# BULLETIN of the MENNINGER CLINIC vol. 24, No. 6 November, 1960

Contents:

Headache, Necrophilia, and Murder • Gerald A. Ehrenreich, Ph.D.	273
Running Away During Psychotherapy • Cecil R. Chamberlin, Jr., M.D.	288
Leveling-Sharpening and Serial Reproduction of a Story Riley W. Gardner, Ph.D. and Leander J. Lohrenz	29.
Reading Notes • Karl Menninger, M.D.	30
Book Notices	30
Index to Volume 24	31

Topeka Kansas

## BULLETIN of the MENNINGER CLINIC

VOLUME 24

NOVEMBER, 1960

NUMBER 6

Published bimonthly by The Menninger Foundation, 3617 West Sixth Street, Topeka, Kansas. Annual subscription rate \$4, single numbers 75 cents. Manuscripts, orders, and change of address notices should be sent to the Bulletin of the Menninger Clinic, Box 829, Topeka, Kansas. Editor, Jean Lyle Menninger, Editorial Board: H. C. Modlin, M.D., Herbert Schlesinger, Ph.D., Paul Pruyser, Ph.D., Philip S. Holzman, Ph.D., and Karl Menninger, M.D. Consulting Editor, William C. Menninger, M.D. Editors' Assistant, Mary Douglas Lee. Second class postage paid at Lawrence, Kansas.

## HEADACHE, NECROPHILIA, AND MURDER\* A BRIEF HYPNOTHERAPEUTIC INVESTIGATION OF A SINGLE CASE

GERALD A. EHRENREICH, PH.D.†

The question of using hypnosis in a psychiatric examination arose when a 43-year-old Negro soldier, sentenced to 35 years for murdering a prostitute, was to have his sentence reviewed. In making the requested psychiatric examination preliminary to the review, his examiners‡ found him so constricted and inhibited that they could not adequately assess his condition. He was given a neurological examination for severe "band" headaches and "fits," but the findings were inconclusive about organic brain damage or dysfunction.

The examiners thought hypnosis might enable the patient to talk more freely and give clues to the basis for his symptoms. I was asked and agreed to use hypnosis with the patient. I proposed first to try to relieve his headaches and second, to obtain more information from him. My report is limited to material condensed from hypnosis interviews, although not all of the material produced was in the hypnotic state.

I saw the patient 11 times in a one-way vision room. In the room with me was Doctor Satten—with one or two others of the examining group

Condensed from a presentation to the joint meeting of the Southwest Psychological Association and Kansas Psychological Association, April 17, 1959, at Topeka, Kansas.
 † Kansas City, Missouri.

<sup>†</sup> Dr. Joseph Satten (examining psychiatrist), Dr. Karl Menninger (consultant), Dr. Joseph Stein (neurologist), Dr. Martin Mayman, Dr. Paul Pruyser, Dr. Irwin Rosen (psychologists).

HEADACHE, NECROPHILIA, AND MURDER

at first—while a small group of psychiatric residents and a group of staff members observed us from behind the mirror. We recorded eight interviews; two were not recorded, and one was lost by mechanical failure.

I shall illustrate the usefulness of hypnosis for investigation, and for psychotherapy in this case, without considering its merits or deficiencies in wider clinical applications. As to the necrophilia and the murder, I hope only to demonstrate that they were intimately related and had rather specific, though complex and highly overdetermined, genetic and unconscious roots.

### Summary of Hypnosis Sessions

### Session 1

The patient seemed apprehensive but said he would "try anything" to help the headaches. He was readily hypnotized and I suggested a reduction of tension and lessening of the intensity of his headaches. After hypnosis, he said he felt well and believed he could be helped. At the outset he spoke with difficulty and with frequent grimaces. At the end he spoke more freely and with a wider range of vocabulary.

### Session 2

The patient mentioned problems beyond his headaches. In hypnosis he began to repeat with increasing intensity: "They wouldn't believe me!" He thrashed about and awakened spontaneously. He was confused and completely amnesic for the immediately preceding material. When he calmed down, I rehypnotized him. He then said the Army doctors wouldn't believe his saying that he had had to dig up graves.

He told how he had gathered corpses of civilians during the bombing of London; about seeing a dead woman lying in a street, and about the frantic digging up of a grave in Korea. He described, and seemed to reexperience, an intense struggle as he was driven, compelled, to dig up the body against his strongest determination not to do so. "Something got hold of me... something got in me and made me do it," he said. He again became so upset that I terminated the trance. I then rehypnotized him and suggested he would begin to understand his experiences as we talked about them, that his headaches would begin to improve, and that he would be amnesic for all of the hypnosis material. A feeling of well-being upon awakening was suggested, and the patient reported feeling relaxed and comfortable.

### Session 3

The patient continued to have headaches, but they were not "as bad." Under hypnosis he again talked about digging up graves.

"I felt just like I was almost tempted by the stones and graves. I felt something strange telling me to dig it up . . . I could hear voices saying 'dig up the grave.' The voices sounded like mine and I seen myself, and the next thing I knowed, I . . . tried to get it open. I had a strange feeling like I wanted sex intercourse with the body. I tried to fight, to not do it. After, I feel like I'm coming back to myself and then I see the dead body, and then I know what I done. I cry sometime. I always get the feeling. I get so tense I can't even talk. My stomach gets tight. Sometimes tight, all over me, tight. I feel strange, feel like needles striking me all over."

Then he retold this experience, adding details, in particular about his dissociative state and the struggle between two parts of himself.

"He always tried to stop me from doing something. I'll go out and dig one up. He tried to stop me, but they won't know about it, take out the body and have sex intercourse. He always tried to stop me. He fight me all the time. . . . He threw me down and frighten me, but he's too weak. I'm stronger than he is. He tried to stop me I tell you. . . ."

The patient as a youth had once been put in a coffin. When I reminded him under hypnosis of this, he referred to his uncle, let out a piercing shriek, and awakened. He was reassured, rehypnotized and then he talked with much feeling about this experience. The uncle was described as superstitious, always drunk. He gave the patient nothing, and often beat him. One day after catching his wife in bed with the preacher, the uncle vented his rage on the patient, whom he caught and choked. When the patient screamed for help, the uncle put him in a coffin and closed it.

"I was in there, I was so scared and tried to get out. I felt like the casket was trying to close up on me. I got stiff, my ears started hurting. I was trying to get out of there. I was so tired. That's all I remember." He spoke of his fear of coffins and having nightmares from that time on.

Suggestions were given for the gradual disappearance of nightmares, for his being able to sleep better, and for continuing improvement in his headaches. I explained that he would gradually understand more about his feelings, recognize that they had to do with things that happened much earlier, and that he would no longer have to be so worried about them.

### Session 4

The headaches had abated. In hypnosis the bombings in London came

up again. The patient recalled ripping clothes off some dead women, and the "sex urge" which came over him. Again, he spoke of a mighty battle for control over his feelings and behavior. He returned to the coffin episode and became so upset that he awakened. After being rehypnotized, he told how he hated his uncle. The patient said everybody made fun of him and told him he was crazy, that he was "fitsified." Not even his mother, or grandmother liked him. He hadn't any friends and he was frightened of girls. Sometimes when they came after him they seemed so big that he felt they would swallow him up. He was told that this was connected with experiences with particular persons and that he would remember the first time he felt that way.

He began saying: "Ella Mae Lawson!" and identified a neighbor who, when her husband was away, had asked the patient's mother to allow him to stay with her. She had tried to make him do sexual things with her. With tremendous feeling he spoke of how big she appeared, that she was as big as a house, that she could swallow him up, and that she was closing in on him. As his feelings reached a peak of intensity, he suddenly screamed: "Let me out of here," and awakened from hypnosis.

I interpreted to the patient the connection between this experience and his feelings toward women, and that as he understood these things more, he would feel better. Specific suggestions were also given regarding the nightmares and the headaches.

### Session 5

Things had been "very good" during the week. He was able to talk to people without feeling "like I'm in a jam." But in a nightmare, he had dreamed of his dead grandmother being laid out, before being put in the coffin, with many people there laughing and constantly moving around. He was afraid and confused. He recalled: "Somebody was calling me by name, a scream . . . somebody I know but I don't remember . . ." It was a woman calling but he couldn't remember who.

In hypnosis he remembered the events of his grandmother's death. He had "fits" all that day, and he was forced to look at the corpse. He spoke of a girl, Eunice, who was there. She was the "only one who took pity on me... not too long after that she died. Calling me. When they buried her, I wanted to go. She was the first person I ever loved. I hear her calling me, every night, come to her side. After that I was crazy." He wanted to dig up her grave. "Every time I see a grave I wanted to go in there with her. I could see her in there calling me. And when I get to the grave, she would disappear... I just had to go in there to her. Dig up this grave and it looked like her all the time. She was laying there with me." He

talked repetitively in this way, saying, "I just had to do it. Wait for me, I'm coming!" and the patient awakened from hypnosis.

The patient was rehypnotized and I talked about the hallucinations saying that his feelings about Eunice and her going away were so strong and so real that he thought he actually could see her.

He spoke more about Eunice in hypnosis. "Sometime I can see her laugh, just like the day I was afraid to have something to do with her and I was just going to show her anyhow." He felt at the time of this first sexual experience with Eunice that she was teasing and making fun of him and he had to "show her I was a man . . . couldn't keep on being nobody."

For a long time he did not have the hallucinations. "Then in World War II, I looked at those dead women and it looked just like Eunice laying there, and she was calling me to come. It was always Eunice." He described the deathbed scene in which Eunice was calling for him. "I felt like I was in a trance, but I heard her calling me," but he felt paralyzed and could not move to her side.

I talked about how important Eunice was to him, how much he missed her, and how difficult it was for him to accept that she was gone. I told him he need not continue to believe that she was still appearing before him and calling him. I reassured him that he had done his best, that he was hurt and frightened and maybe even mad, just as a child feels when somebody loves him and goes away.

He said: "I have never forgive myself for not going to her . . . I might have been able to help her, to save her. I wasn't there when she needed me. Because I was so afraid and hurt. I can only think one thing, how she was leaving me and I was so hurt. And she kept coming back to see me."

I suggested that he would remember these things about Eunice when he awakened. He did and remarked with surprise that he had not thought about these things for many years. He was about 14 or 15 at the time, and Eunice was four or five years older. He described when Eunice seduced him in the woods. He referred again to her death, "That liked to killed me when that girl died. . . . I used to go in the woods and that's where I would see Eunice coming."

He described hallucinations in which Eunice behaved just as she had when they were in the woods together; how seductive she would be, then "all of a sudden she would disappear and at that moment I'd go crazy... and it would come to me that she's dead and I would fall down and scream."

Toward the end he said: "I realize now that she is dead and it wasn't

my fault that she died, because, God didn't want to take people away from you. Her mother quoted something from the Bible that said the Lord giveth and the Lord taketh away. But I didn't know then. I realize now this wasn't my fault that she died, even though I was hurt so bad I couldn't go to her. . . ." He described how Eunice's mother "got hysterical" when the doctor said Eunice would die and how she "started hollering" and "that's when I went out of my mind. . . ."

### Session 6

The patient had no headaches or nightmares during the week. He alluded to the murder, and talked about it for most of the session in hypnosis. He started by stating the date of the murder. He told how he had borrowed a car and joined some soldiers and a girl for drinks at a tavern. They insisted that he take the girl home, despite his efforts to get away from them. He was upset and felt strange while driving. The car got stuck in the mud and he got out, cut some twigs to put under the wheels of the car, and felt an extremely sharp pain in his head, "like something hit me in my head." The girl kept bothering him and insisting that he have sexual relations with her.

"I didn't want to bother with her. She was a prostitute . . . she came screaming at me . . . started calling me a Nigger, saying Niggers was no good. I got angry at her and begged her to leave me alone but she wouldn't. She just kept yelling, screaming, and I felt my head getting tight, nervous."

He heard voices and felt hands grabbing him and heard somebody say, "take his money," and he was fighting, trying to get loose. "I was going around and around, like I had something, I don't know what it was. I had a knife. I was fighting with a knife, and suddenly I didn't know what was going on. I was just fighting something, I didn't see her no more, couldn't see the girl no more, something started coming at me. I was fighting it, I was fighting something coming at me." Here he was so upset that I intervened and reassured him. He was able to go on:

"I came to, and looked down and I seen a girl laying there on the ground. I didn't know she was dead. I didn't see nobody else . . . I didn't remember what had happened. All I remember is something or somebody fighting, and they frightened me. Then I saw the knife sticking in the girl's chest . . . I didn't remember what had happened, I didn't believe I had killed her. I felt bad . . . like I was blacking out or something. And then a strange urge came over me. I blacked out several times and I looked at her and I felt my hands moving. I didn't have no control over them, something was taking over me and I didn't remember after that.

I was walking through the woods, I don't know where.... The next morning... I came to myself. I remembered fighting somebody... I couldn't tell where I was.... So I turned around.... The ground was soft and followed my tracks and found my car. I saw the girl laying there, and her body was all cut up. Then I became afraid. I didn't know that I had cut her up, I didn't know, I don't remember, I don't remember. Her clothes was all bloody. I don't remember cutting her up."

He said he tried to dispose of the body, was terribly frightened, and kept blacking out and walking around, not knowing where he was. He told of the intelligence investigation and interrogation of him and the feeling of pressure and confusion he experienced. Later he remembered more details of the murder. He reported observing himself move toward the woman, tear off her clothes as he felt a desire to have intercourse with the dead body.

