

BULLETIN of the MENNINGER CLINIC

Vol. 25, No. 6

November, 1961

Contents:

The Common Enemy • Karl Menninger, M.D.	277
Four Conceptions of Research in Clinical Psychology • Gardner Murphy, Ph.D.	290
Two Types of Schizophrenic Crises in Women • Har- old Sampson, Ph.D., Sheldon L. Messinger, M.A. and Robert D. Towne, M.D.	296
Interpretation Within the Metaphor • Albert C. Cain and Barbara M. Maupin	307
The Foundation's Museum and Art Gallery	312
Reading Notes • Karl Menninger, M.D.	313
Brief Book Reviews	318
Index to Volume 25	325

Topeka
Kansas

BULLETIN of the MENNINGER CLINIC

VOLUME 25

NOVEMBER, 1961

NUMBER 6

Published bimonthly by The Menninger Foundation, Box 828, Topeka, Kansas. Annual subscription rate \$4, single numbers 75 cents. Manuscripts, orders, and change of address notices should be mailed to the *Bulletin of the Menninger Clinic*. Editor, Jean Lyle Menninger. Editorial Board: H. C. Modlin, M.D., Herbert Schlesinger, Ph.D., Paul Pruyser, Ph.D., Philip S. Holzman, Ph.D., Karl Menninger, M.D., and William C. Menninger, M.D. Book editor, Nelson Antrium Crawford, M.A. Editors' Assistant, Mary Douglas Lee. Second class postage paid at Lawrence, Kansas.

THE COMMON ENEMY*

KARL MENNINGER, M.D.

Some time ago a Harvard professor of psychology, Dr. David McClelland,¹ addressing audiences at Haverford and later at Princeton, declared: "Speaking publicly about religious matters presents many difficulties for a behavioral scientist today. To admit to a religious point of view, to some personal commitment, is to violate the most fundamental rule governing the behavior of a scientist—namely, to be objective. Personal bias serves only to distort the search for truth. So it is part of the professional role of the scientist, particularly if he is interested in human affairs, to keep himself free from entangling commitments, to remain in a state of suspended judgment so far as many of life's most serious issues are concerned.

"And most of my colleagues live up to their professional role with great strictness so far as religion, and in particular Christianity, is concerned. I can hardly think of a psychologist, sociologist, or anthropologist of my generation who would admit publicly or privately to a religious commitment of any kind"

This, I think, is a startling statement and one I find a little difficult to accept literally. I myself know quite a number of psychiatrists and psychologists who "admit" both privately and publicly to religious commitments. Doctor McClelland implies that scientists are intimidated in regard to acknowledging their beliefs which he contrasts with the case

* Presented to a meeting of the Academy of Religion and Mental Health, New York City, January 19, 1961.

of men in politics: "I have known men," he says, "whose interest in religion seemed to begin the moment they assumed public office."

With the morals of using religion politically I am not so much concerned. I think people soon detect how religious a public figure really is. But I think it is deplorable that scientists who are committed to the search for truth should today feel obliged to conceal their religious beliefs lest they be professionally defrocked. A part of this no doubt is in reaction to that opposite state of affairs which once prevailed, when a scientist who would remain in good standing did well to proclaim his religious orthodoxy. Today some scientists feel obliged to make a noisy proclamation of their atheism or agnosticism.

This is really the dilemma; Christians have always been enjoined to publicly confess their faith despite ridicule and persecution, and some do so. Some are reluctant to make public declarations out of a sense of dignity and good taste, or even from a disinclination to appear to be advertising or exploiting one's religious convictions. They believe that one's religious convictions should appear in one's way of life.

But silence in this instance does not give consent; it may equally well indicate disbelief, or weak convictions. The public may conclude quite logically that such silence is dictated by fear and this is precisely what Professor McClelland has concluded, a conclusion buttressed by the sophomoric bumptiousness with which some otherwise cogent scientists make proclamations of their agnosticism.

It might seem, therefore, to be the duty of some of us who are perhaps a bit less vulnerable than younger scientists, or perhaps just more battle-scarred and toughened, to declare our position. To do so might encourage the fainthearted. But, more important, it would, as the politicians like to say, "put the record straight" regarding the compatibility of religion and psychiatry.

In the beginning one might well inquire "Just what is the question?" What is the issue between our religious life, or our religious convictions and theories, and our scientific work? What is the quarrel between those who concentrate their study and thought upon the former and those who concentrate study and thought on the latter? I have no doubt that the most pious theologian makes use of electric lights and penicillin, just as the most zealous empiricist recognizes the existence of behavior properly called religious. These things exist, they co-exist, they are common

knowledge. We all participate in benefits accruing to society from both sources. Again, then, what is the question?

Surely most psychiatrists and theologians are too sophisticated for such popular conundrums as: Which is more important—religion or science? Do you believe in God? Do you believe in heaven? Do you believe in the atom? Do you believe the observer affects the phenomena observed? Can a psychiatrist be a Presbyterian? Can a Catholic be a psychoanalyst? I call these conundrums because while the answers to them seem obvious, strictly speaking the answer given will depend in each case on how the words are defined or interpreted.

Nor are we likely to find interest in a rehashing of the various misinterpretations of Freud's views on religion. The afore-mentioned Doctor McClelland, using studies made by Bakan, has shown how much psychoanalysis owes to Hassidism and religious mysticism. Tillich, Hiltner, Pike and many others have shown how great a disguised ally of theology Freud was. Curiously enough, some scientists of extreme positivistic and Cartesian leanings would confirm the idea that Freud was an ally of theology; psychiatry and psychoanalysis, they say, properly belong to religion, rather than to science.

But it is true that some psychoanalysts and psychiatrists and scientists in other fields are staunchly loyal to the dogma* of their own field of knowledge and investigation, but strongly reject anything labeled "religious." The latter is apt to be described as "neurotic." The late Heinrich Racker, a distinguished psychoanalytic teacher and writer, has well commented that "hostility to religion and lack of faith are not infrequently as much an expression of neurosis as is religiosity. The violence with which certain unbelievers jump at anything smacking of religion points to the paranoid anxieties it touches off in them. . . . With atheism there may be connected disillusionments the child has suffered from his parents. But these disillusionments may also be of a neurotic nature. We know the pathological advantages of viewing the parents (or either of them) as devalued."²

A distinguished biologist, Seymour S. Kety, Chief of the Laboratory of Clinical Science for the National Institute of Mental Health, has illustrated the intensity of this exclusionism in science by a clever conceit.³

* Whitehead reminds us that every science has its particular dogma. In terms of Webster's unabridged dictionary, dogma is "that which is held as an established opinion, especially a definite and authoritative tenet. Also . . . formulation of such tenets. . . ."

Doctor Kety develops a theme about an imaginary society, like our own in every respect except that they have never seen a book. One day books appear, an event which is immediately studied by a commission in which each researcher uses the techniques and concepts of his discipline.

The anatomists conclude that these objects are "roughly rectangular blocks of material, covered ventrally and dorsally with two fibrous encapsulated laminae . . . between which lie several hundred white lamellae." And so forth and so on.

Chemists get hold of the book, burn it, compute the energy released per gram and analyze the elementary composition and report traces of elementary carbon—the ink!

The biochemists slice the book, mince it and homogenize it "because on the slices . . . they can still see those black contaminants" which can be centrifuged out, permitting them to work with a "Pure System."

The molecular biologists polish up their bright and expensive equipment and "having hung a sign over the door reading 'No twisted book without a twisted molecule,' proceed to search for the molecule . . . by extraction, centrifugation, electrophoresis, hydrolysis, and repolymerization."

The physiologists, having read the report from the anatomists, speculate on how and why the lamellae are attached on one side only. "They study the movement of the pages as the book is riffled and derive complex equations to describe it."

The biophysicists stick electrodes into the book and the cyberneticists get into the act and bring a computer which describes a tremendously complex repetitive pattern ultimately discovered to be an arrangement of carbon molecules in the form of "THE." The behavioral scientists come along, some of them counting the number of letters, some of them analyzing content in other ways.

By now the moral is obvious: "I merely wanted to point out," says the author, "that we do not always get close to the truth as we slice and homogenize and isolate . . . A truer picture of the nervous system and behavior will emerge only from study by a variety of disciplines and techniques, each with its own virtues and its own peculiar limitations."

And so, again, what is the question? And were I to try to answer the question, would I be expected to answer as a physician, as a psychiatrist, as a Presbyterian, as a psychoanalyst, or as a philosopher (an amateur one, indeed, but then philosophy, like religion, is something which we

can all make some pretensions to)? I attended a scientific seminar one evening when some question about religion came up, and a colleague who is both an authoritative psychoanalyst and a Protestant communicant directed a question at the speaker: "Are you a believer?" he asked. The speaker began to quibble. "Oh, I believe some things," he said. "I believe this and that and so forth." But my friend interrupted him and pointed out that he was not expressing beliefs, but only the acceptance of established facts. He was asked again: "Are you a believer? Do you tend to believe things you cannot prove, or do you tend to doubt them?"

This indeed is one of the crucial issues. The worst thing that the Crusaders could call a Turk was "unbeliever." But when the scientific awakening directed attention to the psychological subtleties of believing, the development of radical positivism made believing almost a sin and the scientist stepped forth proudly proclaiming his universal skepticism.

It was Max Born⁴ who said, "There are two objectionable types of believers: those who believe the incredible and those who believe that 'belief' must be discarded and replaced by 'the scientific method' . . ." Born, himself, believed in continuous creation and flatly disputed the metaphysical principle that everything must have a cause. It is inevitable, he said, that a monistic concept of experience has to be abandoned. "If quantum theory has any philosophical importance at all, it lies in the fact that it demonstrates . . . the necessity of dual aspects and complementary considerations." Let there be no more loose talk about the holy principle of psychological determinism. "Nature is ruled by laws of cause and laws of chance in a certain mixture."

We all know from the practical experiences of daily life that there is more or less belief and more or less skepticism in each of us. But to simplify matters let us say that some are chiefly or predominantly believers, some chiefly doubters. They both do great things (and some petty things). The believers dream dreams; they form ideals and set goals; they build castles in the air and schemes on paper. Meanwhile, the skeptics, who work alongside them and share their meals and their taxes and their pleasures and their sufferings, quarrel with them only in theory. For the skeptics work away in their laboratories proving theories or disproving them. A theory proved no longer requires belief; if disproved, it no longer deserves belief.

It takes both believers and skeptics to make a civilization. For while they work together and need each other, they do not get along very well

in theory. The believers are optimistic in a way which the skeptics sometimes consider fatuous. The skeptics tend to be pessimistic. Skeptics are practical and tough-minded, as William James put it; believers are more idealistic and tender-minded. The believers regard the skeptics as materialistic and shortsighted; the skeptics regard the believers as naïve and a bit balmy.

It is easy, of course, to identify belief and skepticism with religion and science respectively. But that would be a false polarity. Actually, both religion and psychiatry depend upon belief. But scientists are busy trying to prove or disprove what they believe; indeed, they almost make a religion of doing so, whereas in religion there is no compulsion to prove anything. In fact, this disinclination to ask proof seems more than a little remiss to the scientists, who put belief to a different purpose. But belief the scientists do have.

All other themes in human history, said Goethe, are subordinate in importance to the conflict of skepticism and faith. About love there seems to be no argument; in hope there seems to be relatively little interest at the moment. But faith—faith in the unseen, acceptance of the unprovable and the undemonstrated, belief in such intangibles as purpose, meaning, value—this faith is a mystic substance, indeed—one which is “unto the Jews a stumbling block, and unto the Greeks, foolishness,” unto philosophers an enigma, unto scientists a sin.

Time was when I would have agreed with this statement of Goethe’s, but as I have grown older, I am less inclined to distinguish sharply between skeptics and believers. It is an idea as old as Heraclitus and Empedocles in the general philosophical idea—that out of conflict comes concretion. Actually believers and skeptics should be the best of friends, and indeed—like Freud and Pfister—often are. They need each other. The believers, to keep their thinking straight, need the skeptics, and the skeptics, to keep up their spirits, need the believers. For even the most skeptical man has to fight down recurrent wisps of wistful belief, just as the staunchest believer must quell his occasional gnawing doubts.

No, I think the apparent conflict between belief and skepticism, between scientists and theologians, between clergymen and psychiatrists, is a pseudo conflict; these people are all on the same side. They are all united against a common enemy. They are people of minds, people of hearts, people who are trying to understand themselves and their fellow men and the world in which they all live. The real opposition to believ-

ers and skeptics—the common enemy, if you please—is something else. It derives from neither doubt nor belief. It is neither optimism nor pessimism. It is the most dreadful thing in the world.

The common enemy in opposition to believers and empiricists alike is the great, stolid, frivolous mass of public indifference and public ignorance. It is the complacency, the apathy, the hardness of heart which troubles neither to believe nor to doubt*—it simply does not care. The enemy is not some materialist, it is not some starry-eyed idealist—not even, as Norman Cousins⁶ says, some powerful nation, or totalitarian power controlling world ideology. It is rather “the man whose only concern about the world is that it stay in one piece during his own lifetime . . . up to his hips in success . . . [who] not only believes in his own helplessness, but actually worships it [assuming] that there are mammoth forces at work which the individual cannot comprehend much less alter or direct.”

Cardinal Stritch⁷ once said, “For God’s sake don’t ever become complacent. The complacency of good people has been the cause of most of the troubles we have had throughout history whether between nations or within nations.” But twenty-five hundred years before Cardinal Stritch said this, indifference of the masses was publicly deplored by Zoroaster; a little later Pericles and Socrates and Plato deplored it; the Hebrew prophets deplored it (“I will take away the stony heart out of your flesh.” — Ezekiel 36:26); still later Jesus and John deplored it (“And he looked around at them with anger, grieved at their hardness of heart.” — Mark 3:5a), and since then thousands more. Everyone who thinks, everyone who has any concern for human life, everyone who makes any observation of human suffering—and who can avoid them?—has been puzzled by this “certain blindness in human beings.” It is not the presence or absence of belief, but the presence or absence of a moving concern for mankind—this is the issue.

Writes an American seer, “To feel emotion is at least to feel. The crime against life, the worst of all crimes, is not to feel. And there was never, perhaps, a civilization in which that crime, the crime of torpor,

* Cherbonnier⁵ in his beautiful long essay, *Hardness of Heart*, lists the hidden gods of cynicism, the forms of idolatry which occupy the hardhearted. He includes nationalism, humanism, communism, phallicism, promiscuity, the glorification of money and the various euphemisms such as frugality, shrewdness, and sound economy. Cherbonnier even lists existentialist despair, iconoclasm and a so-called state of “adjustment” and “relatedness” toward which some psychiatrists are believed to steer their patients.

of lethargy, of apathy, the snake-like sin of coldness-at-the-heart, was commoner than in our technological civilization in which the emotionless emotions of adolescent boys are mass produced on television screens to do our feeling for us, and a woman's longing for her life is twisted, by singing commercials, into a longing for a new detergent, family size, which will keep her hands as innocent as though she had never lived. It is the modern painless death, this commercialized atrophy of the heart. None of us is safe from it."¹⁴

It is difficult to know just how to designate our common enemy for rhetorical purposes of a presentation such as this. Evil goes by one name in a course on philosophy, by another name in the chemical laboratory, or the law court, or the church lobby, or the seminar on ego psychology in the psychoanalytic institute. Evil is one thing in France and another thing in the Congo—or is it? Maybe the best word, after all, is "The Devil."

It is a curious thing that some people get around to believing in God by way of first discovering the Devil. Faced with the undeniable existence of the latter, they go on to find his adversary. Professor Cyril Joad⁸ put it well for many of us when he declared, "For most of my life I have been a Rationalist . . . my name appearing regularly with that of Bertrand Russell as a derider of religion . . . All things, I held, are theoretically discoverable by reason, and when the universe had ceased to be mysterious, God would go to the scrapheap of man's discarded superstitions . . . Then came the war, and the existence of evil made its impact upon me as a positive and obtrusive fact. All my life it has been staring me in the face; now it hit me . . ."

