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FOREWORD

The occasion of Dr. Heinz Hartmann's seventieth birthday this month has inspired a number of tributes to him and to his contributions to psychoanalysis. Among these are the articles in this number of the *Bulletin*. The editors wish to join the authors in congratulations to Doctor Hartmann on his birthday and in gratitude and admiration for his contributions to psychoanalysis.

HEINZ HARTMANN: A BIOGRAPHICAL SKETCH*

RUTH S. EISSLER, M.D.† and K. R. EISSLER, Ph.D., M.D.†

Heinz Hartmann was born on November 4, 1894. If we compare heredity to those fairies, good and bad, whom we encounter in fairy tales, gathered around the cradle of the newborn infant and presenting him with their specific gifts, then we may say that only good fairies surrounded Heinz Hartmann's cradle; no bad ones had found admission to his nursery.

The quest for the history of Heinz Hartmann's ancestors carried only as far back as the generation of his grandfathers. Both of them were most remarkable men. The life of his paternal grandfather, Moritz Hartmann (1821–1872), takes us back to the times when the Central European intelligentsia and *bourgeoisie* were fighting side by side for their rights and for political independence. Although it was clear that

* This is an abbreviated version of an essay that will be published at full length in a volume dedicated to Heinz Hartmann's 70th birthday.

† New York City.

the days were counted for those feudal remnants that still existed in the form of semiabsolute or semidemocratic monarchies, they still had enough life in them to defeat revolutions and stall the spirit of freedom. It goes without saying that Heinz Hartmann's grandfather fought bravely in the ranks of those who fought for freedom.

Moritz Hartmann was what was in those days considered to be a radical, fighting uncompromisingly on the side of liberalism, republicanism and national independence of such peoples as the Poles and the Czechs. The spirit of the poems that he published at the age of 24 was too "patriotic" for the forces in power, and he felt safer as a semifugitive in France and Belgium than in the Austrian monarchy where he had been born. When he stepped once again on his native soil, he was promptly imprisoned; but two years later he was elected to the German Parliament, whose life was, alas, so short. The revolution of 1848 found him fighting in the front ranks. Only a ruse saved him from the fate of his friend, Robert Blum (1807–1848), who had been the leader of that uprising and was executed in front of Vienna's old bastions. The legend has it that a sham funeral was arranged, and he was carried in a coffin out of that same city, that his grandson would leave 90 years later, under less dramatic circumstances, perhaps, but once again under the pressure of a repulsive government, even more malignant than the one Moritz had fought against.

His literary skills and his experiences as a journalist brought him an assignment, as a foreign correspondent, to report on the Crimean War (1854–1856). Subsequently, he preferred a more peaceful environment, and settled down in Geneva as a professor of German literature and history (1860–1865). On this occasion, he acquired his Swiss citizenship, which, since it is hereditary, stood his progeny in good stead when times again became troublesome and dangerous. From 1868 on, he was a member of the staff of the renowned *Neue Freie Presse* in Vienna—although, alas, death allowed him only four years to enjoy this appointment. His collected works were published in ten volumes, during the two years that followed his death.

Heinz Hartmann's maternal grandfather, Rudolf Chrobak (1843–1910), was born in Troppan (Opava), a Silesian town only 150 miles away from Moritz's birthplace. It is not known whether the two ever met.

He was the son of the District Physician. His years of study were during the palmy days of the Viennese medical school, and he became

one of its great sons. He graduated in 1866, having acquired on the side, one should mention, the skills of a carpenter, which probably helped evolve his extraordinary dexterity. He started out under Johann von Oppolzer (1808–1871), the famous professor of internal medicine, and became a Dozent five years after graduation. It was Oppolzer who advised him to focus his interest on gynecology.

He must have been a great idealist, for after Oppolzer's death he founded a laboratory and supported it out of his own means. When, in 1889, he became chief of the gynecological and obstetrical University Clinics, he found himself at the head of a hospital that did not have even a single microscope at its disposal. Chrobak had to donate a sterilizer; he also laid the foundations for a specialty library, by donating 500 books. Under his leadership, intensive research was initiated. Some of the results can be seen in his article on the uterus in Stricker's *Handbuch der Gewebelehre* (Handbook of Histology) and in his fundamental article "Examination and Diagnosis" in Billroth's *Handbook*.

Through his untiring efforts, gynecology attained a high rank in the hierarchy of medical specialties and as the result of his insistence and organizational talents, gynecological clinics were opened in some suburban hospitals.

Freud said of him that he was perhaps "the most eminent of all our Vienna physicians." In relating how an early remark of Chrobak's had unwittingly put the young Freud on the track of the sexual etiology of the neuroses, in effect Freud also assigned him a place in the history of psychoanalysis. (*Standard Edition*, Vol. 14, p. 13.)

We now turn to Heinz Hartmann's father, Ludwig Moritz Hartmann (1865–1924), a great scholar and humanitarian, whom a recent historian described as follows: "the great expert [Kenner] on the history of Italy and the general history of economics," "a trailblazer [Bahnbrecher] in the outstanding organized Austrian mass education [Volksbildungswesen]."* Indeed, he was one of its founders. In Ludo (as Ludwig was called in Austria), we also find that unique combination of idealism and professional expertness that were so significant in Heinz Hartmann's ancestors on both sides.

He was born in Stuttgart. The early death of his father, when Ludo was seven years old, did not deprive his mother of the means that were

* Zöllner, Erich: *Geschichte Österreichs.* Vienna, Österreichischer Bundesverlag, 1961, p. 462.

necessary for the unencumbered raising of the youngster, since his guardian was Ludwig Bamberger (1823–1899), an outstanding German economist, banker, and politician, whose history is worth referring to, if only briefly. After the collapse of the republican rising of 1849 in the Palatinate, he was condemned to death, but escaped and lived in exile until 1866, when an amnesty made possible his return. He was a prominent member of the National Liberal Party, which, however, he left in 1880 to form the so-called "Secession." His *dies nefastus* speech against Bismarck became famous. It is testimony to Ludo's own unimpeachable character that, as soon as his own political convictions had taken him to the left of his guardian's, he no longer accepted the latter's assistance.

Ludo studied history in Berlin under the great Theodor Mommsen (1817–1903), and continued the definitive history of Italy that Mommsen had carried as far as the end of antiquity. Upon his return to Vienna, he started his university career; later he became a full professor of history. His work as an archeologist led to the publication of inscriptions discovered underneath the church of Santa Maria in the Via Lata in Rome.

In the 1890's, an old wish of his was fulfilled with the opening of the first *Volksheim.* This was an educational institution that sought to provide courses in all fields of knowledge for those who were barred from the institutions of higher learning. It was the beginning of a new medium of mass education and it bore wonderful fruit. As time went on, a chain of such *Volksheime* became an integral part of Vienna's cultural life. Its blessing was twofold: it provided, for the working and middle classes, a pool of first-rate teachers of university rank; at the same time it became an important source of income for intellectuals whose university salaries would not have yielded a decent living. Ludo Hartmann thus created an original instrument of mass education that was far in advance of his times, and he earned the gratitude of literally millions of people who found, through his ingenuity and energy, access to the mainstream of contemporary civilization.

Politically, he belonged to the Social-Democratic Party, the rallying point of Austria's liberal and progressive elements. During the Republic, he became a member of the Austrian State Council. It was quite logical that the new Republic should send him as its ambassador to Berlin, a key position in the evolving drama of the post-World War I period.

In 1892 Ludo Hartmann married Grete Chrobak, the daughter of the famous professor whose history was outlined above. Since Ludo was strictly opposed to religious practices, this marriage was all the more remarkable, in that his spouse came from a Catholic family. However, this difference in attitude did not lead to any disagreement, for no serious protest seems to have occurred when he decided to have young Heinz and his one-year-older sister taught at home since in those years it was impossible to have children taught in either the public or private schools without their participation in religious teaching. Thus Heinz enjoyed the benefits of individualized instruction up to the age of fourteen. Since the law did not require religious teaching after the age of fourteen, Heinz attended public schools from that age on, when attendance did not infringe upon his father's convictions.

His tutoring had been privately supervised by a man of no minor stature. This was Karl Seitz (1869–1950), who in later years became renowned as a beloved Mayor of Vienna and a great Social-Democratic leader.

The growing child had been surrounded by the best prototypes for identification that a talented child could wish for. As far as the father is concerned, this small detail of Ludo's consistency and aversion to compromise in matters of his children's education may serve as a symbol of the sterling character that this great educator and scholar had. It was of him that a political opponent once said: "One wishes to shake hands with him before one attacks him."

The artistic element was likewise strong in Heinz's upbringing. Music had been quite a tradition in the Chrobak household, at which Brahms was a frequent visitor, and Heinz's mother continued it. She was also a well-known sculptress, whose works can still be seen in some public buildings. Not only did Austrian intellectuals meet in Ludo's home but the atmosphere was an international one. Consequently, Heinz not only had the privilege of meeting the best people that his time produced, he was also introduced to a great variety of problems and ideas, of ways of looking at the world, of possible solutions—not through book learning, but by the live disputes of unusually talented and original minds.

Under such extraordinary stimulation, a plethora of talents took shape. Heinz played the violin and was a self-taught pianist; he also wrote remarkable poetry and later produced watercolors.

Prior to graduating from medical school at the University of Vienna in 1920, he had to serve in the Army. At the Italian front lines he twice had an encounter with death—not as the result of man's desire to destroy his

enemy, but through nature's blind rule. Twice he and his comrades were buried by avalanches, and twice—through happy coincidence—they were dug out.

His study years were unusually productive. Heinz Hartmann had the incomparable advantage of being trained in a large variety of scientific pursuits. The study of medicine was organized at the University of Vienna in such a way that the student was not forced into the rigid armor of the usual medical training. Instead, one who was eager to enlarge his horizon could easily attend lectures of his choice. Thus Heinz Hartmann audited lectures on psychology and philosophy under Friedrich Jodl (1849–1914), Adolf Stöhr (1855–1921), Heinrich Gomperz (1873–1943) and Hermann Swoboda (1873–1963). Later, when he spent time in Berlin, he came in contact with Kurt Lewin (1890–1947) and his work.