"I felt just like I did when I dug up that grave, something I don't understand. I remember tearing her clothes off her, and that strange feeling coming over me, driving me to her. I saw Eunice laying there, calling me. She was calling me to come, couldn't stop. Somebody else trying to stop me."

I told the patient that as he understood this better, he would feel relieved and more comfortable. I suggested that he would not have any more bad headaches or nightmares and that he would feel well upon awakening and until I saw him next. After hypnosis he said he felt "like a person who just enjoyed a good night's rest."

### Session 7

The patient said that he did not "feel too good," and had been "kind of nervous over the week end." On the preceding Saturday night he became upset when a bunch of prisoners were quarreling and shouting. In hypnosis he talked about this.

"They was hollering and yelling . . . talkin' about girls and just kept cussin' and going on. I got strange feeling . . . my stomach got so tight I couldn't hardly breathe. . . . My lungs felt almost paralyzed, my heart was beating so fast. Something right between my ears felt like it was swelling up, it pressed, and the more it pressed, the more nervous I got. My head started hurting. My ears was ringing and I kept trying to look at the book to get my mind off it and I felt my hand moving. I looked at my hand and it felt sort of light and I couldn't even hardly stop. I saw it kept going, I saw my hand reach at the razor blade. . . . My hand started coming down cuttin'. I kept blackin' out and coming to . . . I felt like I was at a strange place, way up on a hill . . . higher and higher, and I didn't-remember the

book anymore. I could hear voices, something telling me to jump, jump . . . I felt like I was becoming something else, not me. I felt something going on in my body, trying to push me out, and I started seeing strange things, everything started running in my mind. I couldn't think no more. But still I come to every now and then. I see my hand still moving. . . ."

GERALD A. EHRENREICH

"Then I saw this girl, I saw her piece by piece, and my hand didn't stop, it kept moving. Then I started to get a strange feeling . . . every time I cut on that book I felt like I was having a sex intercourse with somebody. Felt myself going away again and each time I come half-way back I saw this body. More and more it was cut up. A feeling came over me so great I couldn't hardly bear it . . . saw something that frightened me. I saw myself having something that looked like a human lung, was blowing it up, yes, I was blowing it up . . . I saw this girl's body, I saw my hand cutting her, it felt so light I couldn't stop it. It felt so good. The feeling got greater and I couldn't bear it. Each time I tried to resist, the pressure in my head got greater, something pressing right between my ears, got harder and harder. Then I saw my hand move again . . ."

I interrupted the patient's repetition of this material, reassured him and focused his attention on his becoming disturbed when people shout. I suggested that he would remember an experience when he was a young boy, when somebody shouted at him and upset him a great deal.

He shouted: "I won't do it!" screamed, and awakened from hypnosis. He was frightened and completely amnesic for the immediately preceding material. I reassured him and hypnotized him. He continued:

"They was trying to scare me, and screaming at me. Tried to scare me out of those fits. My uncle caught a rattlesnake and brought it to the house. He tied a piece of cloth on his head and put it in a box and put me in the room in the middle of the floor. I used to couldn't talk, I was dumb, I was always sick after that coffin incident with fits. Grandmother said I had devils in my head. She said the devil had taken possession of me and I was a bad thing in the family."

Before awakening the patient I said to him, "You won't lose control and have to do something that worries you or frightens you again, because as soon as your feelings start coming, you'll know that you'll be able to talk to me and that we'll be able to understand it. . . ." I explained that it was his own feelings about which he got mixed up and which at times seemed like somebody else taking over. I suggested he would "feel good, and you won't be so worried upon awakening." He awoke and said: "I feel relaxed, gee, if I'd feel like this all the time! I feel like a million bucks right now."

### Session 8

The patient felt much better. He talked about how he preferred to be

alone, partly to avoid being aggravated or provoked and to keep out of trouble. All of his life he had been running.

In hypnosis I reassured the patient about his fear of losing control and stressed the difference between old feelings of hatred and current feelings. I recalled that he had been frightened and angry at many people and felt helpless to do anything about it. "When you got big enough to take care of yourself, then when people mistreated you the old hatred came back and you wanted to make up for all the things you suffered as a little boy. That is why it is so out of proportion." I told him his fear was of his own feelings and that his wish to be alone had been his way to protect himself from the revival and possible loss of control over these feelings. I suggested he would remember when he had been treated in a way to make him feel that terrible hatred and he had to hide the feelings, even from himself, because it was too painful.

He recalled his grandmother and uncle telling him he was crazy and mistreating him. Gradually he just "started hating people. Didn't like nobody . . . I felt all the time like I was going to kill somebody and I didn't want to. When people vell at me or grab me and shake me, I hit them and didn't know it. I didn't mean to hurt nobody." He always felt afraid about ever being alone with anybody.

I indicated that a lot of things he had been talking about were connected with Eunice, and with what he was constantly running from, as well as with his urge to dig up graves.

"Yeah, I always felt like I killed Eunice. I could never forgive myself. Saw her dying and she called me and I didn't go. She would try to protect me from other people bothering me. All I could think was that I killed her . . . I always felt if I could hold her hand, I could help her, I could give her some of my life. She could have felt of my life long enough to help her."

Later I asked the patient: "Do you remember if you were angry at Eunice when she died, because you liked her? Do you remember that kind of feeling?" "I had an angry feeling, I don't know who I was angry at, me or her. Felt like I was going crazy. I kept running from something . . . Always afraid."

I related his fear of loss of control to the murder, and indicated that he was reminded of old situations and old feelings which became mixed up in his mind and he suddenly went blank and lost control. I told him he would be able to remember much more about the night with the prostitute.

He spoke of what strange feelings he had, how he tried to get away.

She kept screaming. "The more she yelled, the more I felt like everything happened to me in my life come down. I felt bad . . . suddenly I felt myself like I was falling and I saw something, a strange face. And I saw a coffin and somebody was trying to put me in that coffin. . . . Then I was grabbing something . . . I heard her scream, when she screamed it sounded like something I heard once before, it was screaming, scaring me, and I remember fighting. I was screaming and frightened like I was trying to get away from something . . . didn't remember seeing her anymore. . . . "

GERALD A. EHRENREICH

I took up the idea of his getting even with someone in particular when, without his realizing it, he struck out at somebody else instead, the woman.

The patient began to talk about seeing his uncle's horrible face as he forced the patient into the coffin. He screamed: "I saw him dying, I saw him, I killed my uncle. He was always putting me in a coffin. I wanted to kill him. I killed him!"

Before awakening the patient I told him he would begin to be more comfortable around people and not feel that he had to be alone. He would recognize that his discomfort with people and his fear of his own feelings were due to things that happened a long time ago.

When I asked the patient at the end of the session if he felt all right, he said: "Oh, yeah. Feel like I got the whole world, how that thing go? I forgot the song, something about, I got the whole world in my hand. Feel like I have it in mine."

### Session 9

The patient seemed quiet and said things had been "so-so." Apparently he referred to thinking of some things we had been discussing, after my telling him in the last session that bits of this would come to him during the week. He said that during the week end, his hand had swelled up. This had happened twice before that he could recall and he was puzzled and distressed by it. It followed his having a pain in the head. He tried to account for the swelling as connected with a "sex urge" but did not get far with it.

In hypnosis, he described the intense sexual feelings against which he struggled, but finally "had to masturbate."

"My head was hurting. Felt like I want to hurt somebody or kill. I want to run from it . . . I could see myself doing it, just pinching a girl so I could hear her scream . . . I almost went crazy . . . I could still see these graveyards. I saw myself digging them up. . . . Then I saw myself in 1946, the girl tried to get me to have intercourse. I was afraid. I ran from her . . . I felt I was going to hurt her. I had to run. She didn't know what was wrong. She thought I was playing and tried to catch me. When

she did, I grabbed her and choked her, and when she leaned up against me, I felt that sex urge pushing me. She screamed and I came out of it. I didn't want to hurt her."

He did not kill the girl, though he did hurt her and "paid her doctor bill." He spoke of two other, almost identical, incidents. One woman he "strangled" while having intercourse. "Afterward, I knew why my hand was swelling up, getting big. The next morning it went down. Don't know what make it . . . it's always a woman, that's why I have to run. . . . "

I commented about his sexual feelings becoming connected with his wanting to hurt someone and said that he would be able to recall the first time he had such an experience, having a sexual desire and also wanting to hurt a woman.

He began to talk about Ella Mae: "I wanted to kill her. I always hated women after that. . . . Every time I look at a woman this feeling would come over me that they all wanted to do this thing. Women are no good. They have only meant trouble for me. I prayed all the time, asking God to help me. I felt just like, one day I was going to hurt somebody. But God never came to help me." As he spoke about the fact that everybody bothered him and picked on him, I asked: "But how about Eunice?" She didn't bother him; she was nice and good, he said, "Only she wasn't with me long. She offered to have sex intercourse with me. I was afraid . . . I only tried it once . . . she was so nice to me. Then afterwards she died." He explained that he had intercourse with her only once because he was afraid that he would hurt her, too, and he did not want to hurt her.

I told the patient that these experiences were past and that he could control his behavior. I said: "You hated Ella Mae and you wanted to kill her. At the same time you had sexual experiences with her, and these two ideas got connected in your mind, sex and hatred, sex and killing. They don't have to be like that." I stressed again the distinction between old feelings and feelings appropriate to current happenings.

### Session 10

The patient felt "pretty good." He had had "the best week of all . . . I was able to talk better with people, didn't have that feeling like I was hurt or angry. And the work I did was just fine. I'd find it hard to concentrate for a few minutes, but it disappeared and I was back on the job, same as before." He talked of prison, what a long time 35 years was and whether he would ever get out, "Put a man in jail, he's just like a dead man." He said again how well he felt. "I even slept so good this week. when they turned the bell on I didn't even get up."

We were to meet for only one more time, and he wondered whether he might ever need medical treatment for his headaches. I said he might, and emphasized that hypnosis had been helpful and could be again for his headaches or personal problems. I stressed that he could not be hypnotized unless he really wanted to be in order to get help. I told him we would report our treatment of him to the military authorities, so they would know about it.

After hypnotizing the patient, I referred to his remembering or forgetting what had happened in hypnosis. I then awakened him, telling him that he would be able to remember anything he wished to, and that after a while I would rehypnotize him.

In the waking state, the patient talked about the murder, adding new details. Most convincing to him was his recall of the episode in his cell, when he cut up the book while having vivid phantasies of cutting up the body. Some of his comments showed puzzlement and reflective wondering. For instance:

"They said I told them I blew up the girl's lung. . . . It seemed to me I did do it. Why would I do a thing like that?" And a bit later, "I must have cut up her body. I remember now having a strange sex feeling, yeah, I remember now, I remember cutting her up. Why? But it doesn't worry me as much as it used to. I can think about it. I must have been crazy that night, because I never wanted to kill nobody and cut them up. I didn't even know her. Why would I want to kill a person I didn't even know? To take somebody's life is the worst thing a man can do. . . ." He added, "For a long time I couldn't feel no actual guilt like I had done it. Now I understand it more. I wish it had never happened. . . ."

I reminded him about old feelings intruding themselves into new situations and that he need not lose control.

### Session 11

The patient "had a pretty nice week. I had one or two light headaches but nothing like it used to be. And for the first time somebody scolded me and I didn't get angry. I felt insulted, I mean, you know those headaches that followed that tension? They didn't bother me. . . . These crazy dreams I used to have of being put in coffins, I haven't had one of those in three weeks. . . . Somethin' has been doin' a lot of good. I never been like this. I used to not talk to people. Funny, look like, well, just didn't want to talk. That hasn't been bothering me."

He said his mind had wandered a couple of times, but then he realized where he was and what he was doing, without remembering what he had

been thinking about. "I laugh about it. I didn't get scared this time like I used to. Used to when I'd come out of that, I'd be fighting . . . I've read several good books. I used to read a little bit and then I had to stop, and I never completed a book until last week, 'cause every time I started I had to stop, and usually I was afraid of my head bothering me. . . ."

He said he did not remember much from the hypnosis sessions but that "it doesn't worry me none that I know of." I reminded him that he was able to remember the one the week before and suggested that maybe he would just rather forget now. "That could be," he said. "There are many things in the past that only cause worry . . . make my head hurt. I don't even think of them any more, because sometimes, something was causing my head to hurt and if it's something that's in my mind, I'd rather not think of it anymore. It might be better for me."

I repeated to the patient in hypnosis what we had just discussed and suggested he might be more comfortable if he forgot about them. I spoke about his gradually feeling better, within himself and with people, and how the understanding he had achieved would make these improvements possible.

The patient awakened and talked about the prison, about his "present wife" to whom he had not previously referred and who was unfaithful to him while he was in service, and about the murder and his feeling that there was still something about it that he could not quite recall.

He talked as though he wanted to prolong this last meeting. As the session ended, he thanked me "for all the good you've done for me."

### Discussion

The meaning of the acts of necrophilia and murder for this patient can be delineated in some of the more important unconscious and genetic determinants of his behavior. They can be thought of as "symptomatic acts" or compromise formations. I shall focus my remarks on the patient's relationship to Eunice.