"I am not seeking to pretend that this belated recognition of evil constituted . . . an argument." He goes on to say that he had been taught to believe that the evil in man was due to economic circumstances or other such explanations, that if certain things were only removed, good would prevail and virtue reign. "I have come flatly to disbelieve all this," he said. "I see now that evil is endemic in man, and the Christian doctrine of original sin expresses a deep and essential insight into human nature."

"Reject it and you fall victim, as so many of us whose minds have developed in an atmosphere of left-wing politics and rationalist philosophy have fallen victim, to a shallow optimism in regard to human nature which causes you to think that the millenium is just around the corner

waiting to be introduced by a society of adequately psycho-analyzed, prosperous Communists . . ."

Joad is correct; earlier Freudian tenets did permit facile and shallow meliorism: "There are no bad children—just bad parents." "Adult misbehavior only reflects the frustrations of childhood," etc. I myself have indulged in some of these pious evasions, and with a good deal of concurrence at the time. For they are not untruths, but half-truths. They emphasize, and properly, the redemptive possibilities, the saving grace of the "life-force," the power of love, the constructive and creative instinct. (I use these as synonyms.) But they neglect the intrinsic, endemic, destructive urge that cannot be successfully controlled so long as its very existence is denied.

A colleague, Dr. Bruno Bettelheim,⁹ in a provocative article entitled "Ignored Lesson of Anne Frank," begins by raising the question of why so many millions of people let themselves be systematically executed in large masses without more uprising. The Frank family, he says, could have escaped and probably all members could have been saved. He reminds us that the play based on her diary ends by Anne implying her belief in the good in all men. He attacks this one-sided emphasis. "If all men are basically good," he says, "and if just going along with intimate family life means everything, then indeed we can all go along as usual and forget Auschwitz." "Anne Frank died," says Bettelheim, "because she couldn't get her family to believe in Auschwitz."

There are even some psychiatrists who still do not believe in Auschwitz—the Auschwitz element in every human being. They repeat sweetness-and-light platitudes and denounce belief in the innate destructive trend of mankind as superstitious, or as "an unnecessary postulate."

It is possible that Bettelheim leaves out one consideration, namely, intercommunication. One wonders why the millions of hounded, whipped Negroes in South Africa do not feel some common vibration and unite their efforts in revolt, regardless of the initial sacrifice. Think of the great herds of buffalo: at any moment—had some message gotten around—the buffalo could have turned and trampled their persecutors to death in minutes. Instead, the buffalo, not the hunters, were exterminated. But what impairs proper communication in adult human beings? Surely there are enough media. But sometimes these media need to become converted, or perhaps just convinced. Once this happens, once they lay the facts before the public in a sufficiently vivid and persistent way,

some of the apparent public apathy vanishes. It was the press and radio, particularly two or three individuals working in these professions, who put in action the state hospital revolution in Kansas. They put before their readers and listeners the facts of neglect, abuse and futile extravagance which went on behind the stone curtains of the state hospitals, until from the public there arose a saving remnant, a very large saving remnant indeed, which demanded that these things be changed.

We all heave a sigh of relief thinking that the original Auschwitz has disappeared; but there remain many others. I do not intend to catalog all the activities of the Devil. I realize that devil-seeking can be distorted into a defense for such terrible things as the Spanish Inquisition, the burning of witches, the destruction of the beautiful churches in England by the Cromwellians, and even the unspeakable campaigns of Hitler. I can understand how some people take refuge in the other extreme of "Hear no evil, see no evil, think no evil." But these latter people, who shake their heads over the zealots and the fanatics and the cynics, can be equally destructive with their Pollyannaism—as Bettelheim suggests.

Strangely, even some self-styled psychoanalysts, or former psychoanalysts, have tended to identify themselves with the sweetness-and-light position. They consider Freud "too biologically oriented," "too pessimistic," "too blind to human potentialities," "too independent of culture." Some of these exponents of renovated Freudianism have been almost savage in their attack upon the man who founded the very technique of personology inquiry which they exploit in the word "psychoanalysis." Within the ranks of the professionals, this has made a bitter and sad schism, and I am not sure how many nonprofessionals may have accepted some of the watered-down and distorted concepts of psychoanalysis under the impression that they were philosophically identical with those which the majority of us hold.

Some of Freud's followers, said Tillich,¹⁰ ". . . have rejected the profound insight of Freud about existential libido and the death instinct, and in so doing they have reduced and cut off from Freud what made him and still makes him the most profound of all the depth psychologists . . ." (including Jung). And Robert Elliott¹¹ has added, "Religious people have been tempted to play footie with Jung because he makes *religious* noises, while Freud makes *atheist* noises. But I am convinced that Jung presents a viewpoint profoundly antithetical to a Biblical and

Christian anthropology, in contrast to which Freud is practically an Old Testament man in the flesh."

The members of each generation find the world in a somewhat different stage of conflict. At one moment the good seems to be triumphant, and we are about to say that the world has grown much better, when our eye is caught by the threat of imminent self-destruction toward which the nations seem to be headed. Social improvement in one part of the world encourages us only so long as we keep our eyes away from South Africa, or the American prison system, or the arms race.

I do not mean by this to imply that the recognition of evil and good, or even the acceptance of our own responsibility for combating evil, is the beginning and end-all of religious sentiment. Nor would I agree that Einstein's thoughtful and humble admiration of the "illimitable superior spirit who reveals himself in the slight details we are able to see with our frail and feeble minds" quite fulfills it. Einstein¹² went on to say, "That deeply emotional conviction of the presence of a superior reasoning power, which is revealed in the incomprehensible universe, forms my idea of God."

Max Planck¹³ went a little further: "Thus, we see ourselves governed all through life by a higher power, whose nature we shall never be able to define from the viewpoint of exact science. Yet, no one who thinks can ignore it . . . The individual has no alternative but to fight bravely in the battle of life, and to bow in silent surrender to the will of a higher power which rules over him. For no man is born with a legal claim to happiness, success, and prosperity in life. We must, therefore, accept every favorable decision of providence, each single hour of happiness, as an unearned gift, one that imposes an obligation. The only thing that we may claim for our own with absolute assurance, the greatest good that no power in the world can take from us, and one that can give us more permanent happiness than anything else, is integrity of soul, which manifests itself in a conscientious performance of one's duty. And he whom good fortune has permitted to cooperate in the erection of the edifice of exact science will find his satisfaction and inner happiness, with our great German poet, in the knowledge that he has explored the explorable and quietly venerates the inexplorable."

These men I have quoted are not psychiatrists, but they are outstanding scientists trying to describe what they feel in the clumsy inadequate terms of our common speech—feelings of humility and reverence before

the facts of the universe. All scientists are occupied in the systematic scrutiny of small fragments of this universe, and unless they are devoid of any perspective, they are pervaded with a sense of its mystery and magnificence.

Some scientists experience such emotions upon certain occasions, recurrent but always effective. Perhaps these differ for each individual. For some saintly souls like Francis of Assisi, every incident of life provokes it. The starry heavens had this effect on the psalmist and upon the philosopher Kant and upon many others of us. Sitting by or talking with a dying patient always evokes it in me, and I think in most physicians, but no less the tears of joy in the eyes of a recovered patient and his relatives, and the experience of receiving so much undeserved gratitude.

This reverence for mystery, for vastness, for beauty, for inscrutable intelligence, for order and power—this is one component of the sentiment called religious. Some describe it as “the sensuous experience of God.” There is more to the religious sentiment than reverence, even when reverence becomes actively expressed in worship. There is the matter of believing, of accepting the unprovable thing, the unlikely thing, the impossible thing—the miracle. Life itself is such a miracle. Perhaps evil, too, is a miracle—an unwanted one, but there, all the same.

And so, likewise, is the persistent determination to combat evil a miracle, the urge to allay suffering, to help others, to improve our world, to seek for the highest good for all living, to plan benefits for generations we shall never see, to reach out toward the unmanifest—and to note our mistakes, to repent our sins and to try again. And, whether or not they declare belief in it, scientists as well as saints share this miracle, stiff-necked skeptics as well as worshippers. Both are impelled and sustained by it in their unending warfare against the common enemy.

REFERENCES

1. McCLELLAND, DAVID: *Psychoanalysis and Religious Mysticism*. Wallingford, Pa., Pendle Hill, 1959.
2. RACKER, HEINRICH: On Freud's Position Towards Religion. *Am. Imago* 13:12-121, 1956.
3. KETY, SEYMOUR S.: A Biologist Examines the Mind and Behavior. *Science* 132:1861-1870, Dec. 3, 1960.
4. BORN, MAX: *Natural Philosophy of Cause and Chance*. London, Oxford University, 1949.
5. CHERBONNIER, E. B.: *Hardness of Heart*. New York, Doubleday, 1955.

6. COUSINS, NORMAN: *In Place of Folly*. New York, Harper, 1961.
7. STRITCH, SAMUEL ALPHONSUS: Quoted by Gervase Brinkman in “Corrections Today, Problems and Prospects.” Presidential Address to the 90th Congress of the American Correctional Association, Denver, Colo., 1960.
8. JOAD, CYRIL E. M.: In *The Faith of Great Scientists*. A collection of “My Faith” articles from *The American Weekly*. New York, Hearst, 1950.
9. BETTELHEIM, BRUNO: Ignored Lesson of Anne Frank. *Harper's* 221: 45-50, Nov. 1960.
10. TILlich, PAUL: *Theology of Culture*. New York, Oxford, 1959.
11. ELLIOTT, ROBERT: *The Perkins School of Theology J.* 14:47, Winter 1960.
12. EINSTEIN, ALBERT: In *The Universe and Dr. Einstein* by L. K. Barnett. New York, Sloan, 1948.
13. PLANCK, MAX: The Meaning and Limits of Exact Science. *Science* 110: 319-327, Sept. 30, 1949.
14. MACLEISH, ARCHIBALD: *Saturday Rev.* 44:24, Aug. 12, 1961.

FOUR CONCEPTIONS OF RESEARCH IN CLINICAL PSYCHOLOGY*

GARDNER MURPHY, Ph.D.

There are at least three kinds of clinical psychology research. I think there are four, but you will have to decide. First, psychology is, or can become, a conceptually unified system, and clinical psychology can aim to develop and advance this comprehensive system. It uses both deductive and inductive methods. It uses both experimental and correlational procedures, as the terms are used by Cronbach. In addition it uses developmental, comparative, and other procedures, but always within the unity of a conceptual framework. Now, of course, applications can be made from such a conceptually pure and systematized science. But the applications have no more fundamental relation to the development of the science than the applications made in engineering or medicine have to the pure physical or biological conceptions with which the physicist or biologist may be concerned. The aim of clinical psychology research Type I is, therefore, to utilize clinical situations and materials as a device for enlarging the range of observations which will be useful in advancing psychology as a science.

Specifically, the aim is to enlarge it, or deepen it, or make it coherent or logically more self-sufficient than would otherwise be possible. Thus, special materials, cases, procedures known to the clinician are valuable in exactly the same way that studies of color-blindness among American Indian tribes are useful in advancing our study of genetics, physiological genetics, and the physics and biology of retinal function. Such studies are made to advance psychology, not to advance our understanding of color-blindness as such, or of the color deficiencies of Indian tribes as such. From this point of view, the study of the aging process by means of a Rorschach Test is a part of the pure research undertaking of a psychologist insofar as the aged, as a group of human beings, or the Rorschach, as a device for studying their functions, offer convenient ways of enriching psychology as a science. From this viewpoint we are not interested in the aged as such, nor in the Rorschach as such, but only in the tools and devices which help us to develop a sound and systematic, coherent, conceptual system of psychology.

Clinical psychology research Type II is concerned with applications, as such. It may be compared with engineering research, medical research, veterinary research, or those aspects of population genetics or hybridization which may enable us to get better corn, better steers, or more disease-resistant human beings. Such studies are economically and socially valuable. They must by all means be pursued. Their aims must not, however, be confused with those of clinical psychology research Type I. The aims of clinical psychology research Type II are to add to information which is sought for some intrinsic interest of its own, such as the economic advantage of better steers, or the human social and moral advantages of persons with lower likelihood of committing crime, or a greater likelihood of living happily in old age. The justification (if the word justification must be used) must lie not in advancing a pure science as such, but in the specific applications which have intrinsic gratification and social meaning.

Clinical psychology Types I and II may occasionally overlap, but their basic aims are distinct. Both are legitimate and important. The only thing worth heavy emphasis is that a psychologist will do well to know which end he is pursuing. He should not believe that the amelioration of suffering due to old age is necessarily an intrinsic step towards the understanding of the aging process. A warm epsom salt solution may arrest a finger infection, but it will not yield knowledge about the bacterial or bacillary processes underlying the infection. The psychologist who works to ameliorate suffering must do so. He must have the courage of convictions and do what he believes in. But he must not carry water on both shoulders; he must decide which shoulder should bear the particular bucket that he wishes at the moment to carry.

Now comes clinical psychology research Type III. This tends to pursue, by methods just as strict as those followed by Types I and II, certain specific local or regional questions which lie not at the center, but somewhere near the periphery of a scientific psychology, not with the primary aim of advancing the science as a whole, and not with the primary aim of securing data which will be useful in application. Empirical studies here—such as the effort to differentiate between two nosologic groups by means of the Thematic Apperception Test, or to differentiate between men or women of different socioeconomic status with respect to the self-image—are investigations which may, honestly be

* Helen D. Sargent Memorial Address, presented to the Topeka Psychological Association, October 27, 1960, Topeka, Kansas.

pursued simply for their own intrinsic right and given the title *scientific* in exactly the same way in which an anthropologist might use the term when he measures the facial angle of a skull dug up in some old crypt, not in the hope of reorganizing the science of anthropology as such, and not in order to make any particular human group happier, but because he is interested in getting a solution to the narrow specific question whether a certain hybridization and a certain influence of nutrition and disease upon the skull could be authenticated for a certain period in a particular region of the earth's crust.

Without denying that all three of the types of clinical psychology research overlap and may at times even become confused in the mind of the investigator, I believe that they are basically different in the psychology which activates them and in the kind of data which they secure. Now I am going to offer the highly debatable and controversial thesis that the great majority of us who have any contact with clinical psychology are mainly interested (primarily) in Type III, and not in either Type I or Type II. On the outside chance that this statement should be at least partially correct, it would mean that the usual argument as to whether we are concerned with pure or with applied research would completely collapse. My reason for raising this question is partly the theoretic interest from psychologists who ask whether there is an inner circle, a holy of holies comprised of pure science, and whether there is, on the other hand, an outer psychology beyond the pale which is not interested in pure science, but only in shortening or simplifying the procedures of applied psychology, or in earning livings for ambitious psychologists, or in the sentimental goal of contributing to human happiness. I regard all these phases as invidious and confusing. I will say simply that as far as I can see, most clinical psychologists are interested in pure science and interested in the application of the findings of science, mainly because in contradistinction to both of these, they are interested in certain choice morsels which appeal to their imaginations, which may, incidentally, happen to add to both the structure of the science and to the immediate world of application, but without finding their sole right to exist in either of these two contrasting possibilities.

One reason for pushing this issue into prominence at this time is that I believe Helen Sargent, whom we meet at this time to honor, was a clinical psychologist who saw early and with great clarity the kinds of

clinical psychology research that can and do exist, and who caught the enormous appeal of clinical psychology Type I, buried herself in the theoretical analyses of recent years in the attempt to make a psychology which was scientific. She also worked, as in The Menninger Foundation Psychotherapy Project, to get applied results which would stand up and do good to disturbed human beings. And third, she noted a refreshing corner in the research forest where problems could be found which belonged neither to I nor to II.