As a student he worked under the renowned pharmacologist, Hans Horst Mayer (1853–1939). Two early papers on the metabolism of quinine, published before his graduation (1917, 1918), testify to his early expertise in the experimental method. A lasting effect was brought about by the privilege he enjoyed of being permitted to attend a half-year seminar, held in Vienna by the greatest sociologist this century has so far produced: Max Weber (1864–1920).

Within this period he also worked as secretary to his father, who was then Ambassador in Berlin. In this way, Heinz Hartmann was able to study history as a living process, meeting the foremost politicians of the new German Republic, such as Friedrich Ebert (1871–1925), the first president of the German Republic, and Philipp Scheidemann (1865–1939), who was *Reichskanzler* in 1919. It was an enriching experience to be able to feel the pulse of a historical center—particularly for a young man whose background must have created a disposition toward theory. Yet, despite the fascination created by this close observation of political events, the profession of politics was one of the few he never contemplated entering.

After graduation, Hartmann started his career at the Psychiatric and Neurological University Clinics in Vienna under Wagner-Jauregg (1857–1940). Here he remained until 1934. The chief influence on him came from Paul Schilder (1886–1940), who had recently joined Wagner-Jauregg's staff; four papers resulted from their collaboration. Thus, he had the advantage of integrating psychiatry in its classical and most conservative, as well as its most revolutionary and modern, forms. Later, in Berlin, he had the opportunity of working for a time at the clinic of Karl Bonhoeffer (1868–1948).

Four years after graduation, he published with Betlheim what must be considered as a classic, and still remains the best paper in the field of experimental psychoanalysis: "On Parapraxes in the Korsakoff Psychosis." With one bold stroke, he proved by experiment that Freud's theory of symbols, which appeared to be the most "far-fetched" among his many theories, was in fact correct and could no longer be doubted. It was a stroke of genius on the part of the young scientist. Around this masterpiece are clustered Hartmann's important clinical papers, so felicitous by combining classical psychiatry with psychoanalytic insights.

In 1927, unannounced by previous publications of this sort, he published *Die Grundlagen der Psychoanalyse* (The Fundamentals of Psychoanalysis). It was written in Berlin while he was undergoing his first training analysis with Sandor Rado. (The production of the book was made possible by a Rockefeller grant.) In this book, the position of psychoanalysis among the *Geistes-und Naturwissenschaften* is laid down, and the theory of psychoanalytic methodology is explicated. Written at a time when psychoanalytic work was mainly clinically directed, and methodological questions were not fashionable among analysts, it did not initially meet with the esteem that it deserved, although it has since become a classic. In any case, Hartmann's prestige as a psychoanalytic theoretician was established with its publication.

Upon his return to Vienna, and for the rest of his stay at the psychiatric clinics, Hartmann continued his research, which combined psychoanalysis and psychiatry. Now began his work on twins, which led to six publications in the field of the psychopathology of twins, for which he earned a unique position in the field. The fact that he was assigned to write 13 articles in the *Handwörterbuch für medizinische Psychologie* demonstrates the eminence he had already acquired in mental science.

It may have been a lucky turn for psychoanalysis that Heinz Hartmann's university career was cut short. Disagreements with the successor to Wagner-Jauregg made it advisable to leave the University Clinics and to take up full-time private practice, which meant exclusive devotion to psychoanalysis. His farewell to the University Clinics may have been made easier for him by his regrets that Paul Schilder had departed for

the United States six years earlier, an irreplaceable loss for the Viennese psychiatric school.

In 1933 he became, in collaboration with Paul Federn and Sandor Rado (later with Edward Bibring), editor of the *Internationale Zeitschrift für Psychoanalyse* and, in the same year, the editorship of *Imago* was reorganized and entrusted to Ernst Kris and Robert Waelder. The second generation of psychoanalysts thus moved in and began to take over what the first had so brilliantly built up under Freud's guidance. This also had the effect of bringing Heinz Hartmann into closer association with Ernst Kris, which led to their Dioscurian friendship of later years, one of the greatest blessings for the growth of psychoanalysis in this country.

When Heinz Hartmann left the Clinics, he was invited by Freud to continue his training analysis with him, the only instance known of that sort, and the greatest honor that a psychoanalyst could be accorded in those days. There is also another significant aspect to Hartmann's second training analysis (1934–1936), for as a youngster he had suffered from pneumonia, and had been treated by Josef Breuer. He is thus probably the only analyst to have been treated by both Breuer *and* Freud.

There is a gap of four years (1935–1939) in Heinz Hartmann's bibliography. It was a quadrennium of productive silence. On November 17, 1937, Hartmann read to the Viennese Society a paper on ego psychology and the problem of adaptation, part of his later extensive publication of the same title (1939). The audience was stunned by his presentation. There were probably few, aside from Anna Freud and Ernst Kris, who instantly grasped the far-reaching consequences of his presentation which extended psychoanalysis to new areas, and opened up a host of new problems that had lain dormant in Freud's theories and were here for the first time set forth explicitly within the framework of a general theory of psychoanalysis.

In 1928 Heinz married the pediatrician Dora Karplus, who later became an analyst. She is a member of an intellectually outstanding Viennese family, her maternal great-uncle being Josef Breuer, and her paternal uncle the famous neurologist, Johann Paul Karplus (1866–1933), who, with Alois Kreidl (1864–1928) wrote the classical treatise on the physiology of the diencephalon. Two sons—Ernest and Lawrence, later a Rhodes scholar—were born to them. The invasion of Austria forced the Hartmanns into exile, and they had to leave Vienna in the

spring of 1938. However, Heinz Hartmann's roots in the European classical soil seem to have been particularly strong, for only in 1941 did he and his family at last arrive in New York, after some time spent in Paris, Geneva, and Lausanne.

It was in the new continent that Hartmann brought to full fruition his unusual gifts and the vast knowledge and experience he had accumulated. Systematically, he went over the ground of all fields of psychoanalysis and set forth the results that obtain in the light of the structural aspect. In carrying out this task he had, of course, to include all other aspects of theory. Thus one may call the aggregate of Heinz Hartmann's papers since 1941 a *Gesamtdarstellung* of psychoanalysis. A psychoanalytic thrust into entirely new fields, such as the theory of values, was one of the many side effects.

Heinz Hartmann is a great teacher who has been a fertilizing influence on papers of pupils and friends, through suggestions and remarks that have been stimulating as well as critical. His work has become an integral part of that stream of psychoanalysis that continues Freud's tradition, being characterized by an insistence upon the primacy of the psychoanalytic situation as the source and center of observation and research, without the neglect of data obtained by other methods, and a balance of views: biological and cultural; dynamic, economic, topographic and structural; and always genetic.

Heinz Hartmann is, intellectually speaking, an aristocrat; his is an essentially unpolemical mind, although probably no other analyst has ever been engaged in as many discussions as he has. He is unpolemical not because he is eclectic—the aristocratic spirit and eclecticism are altogether incompatible—but because in the history of abstract ideas there are debates and no polemics. He himself has made valid contributions to the great debates that have continued through the centuries, from ancient Greek philosophy down to our own times, and that will continue for many centuries to come, until man has arrived at certainty about those questions on which one is forced to take a stand, well knowing that no lasting answer can yet be found.

In the great tradition of the scientific nineteenth century, Heinz Hartmann's work stands firmly rooted in clinical observation—that is to say, in data that are empirically and scientifically ascertainable. Yet this empirical root of his work has not limited his psychological understanding of the metaphysical tradition that is so significant in Western civiliza-

tion. The tendency to extract from that tradition those thoughts that reflect reality whether they concern man's psychic reality or his relationship to objective reality—this is implicit in his work. He has, indeed, shown the greatest synthetic power that the analytic movement has brought forth so far.

Aside from the sort of objections that every mental product is likely to arouse in the intellectual community, the criticism has been made that Heinz Hartmann's work has been, since 1939, mainly of an abstract character, shying away from clinical exemplification. This is true and quite surprising for a scholar who has shown in a score of papers his own clinical mastership. But if the objection means that Hartmann's papers do not provide clues to the verifiability of the theories set forth, then it is wrong.

The astute reader knows where to look in the empirical realm, in order to test the contents and the concatenation of the magnificent abstract edifice that Heinz Hartmann has built.

Indeed, the very abstractness of his papers since 1939 is part of their beauty. It may be that if Greek temples had reached us in their original form, with all their sculptures attached, and with all the colors with which they were bedecked when Pericles and his contemporaries gazed at them, they would awe us less than they do today, when they show nothing but the austere frame that underlay their architectural idea.

On the formal side, Heinz Hartmann's psychoanalytic work can be described as an architectonic frame, within which psychoanalytic research will have to be carried on for many decades to come. It is precisely its abstract austerity that gives it its beauty and individuality while its roots in empiricism give it its solidity and vitality. The synthesis of psychology, sociology, history, philosophy, biology and medicine—that is to say, the synthesis of *Geisteswissenschaften* and the natural sciences into the framework of a psychoanalytic theory—is the result of Hartmann's universality and reflects what may be called his cosmopolitan mind.

Heinz Hartmann cannot be called a popular analyst in the true sense of the word. There are others among those who have also come here from Europe who have become far better known to the American public. His contribution is known still to a comparatively small group, and only the expert can measure his achievements. Yet, there is no doubt that if he had sought popularity, he would have popularized psychoanalysis

—although that would have been incompatible with his membership in the aristocracy of mind to which the chosen few belong.

A word about Heinz Hartmann as the man who is loved and admired by both friend and opponent: the happy man who has no enemy, as his father had none, even though he stood at the center of practical politics. In the midst of his activities as physician, teacher, scientist, and as cofounder and editor of the *Psychoanalytic Study of the Child*, he rarely spends a day without meeting at least one of the large number of his friends. He is devoted to music (a prime passion with him) and to the arts, and is equally at home in the ancient ruins of Sicily and the *chefs-d'oeuvre* of the Louvre. Yet he could also write on the latest novels (English, German or French), being *au courant* not only with modern science and its history, but with the totality of artistic creations reflecting the genius of the Western mind.