Eunice was of central importance in the necrophilia. The patient loved her; he was hurt by her death. The hallucinations can represent the denial of her death, at the cost of the loss of reality testing and with distortion and reorganization of reality. The denial of the death presumably supported the repression of the idea that he had killed her. But such efforts were only partially successful. The digging up of the graves and the sexual experiences with the corpses (though highly over-determined) can be understood as a continued effort to resolve the conflict over Eunice's

death. Thus, we might infer, he not only denied her death and hallucinated her as being alive, but he acted on the basis of his hallucinations. He took an active position toward a situation which previously he had experienced passively. Instead of standing paralyzed and letting her die while she called to him, he went to her. Instead of running from the sexual relations which he feared and which she had invited, he actively "possessed her." He seemed to have treated the dead body as if it were alive and at the same time tried to bring it back to life by the sexual actby putting his life into it. In doing all of this, he was struggling against remembering Eunice and her death.

The murder, too, seems to represent the patient's struggle to master the conflict over the loss of Eunice. Not only were certain details of the setting similar to those of his meetings with Eunice (i.e., in the woods), but the taunting, the challenge to his manliness, and the demanding of the prostitute are also similar. The situation revived in their full intensity the chronic conflicts about Eunice. The patient's remarks contained hints of intense feelings of anger toward Eunice which he did not recognize. The provocative prostitute served as a displacement object for Eunice, as well as for many other hated persons: Ella Mae, the grandmother, the mother, and the uncle. At the time of the murder, the patient clearly experienced the victim as Eunice. In addition, his trying to blow up the lung of the dissected woman may represent his attempt to bring the corpse, and Eunice, back to life.

The necrophilic acts could have served to deny and undo the psychic "murder" which the patient believed he had committed, while the act of murder proved he was a murderer. The murder too was a compromise; it enabled him to repress his conviction that he had killed Eunice, while killing off the many figures represented by the victim. The conception of action, often in the form of repetitive behavior, as a substitute for and a warding off of remembering, seems particularly relevant to this case.

The digging up of graves appears to represent a repetition of painful experiences the patient had with his uncle. This, too, represents a reversal, to an active position from his passive position in the childhood experiences. Presumably the patient identified himself with his uncle and with the corpse. It is not unlikely that the experiences with the uncle were highly charged with erotic feelings, intimately associated with sadomasochistic features. And while identifying himself with the corpse he also became Eunice, "rescuing" himself from the coffin, as she had rescued him from his uncle and from others who mistreated him. The confusion

the patient experienced in sexual identity clearly influenced his behavior. Similarly, the murder represents more than the relationship with Eunice. His fear of women stemmed especially from the seduction by Ella Mae. The prostitute not only represented Eunice, but also a composite of all the women who had dominated and mistreated him. In the murder of the prostitute he again took the active, rather than the passive position. It is difficult to say why on this particular occasion he actually killed and hacked up the body. He had resisted previous impulses to commit such an act. Was this situation "the last straw" following periods of extreme stress in battle and the grave digging and the necrophilia? Perhaps, but it was also a situation peculiarly representative of intense conflicts with which the patient had struggled for years.

The treatment was incomplete with limited achievements of unknown duration. Still, the patient seemed to derive benefit. I could not recommend that this patient be "turned loose," nor could I say that if treated until he achieved maximum benefit from treatment he would not repeat his destructive acts. Neither could I say, however, that he could not be helped to the point that he would never again commit such acts.

This unusual clinical experience with hypnosis led to therapeutic results, limited as they may be, which most of us did not expect. Hypnosis, while not a treatment or a form of psychotherapy, can serve usefully as an adjunct. It should be introduced into the treatment situation thoughtfully, ideally to help a patient achieve specific goals which have been formulated from an adequate understanding of personality organization and of psychopathology, and in relation to a reasonably explicit rationale for the particular psychotherapy we employ. The investigatory usefulness of hypnosis is once again evident; here in providing interesting clinical data pertinent to the dynamics of murder and necrophilia.

plained in therapy about how restricted his life had become and of being unable to do anything for himself. He expressed a great deal of anger toward all those in authority, except the therapist toward whom positive be even more dependent on the therapist. More often the patient spoke of feelings became much more in evidence—in seclusion, the patient could in changing this part of himself. He was presented at a staff conference which the therapist attended; the patient feared that the staff would see his self-destructive feelings and his sense of worthlessness, which he expressed by calling himself a "goof-up." He began to show some interest him as improved and transfer him to a more open living unit in the hos-

Four days after his presentation at a staff conference, the patient ran away. For 16 days he had been restricted to one hospital building even for his therapy hours. The therapist had taken him outside for his therapy hour which the patient began by expressing considerable anger about his prolonged period of seclusion and restrictions. He gradually developed the idea that he meant to run off from the therapist by not returning to the ward at the end of the hour. He wondered how this might affect his therapy, referring to another patient who had driven his therapist away by such action. Although he had decided to run off rather early in the hour, and all of the session took place while walking outside, he did not leave the therapist until the end of the fifty minutes. At that time he suddenly ran away. The therapist tried unsuccessfully to follow the patient. The therapist then notified the ward doctor and continued to search for the patient until he was found.

When the therapist found the patient on the hospital grounds, his arms were bleeding. The patient said that he had tried to find the therapist by telephoning and looking for his home. When these attempts failed, he became angry and self-destructive and cut his arms. He said he wanted to kill himself. The patient spent the next four hours sitting in the therapist's car on the hospital grounds. Because it was physically impossible to control a rather large boy and take him back to the hospital by force, the therapist took the position of joining the patient in running away.

The patient's initial comments concerning his running away were about his need for "freedom," to "roam around," and "to see the boys," after which he planned to "give himself up" and return. Although he had been outside with other people that day, he said he had waited until he was out with the therapist to run off. He then wondered what his running away would

do to the therapist. "Will you lose your job? Will someone get mad at you because you let a patient get away?"

RUNNING AWAY DURING PSYCHOTHERAPY

he responded thoughtfully, "This sure is a funny way to do things." He elt that the "consequences" he might suffer on the ward might not be too When the hostility of his running away was pointed out to the patient, He said that he guessed, therefore, that in some ways it was easier to exsevere, since he had done nothing directly to any of the ward personnel. press certain feelings with the therapist.

The patient then talked of his need for freedom and for doing things his own way. He insisted that the decision to return to the hospital must be his and not the therapist's. The therapist suggested that the running away might signify a need to deny feelings of dependence. The patient then found it necessary to further test his independence and left the therapist and the car for short periods of time to "see the boys" and his girl friend, who were in the hospital. He promised each time to return and allowed himself to be seen on these trips by other hospital personnel who knew him. They made no attempt to stop him or to persuade him to return.

His thoughts during the elopement seemed focused on the fact that the therapist had come out to find him. He said that no one ever "gave a damn" about him, and cited the times he had run away in the past without being aware that any effort had been made to locate him. He was "all shook up" to find that someone "cared so much."

No one was ever like this to me. Everyone always seems to be mad at me Then he said, "I can't understand you. I have done something to you when I do things." The therapist suggested that perhaps the elopement that should make you mad and you are still willing to do something for me. had been a test to see if the therapist would be mad at him and would therefore fit into the patient's pattern for all people. The patient said that he did not like the therapist's coming after him because "I am not worth it." He felt that if he could express hostility toward the therapist by running away from him, and not be rejected for it, then he might need to revise his low self-esteem and self-concept. "You are the only one who has cared what happened to me-no one else has before." This he felt gave rise to positive feelings for the therapist that he had never been aware of previously experiencing.

Each time the therapist suggested the patient return to the ward, he appeared frightened and prepared to take flight. The final decision to return to the hospital came after some discussion of his need to show his independence from the therapist and from the highly structured ward,

and of how his deciding to return would meet this need. The therapist told the patient that the decision would be left up to him. When he finally realized that he was not going to be forced to return to the ward, but was free to make his own decision, he immediately returned to the hospital with the therapist.

### Discussion

The case presented illustrates some of the dynamics of four types of motivation for running away. The patient's early emotional deprivation resulted in marked feelings of insecurity and dependence, and his struggle to deny these feelings was intense. To avoid recognizing his own extreme dependence and resultant fear and anxiety, he had to say to himself and others that he could do as he wished and needed no one.

After an interpretation in therapy of his dependence on the hospital and the therapist, he had rebelled against the ward structure, thus demonstrating his ability to do things his own way. His conscious motive in running away from the therapist two weeks later again was to show his independence, and in a relationship where he was most aware of his dependence. The recommendations of the staff conference that the patient remain on the strictly controlled unit and in seclusion further emphasized his dependent position and thus intensified his need to deny it.

His anger at being so dependent and at being made aware of it can be seen in the way he selected the therapist as the person from whom he ran away. His need to show his independence was again shown by his leaving the therapist during the elopement for short periods of time to "get some fresh air and see the boys" and in his insistence that he and he alone would decide when to return to the hospital. His need to express hostility, and hostility directed perhaps toward early parental rejection,5 was evident in this action. It, together with the fear of dependence, reflected his view of the therapist as a bad parent.

Running away may result from an unpleasant home situation9 and it was suggested by Paull<sup>8</sup> as a way for the child to take over control from the adults.

From an early age the patient had experienced sudden desertion by the people on whom he depended. His mother left suddenly when he was four. The two women, hired to be mothers, also deserted him before he was ten. Experience had taught him to expect desertion by the important people in his life. His fear of being hurt through dependence made his struggle to maintain an appearance of independence extremely important

to him. The anger at the repeated frustration of his dependent needs in his early years was revived by his becoming partly aware of his dependence on his therapist. He partly defended himself against these revived feelings that had overwhelmed him in the past by running away.

Running away as a symptom of the need to be loved and as a way of testing for this love was emphasized in this case. The patient did not recognize this need until the therapist met it by going after the patient when he ran away. This signified to him that his bid for independence was recognized and his hostility was accepted by the therapist. This was accomplished by the therapist's not forcibly bringing him back (which was in fact physically impossible), by accepting his action and actually running away with him, and by allowing the patient to have a part in the decision to return to the hospital. The therapist's action was seen by the patient as evidence of love with its accompanying protective attitude. This met a need of the patient which Gothberg<sup>6</sup> found characteristic of runaways.

The patient frequently spoke of his feelings of worthlessness and wondered why the therapist should "do so much." This reaction is an important motivating factor for the elopement, one closely connected with the need for love, and the need to raise self-esteem.<sup>8</sup> Riemer<sup>8</sup> wrote that running away gratifies a need to raise self-esteem by creating a feeling of "pseudo-independence." By running away the patient posed the question: "How much effort or love am I worth?" It is as if he were saying, "If I am not worth coming after and saving from self-destruction, then, as I thought, I am no good." The action of the therapist in coming after the patient confronted him with the fact that he was worth finding and saving. It gave a boost to his self-esteem and raised his doubts about the validity of his self-concept. The full awareness of his need for self-esteem came only after he saw his need for love and how it was related to the elopement.

The examples in the literature include running away from home<sup>8,9</sup> as well as from institutions.<sup>1,7</sup> Although the case example of this study is an elopement from the doctor during psychotherapy and from an institution, the findings in the literature on elopements from home have significance in this study. Elopements from home are frequently escapes from noxious stimuli<sup>2,4,5,8,9</sup> and have many reality based motivating factors. Running away from institutions<sup>1,6,7</sup> often represents a distortion of perception or reaction to transference feelings about individuals or institutions. The real threat of the home situation is transferred to the institution or therapist, thereby distorting the reality of the present situation.

The analysis of the symptom of running away in this case of a 14-year-old

boy indicates that the action met the following needs: (1) To deny dependence. (2) To express aggression toward authority. (3) To be loved. (4) To bolster a low self-esteem. This case corroborates much of the information about running away as described in the literature. It also throws additional light on the use of the symptom to meet the need for love and for a revised self-concept.

### **BIBLIOGRAPHY**

- BISHARAT, MAURICE: The Meaning of Elopement. Menninger School of Psychiatry First Year Paper. 1955.
- ARMSTRONG, CLAIRETTE P.: A Psychoneurotic Reaction of Delinquent Boys and Girls. J. Abnorm. Soc. Psychol. 32:329-342, 1937.
- RIEMER, MORRIS D.: Runaway Children. Am. J. Ortho. 10:522-526, 1940.
- ROSENHEIM, FREDERICK C.: (Symposium) Techniques of Therapy. Am. I. Ortho. 10:651-659, 1940.
- Lowrey, Lawson G.: Runaways and Nomads. Am. J. Ortho. 11:775-782, 1941.
- GOTHBERG, LAURA C.: A Comparison of the Personality of Runaway Cirls with a Control Group as Expressed in the Themas of Murray's Thematic Apperception Test. Am. J. Ment. Defic. 51:627-631, 1947.
- THORNE, FREDERICK C.: The Problem of Institutional Elopements. Am. I. Ment. Defic. 51:637-643, 1947.
- PAULL, JOSEPH E.: The Runaway Foster Child. Child Welfare 35:21– 26, July 1956.
- Kanner, Leo: Child Psychiatry. Springfield, Ill., Charles C Thomas, 1957.

### LEVELING-SHARPENING AND SERIAL REPRODUCTION OF A STORY\*

RILEY W. GARDNER, Ph.D. AND LEANDER J. LOHRENZ

In his classic studies of the formation of memories, Bartlett<sup>2</sup> demonstrated the progressive simplification and elision of incongruous elements that occur when Person A transmits information to Person B, Person B to Person C, and so on. These are general phenomena, similar to the commonly observed changes in stories or rumors, as they are transmitted from one person to another.<sup>1</sup>

Studies of individual differences in cognitive organization teach us, however, that people form memories in strikingly different ways that represent enduring, "structural" aspects of their ego organizations. One of the cognitive control principles formulated to account for such individual differences has been called Leveling-Sharpening. This dimensional principle of ego organization deals with the degree to which persons merge new experiences and memories of related earlier experiences. These memories may be either conscious or unconscious.