The psychologist has to be clear in his mind as to what he is really trying to do in research, to be able to espouse position number III, for otherwise his conscience will gnaw as he pursues what seem to be minor problems not worthy of the great name of science, or on the other hand, as he becomes tempted by problems which may have no practical payoff in terms of human betterment. He has to see clearly why Type III investigations have merit and offer gratification, why they are both sound and legitimate sources of joy to the investigator. Now this clarity of perception, this capacity to face alternatives and take the consequence, is sharply differentiated from that fuzzy-mindedness which expresses an unwillingness to be either fish, flesh, or fowl.

Indeed could not Type III be defined in terms of the selection and definition of compact and specific problems, neither with the aim of enlarging the major system, consolidating the research empire, so to speak, nor with the aim of drawing a needed and immediately useful piece of application, but rather in the sheer extension of the boundaries, the pushing forward of the horizons, which an existing clinical system permits? Does not any clinical system, in fact, have challenging horizons in all directions? To pursue this figure of speech a little further, is there not value in discovering and mapping new islands even when one is not seeking a northwest passage, or a passage to India from the coasts of Portugal and Spain? Is there not for most of us a challenge in the sheer broadening and deepening of our understanding within a given frame of reference? As you leaf through the pages of those books and journals which describe contemporary research in clinical psychology, do you not, as a matter of fact, discover each year dozens of such new efforts? Some may be bold, others very modest. Does not natural science consist very largely of just such activities? As one climbs the Presidential Range in New Hampshire, one encounters the mykologist who is looking for odd mushrooms, the entomologist who is looking for insects whose

habitats are not well understood, all to add ultimately to the sum total of human knowledge, not knowing how it will all fit in. As a matter of fact, did not this kind of exploratory work, say Charles Darwin's two years spent in studying barnacles, serve as underpinning for the vast new system which ultimately arose? Is there not for the clinical psychologist a great deal of pure science research which is really concerned with diagnostic, therapeutic, and similar problems, for the sheer delight and ultimate human value of understanding the fringes and outposts of psychology more fully than continuation within the safe homeland could ever permit?

But with what right do I limit clinical psychology research to these three types? I suspect that my three-fold system is inadequate, for they are all too orderly. I ask you to consider a fourth type. Type IV of clinical psychology research is happenstance research; the derivation of new meanings, large or small, from facts which were never sought for, or conceptualized, but which suddenly, like spiders or apples, drop into our laps unexpectedly and initiate the startle reaction from which fresh thinking commences. I suppose the best known example in modern times lies in the discovery of penicillin through the exploitation of what came entirely unplanned to the bacteriologist. Many of the great discoveries of science come from things that just happen this way. It is true that the mind has long been prepared or sensitized, or it would not grasp the meaning of such occurrences. My point, however, is that even the prepared mind may be so misguided as to the nature of science that it is unwilling to do anything with such sudden gifts from prodigal nature, because no hypothesis had been set up, no method established. We feel there is something disreputable about letting nature whisper in our ear when she has not been summoned. I believe, however, that clinical research Type IV is oftentimes a pivot on which we swing to a new level of insight. William James remarked that the hallmark of genius is the capacity to observe similarities, especially the similarities between remotely related aspects of nature. Tides, pendulums and falling apples exhibit the same bare skeleton of a reality as deep as mechanics, even as deep as geometry.

Helen Sargent's capacity to find the same reality in a therapeutic chart that there is in the zodiac of the firmament, the same schema in the inference process and in the notations of music, is an exemplification of this capacity to see a parallel, or indeed an identity, when it

has not even been sought, to discern a transcendent reality which has but little to do with any of the three types of clinical research which I have been describing, but which when once the reality swims into one's ken, is seized upon and exploited for any of the three scientific purposes already described. I will claim no more for my system of clinical research types than that thinking about Helen on this occasion has helped me a little way into the mind of a clinician, and helped to make the joys of her creative achievements more real to me.

TWO TYPES OF SCHIZOPHRENIC CRISES IN WOMEN*

HAROLD SAMPSON, PH.D., SHELDON L. MESSINGER, M.A. AND
ROBERT D. TOWNE, M.D.

with DAVID ROSS, M.A., FLORINE LIVSON, M.A., MARY-DEE BOWERS, M.S.S.,
LESTER COHEN, PH.D. and KATE S. DORST, PH.D.

A critical time in normal development and in pathology is when the young person attempts to leave home and to assume the responsibilities of marriage and parenthood. It presents opportunities for further growth and integration, and corresponding dangers of identity diffusion, stagnation, or serious crisis. It is at this period of life that some persons suffer a schizophrenic episode as they attempt to function as an adult. In this sense, Lidz and Fleck¹ "have considered schizophrenia to be essentially an illness of adolescence and early adult life even when the manifest illness appears later."

The persons to be described are women who experienced massive and repetitive difficulties as young adults in their marital families, and who were eventually hospitalized as schizophrenic. Persistent difficulties were evident in cases where the episode occurred suddenly, with well-defined boundaries, as well as in cases where the episode developed so gradually that it would be difficult to say when the person would first have seemed clinically schizophrenic. Such transition points of adult life as leaving the parental home, committing oneself to a marital relationship, and bearing and rearing children occasioned grave distress and eventual disorganization.

We have observed two broad tasks, pressed by participation in the marital family, upon which these women foundered. The first concerns separation, especially from ties to the mother: leaving home, detaching oneself from the claims of the maternal attachment, establishing some sense of self apart from childhood roles within the parental family. The second concerns the synthesis of childhood identifications within the self, especially those revived by becoming like the mother in some frightening and conflicting way. We may say that the inner obstacles to participation in marital roles is in the one instance associated with movement out of

childhood roles, and in the other instance with movement—mediated by identifications with one's own mother and child—into dissociated childhood roles.

These themes of crisis will be illustrated by a summary of selected cases in which one or the other concern dominates the marital history. It should be understood, however, that in particular cases both problems may assume critical importance as the successive tasks of marital life are encountered. We are, in effect, focusing on aspects of cases to highlight types of crises we have identified.

Sample and Methods

The subjects of this report are ten married women who came to be hospitalized as schizophrenic. They were between 22 and 40 years old, white, and had young children at home. With one exception, the hospitalization was their first for mental illness; the institution was a California state hospital.

We interviewed the patients and their husbands regularly and frequently* from admission through the course of the wives' hospitalization,† and well into the posthospital period. In most of these cases we have maintained some contact with the family for two years after the patient's release.

We also interviewed, when possible and relevant, other relatives such as the patients' mothers, and various community professionals including internists, psychiatrists, and social workers who had had contact with the patient or her family over the years. A further supplement was provided by such private, agency, and school records as we could locate and had permission to obtain.

All informants knew our purpose to be research, whatever other roles they attempted to assign to us in fantasy or in practice. With few exceptions, the patients and their spouses were genuinely cooperative. The interviews were relatively unstructured; certain topics were investigated across cases, but we also sought to attend to the direct concerns, themes, and associational sequences of our informants.

The voluminous raw data, consisting of verbatim and near verbatim

* This report is based on a study carried out by the California Department of Mental Hygiene and partially supported by grant 3M-9124 from the National Institute of Mental Health. A shorter version of this paper was read before the annual meeting of the West Coast Psychoanalytic Societies in San Francisco, California, on October 8, 1960.

* The mean number of interviews with the wife alone was 32, with the husband alone 16, and with husband and wife jointly 4.

† The median length of hospital stay was about four months. Only one patient was hospitalized longer than a year, and she was released after 15 months. Three of the ten cases have been rehospitalized during the observation period.

interviews, and records of various types, were condensed into a case chronology. The analysis consisted of an attempt to locate consistent career patterns in each case, and then to induce common patterns across cases. Our evolving conceptions of common problems led us to pay particular attention to the details of movement into extra-familial roles, and to details of conflicts experienced as wives and mothers.

The ten cases reported were selected from a group of seventeen women. The selected cases provide relatively clear illustrations of the types of crises we have identified. While the other seven cases reveal apparently similar problems of transition and might be interpreted along similar lines, we have no firm conviction that the present formulations effectively describe these cases. We have considered it wisest to assume that the crises of young adulthood we have identified represent only a part of a more varied and complex picture.

Crises of Separation

The six women who illustrate a crisis of separation shared gross limitations in the degree to which they had been able before marriage to detach themselves from the familial nexus and establish any sense of self apart from the parental family.

In some instances, the mother-daughter relationship corresponded closely to that type of persisting, reciprocated symbiotic* involvement described by such writers as Lewis Hill,² Bowen,³ Limentani,⁴ and others.^{5,6} These mothers had been unable to tolerate separation from their daughters and experienced their daughters' growth and independence as threats to themselves. They undermined their daughters' attempts to encounter and master increasing segments of reality and more or less overtly opposed their heterosexual strivings. On the other hand, they intermittently gave some support to their daughters' strivings for greater independence, and rejected continuing dependence. The daughters alternately clung to their mothers and struggled desperately to break away.

These women who were involved symbiotically with their mothers entered marriage in a flight from the claims of this attachment, but soon

* A useful shorthand term is "symbiotic involvements." We intend by symbiosis in this context a type of primitive attachment to another with all or most of the following characteristics: The other is experienced as essential to the survival of the self; psychological separation or divergence is equated with death or disaster to self and object; psychic representations of the self and object are frequently fused; and the characteristic interpersonal integration involves a helpless one who needs to be taken care of and a helpful one who administers the care.

turned toward their mothers to re-establish a symbiotic relationship. The following case excerpt illustrates this pattern:

Mrs. Y.—At the age of 24, Mrs. Y. left her widowed mother for the first time, moved across country, and within the month married a man she had not previously known. She later offered this account of her departure and marriage: "I felt caught and I had to get away from there. When I came to San Francisco I wanted to go to college, yet it was also because I felt I had to get away from home. I think my first memory here is being scared, feeling alone. That's when I met George. I wasn't thinking seriously about marriage when we were married. I think I was—let's say I was in revolt."

Two weeks after the marriage the couple returned to Mrs. Y.'s home town and moved into her mother's house. A short time later, they established a separate residence, but quarreled and separated. Mrs. Y. returned to live with her mother. On more than two dozen occasions over the next five years, Mrs. Y. left her husband to live with her mother, and then left her mother to return to her husband.

Preceding the psychotic episode, Mrs. Y.'s mother lived with the couple and their preschool child. The quality of the mother-daughter relationship at this time is conveyed by excerpts from an interview with the mother: "I think she resented me because I tried to do things for her. She didn't want me to help with her work. She didn't seem to want me around. Sort of resented me. She kept saying she wanted to be on her own and that she didn't have confidence because I was always doing things for her. I just wanted to help out. I didn't have anything to do. I love to work."

But on other occasions Mrs. Y. told her mother: "You help me more than anyone. I don't know what I would do without you."

During arguments, Mrs. Y. sometimes asked her mother to leave her alone and go away, but she would later attempt to repair the relationship by emphasizing her mother's importance to her. During Mrs. Y.'s hospitalization, the mother spoke further of the relationship: "We love each other dearly. We've been very close. I think she's worried. I can't explain it, but I think she wants to be close, yet not. Sometimes I've had the thought of going as far away as I could. Still, I think she wants me around. There are so many things I'd love to do to help her—mending the baby's clothing, washing, keeping the house clean."

In a second case, *Mrs. K.* married at 25—over her mother's opposition—the only boy friend she had had. Both she and her mother were ill on the wedding day, but Mrs. K. went through with the ceremony, and moved out of the parental home for the first time. Within a few months, the K.'s moved into the house across the street from her mother. They did not obtain a separate telephone, but used her mother's; they borrowed the mother's automobile on the rare occasions when they went out; and

her mother was their sole babysitter. Mother and daughter remained locked together in a symbiotic relationship.

In a third case, Mrs. L., a shy and inhibited 26-year-old woman, met a stranger on a train while en route home to visit her mother, and became engaged to marry him. In spite of her mother's disapproval, the marriage took place and Mrs. L. moved away with her husband. Shortly afterward, she began to question her love for her husband, and abruptly returned to her mother and accepted employment in the same setting where her mother had worked. Later her husband joined her and the marital relationship was resumed. For long periods, her mother lived with them, and assumed most of the responsibility for housework and child care. Mrs. L. turned to her for advice and emotional support. At other times the couple lived in an independent household and more or less consciously attempted to establish a closer marital relationship.

In these three cases, the reciprocated, intense interdependency between mother and daughter, turning on the issues of differentiation and fusion, autonomy and dependence, extended far into the daughters' adult lives. In the contemporary marital family, these mothers shared the daughters' complaints about the husbands, covertly encouraged withdrawal from marriage, and offered themselves as continuing alternatives to marital involvement. At the same time, the mothers more or less subtly defined marital troubles as personal failures on their daughters' parts, and berated separation or divorce.

In other cases, there was little evidence of a persisting, exclusive involvement between mother and daughter. If their mothers did not reveal dependency on involvement with their daughters, the daughters nonetheless revealed a continued dependent involvement with their mothers or maternal substitutes. They remained passive, sickly, interpersonally helpless, and encapsulated within the parental family.

These women patients seemed to drift, with increasing age and the shifting requirements of social reality, into marriage and motherhood. Facing the demands of adult functioning, they attempted to establish a symbiotic integration, at first with their husbands, and eventually with their mothers.

Mrs. P. was the next to last of nine children in her family. In childhood, she had to tend an older sister who was sickly. Mrs. P. formed a close attachment to the sisters nearest her in age, partially as mother substitutes and as a reaction against rivalry feelings.

At 20, Mrs. P. married a man in his thirties who viewed her as helpless and dependent and in need of care. She saw her husband as a kindly

person who would take care of her. During her first pregnancy she began to have "spells" of withdrawal, restlessness, lost interest in housework, had physical complaints and always needed to have someone around. During one period she went to work with her husband every day from 12 noon to midnight. But turning to her husband would invariably prove unsuccessful, and she would make long visits to her sisters or her mother to "rest."

The husbands of these patients assumed strategic significance as the agents through which a psychic movement away from the mother was to be accomplished or sustained. In some instances, the husband seemed to be a differentiated love object, and the wife struggled with the choice between love for a woman and love for a man. An earlier transition which miscarried—the shift of love object from the mother to the father—was refought on a new battleground. In other instances, the husband seemed to stand as a maternal substitute, and the object of primarily symbiotic rather than oedipal longings.

It is beyond the scope of the present report to detail the participation of the husbands in the vicissitudes of these symbiotic integrations. It should be mentioned, however, that the husbands of these women typically responded with anxiety and withdrawal to heterosexual intimacy or to marital and parental responsibilities. In certain instances, the husband's withdrawal was the specific precipitant of the attempts by the wife to establish or re-establish active symbiotic ties with her mother.

Mrs. Y.'s first return to her mother followed upon the husband's loss of his job. This occasion is a prototype of many similar instances in which withdrawal by the husband led to the wife's active turning toward her mother.

A distinctive characteristic of the six cases described is this: at earlier crossroads of ego development, and again in marital life, various impulses and strivings had called for the integration of a new type of relationship and for the renunciation of symbiotic ties. The daughters had met this call with feelings of panic, emptiness, and incompleteness. They had responded to these feelings by an attempt to create or re-establish a symbiotic tie.

These women encountered a critical struggle in early adult life when their own strivings, defenses against infantile object ties, and the requirements of reality pressed by the wider society led them to seek or to accept movement out of symbiotic bonds. This movement toward differentiation and independence initiated panic, and an attempt to restore

symbiotic relationships. This retreat in turn activated struggles against anxieties about fusion. The polarities of separation and fusion dominated marital life and were often expressed in a physical as well as a psychic space. For example, these women repeatedly moved back and forth between the maternal and marital homes.

It is against this background that the psychotic episode occurred as a restatement in intensified form and under altered conditions of a chronic struggle. These altered conditions seemed to have the significance of blocking the movement between the parental and the marital family, as by the husband's withdrawal, the husband's pressure for the wife to "choose" between himself and her mother, or the simultaneity of pressures to mother her child and to be mothered herself.