Nobility does not display its wealth beyond what is necessary. Thus Heinz Hartmann's true profundity of mind is not fully revealed but only adumbrated in his published works, which—following the trend of our times—are limited to those fields in which he is a professional expert. He is certainly not the sort of writer who pretends to say—and even sometimes does say—more than he is truly entitled to. Whoever would want to plumb Hartmann's true depth must have the opportunity for intimate conversation with him.

If his "Conversations" had been collected and published, one could see at once that here is exemplified that type of mind that stands at the brink of passing out of evidence, and, therefore, has become a rarity, the type of mind that can be traced back to the Renaissance, that glorious period whose end (in its most general terms) we may well be witnessing now.

The Renaissance tradition, which came into being with Petrarch, can not, of course, be discussed at length here. For want of a better name, let us call it "liberal humanism." The liberal humanist is, to be sure, encyclopedic, but the wide range of facts that he masters is only the "minimum requirement," so to speak. It is his original, individual synthesis that makes the liberal humanist what he is. He integrates the cultural tradition, but without being overwhelmed by it; he transforms it *into his own domain*. This becomes especially impressive when one hears Hartmann quoting or citing. Others use what has been already said as a source of confirmation for what they are now saying. When

Hartmann introduces a quotation into his conversation, the new context *adds new meaning* to the words of his predecessors. By his individual understanding of the tradition which he shares, the liberal humanist adds organically to its growth.

The mind of the liberal humanist is raised above provincial prejudices, has freed itself of any conformism (in this case, it had probably never been its victim, for Hartmann had already been both brilliant and original during his prep-school days, as his classmates can well remember). To each new piece of knowledge or shade of stimulus, such a mind reverberates with its own individual subtlety, sensitiveness and originality. The liberal humanist, at his best, is not a "mirror" of the cultural tradition, therefore, with each new turn that he gives it, its pieces fall into new and surprising patterns, as when one gives a slight twist to a kaleidoscope.

How liberal such humanism may be can perhaps be best exemplified by a remark Hartmann made during the discussion after a speaker had demonstrated the fallacy of the theories that a former colleague had produced after leaving psychoanalysis. Hartmann agreed with the speaker's critique: "But," he added, "we should be grateful that he [the former colleague] has taken the trouble of thinking one aspect consistently to its end, and thus demonstrated to us its limitations and errors." This is true liberalism, in which each step taken in the history of ideas is close to its heart and meaningful, representing the particular, perhaps momentary—yet ultimately necessary—form of a general pattern. Such liberalism has become vastly extended by Freud's new psychology, which owes so much to Hartmann's having made it the center of his professional career.

In accepting an idea, it makes a big difference whether this acceptance is "a casual flirtation" or "a legal marriage with all its duties and difficulties," as Freud so aptly said. In view of the broad cultural stream in which Heinz Hartmann was brought up, and the constant temptation to espouse one of the many appealing, and far more aesthetic systems than the psychoanalytic is, we are grateful that a "casual flirtation" with psychoanalysis did not suffice him, as it has so many, but that he underwent a "legal marriage" with it, and bore all the consequent duties and difficulties.

If Hartmann had indeed limited his contact with psychoanalysis to a casual flirtation, there easily might have been a way open for him to a

professorship in psychiatry at one of the highly prized German universities, which offered a position of high prestige. But such a flirtation would have added up to a betrayal of liberal humanism which, notwithstanding its ambitions for the adequate recognition of excellence, gives first place to a self-imposed perfection of self and personality, to intellectual independence. Thus, since this was by no means a marriage of convenience, it became a happy marriage, in which both parties have reason to be rightly grateful to each other for the fact that they met and concluded an alliance. Both have been faithful and each has brought much to the other. Hartmann and psychoanalysis have grown together and are right to be proud of each other.

Although Hartmann falls into a tradition which has had to be no more than adumbrated here, there is one aspect of his personality that may be touched on, even though with an equally regrettable briefness. Many of his professional papers are outstanding for the almost classic austerity of their sharply hewn abstractness. With Nietzsche one might say they are Apollonian. Yet, when one listens to Hartmann talking about music, nature, art, beauty, one discovers in him that Dionysiac element that Nietzsche also defined. That Hartmann has succeeded in synthesizing the Apollonian and the Dionysiac, despite the pressure of some very un-Dionysiac specialization, is his own personal merit and it adds a special beauty to the many others he possesses.

ADOLESCENCE AND ADAPTIVE REGRESSION

ELISABETH R. GELEERD, M.D.*

Heinz Hartmann's studies and formulations of ego psychology and psychoanalytic theory since 1939 have widened the horizon of psychoanalysis. These have brought psychoanalysis closer to becoming a basis of a general psychology, something for which Freud had always hoped. In this paper I will deal chiefly with one of Hartmann's important contributions; namely, his propositions regarding the adaptive value of psychic phenomena, and in particular his concept that regressive processes can also have an adaptive significance.†

Adolescence is a period of life when the interplay between progressive and regressive forms of adaptation can be observed constantly. In order to arrive at a more or less healthy level of adult adaptation, the growing individual passes through many regressive stages in which all three psychic structures participate. At no period of life does fantasy life seem richer. It receives a strong impetus due to the increase in drive energy, and the resulting enrichment by drive representatives is further enhanced by temporary regression of the ego to the phase of nondifferentiation between self and object. In adolescence fantasy can be used for "progressive" adaptation insofar as it is used for the search of objects with whom to identify. Just as thinking, according to Freud, is a trial action, in adolescence many fantasies are a form of trial action for later adaptive behavior.

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* New York City.

† In *Ego Psychology and the Problem of Adaptation*,[1] he writes: "I refer to what might be termed *progressive* and *regressive* adaptations. The term progressive adaptation is self-explanatory; it is an adaptation whose direction coincides with that of development. But there are adaptations—successful ones, and not mere unsuccessful attempts—which use pathways of regression. I do not refer only to the well-known fact that the genetic roots of even rational and adapted behavior are irrational, but rather to those highly adapted purposeful achievements of healthy people which —the generally justified contrasting of regressive and adapted behavior to the contrary notwithstanding—require a detour through regression. The reason for this is that the function of the most highly differentiated organ of reality adaptation cannot alone guarantee an optimal total adaptation of the organism. This is related to the problem of 'fitting together' and particularly to the fact that the general plan even of successful adaptation processes often includes regulations which are not specifically adaptive. There is, for example, the detour through fantasy. Though fantasy is always rooted in the past, it can, by connecting past and future, become the basis for realistic goals."

It seems that in order to reach adulthood the adolescent goes through states and stages of partial regression, alternately or simultaneously with manifestations of progression and maturation. The ego brings many defense mechanisms and regressive forms of defense into play, such as projection and introjection, to cope with the increased id demands, as well as with other intensive stimuli coming from the body, due to the processes of growth. The adolescent shows a heightened perception to stimuli from the outside, and from the environment which, in turn, has increased demands. At the same time a rearrangement of the superego takes place. Its partial dissolution leads to a partial rejection, both of the superego demands and of demands from authority figures in the external world. Regressive features in the superego may give rise to severe inhibitions as well as masochistic and depressive reactions. Many love objects are sought and again rejected since in these relationships the old object ties are repeated and necessarily must be rejected because of the growing need for independence. There is also a fear of surrender inherent in the need for and the fear of fusion with the love object.[5]

The increase of instinctual drive energy and the superego conflicts in adolescence can become too much for the ego, and neurotic or psychotic, or psychotic-like reactions, may be the result.

Heinz Hartmann[2] in his paper "Psychoanalysis and the Concept of Health" notes that the distinction between health and mental illness is not a clear-cut one. He writes:

> "It is even probable that a limited amount of suffering and illness forms an integral part of the scheme of health, as it were, or rather that health is only reached by indirect ways . . . Typical conflicts are a part and parcel of 'normal' development and disturbances in adaptation are included in its scope."

Of importance in the thesis of my paper is the remark which follows this quotation:

> "We discover a similar state of affairs in relation to the therapeutic process of analysis. Here health clearly includes pathological reactions as a means towards its attainment."

The pathological behavior of adolescence is to be considered a prerequisite for later mental health. At no period of life is there such a mixture of rational and irrational strivings; progressive and regressive behavior and reactions. However, although we consider deviated behavior in adolescence necessary and a prerequisite for successful develop-

ment, we must nevertheless distinguish between two types of pathology: (1) extreme rigidity and hypertrophy in one or another direction of behavior; and (2) absence of the usual adolescent upheavals.

In the case I want to report most of the usual adolescent behavior patterns had been absent before treatment was started. A severe pathological state developed during treatment, which I consider a distorted equivalent of a delayed adolescent crisis.

A 21-year-old female patient came to treatment because of marked inhibitions. She had always been a shy, withdrawn child who did not easily make friends. Her adolescence had been a continuation of this pattern and was marked by a lack of upheaval. She was afraid of her father who could be very harsh and tended to beat her in childhood. She admired her mother and was dependent on the mother's opinions about most things. Her superego was a direct representation of her relation to her parents, and no emancipation from their values had taken place. The patient had a three-years-younger brother and consciously she took a maternal attitude toward him; she admonished him about his "wildness," for instance in his driving. But she did not approve of his dating and was afraid of his friends. She did reasonably well in school. She kept her emotional balance as long as she was living at home. But she broke down shortly after entering a junior college. She was unable to take the examinations when they came up for the first time. She became tearful and "went to pieces." She was removed from college, and regained her old balance when she returned home.

She started psychotherapy with a male therapist but communicated very little with him once the acute symptoms disappeared. He considered her a borderline case. The male therapist felt that she was too afraid of men to work with him and she was, therefore, referred to me. However, her contact with him enabled her to find a clerical job which she was able to hold. There had been sufficient therapy for her to feel ready to move away from home. At the time when she came to me she was looking for a new job and plans materialized for her to share an apartment with a girl whose family were acquaintances of her parents.