In a series of experimental studies of this and other cognitive control principles, it has become clear (a) that individuals vary widely in this aspect of cognition; (b) that these are enduring differences in adults; and (c) that the Leveling-Sharpening principle accounts for a key facet of memory-formation in a remarkable variety of situations. <sup>4-8</sup> Levelers—those who show consistently great assimilative interaction among new experiences and related memories—experience the present in terms of earlier experiences and, as a consequence, form relatively "contaminated" and undifferentiated memories of their ongoing experience. Sharpeners—those characterized by little percept-memory interaction—experience new events in their own right, and consequently form relatively discrete and highly differentiated memories.

Gardner, Holzman, Klein, Linton, and Spence<sup>4</sup> and Holzman and Gardner<sup>7</sup> have shown links between extreme leveling and predominance of repression<sup>3</sup> in an individual's defensive organization. These results seem to illuminate one of the key sets of processes involved in repression and

<sup>&</sup>lt;sup>o</sup> The work described here was supported by Research Grant M-2454, from the National Institute of Mental Health, Public Health Service. A pilot study of serial reproductions by levelers and sharpeners was conducted several years ago by Dr. Philip S. Holzman. The present study extends and confirms his earlier results.

297

suggest that relatively great susceptibility to assimilation may be a precondition for the developmental emergence of repression as a predominant defense.

RILEY W. GARDNER AND LEANDER J. LOHRENZ

If our hypotheses concerning persons at the leveling and sharpening extremes of this dimension of ego functioning are workable, a story should undergo very different "fates" when transmitted through separate chains of levelers and sharpeners. Levelers might show their greater susceptibility to assimilative interaction in several ways: (a) in the number of story themes retained; (b) in the number of themes transposed to new sequential positions or contaminated with other themes; (c) in the number of new themes spontaneously introduced (imported) into the story.

The Schematizing Test—which provides criterion measures of Leveling-Sharpening—was administered six months prior to the time our groups of levelers and sharpeners were asked to participate in "chain" reproductions of a story.\* Since serial reproduction by separate groups of levelers and sharpeners tends to magnify the differences between individual levelers and sharpeners, the use of this method allowed for a dramatic demonstration of the effects of leveling and sharpening on the recall of meaningful material.

### Method

### Subjects

Although the groups of five women levelers and five women sharpeners selected from 30 subjects tested earlier differed on both criterion scores derived from the Schematizing Test, they cannot be considered extreme groups. The levelers ranged in age from 21 to 37; the sharpeners from 21 to 33. Mean ages were: levelers, 28.6; sharpeners, 29.0.

### Procedures

Schematizing Test. Our criterion measures of susceptibility to assimilative interaction among percepts and memories were obtained from the laboratory test described here. The subject is required to judge the size in inches of 14 squares presented individually (3 seconds exposure, 8 seconds interval) in a series of 150 judgments. After presenting the five smallest squares in ascending order and two random orders (15 judgments), the smallest square is dropped and one just larger than any previously seen is added. This group of five squares is then presented in the same three orders as the first five. This procedure is continued until the entire range of sizes

(1 to 14 inches) is traversed. Assimilation-susceptibility is measured (a) as the subject's percentage intraserial ranking accuracy (computed in terms of ranking accuracy within each series of 15 judgments) and (b) as his mean percentage increment error (the mean of the differences between his percentage increment scores for the last nine series of 15 judgments and the actual percentage increments of the stimuli). The five levelers selected from the 30 subjects were relatively low on accuracy (mean, 59 per cent) and high on increment error (mean, 91 per cent); the five sharpeners were relatively high on accuracy (mean, 79 per cent) and low on increment error (mean, 27 per cent).

Serial Reproduction. Levelers were tested in one session, sharpeners in another, on serial reproduction of "The Son Who Tried to Outwit His Father," a folk tale used by Bartlett.<sup>2</sup> In Session 1, the experimenter read the story to Leveler 1, who told it to Leveler 2. Leveler 1 then left the room and Leveler 3 entered, etc. Leveler 5 told the story to the experimenter. About two minutes intervened between hearing and telling the story. During this time, one subject left the room, another entered the room and received the instruction to listen carefully so that he could tell the story he was about to hear as accurately as possible. In Session 2, the same procedure was followed with the five sharpeners. In each group, the progression was from most sharpening to most leveling, in terms of the double criterion of Leveling-Sharpening (subjects' average ranks on the two criterion measures were used for this purpose).

For purposes of scoring, the story was arbitrarily divided into 25 major themes, as indicated below.

### The Son Who Tried to Outwit His Father /

A son said to his father one day: "I will hide, / and you will not be able to find me." / The father replied: "Hide wherever you like," / and he went into his house to rest. /

The son saw a three-kernel peanut, / and changed himself into one of the kernels; / a fowl coming along picked up the peanut / and swallowed it; / and a wild bush-cat caught and ate the fowl; / and a dog met and caught and ate the bush-cat. / After a little time the dog was swallowed by a python, / that, having eaten its meal, went to the river / and was snared in a fish-trap. /

The father searched for his son / and, not seeing him, went to look at the fish-trap. / On pulling it to the river-side he found a large python in it. / He opened it, and saw a dog inside, / in which he found a bushcat, / and on opening that he discovered a fowl, / from which he took the peanut, / and breaking the shell, / he then revealed his son. / The son was so dumbfounded / that he never again tried to outwit his father. /

<sup>&</sup>lt;sup>e</sup> Thus, the study reported here incidentally provided a test of the assumption that Leveling-Sharpening is an enduring aspect of ego organization.

Two raters (the senior author and our colleague, Mr. Robert Schoen) scored each protocol as follows: (a) total number of themes, (b) number of themes correct, (c) number of themes transposed or contaminated. (d) number of new themes introduced. There were few scoring differences and these were reconciled to provide a single set of final scores. Since the number of themes offered imposes an arbitrary limit on the other scores, b, c, and d were dealt with as percentages of the total number of themes. To take an extreme example, a subject who offered only one theme could have only one importation, whereas a subject who offered 10 themes could have 10 importations.

RILEY W. GARDNER AND LEANDER J. LOHRENZ

### Results

### First Reproduction

Leveler

I believe the name of the story is "The Son Who Tried to Outwit His Father." (2") A son said to his father that he could outwit him and the father said, "All right, son," ah "go ahead." Those aren't the exact words, I know. And the father went on into the house, and the son found a three-kerneled peanut and changed himself into one of the kernels of the peanut. And a ah fowl came along and ate the peanut. And a little time later a bush-cat came and ate the fowl. And in turn a dog ate the bushcat. And then the dog was eaten by a python. And after the python had eaten his meal he went down to the river and was caught in the fish trap. Well, the father missed his son, and ah looked for him. And in the meantime he decided he'd go down to the fish trap, and went down and he saw the python in the fish trap. And he cut it open and he found a dog; and then he found the bush-cat inSharpener

The story is "The Son That Tried to Outwit His Father." The son one day told his father that he was going to go hide and his father couldn't find him. The father told him to go hide any place he wanted to and he went into the house to lay down. Well, the boy seen a peanut, a threehulled peanut, so he changed himself into one of those peanuts. (Sharpener No. 2: "A what?") A peanut. Peanut. The kind you eat. I guess that's the kind. The kind you eat, hull and eat.† And he had just changed himself into the peanut and a fowl come by and ate the peanut and the fowl flew away and a brushcat caught and ate the fowl. Then a dog caught and ate the brush-cat. The dog was caught and ate by a python. The python after eating, he was full, so he went back to the river. In the river he got caught in a fish trap. The boy's father had, went looking for his son and couldn't find

side the dog; and inside the bushcat was the fowl (laugh); and inside the fowl was the three-kerneled peanut. And then he found his son in one of the kernels, and the son said then that he would never try to outwit his father again.

him, and so he went down to look in his fish trap. Well, he pulled out the python and he opened the python, found the dog; opened the dog, found the brush-cat; opened the brush-cat, found the fowl. And inside the fowl he found the peanut and he opened the peanut hull and found his son. And his son was so dumbfounded that he never tried to outwit his father again.

299

### Second Reproduction

Leveler

The name of this story is "The Son Who Tried to Outwit His Father." The father and son had gone for a walk and they had found a threekerneled peanut. (3") And ah (2") oh, dear, that isn't the way it starts. (2") The ah (7") the boy was going to eat the peanut (2"), and he dropped them and a fowl came along and ate the peanut. (2") And then a dog came along (2") and ate the fowl. (4") And then a pyther ate the dog. (3") And the dog run-erthe pyther run away (2") and it was caught in a fish trap. (6") And ah (4") the man, the father, (3") run across this fish trap, and in the fish trap he found the pyther. And he cut the pyther open and found the dog. And he cut the dog open and found the fowl; and cut the fowl open and found the (3") three peanuts, the peanut with three kernels. And ah (2") the boy said then that he would not try to outwit his father any more. That is nothing like I heard it (laugh).

### Sharpener

This is a story of a son who tried to outwit his father, and his father told him to do whatever he wanted to to outwit him, and the father went in and laid down. So the boy set out to see what he could do to outwit his father and he saw a peanut. So he turned himself into a peanut, opened the shell and turned himself into a peanut. And a fowl came along and ate the peanut. (3") Then a ah brush-cat came along and ate the fowl. Then a dog caught the brush-cat and ate that. Then a python saw the dog and ate the dog. And then the python went to the river and got caught in a fish trap (3") and was eaten by a fish. (4") Then the father set out to hunt his son, so he went to the river and caught the fish, caught the fish, so he cut the fish open and he found the dog inside of the fish. No, he saw the python inside of the fish. He cut that open and found the dog. So he cut the dog open and he found the brush-cat (laugh). Cut the brushcat open and he found the fowl. So he cut the fowl open and he found the peanut and he cracked the peanut and (2") he found his son

Numbers in parenthesis indicate length of pauses in seconds.

<sup>†</sup> This question and answer were unanticipated. It does not appear that the additional clarification this sharpener obtained affected her reproduction greatly.

(laugh). His son was so dumbfounded at the sight of his father finding him that he never tried to outwit his father again.

### Third Reproduction

### Leveler

This is the story of a boy that tried to outwit his father. The boy and his father were out walking one day and they, the boy found a peanut with three kernels in it, (2") and (3") he dropped it and a fowl came along and ate it. And a dog ate the fowl. And a pyther ate the dog. And the pyther ran off and got caught in a fish trap. (2") And the father of the boy found the pyther in the fish trap (2") and cut the pyther open and found the dog. And he ah cut the dog open and found the fowl. And he ah cut the fowl open and he found the peanut with the three kernels in it. And the boy saw the three kernels and he decided that he couldn't outwit his father.

### Sharpener

This is the story of a father and his son. The father told his son to try to outwit him in any way that he could. So the father went and laid down and told his son to go ahead and try. So the son saw a peanut and he decided to turn himself into a peanut. He turned himself into the peanut and a fowl came along and ate the peanut. And then a brushcat came along and ate the fowl. A dog came along after this and ate the brush-cat. The python came along and ate the dog. Then the python went down to the river and he was caught. (3") He was swallowed by a fish. The fish was caught. (Laugh) I'm mixed up. The python went down to the river and was swallowed by a fish, and was caught in a fish trap and was swallowed by a fish. Then the father started out, the fish was, the father started out to hunt for his son. He went down to the river to fish and he caught a fish. He cut open the fish and inside he found the python. When he cut open the python, inside he found a dog. When he cut open the dog, he found a brush-cat. When he cut open the brush-cat, he found a fowl. When he cut open the fowl, he found a peanut. When he cracked open the peanut, he found his son. The son was so dumbfounded when he saw his father that he decided never to try to outwit his father again.

### Fourth Reproduction

### Leveler

Well, this is the story about a boy who tried to outwit his father. The boy and his father were out walking one day and the boy found a peanut with three kernels in it. And ah a ah fowl came along and ate the peanut. And a dog came along and ate the fowl. And a pyther came along and ate the ah dog. Then the pyther was caught in a fish trap. And the ah father came along and found the pyther in the fish trap and killed him and cut him open; found the dog; cut the dog open; found the fowl; found the peanut in the fowl and the three kernels in the peanut. And when the boy saw them, he, the father had to have the peanut with the three kernels, he knew that he could not outwit his father.

### Sharpener

Well, there was a father and a son trying to see who could outwit each other and the son told the father that he was sure that he could outwit him and so the father laid down and told the son to ah go ahead and try. The son changed himself into a peanut. The peanut was swallowed by a fowl. Then the fowl was swallowed by a brush-cat. The brush-cat was swallowed by a dog. And then the dog was swallowed by a python. The python went down to the river and was caught in a fish net and swallowed by a fish. Then ah, (2") ah, the fish, the father went down to the river and caught the fish. And he cut open the fish and he found the python. He cut open the python and he found the dog. He cut open the dog and found the brush-cat. He cut open the brush-cat and found the fowl. He cut open the fowl and found the peanut. And he cracked open the peanut and there was his son. And the son was so amazed that his father could have found him that he decided never to try to outwit his father again.