Preceding hospitalization, Mrs. Y. was preoccupied with a series of questions about herself: Was she becoming homosexual? Was she going insane? How could she go on? Simultaneously, she was involved in a network of intimate relations in which an echoing set of questions were raised: Was she going to leave her husband and live with her mother? Was she going to stay with her husband and ask her mother to leave? How could she leave these decisions unmade?

The reality of her situation corresponded to this experience of a forced and drastic choice. Her husband had become overtly critical of her involvement with her mother, and at times demanded that she choose between them. At other times he spoke to her of separation or divorce. Her mother pressed claims competitive to the marriage through illness, through participation in the management of the household, and through criticisms of the spouse.

The psychiatrist summarized her situation in this way: "Mrs. Y. felt in the impossible situation of having to belong simultaneously to both her mother and husband and considered that there was something defective and 'crazy' about her because she couldn't." It was in this context that Mrs. Y.'s chronic conflict about separation from her mother became an insoluble dilemma, and the occasion of a psychotic episode.

Crisis of Identification

In the preceding cases, marital life posed the requirement of differentiation from the mother, or from a type of dependence and symbiotic identification modeled after the earliest mother-child relationship. We turn now to four cases which illustrate a second theme of crisis. In these

women, the mobilization of certain identifications with their mothers constituted the decisive threat to marital life. The crisis for them was not mobilized by a threat of differentiation, but by a threat to a differentiation of self from a dangerous constellation connected to maternal identifications.

In the past, in conjunction with various critical events, these women had instituted defenses against this threatening constellation. The split-off constellation was revived by transitions of adult life which placed the woman in a marital situation resembling that of her mother. The anniversary reactions documented by Hilgard,⁷ Hilgard and Newman,⁸ and Hilgard and Fisk,⁹ which sensitized us to similar phenomena in our materials, provide the most dramatic illustrations of cases for whom marital life revived threatening identifications. Greenson¹⁰ has also presented cases in which the struggle against identification was essential to the integrity of the "adult" self. Benedek's view^{11,12} that children at each critical period of their development revive in the parent his related developmental conflicts is also directly relevant to our understanding of these cases.

We present a brief account of two dissimilar cases to illustrate severe crises of identification encountered by these women.

Mrs. W.—Mrs. W. was the younger of two daughters. At about the age of nine, Mrs. W. learned that her father was having an affair with his secretary and intended to preserve only the appearance of a marriage for the sake of the family. At first Mrs. W. suffered with her mother and feared her own fate would repeat her mother's. Soon she became very attached to her father and conspicuously identified herself with him.

Mrs. W. followed her father's early vocation, and married a man who was engaged in similar work. She continued to work, and supported herself and her husband while he returned to college for advanced training. She was resentful and uneasy over occupying what she considered the masculine role in the family. But later, when they had had a child, she felt trapped and frightened. She felt abandoned by her husband, who was increasingly preoccupied in a defensive way with nonfamily matters. She felt she would "go crazy" if confined to domestic routines.

Mrs. W.'s marital career was also dominated by concerns about infidelity. She had one affair with a married man, and became guiltily preoccupied with breaking up his family and her own. She often felt intense temptation and intense guilt over fantasies of affairs. She sometimes suspected her husband of infidelity, and at one time felt "relieved"

when her suspicions seemed to be confirmed: she had anticipated that this would happen to her, and reassured that it did not "shatter" her.

The W.'s went through an extended period of rootlessness, characterized by residential and occupational mobility, and a mutual sense that their marriage was somehow not quite real. This period of noncommitment, we believe, postponed the necessity of synthesis within herself of identifications with the wronged and suffering mother, the philandering father, and the oedipal child.

At a time when she had two daughters herself, and she and her husband had for the first time purchased a home and were ambivalently contemplating settling down, Mrs. W. became increasingly disturbed and then manifestly psychotic. She began to feel that her children knew things that they shouldn't. The children seemed to be giving her signs that meant she should leave her husband. The children's faces "lost their light." When her physician replaced his secretary, she believed he did this in order to have an affair with her, and she came to believe that she was married to him. She also experienced confusion about her sexual identity, intense guilt expressed in religious imagery, and feelings of victimization of herself and her children. The episode thus expressed conflicting identifications with mother, father, and her father's secretary, as well as a revival of her own feelings as a pre-oedipal and oedipal child.

There is an interesting sequel. Two years subsequent to this hospitalization, we learned that Mr. W. had recently had an affair with his secretary. As in Mrs. W.'s original family, the husband planned to keep up the appearance of a marriage for the sake of the children while living his own life.

Mrs. U.—Mrs. U. was the first of five children born to parents who did not marry until several years after her birth. Her father abandoned the family when she was six after an extended period of irresponsibility. Her mother had been extremely neglectful for many years and finally abandoned the children when she was 26 and the patient eight, by calling upon a social agency to take over because she felt unable to care for her children.

In the following years, Mrs. U. lived in an orphanage and then with a series of foster mothers. In each setting she initially behaved in a helpful and appealing way, was well liked, experienced the foster mother as nurturant, and felt that she had found a good mothering person. Subsequently, she would experience the new mother as depriving, would become disobedient, and would run away. In each instance she ran toward a new home where she had already begun to form a new maternal

attachment, and where she believed she would find a good mother.

Early in her marriage, Mrs. U. began to feel lonely and neglected, her housekeeping deteriorated, and she began to hear voices accusing her of not caring properly for her children. Her experience of neglect and deprivation, and the projected reproaches about her own mothering seem to replicate the anger she felt toward her own neglectful mother, and her sense of deprivation as a child.

Mrs. U. was hospitalized when she was 26 when she set fire to her home, and said that she could no longer manage the care of her children. This was her mother's age at the time Mrs. U. was abandoned. At the time of hospitalization, Mrs. U. had five children; her oldest, a daughter, was eight. At the time of the earlier abandonment, Mrs. U., at eight, was the oldest of five children.

In these and two other cases, marital life reproduced a situation which corresponded to an earlier turning point in the wives' relations to their mothers. Hilgard and her co-workers have focused on turning points constituted by parental loss through death or psychosis. In our small sample, we encountered no instances of parental loss through psychosis. There were two instances of mother loss in early childhood through death, and both cases corresponded closely to the anniversary reaction hypothesis. We also located turning points constituted by maternal abandonment, as in the case of Mrs. U., and parental infidelity, as in the case of Mrs. W.

Such events are more common than the outcomes observed in our cases, and our data do not speak to the issue of differential etiology. We are rather attempting to define a type of difficulty in meeting the transitions of adult life which may be observed in some of the women we have studied. For these women, marriage, parenthood, and specific anniversaries mobilized dissociated identifications with a characteristic content. The content included the mother as victim-sufferer, and as object of the child's anger. It also included the child as evilly responsible for the maternal loss and as a confused, helpless, and deprived victim. This constellation of parent-child identification elements was warded off until it could no longer be dissociated in the contemporary marital situation. The dramatic coincidences of the anniversary reaction highlight the more general problem of coming to terms in one's own identity with conflicting childhood identifications and thus mastering the present rather than repeating the past.

REFERENCES

1. LIDZ, THEODORE AND FLECK, STEPHEN: Schizophrenia, Human Integration, and the Role of the Family. In *The Etiology of Schizophrenia*, Don D. Jackson, ed. New York, Basic Books, 1960, pp. 323-345.
2. HILL, LEWIS B.: *Psychotherapeutic Intervention in Schizophrenia*. Chicago, University of Chicago, 1955.
3. BOWEN, MURRAY: A Family Concept of Schizophrenia. In *The Etiology of Schizophrenia*, Don D. Jackson, ed. New York, Basic Books, 1960, pp. 346-372.
4. LIMENTANI, DAVID: Symbiotic Identification in Schizophrenia. *Psychiatry* 19: 231-236, 1956.
5. LYKETSOS, GEORGE C.: On the Formation of Mother-Daughter Symbiotic Relationship Patterns in Schizophrenia. *Psychiatry* 22: 161-166, 1959.
6. STIERLIN, HELM: The Adaptation to the 'Stronger' Person's Reality: Some Aspects of the Symbiotic Relationship of the Schizophrenic. *Psychiatry* 22: 143-152, 1959.
7. HILGARD, JOSEPHINE R.: Anniversary Reactions in Parents Precipitated by Children. *Psychiatry* 16: 73-80, 1953.
8. ——— AND NEWMAN, MARTHA F.: Anniversaries in Mental Illness. *Psychiatry* 22: 113-121, 1959.
9. ——— AND FISK, FERN: Disruption of Adult Ego Identity as Related to Childhood Loss of a Mother Through Hospitalization for Psychosis. *J. Nerv. Ment. Dis.* 131: 47-57, 1960.
10. GREENSON, RALPH R.: The Struggle Against Identification. *J. Am. Psa. Assn.* 2: 200-217, 1954.
11. BENEDEK, THERESE F.: Toward the Biology of the Depressive Constellation. *J. Am. Psa. Assn.* 4: 389-427, 1956.
12. ———: Parenthood as a Developmental Phase. *J. Am. Psa. Assn.* 7: 389-417, 1959.

INTERPRETATION WITHIN THE METAPHOR

ALBERT C. CAIN AND BARBARA M. MAUPIN*

In 1956, Ekstein and Wallerstein added another excellent contribution to our understanding of the borderline psychotic child.² There, as elsewhere,³ they dealt with the choice of interpretive modes for these children whose fragile ego, and constantly fluctuating availability of vastly different ego-organizations often call for specialized techniques of interpretation. One technique suggested was that of "interpretation within the regression" or "interpretation within the metaphor." Appropriate for the child's more primitive, regressed ego-states, it consists of ". . . conscious metaphoric use of the patient's regressed language in order to convey understanding of his inner world and feelings in the only way immediately available to the patient, namely, the language of regression."

Zale, an 11-year-old borderline psychotic boy, early in treatment was painting at the easel. An innocuous drawing of a reddish brown dog suddenly became alive with terror when Zale's too-wet brush dripped, and paint from the dog's leg began a crooked race down the paper. Zale made some clumsy, futile efforts to contain it, exclaiming excitedly, "It's getting all over!" Instinctual anxiety over this messing, fear of the therapist's criticism and derogation for both the messing and the imperfection, disintegrative loss of control, and perhaps fright over the dog's disrupted body boundaries met in Zale's fast-regressing ego-state. Now frenzied, impotent to halt the descending paint, he was visibly choked with anxiety, and even more primitive fantasies became manifest as he yelled that the "fire" was spreading, was everywhere. The therapist intruded, "But we have a fire engine." He and Zale quickly painted a large fire engine at one side of the paper, verbally whizzed it to the fire and masterfully extinguished the flames. Standing back a moment, the therapist mused, "It sure is good to have a fire engine around . . . Even when there's no fire—just to know that it's always there . . . standing by, in case." Zale said a relieved, but still excited "Amen." Zale went to the desk to use the far safer crayolas, then began to talk about his ailing grandfather, how lonely, sad and scared Grandpa Earl was, and how Zale tried to help him, talking and playing games with him up in his bedroom.

Such interpretations are said to demonstrate the therapist's understanding of the affective content of the child's communication. At the same time they fully respect the weakness of his ego, and demonstrate this respect. While these goals are being achieved, the borderline child

* Children's Psychiatric Hospital, University of Michigan Medical Center, Ann Arbor, Michigan.

much use of their intellectualizations and place strong emphasis upon using and displaying their wits: thus, they often take all too well to these interpretations, and at a later stage may convert them into another sterile form of arm's-length-only communication. These children often have a pseudo maturity which enjoys puzzlelike talk and adult "cleverness." The interpretations may then simply "... succeed in superimposing a pseudo-secondary process upon a shaky foundation. . . .² Thus, the therapist's narcissistic enjoyments of the technique may combine with the borderline child's reluctance to move forward into more direct everyday words and interaction.* Further, it must come to us as no surprise that therapists themselves, in the face of the deep fright, hurt, and proximity to chaotic disorganization of these children, may hold on to safer, more indirect ways of talking with the child well beyond their real need.

On occasion, the safety via metaphoric distance is too lulling to the therapist's gauging of interpretive depth: interpretations within the metaphor, however softened, distanced, and appropriate to the regressive context, still vary in their penetration, and still may shatter the borderline child's shaky ego-state into an even deeper regression. The problem here is not so much one of "depth" in the classical sense. The child's metaphor itself usually sets fairly clearly the level at which the overt communication is to take place: we find that the therapist rarely misjudges this. Rather than depth, the issues here are whether "trigger" words³ are included, and how close the metaphor and its phrasing are to the immediate psychic experiences that contain the child's anguish and fright. While depth can so readily be conceived in "vertical" terms,⁴ here we see the metaphoric interpretation running essentially along a horizontal line parallel to the child's ego-state. The question then is how closely the tracks can converge before derailing results. At times the proper distance and phrasing of the metaphor are not quickly available to the therapist. Where urgency does not forbid, in these instances we find it far better that the metaphor be cautiously explored. Wild or awkwardly phrased interpretations within the metaphor contain far more danger for the struggling child than a concerned effort to understand him. Simi-

* The progression in therapeutic techniques is of course anything but sharply demarcated; the child's regressions at later points in therapy may well require a temporary return to interpretations within the metaphor.

³ Actually, as Glover's survey and some current research and discussions indicate, depth of interpretation is not quite so simply and uniformly conceptualized as the above implies.⁴⁻⁶

is still permitted to maintain his relationship with the therapist, and a further regression and autistic withdrawal which could readily be precipitated by more direct interpretation is avoided. We have had the opportunity, or more accurately, the necessity of making some use of interpretation within the metaphor with borderline children. In letting the child know you "hear" him; in unobtrusively sharing his shadow world; in permitting further relatively unthreatening therapeutic movements within this world, be they exploration, reassurance, or establishing connections, we found this technique singularly—at times exclusively—effective.

At the same time we have encountered some dangers in interpreting within the metaphor: none were inherent in the technique or unavoidable, but all deserved our respectful attention. Prominent among these dangers is the very exquisiteness of the technique. It consists of a creative, intuitive act on the therapist's part, more so than much of his daily efforts: the technique correspondingly runs every likelihood of being lovingly "overestimated" by the therapist. We are well aware of how readily therapists can overvalue their every word under ordinary circumstances:¹ this being due, no doubt, to therapists' problems relating to narcissism, omnipotence, word magic, and also professional writing and teaching that emphasize the "perfectly turned" interpretation to the neglect of the day-by-day unspectacular words that do our therapeutic work. Precious as they become, it is too easy for these interpretations to be used beyond their need. They are not so much overused in the individual sessions as they are prolonged over the course of therapy, after the child has outgrown them. Unfortunately, the child, too, may want such interpretations continued.

The borderline children are well known for their conflict-laden, fluctuating, but strong need for interpersonal distance. Their lonely fantasies of life in outer space, use of written messages and other "long-distance" methods of communication attest to their vital protective need for distance from others—often not merely as a matter of distrust, or fear of vulnerability to hurt, but out of fear of being submerged and utterly losing their ego-boundaries. "Interpretation within the metaphor" deliberately accepts and maintains this distance, temporarily. Such interpretations often permit the child psychological distance from both the therapist and from any "unbinding" effects of the interpretation. Many borderline children (especially those with shaky obsessive defenses) make

larly, there are moments when these interpretations are futile: when the child is thrashing so desperately that the ego-state permitting the metaphoric communication has disintegrated even while the communication is made. A tardy interpretive intervention is received then much as a panicky child fighting off a swarm of hornets would receive a hand placed upon his shoulder.