I continued to see her in psychotherapy, since analysis was contraindicated in a person with such fragile defenses and who had so little ability to communicate. There was a marked depressive element in her character makeup and a tendency to mood swings. (The father also had mood swings.) I saw her once a week. She would sit across from me giving me a warm smile, and her eyes easily filled with tears. She would squirm a great deal in her chair, sometimes exposing part of her body, thus revealing the underlying sexual excitement and exhibitionism. Her greatest concern at that time was a fear that people would criticize her, and she was most concerned about my opinion of her.

She had had a short-lived affair with a boy her age shortly after she started

her first treatment which seemed connected with the transference to her male therapist. She had responded to this with a depression.

The only insight she gained in the first year of her treatment with me was that her strong feelings of self-criticism were related to her father's criticism of her, and an attempt to meet his high standards of achievement. However, she was able to live with the girl friend and to hold a job. She started to feel so much better that she neglected her appointments with me. She decided to prepare for an examination in order to advance in her work. Then she suddenly became anxious and could not study. She also stayed away from her job. The challenge of an examination and the usual activities of a young woman were too much for her; also, conflicts had arisen with the roommate who seemed much more able and stable and who had a tendency to dominate the patient.

She now contacted me again and was in a state of real depression. She cried a great deal, stayed in bed most of the time, and could not get mobilized. She was highly agitated, in a state of panic, and showed features of a schizophrenic nature. She talked of having "realized" a great many things. "I listened too much to my parents; they should stop interfering in my life. Mother always restrains me and cautions me not to go too far with boys. But that is wrong, isn't it? I should be able to make up my own mind." She had also "realized" that she lets the roommate take advantage of her. She then started talking about her former boss, an older married man, and suddenly "realized" that she was attracted to him.

She now talked about a rumor that her mother had had an affair with someone and what should she do about it. Should she ask her mother, but "What if it were true? Sex is a crime, isn't it?" she asked, turning to me.

The important outstanding feature in this upset state was that the patient remained in contact with me and could discuss and verbalize what troubled her and she could accept my interpretations. Thus I could fully discuss her conflict about sexuality with her—whether to follow the standards her mother always had held up to her but by which the mother herself did not seem to have lived. The patient was also able to accept the interpretation of the attraction she felt to married men as representing her oedipal feelings.

Although hospitalization was considered, the patient became even more frightened of this and went home to her parents. She remained agitated. The next day she did not talk about having "realized" things but was suddenly hypochondriacal. She was convinced that she had a bad heart and would die from a heart attack. This again could be analyzed and understood by her as a fear of sexuality which would lead to death. She now displayed many mannerisms and tics, giggled in a silly way and exposed herself much more. She could understand this as a result of sexual excitement. But she would also suddenly yawn and

wanted to sleep. This she explained, "Mother always said that I should go to sleep when I have troubles." At the same time she kicked with her foot. This meant "that she was so angry at her parents that she felt like kicking them." The symptom of kicking led to an expression of rebelliousness against her parents. "They should not butt in so much. I should do what I want to do, I should lead my own life." At the same time she expressed their admonitions, "I should control myself, I should keep busy, I should not talk too much." She expressed many ideas of reference. Whatever she was doing she felt related to herself. When she was reading something, it meant "that she was not working, that she had misbehaved." In this upset state she was seen in daily sessions.

In those sessions I could consistently interpret her conflict about her parents' standards, their demands, her feelings of guilt about sexuality, and her need for freedom and growing up. She improved considerably and expressed the wish to go to a skiing resort with a girl friend. But once there she acted out her need for sexual freedom and had intercourse with a young man whom she met. It was difficult to assess how disturbed she had been prior to this action, but afterwards she was again agitated and depressed and called her parents who brought her home. However, she was less disturbed now than previously. Although she talked about the fact that people "knew" what she had done and expressed some vague suicidal ideas, her faulty testing of reality could be overcome by interpretations about her guilt and the realization that she always had had a sexual fantasy about a stranger.

In about two weeks she became reintegrated. After this she was able to communicate with me in the sessions and remained accessible to my interpretations and interventions when the acute episode subsided. Daily sessions were again more than she could manage. She had become a totally different patient. She spoke freely now, although the material she presented came from much more superficial layers than when she was in the disturbed state. She continued to gain insight.

The problem of diagnosis in this case should be considered. In her acute phase she presented many symptoms of a schizophrenic nature; when she developed her mannerisms and silly giggling the diagnosis of hebephrenia came to mind. In the nonacute phase she always had had symptoms of depression interchanged with mild hyperactivity and she had shown a distinctly immature, dependent personality.

Apparently this girl had never gone through a real adolescent process. Due to the maturational pull, aided by the relationship to her therapists, and by the psychotherapeutic work, this adolescent process was set into action to overcome the developmental lag.

In adolescence the ego is under great stress owing to the increased id demands, the changes in the superego and the conflicts about the dissolution of ties to the old love objects. Sometimes it does not have enough defenses available to deal with these stresses and psychotic or psychotic-like states may ensue. It seems that the ego of this patient could not tolerate the onslaught of the increased id demands. In discussions with her therapists, moreover, she had become more and more aware of the need to grow up. The moral values and ego ideals which the therapists represented clashed with the superego values stemming from the parents who also still played a great role as real love objects. This created such an intense conflict within the superego (intrasystemic conflict[8]), as well as an intersystemic conflict between ego and id, that her hold on reality could not be maintained and a psychotic thought process broke through. In this psychotic state one could clearly follow the id derivatives, sexual as well as aggressive ones, the projections of the rigid superego (stemming from the incorporated parental demands), and the old identifications with the parents as well as the new ones with the therapists.

Since the patient remained in contact with me all through the psychotic episode, it seemed that enough healthy ego was available for our therapeutic work. Also the fact that this contact had continued after the episode had subsided makes me assume that the temporary break with reality in this patient could be considered to be a regression, albeit a severe one, in the service of a process of growth. We might surmise that the therapeutic process had set in motion her delayed adolescence.

This patient showed in excess what generally we can observe in every adolescent, namely, that in adolescence regressions occur in the service of adaptation; thus the distinction between what we understand to be mental health and mental illness is a relative one, and irrational behavior may be a prerequisite for later rational adaptation. Hartmann expresses these views clearly in "Psychoanalysis and the Concept of Health."[2]

In the paper "On Rational and Irrational Action,"[4] Hartmann takes up the value judgment implicit in these terms and the equation which some analysts make of healthy and "good" with rational behavior and of irrational behavior with the opposites. Hartmann favors the psychological

approach and applies it to clinical phenomena and to the question it poses for adaptation. "There always remains the fact that the various ways of adaptation are generally appropriate only for a limited range of situations, and that successful adaptation to one set of situations may lead to an impairment of adaptation to another. This holds true especially for the process of growth and development in the human being." With a change in conditions, be it due to inside and/or outside pressure, a new adaptation can only take place by changing the methods used in dealing with reality. However, clinically, we can observe that these adaptations frequently are achieved by temporary regressions. Thanks to the synthetic function of the ego which develops parallel to the general development of the ego these regressions are but temporary and lead to a more "rational" or "healthy" form of adaptation. Hartmann states, "I want to point to the fact that the psychoanalytic process itself can be considered as a model of how purposive rational action can, often successfully, use irrational elements of behavior." Similar processes occur all the time in a psychoanalytic treatment.

I believe that a combination of both processes, namely, development and analytically oriented psychotherapy, took place in the patient I described. One might assume that the prevention of a real psychotic break was possible because she maintained the relationship with her love objects (the parents and the therapist).

REFERENCES

1. Hartmann, Heinz: *Ego Psychology and the Problem of Adaptation*. New York, International Universities, 1958.
2. ——— (1939): Psychoanalysis and the Concept of Health. In *Essays on Ego Psychology*. New York, International Universities, 1964.
3. ——— (1950): Comments on the Psychoanalytic Theory of the Ego. In *Essays on Ego Psychology*. New York, International Universities, 1964.
4. ——— (1947): On Rational and Irrational Action. In *Essays on Ego Psychology*. New York, International Universities, 1964.
5. Geleerd, Elisabeth R.: Some Aspects of Ego Vicissitudes in Adolescence. *J. Amer. Psa. Assn.* 9:394–405, 1961.

ADAPTATIONAL TASKS IN CHILDHOOD IN OUR CULTURE*

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In the more than 100 years since *The Origin of Species* an increasingly balanced understanding of adaptational processes in human beings has gradually emerged. The concept of phylogenetic evolution with its insight into the prerequisites for survival of a given organism in a specific environment was followed by a series of steps in the understanding of ontogenetic development. It is not surprising that different streams of scientific work had to continue to be separate for half a century. Those initiated by Freud's contributions to the understanding of epigenesis of drive[1] and aspects of mental functioning influenced by drives remained relatively remote from the successive discoveries of experimental and developmental psychology of the universities. This was true despite the interest of G. Stanley Hall—founder of child psychology—in Freud's work, and later, the interest of Susan Isaacs[2] as early as the 20's in contributions from experimental work.

Only when Freud's own formulations regarding the ego were followed by Hartmann's monograph[3] on the ego and the problem of adaptation was the way opened for more spontaneous rapprochement of the two broad streams of investigations. The later work of Piaget on the development of intelligence[4] has captured the interest of a large body of workers, some of whom have also been interested in analyzing parallels and differences between Piaget and Freud.[5] But there is room for much more work toward an integrated dynamic view of the adaptational process. This discussion of basic tasks of adaptation is one step in this direction—a step taken in response to stimulation by new reports of Soviet psychology, recent developments in Western psychology and also by data from our own research.

Development in Infancy

The first and most basic task of human development, as well as the one which lasts the longest, in fact for the lifetime of the individual, is to survive. For the very young baby in the critical early weeks of post-

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natal life this is a matter of achieving adequate integration in the basic vegetative functions such as breathing, feeding and digesting, eliminating, resting and sleeping. Achievement of smooth organic functioning is important not only in its own right, but also as a prerequisite for the stable positive mood-level sometimes described as bliss or narcissistic pleasure. Without a dependable experience of feeling good within himself the infant has little basis for attributing goodness to the external world. Moreover, when difficulties in oral and gastrointestinal functioning, lack of skin comfort, or other primitive gratifications, contribute to overwhelming and persistent distress with autonomic flooding, the autonomous development of perceptual and other cognitive functions is jeopardized. However, mild discomforts, within the range of the infant's capacity to handle through motor coping devices, can stimulate adaptive efforts.