### Fifth Reproduction

### Leveler

(13") The boy had a peanut? and he was with his father in the woods. And he came upon a fowl and the fowl ate the peanut. And (sigh) (6") came, and the dog ate the fowl. And the, came upon a python. And the python ate the dog. (14") I can't remember (whispered). (?) Well, (6") cut up the, he got the python. He opened, cut the python open and found the dog. He cut the dog open

### Sharpener

Well, there was a father and a son and each was sure that they could outwit the other, so that the son laid down and turned himself into a peanut. The peanut was eaten by a fowl and the fowl was eaten by a brushcat and the brush-cat was eaten by a (2") dog. The dog was eaten by a python. (4") The python went down to a river and got caught in a fish net (2") (laugh). And ah (5")

303

and found the fowl. And he cut the fowl open and he found the peanut. (34") I can't remember (whispered). (?) Oh, I think there was a little more.

the fish net got eaten by a fish. (Laugh) Word for word! The (3") the father caught the fish and cut it open, and he found the python; cut the python open and found a dog; cut the dog open and found the brush-cat; cut the brush-cat open and found the fowl; cut the fowl open and found the peanut; cut the peanut open and found his son. The son was so amazed that his father could find him in the peanut that he decided he would never try to outwit him again.

### Qualitative Differences

RILEY W. GARDNER AND LEANDER J. LOHRENZ

An impression of the rather striking differences between levelers' and sharpeners' serial reproductions can be gained simply from reading the above stories. Although both groups show gross changes in their reproductions, levelers lose more themes, lose the over-all structure of the story more completely, and show increasingly more fragmented productions than sharpeners. In addition, they show more evidence of "blocking," as indicated by their generally longer pauses. The fifth leveler, whose production was the shortest of the experiment, showed the longest pause (34").

### Quantitative Differences

Table 1† exemplifies the major quantifiable differences between the serial reproductions of levelers and sharpeners. The results show that, beginning with the first reproduction, levelers lose more elements of the original story than sharpeners in the course of serial reproductions. Sharpeners' superior recall is not a product of their offering more themes. Sharpeners offer more themes (116, as against 79) and still have higher percentages of themes correct throughout.\*

Sharpeners also show the expected superiority over levelers in the percentages of their total themes that represent transpositions (loss of the sequential patterning of the story) or contaminations (fusings of two or

Table 1 Theme Analysis of Serial Reproductions by Five Levelers vs. Serial Reproductions by Five Sharpeners

Reproduction	Number of Themes Correct (25 Possible) Levelers Sharpeners		Percentage of Themes Correct Levelers Sharpeners		Percentage of Themes Transposed or Contaminated Levelers Sharpeners		Percentage of Themes Imported Levelers Sharpeners	
First	18	24	.86	.89	.05	.04	.05	.07
Second	10	18	.62	.72	.19	.04	.19	.07
Third	8	18	.53	.72	.20	.04	.20	.16
Fourth	8	15	.53	.71	.20	.05	.20	.19
Fifth	4	14	.33	.78	.25	.06	.17	.17

more themes). The two groups are not different in their percentages of importations in this situation.

### Discussion

The results of this experiment seem to show that individual differences in personality organization along a dimensional principle of cognitive control—Leveling-Sharpening—affect performance in the serial reproduction of a story. When differences between levelers and sharpeners are magnified by such methods, the effects of different degrees of assimilation-proneness upon memory organization and recall seem dramatically apparent. Levelers lose more elements of the original story, show more evidence of contamination among the different themes of the story, and lose more of the original temporal structure of the story. All of these phenomena can be understood on the basis of the current process definition of Leveling-Sharpening, in terms of consistent individual differences in assimilation-susceptibility. The enduring properties of this principle of cognitive control and the reliability of the criterion measures used is indicated by the clear confirmation of predictions in spite of the lapse of six months between administration of the Schematizing Test and the serial reproduction procedure.

The interpretation of these consistent and generalized individual differences in terms of assimilation leads to the expectation of differences in the "importation" of new material by levelers and sharpeners. It may be that under certain conditions of learning and recall this will prove to be the case. If so, some of the importation could be conceived of as representing the assimilation of experimentally-presented material with earlier memories the subject brought to the laboratory, during the formation of memory schemata in the experimental situation. In memory experi-

<sup>†</sup> Page 303.

Because of the interdependence of these serial reproductions within the two groups of subjects, no statistical tests of the group differences were thought possible. The values in Table 1 seem, however, directly in line with the obvious qualitative differences in the performances of the two groups.

ments based on the general model of pro- and retro-active inhibition studies, such as some of those used by Paul,<sup>9</sup> other importations can be conceived as products of assimilation among memories of the material learned first and incoming perceptions of the interpolated material learned second. It may be, however, that importation is determined by other factors. Paul has suggested, for example, that some (though not all) importations serve to explicate the learned material. That is, some importations provide "connective tissue" that adds to the structure and coherence of the material. It could be that levelers and sharpeners differ only in the production of redundant importations that embellish, contaminate, or alter the material, but do not add to its coherence. A current study in our laboratory therefore includes an extensive exploration of the relationship between Leveling-Sharpening and the kinds of importation which Paul describes.

### **BIBLIOGRAPHY**

- Allport, G. W. and Postman, Leo: The Psychology of Rumor. New York, Holt, 1947.
- 2. Bartlett, F. C.: Remembering: A Study in Experimental and Social Psychology. New York, Macmillan, 1932.
- 3. Freud, Sigmund (1915): Repression. Collected Papers 4:84-97, 1925.
- GARDNER, R. W. and others: Cognitive Control: A Study of Individual Consistencies in Cognitive Behavior. Psychological Issues Vol. 1, Monograph No. 4, 1959.
- 5. GARDNER, R. W. and others: Personality Organization in Cognitive Controls and Intellectual Abilities. To be published, *Psychological Issues*.
- HOLZMAN, P. S.: The Relation of Assimilation Tendencies in Visual, Auditory, and Kinesthetic Time-Error to Cognitive Attitudes of Leveling and Sharpening. J. Pers. 22:375

  –394, 1954.
- 7. Holzman, P. S. and Gardner, R. W.: Leveling and Repression. J. Abnorm. Soc. Psychol. 59:151-155, 1959.
- 8. Holzman, P. S. and Klein, G. S.: Cognitive System-Principles of Leveling and Sharpening: Individual Differences in Assimilation Effects in Visual Time-Error. J. Psychol. 37:105–122, 1954.
- Paul, I. H.: Studies in Remembering: The Reproduction of Connected and Extended Verbal Material. Psychological Issues Vol. 1, Monograph No. 2, 1959.

### **READING NOTES**

In teaching I have always relied heavily upon the effect of paradox. This challenges some kind of resolution, calling upon memory, readjustment of assumptions and so forth. For example, think what a teacher of physiology could do with the following fact taken from that versatile magazine, MD (April 1959): Snakes were fed mice which had ingested corn kernels and steel ball bearings. Nine-tenths of the ball bearings were digested whereas the kernels of corn were intact and, when planted, germinated! (Explanation: The gastric juice of the snake contains very potent enzymes and acids for the breaking down of proteins, fur, feathers, teeth, bones and metals but they have no effect on carbohydrates.)

Again, when the eyes of snakes are covered with adhesive tape they remain motionless while a horn is blasted nearby or a drum beaten, but when someone walks across the floor they rear their heads ominously.

And did you know that "the fine forked tips of a serpent's tongue pick up microscopic particles from the air, earth and water, insert them into two tiny sensitive pits in the palate and thereby give sensory data regarding the surrounding world"?

. . . .

An article that may not interest many psychiatrists but should interest all theologians is one by Pierson Parker of the General Theological Seminary in the Journal of Biblical Literature for June 1960. It has been known for a long time that the authorship of the Fourth Gospel is in question as between a half a dozen or more possibilities. Here Professor Parker gives thirteen reasons why the possible author is one rarely considered; namely, John Mark. Most people know John Mark just as Mark the author of the Second Gospel. He was a cousin of Barnabas who lived in Jerusalem and so far as we know he was never in Galilee although Galilee is much mentioned in the Second Gospel and not in the Fourth. Furthermore, the chronology in the Fourth Gospel is built around the Jewish calendar of feasts and the Torah is quoted or cited fourteen times, as would be natural to a Jerusalem man. Evidently Mark was a person of means and had a porch on his Jerusalem home and a maid (Acts 12:12-17). Professor Parker's point is that Mark wrote the Fourth Gospel and someone else wrote the Second.

. . . .

One of our former marriage counseling Fellows, William R. Reevy of Sacramento State College, published in Marriage and Family Living for

READING NOTES

307

November 1959 a study of premarital petting behavior and married happiness prediction. It is a brief discussion and pertinent. One hundred forty young women were studied with reference to the relationship suggested by the title; those for whom the marital predictions were unfavorable turned out to be just those who had been more active sexually. This is just the reverse of what many psychiatrists assume, a priori, to be the probability.

0 0 0 0

In a report of the extraordinary care with which a disastrous airplane accident was investigated, Morton Hunt cites the director of the Bureau of Safety, Civil Aeronautics Board as saying "In most cases of pilot error, we've found that it has taken six, seven, or even more unfavorable circumstances, all working together, to cause the accident. If any single one of them had not been working against the pilot, he would have recognized and corrected his situation in time—which, I suspect, is just what happens all the time in normal flights, and in our daily lives."

He was speaking of airplane accidents. He might well have been speaking of an instance of mental illness. (*The New Yorker*, April 30, 1960.)

0 0 0 0

When the *U. S. News and World Report* devotes a two-page headline story to a book review—a religious book, at that—one might assume that something important had happened. It has. Professor Frederick Grant of the Union Theological Seminary, now teaching at Oxford University, has written a book "to correct the distortion which centuries of anti-Jewish prejudice have produced in Biblical studies", a distortion which "has obscured the full meaning of the New Testament and of the Christian faith" (*Ancient Judaism and the New Testament*, Macmillan, 1959).

This little volume of 150 pages has already won one award, and should win many more. The author reminds us—and pity 'tis that we must be reminded—that Jewish is the word that describes our concept of God, Jewish is what Jesus was, and Jewish is what the background of Christianity was and is. We Christians should face the fact that we are all religiously Jewish.

0 0 0 0

Professor Lewis Wheelock of Parsons College let me borrow from his wonderful library on the history of ideas a book entitled *The Masters and the Slaves: A Study in the Development of Brazilian Civilization* (Knopf, 1956). This is translated from the Portuguese of Gilberto Freyre by

another long-time student of things Brazilian, Samuel Putnam. The book is a very impressive genetic analysis of Portuguese society, a mixture of Indian, African, Portuguese, Jew and Spaniard.

Most impressive is the explanation of how slave ownership corrupted the owners, so that there was a triple standard of morality. Children were permitted to be cruel, adolescents were almost universally prurient and promiscuous, adults became indolent and lazy. Slaves, on the other hand, had to choose between miserable subservience and tricky, highly hazardous manipulations. The universal prevalence of syphilis is medically shocking.

A review from the Catholic University of America says that "it is one of those works that have changed the spiritual atmosphere of a generation. No book in our times has had a more pronounced effect on Latin America, particularly Brazilian social thought. . . ."

0 0 0

From time to time the library of the Menninger Clinic asks me and others to review books sent to us by the publishers. It is hoped that some of our readers will up and buy the book to keep the publishers in business. But now and then I feel inclined to review some books or booklets which are not on the market but ought to have some dissemination.

Take, for example, the *Uniform Crime Reports* printed annually at your expense by the Department of Justice. The 1958 statistics, just out, do not make pleasant reading; indeed, much of this number is very dull. Those of us interested in scientific criminology would like to see some statistics about rehabilitation; *i.e.*, what happens to the prisoner after he has been given the treatment. Nevertheless, there *is* here some interesting material. For example, you hear about the increase in crime, but is it clear in your mind that this refers to rape, robbery and burglary and *not* (very much) to murder, assault and auto theft? Make what you want out of that! And did you know that most crimes show a great deal of seasonal or monthly variation? Only burglary, larceny and auto theft do not. Finally, guess what constitutes the largest number of convictions of all crimes: driving while intoxicated! Check forging and counterfeiting (lumped together) are not far behind.

What a wonderful document this might be if a little scientific criminology could have been included!

Also not for sale is a privately circulated research study of a friend of mine, Father R. F. Smith of nearby Saint Mary's College. For some time

READING NOTES

he has been engaged in ascertaining from a selected list of thoughtful people in the United States the books considered most influential in shaping the characteristic mentality of western man. This may be published some day, so I can't quote as much of it as I should like, but I will get Father Smith's permission to tell you this much: Freud's works ranked high. So did Victor Hugo's Les Miserables. Besides Freud, there were several other doctors on the list—Maugham, William James and Osler. Father Smith has analyzed his material extensively and would probably be willing to let anyone interested have a copy.

0 0 0

I had a good time reading Meister Echhart as recently translated by Raymond B. Blakney (Harper, 1957). Meister Eckhart was a mystic, living about 1300 (contemporary with Dante). He finally preached himself right out of the Church on some technical grounds too complicated for me to understand. He answered the charges made against him with 59 Articles in which he proved that he had said just what Saint Augustine, Saint Thomas and various other fathers had said—only more clearly. His most famous writing is a long article to comfort the Queen of Hungary who had been demoralized by a series of sad accidents.

What interests me most about this very spiritual erudite man is the fact that the Nazis claimed him as one of their inspirations! As the editor says in his introduction, Cain was a mystic too. They should have claimed him. The editor implies that this praise from the Nazis has diminished the luster of brilliant expositions.

0 0 0

I couldn't resist taking a look at a new book with the title *The Natural Science of Stupidity*. It's by a Hungarian, Paul Tabori, of whom I had never heard although he has written thirty-three books and twenty-eight feature films. It is published by the Chilton Company (1959) in Philadelphia of which also I had never heard. It is a book such as one rarely sees—a collection of almost incredible human blunders, illusions, follies and intellectual perversions. Naturally, this includes many pharmaceutical remedies; but it neglects no field. One chapter is entitled "The Law is an Ass," one is on government red tape, one on various romantic goings-on, one on genealogical addiction. If you want an instance of how preposterous people can be, open it at random.