But more worrisome is the interaction between this interpretive mode and the paranoid trends almost always present in these children. By their very nature, interpretations within the metaphor are veiled. However spontaneously produced, and however much felt as simply a different "language" by the therapist, these interpretations are cloaked. And just such qualities may terrify, or at least arouse the basic distrust of, many children. Thus, interpreting within the metaphor, so particularly useful in establishing and then maintaining an only moderately regressed ego-state and relationship, paradoxically faces the obstacle of being worse than useless until a relationship of some durability has already been established, until there is some foothold of trust.

Two paths have been found to lead us out of this seeming blind alley. First, in the early stages of the relationship or the use of this technique, virtually all interpretations within the metaphor are made "on the child's side": they deal with the acceptance of his hurt, his aloneness, his outrage at the insults of parents, peers and fate; or they reaffirm our protectiveness and intentions. Aside from this, there can appear in these interpretations a quality which somehow forcefully places them beyond the reach of paranoid tentacles. This quality consists of their being offered and accepted within an unstated but firm understanding between therapist and child. To the child, the pact says of the symbolic content of these interpretations, "I'll go no further, but you know that I know"; to the therapist is said, "I know what you mean, and I know that you know." Nothing more need be said, no further explicitness is required, though late in the therapy, the child may speak or extend such metaphors with a humor that openly smiles upon and announces the agreement (and signals the child's readiness to gradually make use of more orthodox interpretation). Without these precautions, interpretations within the metaphor may be met only with a tensed, wary "What's he up to; what's he getting at?"

While our comments have been cautionary in nature, they are by no means to be considered as critical of the technique of interpretation

within the metaphor, which we have found invaluable with borderline psychotic children. Rather, our comments are intended as a brief contribution to recognizing some limits, complications, and countertransfer-ence potentials of this useful therapeutic technique.

REFERENCES

1. BALINT, MICHAEL: *Primary Love and Psycho-Analytic Technique*. London, Hogarth, 1952.
2. EKSTEIN, RUDOLF and WALLERSTEIN, JUDITH: Observations on the Psychotherapy of Borderline and Psychotic Children. *Psy. Study of the Child* 11:303-311, 1956.
3. ———: Choice of Interpretation in the Treatment of Borderline and Psychotic Children. *Bull. Menninger Clin.* 21:199-207, 1957.
4. Discussions of E. S. Bordin's "Inside the Therapeutic Hour." In *Research in Psychotherapy*, E. A. Rubinstein and M. B. Parloff, eds. Washington, D.C., Am. Psychological Assn., 1959.
5. GLOVER, EDWARD: *The Technique of Psycho-Analysis*. London, Bailliere, 1955.
6. RAUSE, H. L. and others: A Dimensional Analysis of Depth of Interpretation. *J. Consult. Psychol.* 20:43-48, 1956.

THE FOUNDATION'S HISTORICAL MUSEUM AND ART GALLERY

The Menninger Foundation opened a historical museum and a gallery for the display of educational exhibits and art in the main building on Martin's Hill, during the Annual Meeting, October 6 and 7.

The historical museum has been a project for many years and contains many objects, photographs and manuscripts pertaining to the history of the Foundation and also to the history of psychiatry. The museum includes a mineralogy display and other exhibits from Dr. C. F. Menninger's private collection. It is housed in the west wing of the building.

The gallery utilizes two large rooms and the connecting main corridor, which have been united by effective lighting and wall covering. The pictures and sculpture shown in the current exhibition were selected from the art collection of the Foundation which has been developed by substantial gifts from several art collectors who are interested in the Foundation. The gallery will aid in the use of the collection by the art department of the Clinic, as part of the treatment program for inpatients and outpatients. This was the first time that governors and members of the Foundation have had an opportunity to study the extent and diversity of the collection.

The educational exhibits were prepared as a part of the Foundation's program of public education in mental health and mental illness, psychiatric statistics and modes of therapy. They are flexibly designed to permit the addition of new graphic materials constantly or as changes occur. The expansion on Martin's Hill provides space for changing exhibits and permanent collections.

The committee of the Foundation's staff responsible for planning and developing the historical museum and art gallery consisted of: Drs. Bernard H. Hall, J. Cotter Hirschberg, Alfred P. Bay, Robert G. Menninger, Robert P. Woods, and Irwin C. Rosen; Mr. Emlin North, Mr. L. T. Roach, Mr. Thomas Dolgoff, Mr. Irving Sheffel, Mr. Harry Roth, Mrs. Helen Morrison, Mrs. Karl Menninger, Miss Vesta Walker and Miss Mildred Law.

The setting, lighting and arranging of exhibits were planned and executed by Mr. Harry Roth.

The historical librarian is Mrs. Hazel Bruce.

READING NOTES

An article in *Time* for June 15, 1959 attracted my attention and I tore out the page and put it in a file in my desk labeled *Ideas*. The "idea" in this article was about an organized search for new or rare plants of pharmaceutical value, a four-year program underwritten for a quarter of a million dollars. On five continents 750 physicians and other medical people working in 150 Adventist hospitals and clinics directed by the College of Medical Evangelists in Los Angeles were collecting specimens and making observations. Remember digitalis? Also reserpine, ephedrine, quinine, iodine?

I wrote one of my friends connected with this group to see how they were progressing. Dr. Bruce Halstead of the World Life Research Institute sent me a brochure including the architect's picture of an enormous Research Institute building and science park in Riverside County, California. He wrote that field investigations were being conducted in numerous countries and with several tribes of Indians. Just one tribe has given them access to over 500 (new) crude drugs. I had no idea this was so ambitious and exciting a project.

* * * * *

In psychiatric history—when and where was electroshock therapy first given, intentionally? Most psychiatrists would think of Cerletti Bini in 1938. But in 1802, a Dr. T. Gale (yes, M.D.), living near Saratoga, New York, printed a book describing his use of "ethereal fire" (electricity) medically. He had constructed a homemade, static electricity generator and gave what he called "shock treatment." His best results were in cases of mental illness.

A copy of Gale's very rare book is in the Clendening Library at the K.U. Medical School. Dr. C. C. Dennie and his wife are trying to locate the official records in New York State. Thus far it would appear that Doctor Gale was so far ahead of his times that he was not admitted to membership in the county medical society! (*N.Y. State J. Med.*, February 1, 1954.)

* * * * *

My stack of magazines had gotten so large that I was about to push *Encounter* for May 1961 to one side when my eye fell on a book review by Geoffrey Gorer of *A Minority: A Report on the Life of the Male Homosexual in Great Britain* by Gordon Westwood. This turned out to

the sanctuary of this church, the Emmanuel Presbyterian Hebrew-Christian Congregation of Baltimore. Members are pleased. One said: "This might be a good thing for all Christian churches to consider." Another, "The bringing together of Hebrew and Christian symbols might help knock the idea many Jewish people have that the Christian faith calls for a complete abandonment of their Jewish heritage."

* * * * *

Magazines are all telling us about Africa these days but none of them more competently or more informatively than in the article by Harold Isaacs in *The New Yorker* for May 13, 1961. Isaacs was making a special inquiry for the M.I.T. Center for International Studies and in the course of his travels last summer made it a point to talk with a considerable number of American Negroes who had gone to Africa on various missions or—perhaps more commonly—out of some sentimental motive.

"I came to Africa," said one, "because I was looking for a place to be comfortable. I thought I might feel easier here, feel more free, just settle down and do a job and be myself." But in reply to the reporter's unasked question, he shook his head and said, "No, I haven't."

This long article tells why, and describes many other things which psychiatrists may feel inclined to regard as self-evident, obvious, or to be expected. To put it in a few words, Isaacs discovered that the wish to be snobbish, condescending and cruel makes use of most any kind of differential distinctions that can be community recognized and this includes the many strata and demarcations in modern Africa. People like to have some reason to look down on other people, ostentatiously, and do so whether (or because) they are American born Negroes, French speaking Negroes, English speaking Negroes, American speaking Negroes . . . and so forth and so on.

* * * * *

"Education and the Future of Tribalism in the United States: The Case of the American Indian" (June 1961 issue of *The Social Service Review*) by Alexander Lesser is one of the best summaries of this total situation which I have ever read.

* * * * *

One of the finest appointments made by President Kennedy was that of Stewart L. Udall who has more concern for conservation, national parks, the American Indians and other projects dear to my heart than

be one of the best brief didactic accounts of homosexuality that I have read in a long time, and puts most medical writers to shame by its clarity and logic. Next was a review of a book I had not seen reviewed in this country on the *Unofficial History of Coca-Cola*. The quality of these book reviews impressed me so much that I began reading some of the articles which all proved to be of a high quality. For example, "A Visit to India" by John Wain tells things none of the tourists tell us, and "Critique of the Encyclopædia Britannica" by Harvey Einbinder ought to come before the eyes of everybody who is about to purchase an encyclopedia. I say this as one who has always been strictly pro-Britannica.

* * * * *

A colleague recently suggested that *progressivism*, as he calls the optimism, environmentalism, moral fervor and socially concerned leadership which characterized the first part of this century, derives from a Calvinistic concept of "the stewardship of the elect." Expressions of this he finds in the eugenics movement, the prohibition movement, venereal disease control, the spread of psychotherapy, the improved environment of children and finally (believe it or not), psychoanalysis. The psychoanalytic concept of sublimation is, of course, the turning of evil into good. Socially useful ends of psychotherapy were hinted at by Freud and frankly avowed by some of his followers. Holt, in *The Freudian Wish and its Place in Ethics* (1915) asserted that "Freudian psychology justifies the ancient belief that knowledge is virtue, with the implication that evil need not be always with us."

But having drawn these interesting parallels the writer suddenly veers off into space. Forgetting that Calvin was a Frenchman and Freud an Austrian, he declares that "progressive psychiatry and progressive psychology were (are) uniquely American phenomena." One cannot be sure if he is boasting or apologizing—but except for this one sentence this is a most refreshing and provocative article. (Burnham, J. C.: *Psychiatry, Psychology and the Progressive Movement. Amer. Quart.* 12: 457-465, Winter 1960.)

* * * * *

Presbyterian Life for May 15, 1961 describes a Presbyterian church in Baltimore which is not ashamed of its Hebrew roots. A seven-branched candlestick (Menorah) stands on the communion table, a Star of David on the lectern and nearby an Ark of the Covenant containing the Torah. These Jewish symbols are joined with the usual Christian symbols in

almost any other congressman since Senator Murray and Senator Neuberger died.

"We must act now for more national parks," says Secretary Udall in the *Audubon* magazine for March-April 1961 in which he proposes not only national parks but national seashore parks, a national wilderness system, more wetland acres for waterfowl refuges and above all the termination of public grazing land abuses. He says what his program is and what it is going to be and I hope he can put it across.

* * * *

A little east of Topeka is a river named after the most famous of all Algonquin tribes. Do you know about the Delaware Nation? It was that tribe with which William Penn made his famous Treaty of Peace when he founded the City of Love. So long as William Penn lived the treaty was kept.

Then came along some white Pharaohs who knew not Joseph. The Delawares were driven out! They took refuge with the Iroquois. The Government forced a treaty upon them, took their land by forced sale against their will and pushed them further west. They reorganized and settled down on a new location.

But not for long. We pushed them out again.

Then we did it a third time.

We did it a fourth time!

We did it a fifth time!!

Each time all signed a new "treaty," but each treaty was essentially a violation of the previous treaty which had said that it would not happen again.

Thinking to escape this successive frustration and heartbreak forever, the Delawares themselves *bought a tract of land* in Kansas, moved out here, fenced their farms, built houses and a church and settled down.

But the Kansans wanted to show that they could be just as mean as the Pennsylvanians and New Yorkers; they forced the Delawares off their land "despite the most moving appeals to remain on the land they had bought with their own money." Of course no white man could ever have been evicted, but these were Indians!! With cold-blooded, heartless disregard of law, humanity and ethics *we* moved the Delaware Indians for the seventh time, this time to a relatively infertile tract in Oklahoma where a remnant remains. (See Oliver La Farge's *A Pictorial History of the American Indian*. Crown, 1956.)

Let us now quit thinking these unpleasant thoughts about what *we* did and concentrate on the trial of that beast, Eichmann.

* * * *

The expression "internal medicine" apparently originated about 1883 when Adolf Strümpell distinguished between the internal diseases as distinct from surgery and especially dermatology. Actually the term was in common use several years before this. I am quoting from an article by Dr. Arthur L. Bloomfield of Stanford in the *J.A.M.A.* for April 4, 1961.

* * * *

Lee Salk, research psychologist with the Department of Psychiatry in one of the New York City hospitals, observed in the zoo that mother monkeys tended to hold their babies against their left breast: 40 out of 42 observations confirmed this. Then he began to watch human mothers with newborn babies at the Elmhurst Hospital. Whether left- or right-handed, three-fourths of the babies were held on the left side. Salk began to wonder what the sound of the heartbeat might have to do with this and then, what slowed or increased heartbeat might mean to the baby. He set up an artificial heart beat in the nursery and let it thump away at 72 times a minute — then faster — then slower. The presence and protectiveness of the mother—and sometimes her alarm—were apparently thus materially symbolized.

We shall certainly hear more both of Doctor Salk and of this research.

* * * *

If you can retain your pep as well as your desire to use it, you will probably live to a ripe old age. A New York physician told the American Medical Association's Committee on Aging in Baltimore, Maryland, that the two major elements in prolonging life are the preservation of energy and a high degree of motivation. The first of these, Dr. Theodore G. Klumpp said, can be maintained through proper diet, exercise and rest. The second comes from purposeful useful activity.

"I believe that we must do everything we can, as we grow older, to resist the inclination to slow down the tempo of our living," he said. "I am convinced that if you will just sit and wait for death to come along, you will not have long to wait." (*Science News Letter*, April 9, 1960, page 231.)

KARL MENNINGER, M.D.

BRIEF BOOK REVIEWS

Early Identification of Emotionally Handicapped Children in School. By ELI M. BOWER. \$5.50. Pp. 120. Springfield, Ill., Charles C Thomas, 1960.

This monograph is a condensed, abridged report of a research project on 40,000 school children in California. The three instruments used for screening purposes were: The Pupil Behavior Scale, A Class Play and Thinking About Yourself. They collectively provide some information from the teacher, the peers, and the individual students as to ways used by students in adjusting themselves to school. The degree of validation of the material used in this project needs further exploration and study. It does, however, contain enough leads to warrant trying the procedures in other schools. The book is of value to those interested in investigating the use of the school as an agency to identify early signs of emotional disturbance. (Edward D. Greenwood, M.D.)

The Sociometry Reader. J. L. MORENO, ed. \$9.50. Pp. 773. Glencoe, Ill., Free Press, 1960.

Sociometry, like psychoanalysis, is a field with many perspectives. It can be described as a body of research method (the quantitative study of phenomena in small groups), as a diagnostic strategy (to expose pathological aspects of group functioning) and as an ideology for therapy (a theory of social action and social change). This volume emphasizes the first aspect of the field; a companion anthology, *Sociometry and the Science of Man* (Beacon Press, 1956), gave greater weight to social and cultural implications of sociometry. A compact, thoroughly documented history of sociometry by Jiri Nehnevajsa is an important feature of this new book, which should be well-thumbed by every researcher using or considering sociometric techniques. (Charlton Price, M.A.)

Avicenna and the Visionary Recital. Bollingen Series 66. By HARRY CORBIN; WILLIAM R. TRASK, Translator. \$7.50. Pp. 423. New York, Pantheon, 1960.

Like nearly all volumes in the Bollingen Series, this is an exceedingly learned and beautiful, but also somewhat awesome book on the borderlands of symbolism, history of religion, depth psychology, gnosticism and several unidentifiable endeavors of the human intellect. This one contains a translation, with ample commentary and many explanatory chapters, of three mystical narratives or parables by the 11th century Arabian physician-scholar, Avicenna. The 25 pages of beautiful poetry are well worth the imposing technical apparatus which forms the bulk of the book. One leaves it with the uncanny discovery that the psychology of mysticism and mystical psychology have at last found their own mystical union. (Paul W. Pruyser, Ph.D.)