Broadly speaking, survival implies another basic task of the infant: to grow up at a pace consistent with optimal functioning of his own equipment and development of his capacities, in cooperation with appropriate stimulus, support and protection from the environment. Thus *stimulus management* is another basic task: in relation to (a) evoking enough and sufficiently relevant stimulation for the development of specific aspects of perceptual-motor and other cognitive functioning; (b) protecting oneself against excessive or painful stimulation which could interfere with optimal development of perception, memory, image formation and their use in differentiation of the self from the external world and interacting with it; (c) selecting the stimuli needed for development of integrative functions of the ego. The latter include the organized orientation (cognitive map building) to the environment; the selection of relevant gratifiers or means of gratifying ends; the mobilization of motor resources in goal-directed action; and developing both the capacity to accept substitutes at times, to wait at times, as well as to use both the environment and the self for stimulation.

Active participation in the evolution of basic relationships to other persons as differentiated individuals (with or without exclusive attachment to the mother) is another major task of the first year. This uses the infant's capacity to evoke satisfying action from the caretaker in times of need, mutually responsive communication, and affective exchange, and the related foundations of basic identification. Closely related to the above are the complex capacities to cope with separation, loss, change.

The latter implies adequate development and use of imagery and fantasy and anticipation of future gratification.

"Sensitive phases" or "critical phases"[6] are sometimes differentially referred to the period of emergence and still incomplete integration of new evolving functions, and the time period when stimulation is required specifically for consolidation of a new process or function, as in the critical phase for imprinting as discussed by ethologists.[7] With infants, the first days after birth may be considered a critical phase for the integration of feeding mechanisms; but the whole first year (during which the infant triples his weight) is a period when oral needs are intense, although no more important than the infant's *need for contact*, for adequate *stimulation* (nutriment) for all the basic sensory-motor functions, and for the establishment of basic human *relationships*.

That is, a series of sensitive phases may be seen in the first year of life as new functions are emerging, functions involved in handling the tasks outlined above; these may be roughly summarized as follows, with the proviso that wide individual differences in timing of the emergence of function have been documented in many investigations.[8]

Emergence of Functions

1. The first weeks after birth are critical for organic integration and the related sense of well-being, as mentioned above.

2. At about eight weeks the emergence of more focused, sustained and selective looking and listening presents a sensitive phase for perception, with a danger of overstimulation and fixation of defenses against this, or the danger of apathy in the case of understimulation. (This does not mean that perception "begins" at this time; early precursors in the "orienting reflex" which from birth may even interrupt feeding, visual fixation, response to auditory stimulus, are all evidence of the gradual integration of perceptual capacities.) The emergence of the "smile of recognition" in response to the human face parallels this increased organization of visual and auditory perception. Infants need stimuli of some degree of complexity.

3. At about four months or later, differing with different infants, the beginning emergence of differentiation between self and the external world is a sensitive phase for the consolidation of both objectivity and a delighted response to stimulation as opposed to a confused or suspicious, affectively-loaded perception of the external world. Normally at this

stage we see a peak of joyful, eager response to stimulation and beginnings of deliberate if still vague affecto-motor behavior to evoke interaction with other persons.[9] The suspicious or hostile orientation may become patterned or fixed when persistent acute distress (presumably accompanied by autonomic upheaval and flooding of the brain with chemical by-products) prevents adequately neutral or serene perceptual development. This can be seen most vividly in cases of unreachable, frantic, disorganized children who are not merely "emotionally disturbed" at a later stage but do not have foundations for dependably satisfying perceptions. To them the world can cause only distress.

The development of discrimination between self and the world is supported by the emergence of more active sensory-motor interactions with major objects in the environment. Now the infant has the task of extending his repertoire of resources for making something (pleasurable) happen. Objects capable of providing pleasure—the breast or the bottle—are recognized at this time.

Parallel with the basic self-object differentiation is the discrimination between factors relevant and irrelevant to pain or pleasure. Memory of painful inoculations is global during the early months; anxiety regarding anticipated inoculation is aroused by perception of the doctor's office or the doctor in a white coat in contrast to the only gradually differentiated association of anxiety specifically with the inoculating needle.[10] The task of learning exactly what to blame or to be anxious about thus involves increasing differentiation of threatening parts in an experience-whole, which generally develops only from six months on.

4. At six to eight months differentiated recognition of mother in contrast to strangers[11] has emerged or is emerging, although some infants show this much earlier. We find now a sensitive phase for separation anxiety[12] regarding the strangers. Some infants are able to cope with the task of mastering this anxiety within a few weeks, and C. Buhler[13] included this capacity as an eight-months developmental test. For other infants these sources of anxiety remain acute through the second year of life or until autonomy in basic functions has provided added security. A variety of coping devices may be developed to deal with anxiety regarding strangers, including strategic or self-protective withdrawal, and the elaboration of multiple ways of maximizing contact with the mother (turning toward, running to, climbing onto her lap, clutching at her skirt).

5. Meantime, parallel with the increasing perceptual organization of the environment and discrimination between self and environment is the increasing awareness of and cathexis of self, which has to proceed to a point of clarity about what one can manage alone before separation from mother (as protector and buffer against the world) can be tolerated. This blossoms during the second year, intensified by the vivid consciousness of control of the body as toilet training is accomplished, and also control of the environment.

6. Fundamental for these basic tasks of achieving secure and gratifying differentiation between self and the world, and the sense of control of both, are the motor developments (standing, creeping, beginning to walk) which present a multitude of challenges to the infant, new sources of information about the world, ways of using it, and both potential gratification and potential pain to be encountered in his explorations. He has to learn the rudiments of how to be safe and avoid collisions at this stage, as well as what satisfactions are provided by what sources.

7. Continuing through the second year, although beginning in the first half-year, is the mastery of many specific ways of using the body and parts of the body, from early learning to roll over, to sitting up; then to stand, creep, walk, and later to climb and to jump. The major body achievement of a vertical position (standing, walking) often brings the first open expressions of triumphant mastery. The achievements contribute to new dimensions of the sense of well-being, which arises not only from the sensations associated with good vegetative functioning, but also from striped muscle sensations involved in the practice of the new coordination. These experiences of delight in mastery, or triumph, are doubtless very important in motivating the further effort needed to move on to new stages of control, and of integration of basic skills with more complex interactions with the personal and the impersonal world. The period of first emergence of any of these skills may be a sensitive phase: Shirley[14] and others have noted instances of inhibition of walking after it had begun, following painful encounters or falls doubtless at a time of sensitization increased by other factors.

8. Another task which also goes along with those mentioned above is the development of the *capacity for communication of wants*, needs, frustrations, pleasure and unhappiness. This actually begins after birth with crying, at first a reflex, but soon used as an expression of discomfort or need for attention. More differentiated expressions of protest,

demand or interest, hunger, or pain, as well as expressions of comfort and joy, develop during the first six months. By the age of eight months babies have been observed to differentiate between different emotional expressions from the mother[13] although even earlier some babies can be inhibited by controlling words expressed by the mother such as "Ssh" or "No, no."[15] The expression of needs and of both pleasure and displeasure, insofar as it evokes appropriate and helpful responses from the environment, also brings a new dimension to the sense of well-being: trust,[16] security, confidence,[17] or perhaps we could say a feeling of attunement between one's self and the world. This does not mark an entirely new development of interaction between cathexis of the self and the environment, but rather a culmination and integration of positive feelings responding to good interactions with the environment.

Any new phase in communication is similarly "sensitive," in that adequate response from mother or caretaker is needed for the promotion of communication. Maternally deprived babies are not only emotionally apathetic[18] but lacking in the signaling resources developed by others who are adequately mothered.

9. After the first year of life come increasing societal demands for autonomy, control of sphincters and of aggression, and modulation of both aggression and erotic responses. Perhaps there are simple practical reasons for the earlier response to toilet training demanded in temperate climates where the small child has to wear more clothes; when clothes are unnecessary in early childhood, soiling is less of a problem. When demands from adults for *conformity* to toilet training coincide with the burst of *autonomy* awareness which accompanies motor achievements, an intense conflict between the child and the environment may ensue. However, when this conflict is avoided, sphincter control adds another dimension to autonomy. Thus the second year is recognized as a critical phase for the constructive integration of autonomy.[16]

Increasing capacities for self-help, in self-feeding, as well as in keeping clean, and also the expression of needs in speech rather than nonspecific crying or gestures, further this growing autonomy. Teasing, humorous or provocative defiance, escape from and experimental imitation of adults are among the expressions of new self-awareness in the second year of life, as each child solves the problem of becoming an "I" in his own way. Illness or other gross interference with emerging autonomy at this sensitive stage may retard or prevent adequate progress through this developmental phase. But favorable progress contributes to gradual outgrowing of infantile comfort devices.

10. Mastery of three-dimensional space, as increasingly encountered by the more skilled body, is followed by beginning mastery of time problems ("soon," "later") which contribute steadily to management of frustration, tolerance of change, newness and deviations from routine. These complex aspects of ego-functioning also develop out of interaction with the environment, and are vulnerable at this stage of insecure autonomy. In this period, extreme frustration is apt to lead to regression.

11. Increasing capacity for spontaneous relations with peers, and the ability to use one's own ideas in beginning to carry on cooperative and imaginative play activities, begin to flower after such integrative developments reflected in mastering of space and time.

12. Mastery of three-dimensional space and time (past and future) contributes further to the capacity to plan, to forestall danger, to anticipate, wait for, or work toward future gratification. Closely related to these are the extended capacities for fantasy which provide new resources for both solitary and group play. Thus the two main gross areas of functioning—within the organism, and in its intercourse with the environment—may be seen as involving the task of maintaining sufficient internal integration on the one hand, and developing a style of interchange with the environment which supports the development of mutually satisfying relations between the individual and the environment.

