terms of experimentation and research which will take more into account the variables of autonomy and responsibility. (Lewis F. Wheelock, Ph.D.)

The Psychoanalytic Study of Society, Vol. 3. Warner Muensterberger and Sidney Axelrad, eds. $7.50. Pp. 408. New York, International Universities, 1965.

These fifteen essays encompass a very broad range of the social sciences by applying the concepts and propositions of psychoanalysis. For example, Muensterberger writes on "The Function of Mythology" and Martin Grotjahn writes on "Some Dynamics of Unconscious and Symbolic Communication in Present-Day Television." Dr. Karl Menninger, a member of the editorial board, draws attention to the essay by L. Bryce Boyer on "The Psychological Problems of a Group of Apaches." (Lewis F. Wheelock, Ph.D.)

An Outline of Psychiatry for Students and Practitioners. By Frank Fish. $6.95. Pp. 270. Baltimore, Williams & Wilkins, 1964.

This book was written with the purpose of presenting an introductory text for medical students and interested general practitioners. The organizational schema is well thought out and indeed would amply serve as a framework

around which the postgraduate in psychiatry could organize his material especially in preparing for examinations. Included in the book is a creditable chapter on the history of psychiatry with a section on the development of treatment methods. In contrast to many psychiatric texts coming from England, the contents tend toward the psychoanalytic-eclectic approach. The author himself classifies his writings as "neo-Meyerian" and points out that he has synthesized material from many sources including "empirical knowledge, psychoanalytic theory, sociology or common sense." (Roman N. Borsch, M.D.)

Your Future as a Wife. By JOHN L. SCHIMEL. $2.95. Pp. 157. New York, Richards Rosen, 1963.
Your Future as a Husband. By JOHN L. SCHIMEL. $2.95. Pp. 159. New York, Richards Rosen, 1964.

These two books are part of a series entitled "Careers in Depth." From looking at the titles, one would expect very little in reading them, but getting past the title and into the book brings a pleasant surprise. Doctor Schimel writes feelingly and helpfully about the very complex subject of men, women and marriage. The theoretical base from which he discusses courtship and marriage is psychoanalytic. In discussing marriage he considers not only the immediate relationship with the partner, but also the developmental process that went into their growth, the necessity of education for marriage and the larger context of marriage, and the community of friends and family. The books are particularly good for late adolescents and young adults who may be married or anticipating marriage. They would be good for a premarital course where discussion would be possible. (Donald R. Young, Ed.D.)

Love, Sex and the Teenager. By RHODA L. LORAND. $4.95. Pp. 243. New York, Macmillan, 1965.

Doctor Lorand, a clinical psychologist and psychoanalyst, has written a three part book which is well titled. The first section outlines analytic theory with special reference to certain aspects of adolescence. This is followed by a section for teenagers describing typical problems and areas of interest for them. Lastly there is a section for parents. The book will interest and inform parents, and both professional and nonprofessional counselors to youth. It is too long and complex for the average teenager to read himself, but he might be referred to specific chapters for answers to his questions. (Edwin Z. Levy, M.D.)

Neurological and Electroencephalographic Correlative Studies in Infancy. PETER KELLAWAY and INGEMAR PETERSEN, eds. $14.75. Pp. 364. New York, Grune & Stratton, 1964.

Twenty papers presented at an international symposium in October 1963 are collected here. Studies ranging from animal experiment to the clinical EEG laboratory, and encompassing normal development and abnormal states, are well described. Much useful information is available, as well as illustrations of many of the difficulties which still challenge us in learning to use the electroencephalogram to clarify abnormal brain states in infancy. (Joseph M. Stein, M.D.)

Foundations of Human Behavior. By LOUIS KAPLAN. $5. Pp. 368. New York, Harper & Row, 1965.

This book seems to be written for the use of college students interested in a concise presentation of current concepts and theories about personality development, as well as the psychiatric syndromes and the commonly used treatment modalities. It appears up-to-date and inclusive of the better known contributions in this field. Because of the author's attempt to condense much information, statements, infrequently, appear sketchy or unclear. (Alberto L. Montes, M.D.)

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The *Bulletin of the Menninger Clinic*, in September 1954 (Vol. 18, No. 5), devoted an entire issue to a biographical study of the Life and Work of Hermann Rorschach, M.D. by Henri Ellenberger. Copies of this unusual biography are available at 75¢ each. New subscribers may, upon request, receive a free copy as long as the supply lasts.

Notice to Subscribers

CHANGE IN SUBSCRIPTION RATES

Effective January 1, 1966

Higher costs of production necessitate an increase in the subscription rate of the BULLETIN OF THE MENNINGER CLINIC. The new rate for one year will be $6.00 and single issues will be $1.00.

Beginning January 1, 1966, new subscriptions and all renewals due on that date will be at the new rate.