Alcoholism: An Interdisciplinary Approach. DAVID J. PITTMAN, ed. \$3.75. Pp. 114. Springfield, Ill., Charles C Thomas, 1959.

Assessing the modern status of knowledge and theory in the subject, and advancing ideas for further research, the present volume consists of ten papers, prepared on the occasion of a conference sponsored by the Social Science Institute of Washington University and held at St. Louis in March, 1959. Chotlos and Deiter of the Topeka Veterans Administration Hospital give an interesting account of the alcoholic condition from the phenomenological point

of view. There are fourteen more contributors, speaking in behalf of various scientific disciplines, from which, however, dynamic psychiatry and, in particular, psychoanalysis are notably missing. (Peter Hartocollis, M.D.)

Sensation: The Origin of Life. By CHARLES LEOPOLD MAYER; HAROLD A. LARRABEE, Translator. \$3.50. Pp. 156. Yellow Springs, Ohio, Antioch, 1961.

Postulating "a world without purpose and without any thought except what is lent to it by certain living beings," the author, French biochemist and philosopher, constructs a philosophy according to which life, from gels of nucleoproteins to man, depends on organic sensitivity—the ability to feel disagreeable sensations. The latter half of the book applies the theory to human conduct and relations; the application ranges from the obvious ("man is a mixture of good and evil") through the startling ("thought perhaps brings men more evil than good") to support of the ancient ideas of chastisement and vengeance as against rehabilitation. The author would be more persuasive if less firmly convinced of his own rightness; the translation would be more effective if unmarred by occasional careless sentences. (Nelson Antrim Crawford, M.A.)

Summerhill: A Radical Approach to Child Rearing. By A. S. NEILL. \$5.75. Pp. 392. New York, Hart, 1960.

Summerhill is a private school founded in Suffolk, England, about forty years ago. Neill, its founder and guiding spirit, was the only one of eight children who was not sent to secondary school, because of an inability to learn. The fact that he did eventually find his way to the university, and graduated with honors from Edinburgh, is peculiarly consistent with the educational philosophy of Summerhill—that children must be left to develop and learn on their own. The fly leaf of the book carries the beautiful poem of Gibran's on children, which sets forth the gentle suggestion to "give them your love but not your thoughts, for they have their own thoughts." This is what Summerhill seeks to do. Notwithstanding some too far-reaching concepts from pre-1920 psychoanalytic theory, particularly its intrinsic advocacy of a monistic instinct theory, the book describes an interesting experiment which carries to its logical extreme the thesis that love and freedom are the necessary and sufficient conditions for successful growth. (Martin Mayman, Ph.D.)

Mental Health Education: A Critique. Pp. 180. Philadelphia, Pa., Pennsylvania Mental Health, Inc., Am. Psychiat. Assn., NAMH, 1960.

Imagine a conference to evaluate contemporary practice in psychotherapy. Imagine further that: (1) of 47 participants, only 13 could be said to have had any systematic experience with psychotherapy; (2) many of the rest are somatically oriented, and though quite expert in their own areas, have little confidence in psychotherapy; (3) some are still wondering if there is such a thing because there is no acceptable definition. By this analogy you will have some idea of the composition of a 1958 Cornell conference sponsored by Pennsylvania Mental Health, American Psychiatric Association, and National Association of Mental Health to evaluate mental health education, and of the confusion likely to result. This volume (recently badly interpreted in *Life*) both reports the proceedings and presents a statement of concepts and practices in the field. (Harry Levinson, Ph.D.)

Medical Almanac 1961-62. PETER S. NAGAN, compiler. \$5. Pp. 528. Philadelphia, Saunders, 1961.

This compact volume of 500-odd pages is loaded with the most varied information, all of it useful, about the nonclinical aspects of medicine. It is more than an almanac; it contains facts, figures, statistics, and tables relating to medical organizations both national and state (including the specialties), medical economics, the paramedical organizations such as Red Cross, social services, etc. Browsing through this almanac, one is further rewarded with such tidbits as capsule profiles of the medical greats and a complete list of Nobel Laureates in Medicine and Physiology. It is an indispensable reference work for medical and general libraries, colleges, newspaper offices, and writers. (Nathaniel Uhr, M.D.)

Psychoanalytic Education in the United States. By BERTRAM D. LEWIN and HELEN ROSS. \$10. Pp. 478. New York, Norton, 1960.

The intensive demand for psychoanalytic training in America following World War II has abated enough to permit the educators to reflect and take stock. A series of conferences planned a survey of all the psychoanalytic teaching conducted by institutes and training centers affiliated with the American Psychoanalytic Association, and Doctor Lewin and Miss Ross undertook the staggering task of gathering, collating and interpreting the data which they accumulated through questionnaires, interviews and visits to the various teaching centers. It is to the authors' vast credit that we have now not just a compendium of useful information but also a lively and interesting book, one which thoughtfully and searchingly illuminates most of the issues that currently preoccupy teachers of psychoanalysis. This book is "must" reading for all those seriously interested in psychoanalytic education. Once read, it will be frequently consulted. (Herbert J. Schlesinger, Ph.D.)

A Warm Friend for the Spirit. By FLORENCE T. WAITE. \$2. Pp. 447. Cleveland, Ohio, Family Service Assn. of Cleveland, 1960.

A history of the Family Service Association of Cleveland, Ohio, including its predecessor organizations, begins with a mission of the Western Seamen's Friend Society established in 1830; describes pioneering work in cooperation of existing agencies (1884) and training of social workers (1905); reports the mounting demands for child care which brought the founding of a Children's Bureau (1921); details the programs during the depression and the change from private to public administration (1933); reports how it met problems of World War II, including the development of psychiatric programs (1943), and explains the shifts in kinds of problems met through 1952. (Jeanetta Lyle Menninger)

The Couch and the Circle. By HYMAN SPOTNITZ. \$4.50. Pp. 274. New York, Knopf, 1961.

This book, another of the sort which romanticizes the drama and pathos of mental illness and treatment, is an anecdotal description of group therapy written primarily for a lay audience. It is enthusiastic and effectively written, but occasionally pretentious. With its emphasis on conveying a feeling about group therapy, information of use to the practitioner is tantalizingly scant. A therapist of uncommon sensitivity and skill, the author could make a major

contribution to a confused and chaotic field with a detailed and more technical explication of these experiences and his role in bringing them about. (Roy W. Menninger, M.D.)

Man's Presumptuous Brain. By A. T. W. SIMEONS. \$5.75. Pp. 290. New York, Dutton, 1961.

This is an ambitious project, which one might call "man's presumptuous book." Dr. Simeons has attempted to describe psychosomatic illness by means of a model in which men's evolutionary development produces antagonisms between cortex and midbrain. Equate superego and ego with "cortex," id with "diencephalon"; the model translates easily into Freudian terms. The author reifies the abstractions of cortex and diencephalon, oversimplifies, cites no references, includes no bibliography. Sweeping generalizations abound. In spite of, or perhaps because of, its overstatements, the book is entertainingly readable and performs the service of popularizing an enthusiastic psychosomatic viewpoint. (Russell M. Wilder, M.D.)

Systematic Observation of Gross Human Behavior. By G. R. PASCAL and W. O. JENKINS. \$4.75. Pp. 126. New York, Grune & Stratton, 1961.

The authors adopt the view that "the ultimate goal of psychology as a science is the prediction of human behavior as it occurs in its natural habitat." Their book is a methodological statement directed to students of clinical psychology interested in observations of behavior in non-experimental situations. (Charlton Price, M.A.)

A System of Medical Hypnosis. By AINSLIE MEARES. \$10. Pp. 484. Philadelphia, Saunders, 1960.

Doctor Meares's book is reminiscent of the old German texts in its enormous attention to detail. In an attempt to explain the nature of hypnosis Doctor Meares offers the "Atavistic Hypothesis" that hypnosis is a regression from normal adult mental function at an intellectual logical level, to an archaic level of mental functioning in which suggestion plays a major role. He then discusses many hypnotic phenomena from the framework of this hypothesis. Readers reared in orthodox psychoanalytic tradition will question much of the content of Doctor Meares's book particularly in the area of insistence on physical contact between therapist and patient. The work contains much of value, however, for those who would adapt hypnotic techniques to more traditional methods. (John A. Turner, M.D.)

Narrative of a Child Analysis. By MELANIE KLEIN. \$10. Pp. 496. New York, Basic Books, 1961.

The recording of each of 93 sessions of an analysis as carried out by Mrs. Klein with a ten-year-old boy provides one with the play therapy material and Mrs. Klein's interpretation of it as noted after each session. The principles of her technique of analyzing children, during latency and pre-adolescence, and the improvement of the child in his relation to his good object (a change which Mrs. Klein feels is fundamental in every successful child analysis), are illustrated by the clinical process as the boy becomes able to control and counteract his destructive impulses, his envy, jealousy, greed, and persecutory anxieties. In this book, the principles of Mrs. Klein's work emerge in strength and clarity. (J. Cotter Hirschberg, M.D.)

The Physiology of Emotions. ALEXANDER SIMON and others, eds. \$8.50. Pp. 248. Springfield, Ill., Charles C Thomas, 1961.

While the title is *The Physiology of Emotions*, a more exact description might be the neuroanatomy and neurochemistry of anxiety and aggressive behavior as viewed in 1959. The anatomical, pharmacological, and biochemical clinical and experimental studies are presented in an elaborately detailed, matter-of-fact, yet critical fashion by pre-eminent American authorities. This excellent book, not easy to read and understand because of the complexity of the subject material, is well worth one's time and effort. (Robert K. Jones, M.D.)

Wisdom for Our Time. JAMES NELSON, ed. \$4.50. Pp. 267. New York, Norton, 1961.

Expansions of the interviews telecast in the Wisdom series. Among the figures represented are scientists, novelists, theologians, and humanitarians. Dr. Karl Menninger contributes a brilliant discussion of psychiatry. The whole book is stimulating reading, with interest enhanced by distinctive portraits of the authors. (Nelson Antrim Crawford, M.A.)

American Handbook of Psychiatry, 2 vols. SILVANO ARIETI, ed. \$25. Pp. 2098. New York, Basic Books, 1959.

The general tone of this work is distinctly on the conservative side. There is much talk about "psychoses," "psychopathic conditions" and "psychosomatic medicine." But there are also presentations of mathematics, philosophy, religion, nursing, social work and family care as they relate to psychiatric concepts and problems. Three of our own colleagues are represented in the volumes—Helen Sargent and Martin Mayman in an excellent chapter on clinical psychology and Gardner Murphy in a fine chapter on social psychology. There is a competent subject index of almost 100 pages and a name index of nearly 4,000 entries. One author concedes that "the Veterans Administration and some large institutions such as The Menninger Foundation continue to maintain an extensive program of training." Other than this we are not mentioned in the two volumes. (K.A.M.)

Pastoral Care and Clinical Training in America. By H. FABER. \$3.90. Pp. 126. Arnheim, Van Loghum Slaterus, 1961.

A Dutch Protestant minister and university lecturer summarizes in this book the impressions he gained during a three month's visit to American centers for clinical-pastoral training, particularly Chicago, Topeka, and Boston. His résumé is a thoughtful and critical reflection rather than a flatfooted endorsement of everything he saw. American workers in this field are encouraged to stop and listen to what this "outsider" has to say about their endeavors. Most of it is heartening; the author issues a warning, however, against too enthusiastic attempts at integrating the religio-philosophical with the clinical-psychiatric approach. (Paul W. Pruyser, Ph.D.)

The Myth of Mental Illness: Foundations of a Theory of Personal Conduct. By THOMAS S. SZASZ. \$7.50. Pp. 337. New York, Hoeber, 1961.

This provocative and controversial book suggests that Charcot was duped by his hysterical patients into classifying their behavior as a functional nervous

illness. Thus all such behavior came to be regarded as mental illness—a concept the author contends is scientifically crippling. He suggests that psychopathology is due to faulty object relations, signs, rules, and game playing. Therapy, in his view, should be directed to interpersonal relations involving social arrangements, certain values and types of learning. Although Thomas Szasz has added to our sociological understanding of the patient's behavior, he tosses out the rest of the scientific knowledge we have acquired concerning the nature of disease or illness. (Herbert Klemmer, M.D.)

Hölderlin et la Question du Pere (Hölderlin and the Quest for the Father). By JEAN LAPLANCHE. Pp. 144. Paris, Presses Universitaires de France, 1961.

An attempt to show the psychological relations between the man, Hölderlin, and his brilliant poetic work, through psychoanalytic concepts and thematic analysis of his poems, dramas, novels, and letters. It is at the same time, inevitably, a refined pathographic study of Hölderlin's insidious mental illness, with major emphasis on the third, very productive decade of his life, just prior to the last 40 years of obvious and gross derangement. Laplanche traces Hölderlin's search for the father, whose early death gave him a chronic feeling of loss, his later friendship with Schiller and others, and sketches his oedipal attachment to Charlotte von Kalb, symbolized in many of his heroes and heroines. A sensitive study, obviously a labor of love. (Paul W. Pruyser, Ph.D.)

Delinquent and Neurotic Children. By IVY BENNETT. \$10. Pp. 532. New York, Basic Books, 1961.

From 1,000 patients in three children's clinics in England the author selects 50 "delinquent" children and 50 "neurotic" children, even though she herself is fully aware of the semantic difficulties she gets herself into. The substance of the book is a comparison of the two groups which, as can be expected from the premises, does not become particularly enlightening. The discussion also suffers from a tendency to "blame" developmental and psychological traumas, rather than to try to study intrapsychic (particularly ego) phenomena. The chief asset of the book is a penetrating and comprehensive review of the pertinent literature of the last fifty years. (Paul W. Toussieng, M.D.)

Principles of Dynamic Psychiatry, Ed. 2. By JULES H. MASSERMAN. \$8. Pp. 332. Philadelphia, Saunders, 1961.

This edition of Doctor Masserman's book attempts to present a comprehensive and integrated biodynamic theory of normal and abnormal behavior. Included are several psychological theories, psychoanalytic concepts, Masserman's own biodynamics, social psychiatry, communications' problems, information theory, and ethology. All these are applied to the understanding of selective problems in clinical psychiatry. The small size of the book allows only brief presentation of many of the topics included, and several standard principles of dynamic psychiatry are omitted. Doctor Masserman defines psychiatry as a science of behavior and his book is a short summary of much that currently is broadly labeled Behavioral Science. Chiefly lacking is adequate representation of the social sciences. (Herbert C. Modlin, M.D.)

Advances in Psychosomatic Medicine: Symposium of the Fourth European Conference on Psychosomatic Research. ARTHUR JORES and HELLMUTH FREYBERGER, eds. \$8.50. Pp. 334. New York, Brunner, 1961.

Forty-six monographs from the 1959 conference in Hamburg, Germany, report on research methodology, the concept of constitution, training in psychosomatic medicine, and a wide variety of disease syndromes. Part III, "Training for Psychosomatic Medicine," contains papers from England (Balint), the Netherlands (Bastreau), and Germany (Jores, Cremerius, Baerwolff, and Grodzicki). Psychosomatic methodology as an approach to disease is still struggling for acceptance in the teaching of modern European medicine. The book has glaring defects in details, but more troubling is the defective concept of personality typing in article after article (e.g., coronary personality, ulcerative colitis personality), with little attention to how the personality functions. Most of the articles have bibliographies of potential value to American physicians as representing sources usually unknown to us. (Robert K. Jones, M.D.)

The Child's Conception of Geometry. By JEAN PIAGET with BÄRBEL INHELDER and ALINA SZEMINSKA. \$7.50. Pp. 411. New York, Basic Books, 1960.