To summarize thus far: In early infancy, if surviving and growing proceed smoothly, they are accompanied by a more or less vivid sense of well-being and narcissistic pleasure in each area of one's own functioning; then gradually, as the sense of self is differentiated and integrated, pleasure in one's self. Good oral experience, digestion and gastrointestinal functioning generally are one major zone, but also good management of stimulation so as to experience positive satisfaction from all of the senses, and a gradual increase in motor coordination and integration of motility with sensory functions, all contribute a share to gratification and, in turn, to ease in response to others.

At least relative serenity and freedom from strain, anxiety and the kind of distress which after the early months can be felt as localized pain, are important for the maintenance of the autonomy of emerging functions such as perception and locomotion and their integration with other aspects of functioning of the infant—his desires and his rela-

tions with the environment. Consequently the maintenance of a sense of well-being, referred to by van der Waals[37] as healthy narcissism, can be regarded as one of the major tasks of infancy, and a prerequisite for the emergence and organization of early ego functions at an optimal level. Capacities for organization of one's perceptions of the environment and oneself into integrated unitary wholes, for grasping sequences of events and also capacities for control or management of one's body and impulses, along with developing useful interaction patterns with the environment, are all involved here.

That is, on the heels of the emerging perceptual and motor functions with their integrations is the early discovery of the body and the self as distinct from the environment and the separation out of most significant figures in the environment, such as mother, from the rest. Only after the differentiation and separation of self from others and of mother as an important other from the rest of the people in the environment, is it possible for the baby to develop that special relation with the mother in which he is aware of needing her and becomes anxious when she leaves. As part of this process he differentiates the familiar from the strange; then a next step is the mastery of or getting used to the strange, by developing ways of managing strangeness and coming to terms with it, as well as finding new joy in the familiar.

By the age of three in our culture, then, we expect most children to have mastered the basic adaptational tasks of:

1) *good vegetative functioning* including satisfying eating and elimination, and management of the drives and impulses involved in these;
2) *perceptual orientation* to and familiarization with the environment of home and skills for orienting to a new environment;
3) *motor skills* for exploring and using the spaces and objects of the environment in a satisfying way which leads to self-help, self-feeding, and increasing self-selection of stimuli from the environment;
4) *communication* skills including both speech and expressions of feeling through face, body and voice, to implement needs and to share experiences;
5) *emotional organization* including the capacity for attachment to and response to affective support and stimulus from adults and children and the capacity for love and anger toward major objects;
6) *sphincter control* and capacity to keep clean along with other controls;

7) the beginning of *concepts of time, number, space* which help to organize the here-and-now, the recent past and the near future.

The Later Preschool Stage

New energy resources appear to be released in many children both by these rich early achievements in the preschool years and by the new psychosexual interests which are combined with and stimulated by growing perceptual differentiation of size, sex differences, growth and time. The four-year-old phase in Western culture at least has been referred to as "the first adolescence."[19] It shares with the teen-age period a lively sense of sex roles and vivid heterosexual feelings, along with intense feelings about newly perceived size and adequacy. These parallel awarenesses of size, sex differences, growth, time, age, increasing skills—verbal, motor and conceptual ("Remember last year, Miss B., when I didn't understand?" asked one four-year-old)—and the push of new erotic drive and emotional expressiveness, all contribute to the four-year-old's dramatic expressions of love (in our culture) and thoughts of marrying his mother when he grows up.

Competition with father, older siblings, peers, and the need to combat the inevitable disappointments resulting from encounters with limits, all lead to elaborations of problems and to their possible solutions in fantasy which now becomes a major resource for dealing with problems at this stage. Oedipal conflicts turn into idiosyncratic dramas played out on the peer stage.

Aggressive vigor (fed probably by hormone changes, by energy released from the preoccupation with mastering basic motor skills, and by frustrations arising from the clash between new capacities and environmental restrictions) also becomes available for directed exploitation against competitors and adversaries, in some children, especially boys. Aggression parallels social sensitivity expressed in cooperation and even sympathy[20] at this stage.

Difficulties or failure in one or more of the developmental areas contributing to autonomy may be expressed in lack of progress in mastering strangeness and reducing dependence upon the mother; in anxiety, in extreme immaturities, and in failure to develop frustration tolerance, capacity to share with peers, and the flexible coping resources typical of this age. Symptoms such as prolonged bed-wetting, sucking, extreme dependence on blanket or bottle, extreme inhibition or immobilization

may be related to failures or delays in one or more of the developmental tasks, as well as to difficulties in resolving conflicts regarding the need to retain possession of the parent. However, temporary interruption or slowness in mastery of the preschool developmental tasks does not necessarily imply permanent danger to the integration of the child if progress is being made.

Behavior at a given stage cannot be evaluated without knowledge of the experiences through which the child has come at each phase, his individual equipment with its varying possibilities of minor or major defect or damage,[21] intrinsic difficulties in integration, the residua of preschool or infantile illness, or predispositions to anxiety[38] emerging from disturbances of infancy. A majority of our study group[22] had some symptoms at the preschool stage, chiefly enuresis and speech difficulties which for the most part were largely "outgrown" in the next few years, or modulated to the tolerance level of the subculture.

Later Tasks: Entrance to School

At latency, entrance to school demands further final mastery of separation anxiety; new levels of relationship to a neutral teacher-object; capacity to accept new types of stereotyped structuring in the school situation, with its use of "rules" and combined appeal to conscience or "honor" and respect for external control; capacity to focus on autonomous ego functioning with minimal or only periodic opportunity for impulse expression; capacity to transfer investments and interest to the peer group, and to tolerate much less absolute acceptance than may have been characteristic within the family at the infancy and preschool level even for children exposed to taunts and rejection by peers.

Mastery of the new challenges greatly strengthens the child's capacity to let go of intense involvements with parents, and acceptance of rules which organize peer relationships helps acceptance of home rules. Where illness, developmental defects or imbalances interfere with typical latency achievements, realistic dependence on the mother continues and, with it, persistent oedipal conflicts as well.

Difficulties and failures to achieve the further levels and areas of integration, and resources for coping with the environment and with inner needs and conflicts, may be expressed in new forms or intensity of separation anxiety (school phobia), severe psychosomatic reactions or other disturbances of physiological functioning and control, as in

enuresis, or disturbances of cognitive functioning even reflected in decline in tested intelligence scores.[23]

At the same time, for the majority of normal children who manage these shifts ("We have to sit still and be quiet, and listen to the teacher—and I'm the best one!"), new rewards of increased cognitive and motor skills, participation in organized games, along with external recognition (marks, school offices), support new gratifications. Optimally the child learns to learn and to like learning, to be a member of a class and to have pride in his group.

At the prepuberty stage the child moves into junior high school with a shift from one major teacher to teaching situations which change from one teacher to another, involving the relinquishment now of a stable teacher-object and demand for still more autonomy and responsibility on the part of the child. Many children are anxious about the shift to junior high[24] and some have difficulty after it occurs, especially when previous difficulties in space-orientation, or familiarizing oneself in new situations or those involving frequent change, have persisted. Disequilibria and disorientations associated with the growth spurt and the peak of body tension contribute to anxiety at this stage. Sex-role identification has to be crystallized as a precondition for smooth heterosexual interactions, and in the present generation can present a crisis even at this early stage. Shifts in body configurations, appearance and the fitting into cultural stereotypes for attractiveness, difficulties such as acne, precocity or delay, emergence of primary or secondary sex characteristics, marked deviations in growth rate (slowest or fastest) or sudden changes expressed in dramatic shifts in height or weight, may all involve threats to narcissism—however well-rooted the child's early psychosexual progress and latency achievement—and to security in peer-group relationships. Further adverse effects on sex-role crystallization and efforts to consolidate identity are apt to accompany this narcissistic crisis at puberty.

These multiple threats and the resulting disequilibrium contribute to the upsurge of dependency needs and preoedipal problems already noted by Anna Freud[25] and others. At the same time, the increased anxiety about and often apparently neurotic dependence on peer-group acceptance involves not only increasing conflict with parent objects (and sometimes also teacher objects) but also a sense of loss and new

forms of separation anxiety which in turn further reinforce the upsurge of dependency needs.

Deviations in the pattern of physiological maturation contribute special problems with peer-group isolation, which in turn also deprives the child of resources to outgrow dependency needs and intimacy with the mother, especially for girls. We know that unresolved conflicts from preoedipal or infantile levels tend to be revived or exacerbated in this phase of precarious integration; this is especially true under conditions of biological deviation. These problems may of course be increased by any recent or concurrent illnesses which add to the task of integration. Concurrent disturbances, either physical or emotional, in the parent tend moreover to make the child feel guilty about rebellion or even normal separation. The coincidence of maternal menopause with adolescent problems in the daughter or son makes resolution of these conflicts especially hard.

Conclusion

When we investigate the ways in which more or less normal children cope with everyday developmental problems, we see that many of these are related to difficulties or (external or internal) conflicts in meeting basic needs in ways consistent with the sensitivities, capacities, drives, of the individual child—needs for adequate vegetative functioning and a sense of well-being, nutriment for every growing function as well as for communication, relationship and a place in the group.

Implied throughout this review of adaptational tasks are the contributions of (a) emerging drives and maturation of cognitive, motor[26] and affective[27] capacities; (b) the simultaneous operation of functions contributing to the formation of structures[4] and a variety of learning processes including classical Pavlovian conditioning,[28] operant conditioning, and trial and error learning. Affecto-motor functions,[9] and integrative functions of the ego[8, 16, 29] are shaped in functional interaction of drive and autonomous ego factors.

Individual differences in every aspect of equipment and drive, as well as differences in stimulation, demand from and frustrations by the environment, will affect the patterning of complex adaptational styles which evolve from the successive efforts of the child to deal with his environment.[15, 30–36]

REFERENCES

1. Freud, Sigmund: *Three Contributions to the Theory of Sex*, 4th Ed. New York, Nervous and Mental Disease Publishing Company, 1930.