K.A.M.

### BOOK NOTICES

A Genetic Field Theory of Ego Formation: Its Implications for Pathology. By René A. Spitz. \$3. Pp. 123. New York, International Universities, 1959.

The embryological concepts of Spemann, Driesch and others are used by theory confines itself to the earliest years and puts a premium on affective development. Three successive psychic "organizers" are outlined: (1) The speech. These are critical periods, giving rise to new psychic structures by dependent differentiations so that interference with an early period may produce imbalance or "asymmetric ego development" in a later stage. (Paul W. Pruy-

An Introduction to Pastoral Counseling. Waxne E. Oates, ed. \$6. Pp. 331. Nashville, Tenn., Broadman, 1959.

Ten leaders in the field of pastoral care in seminaries of the Southern Baptist Convention collaborate to produce an excellent introductory volume. They assert in beginning that "the pastor, regardless of his training does not enjoy the privilege of electing whether or not he will counsel his people." Counseling is thus an unquestioned extension of the "heritage of the pastor." The volume deals with counseling within such familiar pastoral relations as visiting, teaching, preaching and marriage counseling. At one point this reader had serious disquiet about the suggestions for "overcoming bogged-down stages" in "longer-term counseling." This did not diminish appreciation for a volume which will Klink, B.D.)

Life Against Death. By Norman O. Brown. \$6.50. Pp. 366. Middletown, Conn., Wesleyan University, 1959.

Despite the brilliant writing, the many fine epigrams, the profound insights and the promising vistas which this book offers, it is hard to say what the author's main thesis is, unless it is "reshaping psychoanalysis into a wider general theory of human nature, culture, and history" as the introduction suggests. But that goal would require greater patience, more meticulous care, more logical coherence and greater systematization than the author has marshaled. One reads this book with mixed feelings, approval alternating with disapproval, charm alternating with startle, but on the whole with sustained attention and a lingering feeling of admiration for so bold an endeavor. (Paul W. Pruyser, Ph.D.)

Professional Houseparents. By Eva Burmeister. \$3.75. Pp. 244. New York, Columbia University, 1960.

Eva Burmeister, an internationally recognized authority on institutional care of children, believes that the staff members of children's institutions should be professional personnel. The well-qualified houseparent, group mothers, counselors or child care workers need to have a particular body of knowledge, to know and understand certain attitudes, skills and methods, and possess intuitive abilities and natural warm feelings toward children. The author gives reasons for her belief in excellent discussions of the growth of the normal child, group

BOOK NOTICES

living, the house, food, routines of living, play, and play equipment, pets, discipline, sex attitudes and education, religion, Christmas and symptoms of emotional upset. This book will be a primer and a source of inspiration for "new" houseparents and will give added knowledge and a professional self-concept to the experienced houseparents. (Robert E. Switzer, M.D.)

### Foreign Language Books

Perspektiven der Persönlichkeitstheorie (Perspectives in Personality Theory). Helmut Von Bracken and Henry P. David, eds. \$7.75. Pp. 319. Bern, Hans Huber, 1959.

This German translation was made from the book *Perspectives in Personality Theory* issued a few years ago by Basic Books. In order to acquaint the German readers with current developments in American personality theory, a new chapter by H. P. David has been added. Originating in the fourteenth international congress of psychology in Montreal, the various versions of this book thus serve an international audience of psychologists.

Dynamische Zusammenhünge in der Psychologie. By Wolfgang Köhler. \$4. Pp. 121. Bern, Hans Huber, 1958.

This is a German translation of Köhler's well-known *Dynamics in Psychology*. It constitutes volume three of a series of monographs representative of contemporary psychology, the *Enzyklopaedie der Psychologie in Einzeldarstellungen*, edited by Robert Heisz.

Seelische Gesundheit, Erhaltung, Erziehung, Verantwortung (Mental Health, Maintenance, Education, Responsibility). By WALTER BETTSCHART and others. \$9.25. Pp. 356. Bern, Hans Huber, 1959.

The tenth anniversary of the Swiss Institute for Psychohygiene in Biel is celebrated in this volume which is a composite of many articles by many authors (in German, French, Italian or English). It covers a wide range of theoretical and practical problems—it works great hardship on the reviewer—but it offers reading pleasure, information and edification.

0 0 0 0

In what looks like a new monograph series, the Swiss-German publishing house of Hans Huber (Bern and Stuttgart), well-known for its excellent productions in the field of psychiatry, psychology and mental hygiene, has issued the following new items:

BINDER, HANS: Die Helldunkel-Deutungen im Psychodiagnostischen Experiment von Rorschach (The Shading Responses in the Rorschach Test). \$3, pp. 127, 1959. This is a new reprint of Binder's two articles from 1932–33 which unfortunately were never translated into English. This republication will undoubtedly make eventual translation more likely, to the benefit of American clinicians.

Mandel, Rudolf: Die Aggressivität Bei Schülern (Aggressiveness in School Children). \$3.35, pp. 115, 1959. As issue No. 4 of Contributions to Genetic Characterology, this monograph contains the results of a nine-months study of a boarding school community comprising 40 boys ranging from 9 to 16 years. Observations were collected about motoric, verbal and gestural expressions of ag-

gressions, including those describable as "playful," in all possible situations of the daily routine. Among several results, the author finds that aggression is not always reactive to frustrations, but may occur spontaneously. It is a mixture of dominance strivings and enmity; destructiveness is an original aggression directed to the world of objects.

Muller, Philippe: Le Cat: Recherches sur le Dynamisme Enfantin (The Children's Apperception Test—an Investigation of the Dynamics of Childhood). \$3.70, pp. 146, 1958. After an elaborate discussion of the test, in itself almost a manual for its use, this monograph reports the results of testing a small group of Swiss second-grade pupils, and retesting the same students about half a year later. It was found that boys are more aggressive and thing-oriented, while aggression in girls seemed more situational. Girls were also found to be more knowledgeable about human relations and motives. During the one half year interval, boys showed greater shifts than girls, but the girls were considered more mature to begin with.

VUYE, RITA: Das Kind in Der Zweikinderfamilie (The Child in the Two-Child Family). \$3.10, pp. 102, 1959. Through a series of structured clinical interviews with one or both parents the author hoped to throw light on the typologies of children as a function of order of birth. The interview material referred to 35 boys and 40 girls between 8 and 12 years, all normal, school-attending children without serious disturbances, from middle-class, two-child families. Many older children were found to tend toward introversion, anxiousness and serious-mindedness, while the younger ones tended toward cheerfulness, lightheartedness and extraversion. But the various combinations boy-girl, boy-boy, girl-girl and girl-boy give rise to significant alterations in the over-all typology which are described in detail with interpretation of the psychodynamics.

ZWEIG, ADAM: Tierpsychologische Beiträge Zur Phylogenese Der Ich-Über-Ich-Instanzen (Contributions of Animal Psychology to the Phylogenesis of the Ego-Superego Structures). \$3, pp. 82, 1959. Casual and experimental observations on the behavior of mammals (chiefly dogs) lead the author of this monograph to point to behavioral analogies between animals and man, such as object cathexes, action vectors, memory phenomena and acquired, but flexible and discriminate sensori-motor integrations. These are seen as structural homologues to the ego in man. Other ego-like phenomena in dogs are progressive changes in libido organization (from oral via anal to genital forms), regressions under stress (sleep and habit disturbances), jealousy and anxiety reactions. Even projection has been demonstrated in an anxious, lonely leopard; identification is also noted. Phenomena analogous to conscience are seen in negative reactions to otherwise desired foods, or the avoidance of "forbidden furniture" even in the absence of the master. The self-sacrifice made by house dogs to avert harm to others (not necessarily its master) points to the dynamic activity of an ego-ideal.

Paul W. Pruyser, Ph.D.

### INDEX TO VOLUME 24

### Authors

Appelbaum, Stephen A., 258 Bond, Earl (bk rev), 37 Chamberlin, Cecil R., 288 Chapman, Dwight (bk rev), 270 Ehrenreich, Gerald A., 273 Gardner, Riley W., 26, 295 Hall, Bernard H., 190 Heider, Grace M., 104 Holzman, Philip S., 154 Houston, Marietta, 217 Levy, Kata, 250 Lohrenz, Leander J., 295 Mayman, Martin, 26, 80, 217 Menninger, Karl, 217; (Reading Notes, 38, 87, 265, 305)

Modlin, Herbert C., 49 Moriarty, Alice, 115 Murphy, Gardner, 6 Murphy, Lois B., 97, 136, 144 Pruyser, Paul W., 217 Robbins, Lewis L., 164 Santos, John F., 6 Sinnett, Kathleen, 80 Tarjan, George, 57 Toussieng, Povl W., 128 Turner, John A., 18 Uhr, Nathaniel, 70 Wallerstein, Robert S., 157, 159, 164, 190

### Subjects

Accidents, airplane, 306 traumatic neuroses and, 50 Acquisitiveness, of children, 125 Activity, of infants, 107, 111 Added Association Trial, 258 Adjunctive therapy, 232 Adjustment, mental deficiency and, 67 Adolescent, psychotherapy of, 288-294 Affect, perception and, 15 research variable, 173 Aggression, elopement and, 294 research variable, 173 (fn) Aides: see Psychiatric aides Alcoholics Anonymous, 244 Alfred P. Sloan Visiting Professorship, 85 American Medical Assn., 18, 25, 50 American Psychiatric Assn., 50, 86 American Psychological Assn., 258 (fn) Anger, infant and, 146 Ansul Chemical Co., 85 Anxiety, defenses and, 144 Association, word, 258-264 Attention, brain damage and, 27 perception and, 12 Attitudes, character, 259 guide to, 226 milieu therapy and, 225 research and, 206 Autism, perception and, 16 Autonomy, child, 136-153 defense mechanisms and, 149 infant, 109, 139, 146 Autonomic nervous system, perception and, 15 stress and, 105 Avoidance, children and, 124 infant and, 111

Awareness, brain damage and, 27 Ayllon, Teodoro, 8

Bartlett, F. C., 295, 297 Behavior, stress and, 97-153 Termination Study and, 201 of therapist, 178, 208 Bellevue Hospital, 70 Benjamin, John D., 158 Benoit, J., 64 Bergman, Paul, 106 Berlyne, D. E., 7, 12 Biloon, Sol, 75 (fn) Biochemistry, mental deficiency and, 62 Bisharat, Maurice, 288 Block Design Test: see Tests Blood type, mental deficiency and, 65 Blue Cross, Blue Shield, 222 Boeuff, C. W. du, 85 Book Notices Abramson, H. A.: Neuropharmacologu, 40 Adler, Alfred: The Education of the Individual, 44 Ambrose, Gordon & Newbold, George: A Handbook of Medical Hupnosis. Am. Psychiatric Assn.: Research in Affects, 44: The Volunteer and the Psychiatric Patient, 43 Ames, Louise et al.: Adolescent Rorschach Responses, 41 Anderson, G. C.: Man's Right to Be Human, 96 Artiss, Kenneth: The Symptom as Communication in Schizophrenia, 42 Auerback, Alfred: Schizophrenia, 42

Balint, Michael: Thrills and Regressions, 272 Beck, Samuel & Molish, H. B.: Reflexes

to Intelligence, 42

Bellak, Leopold (ed.): Schizophrenia,

Berthold, Fred: The Fear of God, 156 Bettschart, W. et al.: Seelische Gesundheit, Erhaltung, Erziehung, Verantwortung, 310

Beukenkamp, Cornelius: Fortunate Strangers, 95

Binder, H: Die Helldunkel-Deutungen im Psychodiagnostischen, 310 Blakney, R. B.: Meister Eckhart, 308

Blanton, Smiley: Now or Never, 87 Bower, E. M.: A Process for Early Identification of Emotionally Dis-

turbed Children, 91 Braceland, F. J. (ed.): The Effect of

Pharmacologic Agents on the Nervous System, 93

Bracken, H. and David, H. P.: Perspektiven der Persönlichkeitstheorie, 310 Brazier, M. A. B.: The Central Nervous System and Behavior, 96

Brower, Daniel & Abt, Lawrence (eds.): Progress in Clinical Psychology, Vol. 3, 156

Brown, N. O.: Life Against Death, 309 Brown, Roger: Words and Things, 47 Burmeister, Eva: Professional Houseparents, 309

Buros, Oscar: The Fifth Mental Measurements Yearbook, 42

Calder-Marshall, Arthur: The Sage of Sex. 90

Cantril, Hadley: The Politics of Despair, 48

Castillo, Michel del: The Disinherited,

Chance, Erika: Families in Treatment,

Chapuis, Fredy: Der Labyrinth-Test,

Chess, Stella: An Introduction to Child Psychiatry, 41

Child Welfare League of Amer.: American Standards for Adoption Service,

Cohen, Mabel (ed.): Advances in Psychiatry, 43

Colby, K. M.: A Skeptical Psychoanalust. 95

Comm. Alcoholism, Mo. State Med. Assn.: Alcoholism in Missouri, 90 Cooper, Linn & Erickson, Milton: Time

Distortion in Hypnosis, 43 Dept. of Justice: Uniform Crime Reports, 307

Deutsch, Felix (ed.): On the Musterious Leap from the Mind to the Body, Diamond, Solomon: Information and