This book on the development of measurement and metrical geometry is organically related to *The Child's Conception of Space*, which was translated earlier. The experimental work described was summarized and synthesized with related studies by Piaget and his co-workers in the classic volume on the developmental progression from concrete to formal operations entitled *The Growth of Logical Thinking*. Like the related studies of number, quantity, etc., this series of experiments is notable for the ingenious methods employed. In this study, a group of experimental "games" reveals the operations involved in the construction of Euclidean space. (Riley W. Gardner, Ph.D.)

Structural Psychology. By D. and K. STANLEY-JONES. \$6.50. Pp. 179. New York, Pergamon, 1960.

The authors review in part the facts and theories of neuroanatomy, neurophysiology, physiology, Melanie Klein's version of psychoanalysis and certain illness states. They attempt to support their monistic view—the identity of mind and matter—through a discussion of thyrotoxicosis, schizophrenia, coitus, and certain infant behavior. Interesting as sections of the book are, it does not present new facts or theory nor an integration of either into a structural psychology. (Harold M. Voth, M.D.)

The Principle of Truth. By PETER D. KING. \$3.75. Pp. 110. New York, Philosophical Library, 1960.

A little book by a colleague, Dr. Peter D. King, formerly clinical director of a mental hospital. It presents his personal philosophy that the pursuit of truth is the most important thing in life, that the search for it is good and things that impair the search are evil. From this axiom he derives a charter of some 100 principles of behavior and ethics. (K.A.M.)

INDEX TO VOLUME 25

Authors

- Aleksandrowicz, Dov R., 23
 Appelbaum, Stephen A., 120
 Baan, P. A. H., 175
 Bevan, William, (bk rev) 39
 Bowers, Mary-Dee, 296
 Cain, Albert C., 307
 Cohen, Lester, 296
 Cooper, Irving Ben, 152
 Crawford, Nelson Antrim, 101
 Curran, Charles A., 78
 Davidson, Joan, 110
 Dorst, K. S., 296
 Felix, Robert H., 213
 Frym, Marcel, 196
 Groll, L. James, Jr., 69
 Hall, Bernard, (ab) 41
 Holzman, Philip S., (ab) 42
 Huxley, Aldous, 53
 Inge, George P., 249
 Levin, Leon A., 129
 Livson, Florine, 296
 Maupin, B. M., 307
 Mayman, Martin, (ab) 42
 Menninger, Karl, 5, (bk rev) 40, 94, 164, 225, 277; (Reading Notes, 43, 97, 138, 265, 313)
 Messenger, S. L., 296
 Modlin, Herbert, (ab) 41
 Murphy, Gardner, 290
 Ramzy, Ishak, 11
 Rinsley, Donald B., 249
 Roosenburg, A., 186
 Ross, David, 296
 Sampson, Harold, 296
 Satten, Joseph, (ab) 41, 149, 164
 Schlesinger, Herbert, (ab) 41
 Schmiedeck, Raoul A., 241
 Sells, S. B., (bk rev) 209
 Towne, R. T., 296
 Voth, Harold M., 33
 Widroe, Harvey, 110

Subjects

- Abandonment, metaphor and, 261
 Ackerman, Nathan, 7
 Acting-out, criminals and, 183
 Added Association Trial, 123
 Addiction, criminals and, 179
 drug, 45
 Adolescents, adult ward and, 241-48
 behavior, 252
 crime and, 154
 delinquency, 182-95
 elopement, 259
 hospital treatment, 241-63
 psychotherapy, 249-63
 transference, 257
 Affect, in communication, 307
 criminals and, 179
 Africa, 315
 Aged, depression and, 29-31
 Aggressor, identification with, 253
 Aging: see Geriatrics
 Alcoholism, vs. recovery, 233
 Alexander, F. M., 64
 Anderson, John, 150
 Anniversary reactions, 303, 305
 Anxiety, castration, 133
 Freud on, 12-22
 learning and, 78, 80
 separation, 133-39
 sex and, 129
 Apartheid, 197
 Apathy, 283
 Willem Arntsz Foundation, 186
 Art, Kansas Centennial Historical Exhibition, 138
 Menninger Foundation collection, 312
 Atheism, neurosis and, 279
 Athletics, school, 140
 Attitudes, adolescent, 246, 252
 Auschwitz, 285
 Bakan, David, 279
 Behavior, 64
 adolescent, 252
 human potentialities and, 53-68
 research, 218
 Benedek, T. F., 302
 Ben Hur, 229
 Benjamin, Anne, 7
 Bennett, James V., 200
 Bethel Bielefeld, 143
 Bettelheim, Bruno, 285
 Bini, Cerletti, 313
 Birds, behavior, 265
 Black Dahlia murder, 201
 Blake, William, 62
 Bloomfield, A. L., 315
 Bodelschwingh, Fritz von, 143
 Bonding, ex-prisoners, 200
 Book Notices
 Aichhorn, August: *Erziehungsberatung und Erziehungshilfe*, 104
 Am. Psychiatric Assn.: *Mental Health Education*, 319

- Appleby, Lawrence et al.: *Chronic Schizophrenia*, 275
- Arieti, Silvano: *American Handbook of Psychiatry*, 322
- Belo, Jane: *Trance in Bali*, 52
- Bennett, Ivy: *Delinquent and Neurotic Children*, 323
- Benton, Arthur L.: *Right-Left Discrimination and Finger Localization*, 50
- Berg, J. H. van den: *The Changing Nature of Man*, 270
- Biedma, C. J. & D'Alfonso, P. G.: *Die Sprache der Zeichnung*, 104
- Blaine, G. B., Jr. et al.: *Emotional Problems of the Student*, 275
- Bliss, Eugene L. & Branch, C. H. Hardin: *Anorexia Nervosa*, 145
- Boisen, Anton J.: *Out of the Depths*, 100
- Bonner, Hubert: *Psychology of Personality*, 147
- Bosler, Roy P. et al. (eds): *The Collected Works of Abraham Lincoln*, 97
- Bower, E. M.: *Early Identification of Emotionally Handicapped Children in School*, 318
- Brazier, Mary A. B. (ed): *The Central Nervous System and Behavior*, Second Conference, 49; Third Conference, 145
- Bromberg, Walter: *The Mind of Man*, 50
- Buckle, D. & Lebovici, S.: *Child Guidance Centres*, 274
- Cantril, Hadley (ed): *The Morning Notes of Adelbert Ames, Jr.*, 273
- Cloward, Richard & Ohlin, Lloyd: *Delinquency and Opportunity*, 210
- Cobrin, Harry: *Avicenna and the Visionary Recital*, 318
- Cohn, Norman: *The Pursuit of the Millennium*, 146
- Colby, K. M.: *An Introduction to Psychoanalytic Research*, 270
- Cypreansen, Lucile et al.: *Speech Development, Improvement, and Correction*, 48
- Dawson, W. S.: *Aids to Psychiatry*, 138
- Del Guercio, Louis R. M. et al. (eds): *The Multilingual Manual for Medical Interpreting*, 103
- Denber, Herman C. B. (ed): *Research Conference on Therapeutic Community*, 145
- Dorsey, Jean: *The Secret Books of the Egyptian Gnostics*, 98
- Ehrentheil, O. F. & Marchand, W. E.: *Clinical Medicine and the Psychotic Patient*, 270
- Eissler, Ruth et al. (eds): *The Psychoanalytic Study of the Child*, Vol. 14, 103; Vol. 15, 271
- Faber, H.: *Pastoral Care and Clinical Training in America*, 322
- Ferguson, Charles W.: *Say It With Words*, 102
- Fodor, Nandor: *The Haunted Mind*, 50
- Forster, F. M. (ed): *Evaluation of Drug Therapy*, 273
- Freud, Ernst L. (ed): *Letters of Sigmund Freud*, 139
- Freud, Sigmund: *Jokes and Their Relation to the Unconscious*, 138
- Fuller, John L. & Thompson, W. R.: *Behavior Genetics*, 146
- Gill, Merton M. & Brenman, Margaret: *Hypnosis and Related States*, 40
- Glover, Edward: *The Roots of Crime*, Vol. 2, 210
- Graves, Robert & Podro, Joshua: *The Nazarene Gospel Restored*, 97
- Grinberg, Leon et al. (eds): *El Grupo Psicologico*, 276
- Grotjahn, Martin: *Psychoanalysis and the Family Neurosis*, 52
- Guillain, Georges: *J. M. Charcot 1825-1893*, 49
- Gurin, Gerald et al.: *Americans View Their Mental Health*, 210
- Gutierrez-Mahoney, C. G. de and Carini, Esta: *Neurological and Neurosurgical Nursing*, Ed. 3, 52
- Gutmacher, Manfred: *The Mind of the Murderer*, 43
- Hartmann, Heinz: *Psychoanalysis and Moral Values*, 48
- Hedden, Worth Tuttle: *The Other Room*, 45
- Herbert, W. L. & Jarvis, F. V.: *The Chemical Basis of Clinical Psychiatry*, 272
- Hofmann, Hans (ed): *Making the Ministry Relevant*, 273; *Religion and Mental Health*, 147
- Holt, Edwin B.: *The Freudian Wish and Its Place in Ethics*, 314
- Hughes, H. C. et al.: *People of Cove and Woodlot Communities from the Viewpoint of Social Psychiatry*, Vol. 2, 276
- Jackson, Don D. (ed): *The Etiology of Schizophrenia*, 211
- James, William: *Psychology: The Briefer Course*, 146
- Jellinek, E. M.: *The Disease Concept of Alcoholism*, 212
- Jokl, Ernst: *Medicine and Sport*, 99
- Jores, Arthur & Freyberger, Hellmuth: *Advances in Psychosomatic Medicine*, 324

- Kempf, Edward: *Basic Biodynamics*, 146; *Biodynamics of Everyday Life*, 146
- King, Peter D.: *The Principle of Truth*, 324
- Klein, Melanie: *Narrative of a Child Analysis*, 321
- Kliwer, Warren: *Red Rose and Gray Cow*, 102
- Klopfer, Walter G.: *The Psychological Report*, 102
- La Farge, Oliver: *A Pictorial History of the American Indian*, 316
- Landy, David: *Tropical Childhood*, 103
- Laplanche, Jean: *Hölderlin et la Question du Père*, 323
- Laubach, Frank C.: *Thirty Years With the Silent Billion*, 43
- Ledwith, Nettie H.: *A Rorschach Study of Child Development*, 212
- Leeper, R. W. & Madison, Peter: *Toward Understanding Human Personalities*, 274
- Leighton, Alexander H.: *My Name is Legion*, 49
- Lennard, Henry L. & Bernstein, Arnold: *The Anatomy of Psychotherapy*, 51
- Lewin, B. D. & Ross, Helen: *Psychoanalytic Education in the United States*, 320
- Lifton, R. J.: *Thought Reform and the Psychology of Totalism*, 276
- Lifton, W. M.: *Working with Groups*, 275
- Lippert, Herbert: *Einführung in die Pharmakopsychologie*, Vol. 4, 104
- McKinney, Fred: *Psychology of Personal Adjustment*, Ed. 3, 51
- Masserman, J. H.: *Principles of Dynamic Psychiatry*, Ed. 2, 323; *Science and Psychoanalysis*, Vol. 3, 50
- Matthiessen, Peter: *Wildlife in America*, 47
- Mayer, C. L.: *Sensation*, 319
- Mayer-Gross, W. et al.: *Clinical Psychiatry*, Ed. 2, 148
- Meares, Ainslie: *Shapes of Sanity*, 212; *A System of Medical Hypnosis*, 321
- Mendelson, Myer: *Psychoanalytic Concepts of Depression*, 271
- Minney, R. J. (ed): *The Private Papers of Hore-Belisha*, 140
- Moreno, J. L.: *The Sociometry Reader*, 318
- Morris, J. K.: *Premarital Counseling*, 274
- Mowrer, O. H.: *The Crisis in Psychiatry and Religion*, 275
- Murphy, Gardner with Dale, Laura A.: *Challenge of Psychical Research*, 209
- Nagan, P. S.: *Medical Almanac 1961-62*, 320
- Natl. Conf. Soc. Welfare: *Casework Papers 1959*, 274; *Casework Papers 1960*, 274
- Natl. League for Nursing: *Psychiatric Nursing Concepts and Basic Nursing Education*, 144
- Neill, A. S.: *Summerhill*, 319
- Nelson, James: *Wisdom for Our Time*, 322
- Nelson, Truman: *The Surveyor*, 45
- Pascal, G. R. & Jenkins, W. O.: *Systematic Observation of Gross Human Behavior*, 321
- Peck, R. F. et al.: *The Psychology of Character Development*, 273
- Piaget, Jean et al.: *The Child's Conception of Geometry*, 324
- Pittman, D. J. (ed): *Alcoholism*, 318
- Rand, H. A.: *Graphology*, 271
- Rein, David M.: *Edgar A. Poe*, 148
- Rieff, Philip: *Freud: The Mind of the Moralist*, 49
- Riggs, Lawrence: *The Riggs Story*, 139
- Robinson, Reginald et al.: *Community Resources in Mental Health*, 210
- Sarason, Seymour B. et al.: *Anxiety in Elementary School Children*, 48
- Schaar, John M.: *Escape from Authority*, 148
- Schneck, Jerome: *A History of Psychiatry*, 43
- Simeons, A. T. W.: *Man's Presumptuous Brain*, 321
- Simon, Alexander et al. (eds): *The Physiology of Emotions*, 322
- Solley, Charles M. & Murphy, Gardner: *Development of the Perceptual World*, 39
- Spiegel, E. A. (ed): *Progress in Neurology and Psychiatry*, Vol. 14, 211; Vol. 15, 211
- Spotnitz, Hyman: *The Couch and the Circle*, 320
- Stanley-Jones, D. & K.: *Structural Psychology*, 324
- Stein, Maurice R. et al. (eds): *Identity and Anxiety*, 102
- Stoodley, Bartlett H.: *The Concepts of Sigmund Freud*, 51
- Strupp, Hans H.: *Psychotherapists in Action*, 48
- Symonds, Percival M.: *From Adolescent to Adult*, 147
- Szasz, T. S.: *The Myth of Mental Illness*, 323
- Szondi, Lipot: *Lehrbuch der Experi-*