2. Isaacs, Susan: *Social Development in Young Children*. London, Routledge, 1937.
3. Hartmann, Heinz (1939): *Ego Psychology and the Problem of Adaptation*. David Rapaport, translator. New York, International Universities, 1958. *See also* papers in *Psa. Study of the Child*, 1950, 1952.
4. Piaget, Jean: *The Origins of Intelligence in Children*. New York, International Universities, 1952.
5. Wolff, P. H.: The Developmental Psychologies of Jean Piaget and Psychoanalysis. *Psychol. Issues*, Vol. 2, No. 1, 1960.
6. Erikson, Erik H.: Problems of Infancy and Early Childhood. In *Cyclopedia of Medicine, Surgery and Specialties*, George M. Piersol, ed. Philadelphia, F. A. Davis, 1945.
7. Hess, E. H.: The Relationship Between Imprinting and Motivation. In *Nebraska Symposium on Motivation*, M. R. Jones, ed. Lincoln, University of Nebraska, 1959.
8. Stone, L. J. and Church, Joseph: *Childhood and Adolescence*. New York, Random House, 1957.
9. Mittelmann, Bela: Motility in Infants, Children and Adults: Patterning and Psychodynamics. *Psa. Study of the Child* 9:142–177, 1954.
10. Levy, David: The Infant's Earliest Memory of Inoculation: A Contribution to Public Health Procedures. *J. Genet. Psychol.* 96:3–46, 1960.
11. Yarrow, L. J.: Separation From Parents During Childhood. *Review of Child Development Research*, Vol. I. New York, Russell Sage Foundation, 1954.
12. Bowlby, John: Separation Anxiety. *Int. J. Psa.* 41:89–113, 1960.
13. Buhler, Charlotte: *The First Year of Life*. New York, John Day, 1930.
14. Shirley, Mary Margaret: *The First Two Years*. Minneapolis, University of Minnesota, 1931–33.
15. Escalona, Sibylle K. and Leitch, Mary: *Earliest Phases of Personality Development: A Non-Normative Study of Infant Behavior*, Child Research Monograph No. 17. Evanston, Ill., Child Development Publications, 1953. *See also*: Infant Records (Filed at Topeka, Kansas, The Menninger Foundation.)
16. Erikson, Erik H.: *Childhood and Society*. New York, Norton, 1950.
17. Benedek, Therese: Psychobiological Aspects of Mothering. *Amer. J. Orthopsychiat.* 26:272–278, 1956.
18. Spitz, René: Hospitalism: An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood. *Psa. Study of the Child* 1:53–74, 1945; 2:113–117, 1946.
19. Gesell, Arnold: *The First Five Years*. New York, Harper, 1940.
20. Murphy, Lois B.: *Social Behavior and Child Personality*. New York, Columbia University, 1937.
21. Pasamanick, Benjamin, Rogers, M. E. and Lilienfeld, A. M.: Pregnancy Experience and the Development of Behavior Disorder in Children. *Amer. J. Psychiat.* 112:613–618, 1956.
22. Murphy, Lois B., Moriarty, Alice E. and Raine, Walter: *The Development of Adaptational Style*. (To be published.)
23. Moriarty, Alice E.: Continuity and Change: A Clinical View of Relationships Between Tested Intelligence and Personality. (In press.)

24. MURPHY, LOIS B. and MORIARTY, ALICE E.: *The Quiet Transition.* (To be published.)
25. FREUD, ANNA: *The Ego and the Mechanisms of Defence.* New York, International Universities, 1946.
26. MCGRAW, MYRTLE: *Growth: A Study of Johnny and Jimmy.* New York, Appleton-Century-Croft, 1935.
27. BRIDGES, K. M. B.: Emotional Development in Early Infancy. *Child Development* 3:324–341, 1932.
28. HILGARD, E. R.: *Theories of Learning.* New York, Appleton-Century-Croft, 1958.
29. FREUD, SIGMUND (1925–1926): Inhibitions, Symptoms and Anxiety. *Standard Edition* 20:77–175, 1959.
30. ALPERT, AUGUSTA, NEUBAUER, P. B. and WEIL, A. P.: Unusual Variations in Drive Endowment. *Psa. Study of the Child* 11:125–163, 1956.
31. ESCALONA, SIBYLLE K.: Patterns of Infantile Experience and the Developmental Process. *Psa. Study of the Child* 18:197–244, 1963.
32. HEIDER, GRACE: Vulnerability in Infants and Young Children: A Pilot Study. *Genetic Psychology Monographs.* (In press.)
33. MURPHY, LOIS B.: Psychoanalysis and Child Development. *Bull. Menninger Clin.* 21:177–188, 248–258, 1957.
34. YARROW, LEON J.: (Abstract) The Development of Object Relationships During Infancy. *American Psychologist* 11:423, 1956.
35. FRIES, MARGARET and WOOLF, PAUL J.: Some Hypotheses on the Role on the Congenital Activity Type in Personality Development. *Psa. Study of the Child* 8:48–62, 1953.
36. CALDWELL, BETTYE M.: Assessment of Infant Personality. *Merrill Palmer Quart.* 8:71–81, 1962.
37. VAN DER WAALS, H. G.: Le Narcissisme. *Revue Francaise de Psychanalyse* 13:501–525, 1949.
38. GREENACRE, PHYLLIS: *Trauma, Growth and Personality.* New York, Norton, 1952.

SOME CLINICAL NOTES ON READING DISABILITY

A Case Report*

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It has been estimated that in American schools, at least ten percent of the children have sufficient difficulty in reading to require some kind of remedial help.[1] The task of sorting out the various components of the disability, and the difficulties encountered during the helping process can be enormous. Results achieved often fall far short of complete resolution of the problem. Such attempts are rewarding, however, for further understanding of both the normal and pathological reading process. One such effort is reported here, with a discussion of some of its implications.

Background

The patient to be described was a 12-year-old boy with serious emotional problems, and a severe disability in reading and spelling. A maternal aunt had a "developmental" speech difficulty which required speech correction, and she had also taken remedial reading. The patient's oldest brother had a mild speech problem; in addition, this brother and the mother were slow readers. (Later, while the patient was in analysis, the mother and brother took reading courses.)

The patient was the youngest of several children. He was born while his father was overseas in the Army. The pregnancy and birth were normal, but under these circumstances the arrival of another child was not a welcome one. The patient was bottle fed and reared according to a schedule. The mother's problems were compounded during the first year by the oldest child, age six, being severely ill for several months. However, difficulties with the patient were not reported until approximately two years of age, when his severe constipation precipitated repeated struggles between the mother and child over control, with enemas frequently given. This problem seemed to emerge at about the time the father returned from the service. The mother said that the patient had showed fear of him and that "neither was pleased with the other at that time, and no adequate relationship has developed between them since." The patient began to have temper tantrums, negativism became pronounced, and in many ways he resorted to infantile behavior.

He first walked a few steps at about 16 months. It was noted he had a

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tendency to be awkward, but the parents' awareness of this could not be pinpointed to any specific time. The patient first spoke at age two, signaled and pointed, but did not use sentences until he was three and a half to four. He also had difficulty in pronouncing certain letters. He was a restless sleeper, and beginning about age two would rock himself to sleep. He was afraid of the noise of trains and of the dark. (At the time of referral [aged 12] he still required a night light on and his door partly open.) Thumb sucking continued until age six.

At two and one-half years of age, he had a finger almost cut off in a lawn mower pushed by his next oldest brother. He also suffered two head injuries. One occurred at age four when he fell onto cement steps and was briefly unconscious. At age five, he was hit with a baseball bat on the forehead, but was not unconscious. X-rays revealed no fracture in either case and it was believed there were no sequelae (later evidence suggests minimal brain damage may have occurred). Also, though the parents did not report it, the patient recalled during his analysis that at about age five or six, he swallowed some sleeping pills, had to have his stomach pumped, and was kept in the hospital overnight.

In latency, soiling, and later on fecal staining when under stress, continued. Getting him to wash was a major problem for a long time, and he often looked like a neglected urchin. Later he swung to the opposite extreme and insisted upon appearing faultlessly groomed. Wishes for body contact with his mother and to share her bedroom were particularly evident when the father was away on business. Aggressive behavior and attempts at playing with fire in an incautious manner were also more prominent at such times. He had the greatest difficulty in getting along with his next oldest brother, but his behavior kept the whole family in a constant state of tension, for the pattern of low frustration tolerance and temper tantrums persisted, with his wish to have his own way at any cost.

The patient had difficulty with school throughout, particularly with reading and spelling, and he failed the first grade. The remedial-reading teacher stated his problems were emotional and recommended that he should do much easy reading to build up confidence. All of his teachers emphasized his immaturity, his expecting extra help, his need to excel, and his trying to escape if not doing well. They stressed he should be away from home to remedy the situation because of the involvement of the mother. The referring psychiatrist, who was also treating the mother, reported that the patient had been in treatment since he was seven, because of school phobia. She suspected an organic component to his difficulties because of his "poor muscular coordination, impulsivity, restlessness and shattering of controls under stress."

The boy was referred to the Menninger Clinic at age 12 after a violent episode which began with a spelling test for which he was unprepared, the teacher having announced it while he was absent. He left the school, rushed home, and was completely uncontrolled, screaming and throwing things. He

loaded one of his father's guns and kept his mother covered with it for half an hour, finally calming down sufficiently to be disarmed. He would not return to school and there was an exacerbation of his other difficulties following this episode.

Diagnostic Study at the Time of Referral

The patient presented a handsome, dignified appearance. He remained bland in his involvement with the examiners, denying he had any problems, but after seeing the psychiatrist for three hours and the psychologist for two, he refused any further appointments. It was noted by then that he was quite obsessive and ruminative in his thinking, and the content of his responses suggested concern with values of cleanliness and orderliness, and a marked dependence upon the mother for orientation and guidance.