Error, 43
Eaton, Allen: Beauty for the Sighted and the Blind, 266

Edwards, A. L.: The Social Desirability Variable in Personality Assessment and Research, 93

Escalona, Sibylle & Heider, Grace: Prediction and Outcome, 154

Family Serv. Assn.: A Review of Research on Parent Influences on Child Personality, 41

Feifel, Herman: The Meaning of Death, 267

Fein. Rashi: Economics of Mental Illness, 45

Fox. Renee C.: Experiment Perilous,

Fraiberg, Selma: The Magic Years, 46 Franzblau, A. N.: A Primer of Statistics for Non-Statisticians, 155

French, T. M.: The Integration of Behavior, Vol. 3, 95

Freyre, Gilberto: The Masters and the Slaves, 308

Frosch, John & Ross, Nathaniel (eds.): Annual Survey of Psychoanalysis,

Galdston, Iago (ed.): The Family in Contemporary Society, 92; (ed.) Medicine and Anthropology, 43; (ed.) Panic and Morale, 155

Gallie, Menna: Strike for a Kingdom,

Gee, H. H. & Glaser, R. J. (eds.): The Ecology of the Medical Student, 45 Gelber, Ida: Released Mental Patients on Tranquilizing Drugs and the Public Health Nurse, 40

Gibson, Will: The Miracle Worker, 88 Gill, R. S.: The Author-Publisher-Printer Complex, 96

Grant, Frederick: Ancient Judaism and the New Testament, 308

Greenwald, Harold: Great Cases in Psychoanalysis, 266

Hall, B. H. (ed.): A Psychiatrist's World, 37

Hallas, C. H.: The Nursing of Mental Defectives, 47

Haeussermann, Else: Developmental Potential of Preschool Children, 156 Hanke, Lewis: Aristotle and the Amer-

ican Indians, 269 Harrower, Molly: Personality Change and Development as Measured by

the Projective Techniques, 44 Hausman, Louis: Clinical Neuroanatomy. Neurophysiology and Neurologu. 48

Hess, Robert & Handel, Gerald: Family Worlds, 41

Hillerbrand, M. J.: Psychologie des Lernes und Lehren, 45

Hiltner, Seward: Christian Shepherd,

Hindman, D. A.: Cooperative Programs of Training and Research in Mental Retardation, 41

Hoch, Paul & Zubin, Joseph (eds.): Current Approaches to Psychoanalysis, 265

Hoess, Rudolf: Commandant of Auschwitz, 268

Hull, R. F. C. (tr.): The Archetypes and the Collective Unconscious, 43 Hunt, Morton: The Natural History of

Love, 39

Imerman, H. M. & T. B.: What Women Want to Know, 94

Jacobi, Jolande: Complex, Archetype, Symbol in the Psychology of C. G. Jung, 43

Jessner, Lucie & Pavenstedt, Eleanor (eds.): Dynamic Psychopathology in Childhood, 41

Jones, Eve: Natural Child Rearing, 41 Keller, Helen: Teacher, 88

Kerneyi, C.: Asklepios, 90

Kiell, Norman: The Adolescent Through Fiction, 46

King, L. L.: The Medical World of the

18th Century, 155 Klapman, J. W.: Group Psychotherapy, 92

Köhler, W.: Dynamische Zusammenhänge in der Psychologie, 310

Kronhausen, Eberhard & Phyllis: Pornography and the Law, 271

Ledwith, N. H.: Rorschach Responses of Elementary School Children, 41 Levitt, Morton (ed.): Readings in Psychoanalytic Psychology, 44

Loewy, Herta: More About the Backward Child, 272

Lopez, E. M.: Myokinetic Psychodiag-

Luchins, Abraham: A Functional Approach to Training in Clinical Psy-

chology, 43 Macdonald, John: Psychiatry and the Criminal, 155

Mandel, R.: Die Aggressivität Bei Schülern, 310

Marti-Ibanez, Felix: Centaur, 87; (ed.) Henry E. Sigerist on the History of Medicine, 265

Martin, J. B.: The Pane of Glass, 272 Masserman, J. H. (ed.): Science and Psychoanalysis, 48; Vol. 2, 91

Masserman, J. H. & Moreno, J. L. (eds.): Social Psychotherapy, 42 Moreno, J. L.: Psychodrama, 42 Muller, Philippe: Le Cat, 311

Myers, J. K. & Roberts, B. H.: Family and Class Dynamics in Mental Ill-

Nat'l. Acad. Sci.: Handbook of Toxi-

cology, 40 Oates, W. E.: An Introduction to Pas-

toral Counseling, 309 Odenwald, R. P.: Your Child's World,

Olyanova, Nadya: The Psychology of Handwriting, 268 Opler, M. K. (ed.): Culture and Men-tal Health, 272 Owen, Wilfred: Cities in the Motor

Age, 94

Patterson, C. H.: Counseling and Psychotherapy, 43 Peatman, J. G. & Hartley, E. L. (eds.):

Festschrift for Gardner Murphy, 270 Pelikan, Jaroslav: Twentieth Century Encyclopedia of Catholicism, 39

Progoff, Ira: Depth Psychology and Modern Man, 43 Putnam, Samuel: The Masters and the

Slaves, 306 Rayen, C. E.: Science, Medicine and

Morals, 271 Reik, Theodor: Mystery on the Moun-

tain, 43

Reiner, B. S. & Kaufman, Irving: Character Disorders in Parents of Delinquents, 271

Reiss, Samuel: Language and Psychol-

ogy, 92 Reznikoff, Marvin & Toomey, L. C.: Evaluation of Changes Associated with Psychiatric Treatment, 271 Rinkel, Max & Himwich, Harold: In-

sulin Treatment in Psychiatry, 41 Robertson, James: Young Children in Hospitals, 91

Roemer, Milton I. (ed.): Henry E. Sigerist on the Sociology of Medicine, 265

Rubenstein, Eli & Parloff, M. B. (eds.): Research in Psychotherapy, 94

Schachtel, E. G.: Metamorphosis, 267 Schultz, J. H. (ed.): Autogenic Training, 42

Skinner, B. F.: Cumulative Record, 93 Spitz, R. A.: A Genetic Field Theory of Ego Formation, 309

Tabori, Paul: The Natural Science of Stupidity, 308

Vet. Adm.: War Blinded Veterans in a Post-War Setting, 92

Vuyk, Rita: Das Kind in Der Zweikinderfamilie, 311

Walter Reed Army Inst. Res.: Symposium on Preventive and Social Psuchiatry, 48

Watson, R. I.: Psychology of the Child, 95

Weaver, Anthony: They Steal for Love, 41 Wershub, L. P.: Impotence in the Male, 267 Wilkes, E. T.: Family Guide to Teenage Health, 46 Williams, Roger: Alcoholism, 41 Wright, Beatrice: Psychology and Rehabilitation, 43 Zucker, L. J.: Ego Structure in Paranoid Schizophrenia, 47 Zweig, Adam: Tierpsychologische Bei-

träge Zur Der Ich-Über-Ich-Instan-

zen, 311 Books, influential, 308 Braatøy, Trygve, 16 Brain, surgery, 240

Brain damage, psychological change and, 26-36

psychological tests and, 81 word association and, 259 Brenman, Margaret, 167 (fn) British Psychoanalytic Society, 250 (fn) Brody, E. C., 205 Bryant, Keith, 102-03 Burlingham, Dorothy, 250

California Inst. Technology, 63 Carbon dioxide inhalation, 240 Castration complex, 252 Change during psychotherapy, 170 Character attitudes, 259 Chemistry, mental deficiency and, 62 Child psychiatry, 250-257 Children, coping research, 97-153 defense mechanisms, 144-153 intelligence tests, 115-127 pride of, 136-143 psychiatric examination of, 128-135 City College in New York, 7 Civil Aeronautics Board, 306 Civil law, psychiatry and, 55 Cognition, children and, 123, 148, 152 research, 295-304 Colorado State Legislature, 85 Commitment, 221 Communication, staff, 246 Compensation, brain damage, 32 Competence, legal concept, 221 Concreteness, brain damage and, 35 Conditioning, perception and, 7-17 Confabulation, brain damage and, 35 Consciousness, brain damage and, 26–36 Contacts, physician-patient, 238 vs. relationships, 230 (fn) Contamination, research methods and,

paired comparisons and, 187 Coping Research Report, 97-153

Corpses, necrophilia, 273-287 Correspondence, patients and, 235 Counseling, 242, 244 Cretins, 65

Crime, 307 hypnotherapy of criminal, 273–287 Cronbach, L. J., 167 (fn), 178 (fn) Day hospital, discharge and, 248 Defense mechanisms, brain damage and, children and, 144-153 patterning, 174 Denial, anxiety and, 144, 146, 148 brain damage and, 35 child and, 101 Delinquency, of adolescent, 288 Dental treatment, 239 Dependency, elopement and, 292, 294 Depression, internal medicine and, 75 psychological tests and, 81 Development, stress and child, 97-153 mental deficiency and, 65 Diagnosis, psychological tests and, 80-84 told to patient, 219 Diagnostic examination, 260 Diet, mental patients and, 240 Dingman, H. F., 58 Discharge, mental patient, 247 Drives, research variable, 108

Education, treatment and, 233 Educational counseling, 244 Edwards, A. L., 167 (fn), 178 (fn) Ego, of children, 139, 143-153 infant, 143 neurosis, 55 organization, 296 research variable, 172 Ehrenreich, Gerald, 158, 164 (fn) Electronarcosis, 240 Electroconvulsive therapy, 241 Elopement, during therapy, 288-294 Emotions, mental deficiency and, 60, 67 perception and, 15 Energy, coping and, 105 Enuresis, case reports, 251-257 Environment, infant and, 142, 145 pride and, 136 research, 174 research variable, 109 treatment, 224 vulnerability and, 104 Enzymes, mental deficiency and, 62, 68 Erikson, Erik, 106, 137, 141-2

Escalona, Sibylle, 98, 102, 104, 106-07, 138, 140

Etiology, mental deficiency, 57-69 Exhibitionism, 252

Expectancy, perception and, 12

Fabian, Michalina, 158, 190 Failure, prediction, 179 response to, 121 Family, mental illness and, 250-257 Fantasy, child and, 101 infant and, 145 Father-child relationships, 111

Fatigue, of infants, 108
Fear, children and, 147
Feedback, perception and, 15
Fees, treatment, 222
Fenichel, Otto, 140
Fetus, mental deficiency and, 65
Finances, treatment and, 222
Follow-Up Study, 165, 203
Forensic psychiatry, 49–56, 220, 273
Forgetting, brain damage and, 34
repression and, 145
Foster, D. B., 86
Foster home, mental patient and, 177, 248
Frank, J. D., 178 (fn)
Frank, L. K., 107
Freud, Sigmund, 108, 137, 308
Freyre, Gilberto, 306
Frustration, infant needs and, 138
Functional stability of infants, 108
Functional thought disorder, 259
Galvanic Skin Reflex, 15

Gardner, Riley, 99, 295 Genes, mental deficiency and, 63 General Foods Co., 85 Gerall, Arnold, 15 Gerall, Helene, 158 Geriatrics program, 86 Gesell Test: see Tests Gestalt Test: see Tests Gibson, J. J. & E. J., 6 Gill, Merton, 167 (fn), 258 Glover, Edward, 169 Goldstein, Kurt, 26-7 Gothberg, L. C., 293 Grant, Frederick, 306 Gratification, infant and, 138 children and, 125 Group for the Advancement of Psychiatry Commitee, 182 (fn) Group therapy, 242, 244 transference in, 245 Guernsey, Martha, 142 Guide to the Order Sheet, 226

Hall, Bernard H., 86, 158
Hallucinations, of murderer, 276, 285
Hampstead Child Therapy Clinic, 250
Hartmann, Heinz, 143, 171
Hate, hospitalization and, 234
sex instinct and, 283
Headache, hypnotherapy and, 273–287
migraine, 78
Hebb, D. O., 12
Heider, Grace, 99, 102–03, 128, 144
Hellersberg, Elisabeth, 108
Hellman, Ilse, 250
Hendrick, Ives, 138
Hochberg, Julian, 6
Hoffer, Willi, 107
Holtzman, Wayne, 158
Holzman, Philip, 295

Guilt feelings, 256

Horwitz, Leonard, 158 Hospital, Mental C. F. Menninger Memorial, 70-79, 226 Menninger Children's, 86 open vs. closed, 224 Topeka State, 86 Veterans Adm., 18 Hospitalization, controls and, 224 indications for, 218 legal arrangements, 220 psychotherapy research and, 175 Hostility, elopement and, 291 Home, elopements from, 293 Hugo, Victor, 308 Hunt, Morton, 306 Huxley, Aldous, 85 Hypnosis, limitations, 25 research, 18-25 Hypnotherapy, of murderer, 273-287

Id neurosis, 55 Identification, adolescent with doctor, 288 children and, 125, 150 infant and, 142 Identity, children and self-, 136-143 Imitation, infant and, 142 Industrial Mental Health Division, 85 Infancy, research, 102-04 vulnerability in, 104-114 Inhibition, perception and, 304 Initial Studies, 164–189 Insanity, legal concept, 221 Insecurity, elopement and, 292 Insight, 194 reality testing and, 127 Instincts, hate, 234, 283 infant and, 143 love, 143, 234, 293 necrophilia, 273-287 neuroses and, 55 sex, 283 Institution, elopement from, 293 Insulin shock, 240 Integration, infant and, 139 Intelligence, children and, 150 coping and, 126 mental deficiency and, 67 Test: see Tests Intercourse, with corpses, 285
hate and, 283
Internal medicine, depression and, 75
psychiatry and, 70-79
Inter-patient Study, 180 Interpersonal relationships: see Relation-Interpretation, hypnotherapy and, 276
Termination Study data, 212 Interviews, frequency, 238 with murderer, 274 Termination Study and, 192 Intra-patient Study, 181