- mentellen Triebdiagnostik, Vol. 1 & 3, 104
- Tanner, J. M. & Inhelder, Bärbel (eds): *Discussions on Child Development*, 148
- Terasaki, Gwen: *Bridge to the Sun*, 98
- Titchener, James & Levine, Maurice: *Surgery as a Human Experience*, 100
- Tournier, Paul: *A Doctor's Casebook in the Light of the Bible*, 51
- Uhr, L. & Miller, J. G. (eds): *Drugs and Behavior*, 270
- Villinger, W. (ed): *Jahrbuch für Jugendpsychiatrie und ihre Grenzgebiete*, 104
- Vogt, William: *People's Challenge to Survival*, 100
- Waelder, Robert: *Basic Theory of Psychoanalysts*, 44
- Waite, F. T.: *A Warm Friend for the Spirit*, 320
- Walker, D. D.: *The Human Problems of the Minister*, 276
- Wedel, Waldo: *An Introduction to Kansas Archeology*, 98
- Weinreb, Joseph: *Recent Developments in Psychoanalytic Child Therapy*, 271
- Weisinger, Herbert: *Tragedy and the Paradox of the Fortunate Fall*, 46
- Welch, Henry & Marti-Ibanez, Felix: *The Antibiotic Saga*, 48
- Westwood, Gordon: *A Minority*, 313
- Whyte, Lancelot: *The Unconscious Before Freud*, 138
- Winnicott, D. W.: *Collected Papers*, 145
- Young, R. K. & Meiburg, A. L.: *Spiritual Therapy*, 272
- Zulliger, Hans: *The Behn-Rorschach Test*, 104
- Borderline psychoses, 307
- Born, Max, 281
- Bowen, Murray, 298
- Boxing, opposition to, 99
- Boys Industrial School, 151
- Brachfeld, Oliver, 91
- Brain, research, 217
- Brandt, Karl, 143
- Braun, Wernher von, 144
- Brown, John, 45
- Brucke, Ernst, 12
- Buehler, Karl, 265
- Burnham, J. C., 314
- Caesar, Gene, 267
- Calamandrei, 152
- Camus, Albert, 152
- Capital punishment, 196, 204
- Cardozo, Benjamin N., 153, 196
- Castration anxiety, 133
- Charcot, J. M., 201
- Charity, 265
- Cherbonnier, E. B., 283 (fn)
- Chess, 140
- Chidester, Leona, 7
- Child psychiatry, training in, 222
- Children, communication, 132
- epileptic, 143
- mental illness of, 5-7, 129-37, 307-11
- metaphor and, 307-11
- personality, 218
- sex and, 129-37
- treatment of, 5-7, 129-37, 241-48, 307-11
- Cleckley, H. M., 178
- Clendening Library, 313
- Coffman, Stella, 7
- College of Medical Evangelists, 313
- Communication, affect, 307
- child, 132
- end of test and, 120-28
- foreign languages and, 85
- in metaphor, 249-63, 307-11
- in psychiatry, 101-09
- psychotherapy and, 110-19
- Compulsive mechanisms, 201
- Compulsive repetition, crime and, 179
- Conant, James B., 140
- Confessions, false, 201
- Conservation, 315
- Cooper, Irving Ben, 171
- Counseling, languages and, 78-93
- Countertransference, borderline child and, 310
- Cousins, Norman, 283
- Creativity, anxiety and, 20
- Crime, 269
- adolescents and, 154
- environment and, 166
- mental deficiency and, 178
- prevention, 185
- recidivism and, 152-63
- sociology and, 166
- Criminal responsibility, 199
- Criminals, 154
- acting-out, 183
- addiction, 179
- personality, 180
- Criminology, mental illness and, 167
- psychiatric, 149-205
- Topeka and, 150
- treatment of prisoners, 175-95
- Cronbach, L. J., 290
- Darwin, Charles, 294
- Death, on geriatric ward, 23-32
- Delinquency, 149-195
- Dennie, C. C., 313
- Depression, aged and, 29-31
- Albert Deutsch Memorial Foundation, 264

- Dewey, John, 59, 64
- Diagnoses, conflicting, 197
- criminology and, 170
- Diagnostic and Treatment Center of Topeka, 150
- Disease, mental illness and physical, 215
- Drawing, evaluation and, 69
- Dreams, functions of, 33-38
- Drugs, 313
- addiction, 45
- mental illness and, 236
- Drysdale, George, 99
- Durham Case, 204
- Eckhart, Meister, 63
- Education, 98
- child psychiatry, 222
- hospitalized adolescents, 245
- human potentialities and, 57
- language, 57, 78-93
- in prisons, 193
- psychiatric, 213-24
- recovery and, 237
- Ego, anxiety and, 17
- of criminals, 183
- psychological distance and, 308
- weakness, 307
- Einbinder, Harvey, 314
- Albert Einstein College of Medicine, 220
- Einstein, Albert, 267
- Eissler, Kurt, 246
- Ekstein, Rudolf, 307
- Electroshock therapy, 313
- Elliott, Robert, 286
- Elopement, hospitalized adolescents, 259
- Emotion, 179, 283, 307
- Energy, 317
- Environment, 55
- crime and, 166
- Epilepsy, 44, 143
- Evacuation, psychiatric hospital, 230
- Examination, criminology and psychological, 169
- Fabing, Howard, 44
- Family, relationships, 69-77, 244
- Feedback, metaphor and, 262
- Feeling, 179, 283, 307
- Fees, psychiatric, 200, 203
- Field, Marshall, 3
- Finlay, Carlos J., 267
- Fischer, Bobby, 140
- Fishwick, Marshall, 144
- Fisk, Fern, 303
- Fitch, Eliot, 3
- Flanagan, John C., 8
- Fleck, Stephen, 296
- Flirtatiousness, adolescents, 254
- Foster homes, for ex-prisoners, 192
- Frank, Anne, 285
- Freud Memorial Lecture, 225-40
- Freud, Anna, 250
- Freud, Sigmund, 6, 12-22, 33, 59, 102, 129, 201, 269, 279, 281-82, 284, 286
- Fromm, Erich, 154
- Gale, T., 313
- Galen, 14
- Geisel, John B., 7
- Geriatrics, 317
- death rate, 23-32
- research, 218
- Glover, Edward, 309 (fn)
- Gmeiner, Hermann, 142
- Gnosticism, 98
- Goethe, Johann Wolfgang, 11, 282
- Gorgas, William, 267
- Greenson, R. R., 303
- Greenwood, Edward, 7
- Group psychotherapy, "family units" and, 245
- Guthrie, Emil, 37
- Hall, Bernard, 97
- Halleck, Charles W., 266
- Halstead, Bruce, 313
- Hamilton, Kenneth A., 9
- Hand, Learned, 163
- Hardin, Garrett, 269
- Hart, Homell, 66
- Hawkins, Mary, 7
- Hayakawa, S. I., 95
- Hearing disorders, 99
- Heisenberg's Quantum Theory, 198
- Henderson, D. K., 178
- Heresy, 269
- Heyman, David, 3
- Hilgard, J. R., 303
- Hill, Lewis, 298
- Hillyer, Alberta, 7
- Hiltner, Seward, 279
- Hippocrates, 230
- Hirschberg, J. Cotter, 7, 46
- Hitler, Adolf, 57
- Hoffman, Martin, 100
- Homeostasis, 227
- Homosexuality, 313
- Hooten, E. A., 201
- Hospital, Mental
- Bethel Bielefeld, 143
- evacuation of, 230
- Menninger Children's, 3, 98
- Topeka State, 241, 249 (fn), 286
- treatment, 241-63
- Hughes, Charles Evans, 163
- Human potentialities, 53-68
- Hunting, 267
- Huxley, Aldous, 9, 269
- Huxley, Julian, 53
- Huxley, Thomas, 97, 269
- Hypnosis, research and, 201
- Identification, with aggressor, 253
- with authority, 244

- handicaps in, 201
schizophrenia and, 296, 302
Illness-recovery process, 226
Indians, 315
 Kansas, 98
Influenza, mental illness and, 230
Insanity plea, 203
Intelligence Quotient, diagnosis and, 178
Interpretation, metaphor and, 307-11
Interviews, evaluation, 69
Isaacs, Harold, 315
Isolation, vs. recovery, 235
- James, William, 282, 294
Jennings, H. S., 265
Jesuits, 65
Jews, 314
Joad, Cyril, 284
Johnson, A. M., 251-52
Jones, Maxwell, 243
Judson, Clay, 3
Jung, C. G., 286
- Kansas Treatment Center for Children,
 249 (fn)
Kant, Emanuel, 288
Kenworthy, Marion, 3-4
Kety, S. S., 279
Khrushchev, Nikita, 59
Klink, Thomas, 4
Klumpp, Theodore G., 317
Knickerbocker, Laura, 7
Knight, Robert P., 127
Kraepelin, Emil, 179
Kuiper, P. C., 9
- La Farge, Oliver, 316
Language, 56-57
 foreign, 78-93
 test, 90
Lasswell, H. D., 196
Laubach, Frank C., 43
Law, psychiatry and, 149-205
 program of psychiatry and, 95, 100
Learning, counseling and, 78
Lee, Robert E., 144
Le Guillant, L., 230
Leitch, Mary, 7
Lesser, Alexander, 315
Leveling, adolescents and, 253
Lidz, Theodore, 296
Limentani, David, 298
Listowel, Judith, 142
Lombroso, Cesare, 201
Long, Crawford Williamson, 102
Lorenz, Konrad, 265
Love, 54, 65, 283-85
 of physician for patient, 239
 recovery and, 236
Luhnow, Lester, 3-4
Lyle, Jean, 7
- McCaffrey, John, 8
MacLeish, Archibald, 283
McClelland, David, 277-79
Maimonides, Moses, 266
Malingers, 203
Marriage, schizophrenic crisis and, 296
Mayman, Martin, 94, 96, 225
Medicine, in prison, 193
 psychiatric training in, 213-24
The Menninger Foundation, activities,
 97-100, 206-08, 312
 annual meeting, 8-10
 Annual Seminar for Occupational Physi-
 cians, 96
 art collection, 312
 Ben Boam Building, 8
 Board of Governors, 3
 Child Psychiatry Committee, 3
 children's hospital, 98
 dedication, 3-7
 criminology, 149-51
 historical museum, 312
 Industrial Mental Health Dvsn., 96
 law and psychiatry program, 95, 100
 psychotherapy project, 293
Menninger, C. F., 7
Menninger, Karl, 3, 4, 105
Menninger, William C., 3, 96
 American Education Award, 98
Mental deficiency, crime and, 178
Mental health, 62, 100
 crime prevention and, 185
Mental illness, children, 5-7
 communication and, 307-11
 course, 225-40
 criminology and, 167
 drugs and, 236
 influenza and, 238
 metabolism and, 216
 recovery, 226, 231
 schizophrenia, 296-306
 self-destructiveness in, 233
Metaphor, communication in, 249-63,
 307-11
Milieu treatment, adolescents, 241-63
M'Naghten Rule, 168, 199, 202, 267
Modlin, Herbert C., 108
Monchy, René de, 129
Morton, Thomas Green, 102
Mother-daughter relationships, 298
Murphy, Gardner, 99
Murphy, Lois B., 99
Murray, J. E., 316
- Natl. Institute of Mental Health, 218,
 296 (fn)
Negroes, 285, 315
Neiswanger, David, 8
Neuberger, R. L., 316
Neuroses, atheism and, 279
 criminals and, 179
Newman, M. F., 303

- Nosology, psychiatric, 170, 197
Nurse, hospitalized adolescents and, 247
- Obituary, Albert Deutsch, 264
 David Rapaport, 94
Object relationships, 238
Obsessive-compulsive character, 255
- Pain, 14
 recovery and, 235
Paranoia, religion and, 279
Paranoid trends, 309
Parenthood, schizophrenic crisis and, 296
Pearson, Stella, 7
Peers, adolescents and, 259
Penology: see Prisons, Criminology
Pentothal, 194
Perception, 61
Personality, of criminals, 180
 organization, 96
 picture drawing and, 69
 research, 218
Pfister, Oskar, 282
Physically handicapped, 201
Piaget, Jean, 97
Pike, J. A., 279
Planck, Max, 198, 287
Play, recovery and, 237
Potentialities, human, 53-68
Prediction, in research, 201
Prisons, characteristics of, 187
 health in, 193
 personnel, 185
 religion and, 194
 self-government, 187
 treatment and, 175-95
Propaganda, language and, 57
Pruyser, Paul W., 225
Psychiatric aides, 247
Psychiatric case study, criminology and,
 168
Psychiatric examination, 202
Psychiatry, communication in, 101-09
 criminology and, 149-205
 diagnosis, 197
 education, 213-24
 child, 222
 law and, 149-205
 Menninger Foundation program of,
 95, 100
 in Netherlands, 175-95
 recovery process and, 239
 religion and, 277-89
 testimony and, 199
 training, 213-24
Psychoanalysis, of criminals, 185
 religion and, 277-89
Psychodynamics, psychiatric training and,
 214
Psychology, religion and, 277
 research in clinical, 290-95
Psychopathology, labels in, 177
- Psychoses, borderline, 307
 criminals and, 179
Psychosexual development, 129-37
Psychosomatic medicine, 141-42
 prisoners and, 189
 training program, 97
Psychotherapy, adolescents, 249-63
 communication and, 110-19
 "family units" and, 245
 Menninger Foundation project, 293
 of prisoners, 185
Punishment, 171, 204, 269
 concept of, 196
 research re, 200
- Race prejudice, 44
Racker, Heinrich, 279
Rapaport, David, obituary, 94
Recovery, assets for, 235-37
 love and, 235
 mental illness and, 226, 231
 resistance to, 232, 234
Redl, Fritz, 249
Reed, Walter, 267
Regenstein, Mrs. Joseph, 8
Regulatory devices, mental illness and,
 227
Rehabilitation, of prisoners, 191, 199
Reichenberg, Wally, 7
Relationships, adolescents, 241-48, 253
 borderline child, 310
 family, 69-77, 244
 language-counseling, 81
 mental illness and, 218
 mother-daughter, 298
 of prisoners, 192
 transference, 259
Religion, 61, 65, 97, 314
 anxiety and, 21
 in prisons, 194
 psychiatry and, 277-89
Research, behavior, 218
 criminology, 200
 communication, 110-19
 family relationships, 218
 foreign language learning, 78-93
 geriatrics, 218
 hypnosis, 201
 Menninger Foundation Psychotherapy,
 293
 personality, 218
 psychology, 290-95
 residency training, 214
 schizophrenia, 296-306
Resistance, recovery and, 232, 249
Rham, Casimir de, 3
Rorschach Test, 290
Russell, Bertrand, 284
- Salk, Lee, 317
Sargent, Helen, 290 (fn), 292, 294-95
Satten, Joseph, 95

- Sauer, Franz, 265
 Saxe, Earl, 7
 Scaife, Alan, 95
 Schizophrenia, research, 296-306
 Schwartz, M. S., 249
 Schweitzer, Albert, 161
 Science, religion and, 277-89
 research, 292, 294
 Scot, Reginald, 269
 Segregation, 44
 Self-destructiveness, vs: recovery, 233
 Self-government, by patients, 243
 prisoners, 187
 Sentencing, criminals, 154
 Separation, 133
 schizophrenic crisis and, 296, 298
 Settembrini, L., 269
 Sex, anxiety and, 129-39
 child development and, 129-37
 Sheldon, W. H., 58
 Sivertsen, Robert, 8
 Skepticism, 281-82
 Sleep, cerebral activity and, 217
 Sloan Professors, 9, 53 (fn), 95, 97, 208
 Sociology, crime and, 166
 Somatization, adolescents and, 141, 189, 259
 Southard School, 4-7
 Southard, Ernest, 7, 230
 Speech disorders, 99
 Spinoza, 60
 Stanton, A. H., 249
 Stärcke, August, 129
 Stritch, S. A., 283
 Strümpell, Adolf, 317
 Submissiveness, adolescents and, 254
 Suicide, diagnosis and, 219
 Superego, of criminals, 183
 Switzer, Robert, 7
 Symbiosis, 298, 300
 Szurek, S. A., 251, 252 (fn)
- Teaching, prisoners, 193
 Team, clinical criminology and, 175, 184
 treatment of adolescents, 251
 Testimony, psychiatrists and, 199
 Tests, Added Association Trial, 123
 language, 90
 responses at end of, 120-28
 Rorschach, 120, 290
 Thematic Apperception, 291
 Word Association, 122
 Thematic Apperception Test, 291
 Therapy: see Treatment
 Tillich, Paul, 279, 286
 Topeka State Hospital, 241, 249 (fn)
 reform, 286
 Traherne, Thomas, 63
 Training: see Education
 Tranquilizers, 194
 Transference, adolescents and, 257
 Treatment, adolescents, 241-48
 borderline children, 307-11
 geriatric patients, 24-27
 metaphor and, 249-63
 picture drawing and, 69
 in prisons, 175-95
 resistance to, 249
 Trees, 268
- Udall, S. L., 315
 Ullman, Montague, 36
 Unconscious, dreams and, 33-38
 Freud and the, 16
- Van der Hoeven Clinic, 176, 186-95
 Vecchio, Giorgio del, 268
 Vittoz, Roger, 62
 Voth, Harold M., 96
- Wages, of prisoners, 191
 Wain, John, 314
 Wallerstein, Robert, 307
 War, 68
 Weaving, 99
 Whitehead, A. N., 279 (fn)
 Wilder, Russell, 98
 Wineman, David, 249
 Winslow, Walker, 45
 Women, schizophrenia in, 296-306
 Word Association Test, 122
 Work, recovery and, 237
 Writing, prescribed, 103-19
- Yellow fever, 267