Jackson, D. N., 7

James, William, 308
John Mark, 305
Johnson, Adelaide M., 250
Judaism, 306
Judgments, contamination and, 183
paired comparisons, 186

Kansas, children in, 136
Kansas Psychological Assn., 6 (fn), 273
(fn)
Karliner, William, 75 (fn)
Kass, Walter, 99, 103
Klein, George, 295
Klein, Melanie, 142
Kubie, Lawrence, 206
Kuiper, P. C., 85

Law, psychiatry and, 49–56, 220, 273 traumatic neuroses and, 49–56 Learning, mental illness and, 231 perception and, 6–17 Leitch, Mary, 98, 104, 107, 138, 140 Letters, patients and, 235 Leveling-Sharpening, 295–304 Levine, S. A., 77 (fn) Libido, mother and, 257 infant and, 143 Linton, Harriet, 295 Living patterns, 231 Long, John, 8, 10–12 Love, elopement and, 294 hospitalized patients and, 234 infant and, 143 psychotherapy and, 293 Lown, Bernard, 77 (fn) Luborsky, Lester, 158, 164 (fn), 190 Lynd, Helen, 137

McNamara, H. J., 8, 10
Malhotra, Baljeet, 99, 103
Manual for Psychiatric Case Study, 217
(fn)
Mark, 305
Marriage, premarital petting and, 306
counseling, 244
Masculinity complex, 253
Mastery, child and, 101, 124
fear, 148
infants and, 139
Masturbation, 254
Mathews, T. W., 158
Maugham, Somerset, 308
Mayman, Martin, 99, 158, 273 (fn)
Medicine, hypnosis and, 18-25
mental patients and, 239
preventive, 79
psychiatry and internal, 70-79
Memory, infant and, 145
coping and, 127
levelers and sharpeners, 302
perception and, 295-304
Menninger Clinic, internal medicine in, 70-79

Menninger Clinic Library, 307 Menninger Foundation, activities of, 3, coping research, 97-153 18th annual meeting, 3 geriatrics program, 86 hospital, C. F. Menninger Memorial, 70-79, 226 perception research, 6-17 psychotherapy research, 157-216 Menninger Sanitarium, 224 Menninger School of Psychiatry, 18 (fn), 86, 217 (fn)
Menninger, Karl, 23, 129, 158, 273 (fn)
Menninger, William C., 85, 226
Mental deficiency research, 57-69 Mental health, defined, 171 Mental hospitals: see Hospital, mental Mental Hospitals Directors of Volunteers. Mental illness, internal medicine and, 70mother-child interaction and, 250-257 neuroses, 49-56 prescription of treatment, 217-249 psychotherapy research, 157-216 schizophrenia, 68, 81 shock therapies, 240 somatic therapy and, 238 Metabolism, mental deficiency and, 62 Metrazol treatment, 240 Mid-Continent Psychiatric Society, 49 (fn) Migraine headache, 78 Milieu, foster home, 177 research, 174 Milieu therapy, 224, 237 Military psychiatry, 51, 56 Miller, Wilma, 99, 103 Mitchell, H. E., 206 Mittelmann, Bela, 143 Modlin, Herbert, 158 Mongolism, 65 Moriarty, Alice, 99, 102–03, 137 Mother-child relationships, 109–10, 250– Motor activity, children, 124 defense and, 145 infants, 109 Motivation, research, 197, 208 Mudd, E. H., 206 Murder, motives for, 285 Murderer, hypnotherapy, 273–287 Murphy, Gardner, 6, 99, 138, 158, 164 (fn) Murphy, Lois, 107 Mutation, mental deficiency and, 64 Myers, C. E., 58

Nachtigall, Eunice, 103 Narcissism, children and, 136–143 Narcotherapy, 240 Nat'l Assn. Mental Health, 86 Necker cube, 8, 15 Necrophilia, hypnotherapy and, 273–287 Neurology, examination, 273 mental deficiency and, 66 Neuroses, traumatic, 49–56 Nightmares, of murderer, 276 Nurses, milieu therapy and, 225 Nursing, defined, 233 psychiatric, 228 Nutrition, mental deficiency and, 64 New York Times, 85

Object relationships, infant and, 111 Orth, Marjorie, 158 Osler, Sir William, 308 Outpatient Club, 177

Pacific State Hospital, 57, 63 Packard-Bell Electronics Co., 85 Paired comparisons, 170, 186 Parker, Pierson, 305 Parsons College, 308 Part processes, children, 132 Passes, mental patients and, 236 Passivity, of child, 100 of infants, 111 Pathology, mental deficiency and, 59 Patient variables, 165 Paul, I. H., 304 Pauling, Linus, 62, 68 Paull, J. E., 292 Penman, John, 23-4 Perception, coping and, 126 infants, 108 leveling-sharpening, 295-304 research, 6-17 Performance Tests: see Tests Personality, child, 107 hypnosis and, 22 organization, 303 perception and, 9 therapist, 178 Perspective, perception and, 9 Petting, premarital, 306 Pfeffer, A. Z., 196, 199, 201-02 Phipps Psychiatric Clinic, 178 (fn) Physical examination, 128 Physical therapy, 239 Physician, psychiatrist and, 70-79, 248 referring, 248 Physiology, mental deficiency and, 59, 66 Physique, research variable, 106 vulnerability and, 104 Picture Completion Test: see Tests Pleasure, infant and, 140 Prediction, milieu and, 177 treatment course, 179 research procedure, 180 Prescription, of attitudes, 225 for contacts, 230 treatment, 217-249 Preventive medicine, 79 Pride, children and, 136-143

Problem solving, 121

Projection, infant and, 146 Proprioception, 15 Pruyser, Paul, 273 (fn) Psychiatric aides, functions, 228 milieu therapy and, 225
Psychiatric examination, children, 128– Psychiatric nurse, functions, 228 Psychiatrist, demands of treatment and, legal concepts and, 221 referring physician and, 248 Psychiatry, adolescent and, 288–294 child, 250–257 internal medicine and, 70-79 law and, 49-56, 220, 273 Psychic economy, hypnosis and, 22 Psychoanalysis, 243 internal medicine and, 72 psychotherapy research and, 168 Psychoanalytic institute, 169 (fn) Psychological deficit, brain damage and, 26-36 Psychological examination, children and. 129 infants, 106 Psychological Corp., 83 (fn) Psychological stress, accidents and, 49-56 Psychological tests: see Tests Psychological therapy, 241
Psychology, brain damage and, 26–36
mental deficiency and, 66 postdoctoral training program, 169 (fn) Psychosurgery, 240 Psychotherapy, 242 elopement during, 288-294 face-to-face, 168 mother-child, 250-257 of murderer, 274 psychoanalytic, 168 treatment choice, 238 Psychotherapy research, 157-216 methods, 158 outcome, 157 problems, 164-216 Helen Sargent and, 159-163 variables, 170 Punishment, perception and, 7-17

Rado, Sandor, 138
Raimy, V. C., 205
Rapaport, David, 258–9
Rapport, perception and, 10
Reaction, to Termination Study, 201
Reading Notes, 38, 87, 265, 305
Recognition, infants and, 137
Recording, child behavior, 119, 128
Redlich, F. C., 205
Reevy, William R., 305
Referring physician, 248
Relationships, of children, 111, 149
hospitalization and, 234

infancy and, 105, 109, 112 interpatient, 230 mother-child, 250-257 object, 111 patient-doctor, 237 patient-therapist, 233 psychiatrist-referring physician, 248 research, 192, 205-06, 209 vs. contacts, 230 (fn) Relatives, treatment plan and, 219 treatment termination and, 246 Religious counseling, 244 Repression, forgetting and, 145 infant and, 146 Responses, to failure, 122 word association, 258-264 Responsibility, legal concept, 221 Reward, perception and, 7-17 Research, contraindications to, 203 controls, 188 coping, 97–153 data collection, 193 hypnosis, 18-25 infancy, 102 judgments and, 188 mental deficiency, 57-69 naturalistic method, 166, 190-214 perception, 6-17, 295-304 psychotherapy, 157-216 Termination Study and, 210 therapist variable, 178 traumatic neurosis, 49-56 variables in, 170 Riemer, M. D., 293 Robbins, Lewis L., 158 Rorschach Test: see Tests Rosen, Irwin, 158, 273 (fn) Running away, 288-294

Santos, John F., 8, 99 Sargent, Helen D., 158-164 Satten, Joseph, 273 (fn) Schachtel, E. G., 138 Schafer, Roy, 258 Schafer-Murphy contour faces, 7, 11 Schedules, treatment and, 234 Scheerer, Martin, 26–7 Schematizing Test: see Tests Schizophrenia, psychological tests and, mental deficiency and, 68 Schloesser, Patricia, 99, 103 Schoen, Robert, 298 Selection, research cases, 167, 191 research variables, 170 Self-concept, baby and, 141 Self-esteem, children and, 125, 293 elopement and, 294 of infant, 143 Self-image, 138

Sadomasochism, 252

St. Mary's College, 307

Sensitivity, children, 151 Sensory activity, children, 125 Sensory reaction, 106 research variable, 106 tactile stimulation, 106 Serial reproduction of story, 295-304 Sex, necrophilia and, 273-287 petting and, 308 Sharpening, 295-304 Shirley, M. M., 107 Siegal, Richard S., 158 Sinclair Oil & Gas Co., 85 Situational variables, 166 Slaves, 307 Sloan Travel Award, 86 Smith, Marie, 103 Smith, R. F., 307 Smith, Sydney, 158 Snakes, 305 Snyder, Charles, 7, 15 Snyder, Fred, 7 Social casework, 219, 247 Solley, Charles, 6, 8, 10-12 Somatic therapy, 238 Sommer, Robert, 7 Southwest Psychological Assn., 6 (fn), 273 (fn) Spence, D. P., 295 Sperling, Melitta, 250 Spitz, R. A., 138 Spontaneity, children and, 136, 150 Stanford Binet Test: see Tests Staff communication, 246 Stein, Joseph, 273 (fn) Stevenson, Olive, 107 Story, serial reproduction, 295-304 Strauss, A. A., 27 (fn) Stress, children and, 147 coping and, 97–153 mentally deficient and, 60, 67 testing and, 126 traumatic neuroses and, 52 Supervision of therapist, 208 Surgery, brain, 240

319

Tatum, E. L., 62, 64 Team, 73 communication and, 246 treatment, 226 Teaching, psychiatrists, 73 treatment and, 233 Telephones, mental patients and, 236 Tension, children and, 125 Termination Study, 165 contraindications to, 203 data interpretation, 212 psychotherapy research, 190-216 reaction to, 197, 199, 201 timing, 193 Tests, Block Design, 81 Gesell, 101, 106 (fn), 108 Gestalt, 81

intelligence, 58, 81–84, 115–127 Performance, 80–84, 119 Picture Completion, 80 research and psychological, 188, 192 Rorschach, 29, 33, 100 Schematizing, 296, 303 Stanford-Binet, 120 vocabulary, 81 Wechsler-Bellevue, 31, 80-4 Witkin, 99-101 Word Association, 258-264 Therapist, behavior of, 178 researcher, 206 research variable, 178 skill of, 180 supervision of, 208 Termination Study and, 191 Therapy, defined, 233
Thompson, Prescott, 86
Thought disorder, test and, 259
Thought processes, research variable, 172
Tibout, Nelly, 103
Tichener, E. G., 12
Ticho, Ernst, 158, 190 (fn)
Ticho, Gertrude, 158, 190 (fn)
Topeka State Hospital, 86
Toussieng, Povl, 99, 103
Training candidates, 169 (fn)
Transference, group therapy and, 245
Trauwaltic neuroses, 49–56
Travelers' Insurance Co., 50
Treatment, assessed by patient, 194 Therapy, defined, 233 Travelers' Insurance Co., 50
Treatment, assessed by patient, 194
change during, 170
changing, 245
choice of, 218, 238
financial arrangements, 222
goals of, 217
hypnosis, 18–25, 273–287
medical, 70–79
milieu, 224
mother-phild, 250–257 mother-child, 250-257

philosophy, 217–223
prescription of, 217–249
psychotherapy research variables, 165
relatives and, 219
research and, 174
reviewing, 245
termination, 246
Trial visits, 236
Tumors, mental deficiency and, 64
Thyroid, mental deficiency and, 65

Unconscious, of mother, 250–257 research motivation, 206 United Carbon Co., 85 USPHS, 6 (fn), 98, 295 (fn) University of California, 85 University of Cincinnati, 86

van der Waals, H. G., 85, 137
Variables, psychotherapy research, 165, 170
Vegetative functioning, 106
Vermillion Co. Med. Soc., 70 (fn)
Veridical perception, 10
VA Hospital, 18 (fn)
Vocabulary tests: see Tests
Vocational counseling, 244
Volunteers, hospital, 86
Voth, Harold M., 158
Vulnerability, in infants, 104–114

Wallerstein, Robert S., 158
Wechsler Adult Intelligence Scale: see
Tests
Weissenberg, Lila, 99, 102–03
Wheelock, Lewis, 306
Witkin Test: see Tests
Wolberg, Lewis R., 25
Word Association Test: see Tests
Workmen's Compensation, 50, 56
World War I, 51