He obtained a total I.Q of 115 (alternate 123) in the Bright Normal to Superior Range; Verbal I.Q. of 113 (alternate 121); and a Performance I.Q. of 113 (alternate 119). There was a slight suggestion of speech difficulty (for example, saying "indianpendence" for "independence"). He made frequent reading and spelling errors, was unable to correctly write his name and address, and his writing was clumsily performed. Marginal evidences of possible cerebral disorder were observed during the Block Design, Digit Symbol and Bender-Gestalt tests, such as perceptual rotations and alterations of form, jerkiness of finer finger and hand movements, and poorly coordinated and somewhat jerky hand-arm and torso movements. There were indications of word-finding difficulty, and a confusional tendency. His comprehension was superior.

The neurologist, in his examination, noted very mild motor speech retardation, and alexia far out of proportion to other defects. Fine and alternate movements were clumsily performed. Alternate tongue movements were difficult. Deep tendon reflexes were slightly more active on the left. Gait was swaggering. All other findings in the neurological examination were normal. There was no evidence of crossed laterality. The electroencephalogram was considered abnormal with medium slow wave activity appearing consistently from the left parietal region, suggesting disorder in that area. Skull X-rays were normal.

Because of the severity of the emotional disturbance, it was felt that inpatient care in the Children's Hospital was needed, combined with psychoanalysis and remedial education.

Course of Treatment

The first phase of his analysis was characterized by strong resistance. Typical statements were: "I have the right to pull the strings," or "I'm in charge and I'm not going to talk till I'm ready and want to." There were numerous days the patient would refuse to come, or would storm out after five minutes because the analyst would not meet certain de-

mands he would make. On the other hand, on a number of occasions when resistances were dealt with, he regressed to lying on the play table, and said such things as the analyst should have a bed for him, and should supply him with cokes.

In school the pattern was similar to what was going on in his analysis. He would often not attend class, or if he did would soon leave. He would try to bargin with the teachers by refusing to work unless certain favors were done for him. He frequently insisted on being allowed to spend his time playing with clay like the younger children. His reading and spelling difficulties appeared to be from an incapacity to associate, integrate, and retain symbols from visual presentation, and from an inconsistency and uncertainty in associating sounds with phonic elements. There was often difficulty in forming and remembering sounds. Reversals and letter substitutions were frequent, with inability to analyze words, and with frequent confabulating or guessing at words from very limited cues, such as the letters at the beginning or end. There was also a problem in losing his place and skipping lines. The teacher's reports contained such comments as: "He does superior work in arithmetic, but his reading handicaps him greatly and he rebels every time we start. We are not actually reading, just working on sounds and pronunciation." His reading at the end of the first year of treatment, at age 13, was at the second grade level.

In the analysis, the patient's withholding very gradually became less intense, with his saying, for example, toward the end of the first year, "I know the faster I pull the strings, the faster I get better." He was concerned with ideas of the body and its functioning, and many hours were taken up with his working in the sandbox on "drainage systems." In his buildings there was an emphasis on elevators which went up and down, and on exits and entrances, with evidences of his unclarity and anxiety regarding sexual functions. There was a mixture of phallic and anal play. Voyeuristic interests came up in references to submarines that took pictures under water.

A theme that he frequently used in play was that of a king who was an aggressor, but who sometimes was killed. He talked directly about the father's return, but remembered it as his also bringing four men with him as guests. His still almost open conflict about this was revealed in an incident that occurred during a parental visit when he spent a night with them at a hotel. The mother wrote to the social worker afterward:

"When it was time to go to bed (he had a single room next to ours), his eyes filled with tears and he said his room got pretty lonesome. I suggested he and his daddy sleep in our room and I'd sleep in his room. That brought forth the comment he would like daddy to sleep in his room and he'd sleep in daddy's bed. This he did and was asleep in five minutes. . . ." There was much material in the analysis dealing with his rivalry with his father, and his fear of the father's retaliation. The episode of threatening his mother with his father's gun also came up. It became apparent he had felt exposed and threatened with castration by the spelling test; he had then blamed his mother for placing him in a situation in which he was impotent. At the same time he demonstrated to her how powerful and potent he was—he had and could use father's gun—denying his impotence and threatening to sadistically attack the mother in the manner he thought the father did.

In the Hospital school things had so far not gone well. The principal had recorded at the end of the second year of treatment:

> "There have been very few academic gains. His inadequacies became more apparent and he retreated from all school assignments. He attempted to gain control and disrupt the classroom work, and when this was unsuccessful, spent his time at play with clay. He is hypersensitive to the point where he interprets even the most innocuous of comments as critical, and when another child is disciplined, he reacts as though it were himself, seemingly to offer additional proof that the teacher is a dangerous authority figure. He continues to bluff, even in individual times with his teachers, and looks down on them and his fellow students with contempt, typically talking 'jive' talk, and implying they are 'square.' In a boastful way, he talks as though he were a member of a delinquent teen-age gang. . . ."

As the analysis succeeded in resolving his oedipal wishes and castration fears (in which he perceived the mother as seductive and at the same time castrating), he began to talk about going to public school, moving into a boarding home, and learning to drive a car. His motivation for this seemed to be for the purpose of getting a girl, and with this came an interest in learning to read, not for its own sake, but as a means to achieve a goal—to become a man and to get a girl to replace mother. During the third year of treatment the principal reported:

> "He declared he wished to make a real effort to read and felt he would be successful in his attempts to do so. It seemed from the first this successful orientation had a great deal to do with the attainments that

were made. He was able to read much more adequately than ever had been apparent before. It had been estimated that he had no basis in phonics work. However, it soon became apparent that he had actually absorbed much of the phonics that had been presented to him previously. . . ."

He started public school part-time at the beginning of his fourth year of treatment. He enjoyed the program, spoke well of his teachers, and easily made friends with the students. He was very proud of the fact that he had not missed any time in school. The principal noted toward the end of the fourth year:

> "It has been a time of intensive effort on his part, with more periods in school through the week than are ordinarily required. There is no longer the problem of avoidance, or bluff, so that schoolwork proceeds openly and directly to deal with his weaknesses. . . ."

The patient began to discuss the termination of his treatment, but was also fearful of it, saying at the same time he had the right to continue until he was 21. At times he reverted to his old pattern of making grandiose plans for the months ahead, but shirking any present drudgery. He began to renege on his public schooling, saying he wanted to spend all his time in tutoring in the Hospital school. He was in effect trying to bribe by saying he would be a good boy and work hard, if he was allowed to remain close to a substitute mother. His concern about leaving the mother had to be dealt with, in the transference as well as in the genetic aspect.

By the end of the fourth year of treatment, the patient was emotionally stable. The conflicts connected with the various developmental levels had been resolved. He was taking total responsibility for himself and utilizing his potentials to the maximum, both in school and outside of it. Rebelliousness and delinquent propensities that had caused much difficulty during the course of his treatment were no longer a problem. He was instead wanting to be strong, manly, and well-behaved, and he was critical about minor delinquencies of his peers, taking pride in being a steadying influence on them. Revengeful and retaliatory outbursts related to feelings of unfairness had disappeared, and he could wait for his rewards. With the reduction of conflicts went a corresponding increase in ego strength. He was able to deal with failure calmly and flexibly, in contrast to the shattering effect it once had upon him. Stubbornness and the need to control were now used in the service of

mastery—in a determination to learn to read and go to college. His self-concept had changed from that of someone who was a failure to that of an achiever.

A crucial step was the shift in identification from the mother and her family, with their reading difficulties and other problems, to an identification with the successful father. The patient asked to change his middle name to that of the father's (his original middle name was the mother's family name), and he was very pleased when his father approved of this. He talked of his future plans of taking over and improving the family business, but he was willing to wait until he was 30 years old, and he would then have his father remain as chairman of the board. He was now on good terms with all his family. So many gains had been made, so much pathology had been altered, and the effect of the treatment seemed stable enough that it appeared further analysis was unnecessary.

In summarizing the remedial aspect of his treatment, the principal reported:

> "Techniques were adapted which made use of several sense modalities; these involved the use of visual-auditory-kinesthetic methods, with the substitution of intellectualized rules for the lack of retention. Special stress has been placed with these approaches in establishing the sounds of the symbols and the symbol patterns, and in the retention of letter forms and sequences of letter forms with sound patterns . . . His reading has improved greatly, but spelling has not shown as much progress . . . Of at least equal importance to these techniques was the psychological climate of the learning situation and the teacher-pupil relationship which was formed. . . ."

Follow-up Report

Three years have passed since the termination of treatment. The patient returned to his home in a Western city and the parents report he has done well. He has graduated successfully from high school and started college. The high school counselor summarized: "He has gained acceptance and recognition from not only his classmates, but from many teachers. He has shown drive and initiative and has worked diligently toward academic success. He has, also, shown great interest in the welfare of the school, community and others. . . ."

His tutor reports: "He reads well and comfortably on the whole. His tastes are shown in his reading, for the books are of his own choosing.

This summer he has been reading *Prometheus Bound, Alcestis, Medea* and *Agamemnon*, and expects to read three more Greek plays. He is very enthusiastic about it and has an instant grasp of meaning. Some Shakespeare, the Joyce, the Orwell, he continued reading at home. He has great pride in having read these books—not only for the subject matter—but for his accomplishment in reading words . . . Spelling has been much improved, but the reversals and omissions do show up. He used to confuse g or y for r or k, b for d. That kind of reversal seems gone entirely—even from spelling. 'Through,' 'thought' and 'though' are often confused but distinctions are improving . . . The tension of the physical act of writing is gone."

In a college pre-enrollment discussion, when the question was raised what he would do about his remaining spelling difficulty, he replied: "I have found the dictionary very useful; I carry one with me all the time. Of course it slows me down having to stop and look up a word, but I still usually manage to get done in time." Thus, he has learned to use various devices in the service of health, to compensate for the remaining lags in his abilities, in contrast to how he once used such lags in the perpetuation of illness. The question must be asked, how can one account for the remaining disability, when the emotional conflicts have cleared up?

Reading difficulty is a symptom which can result from a wide range of factors or combinations of factors. Rabinovitch,[2] who has done extensive research on the subject, makes three major groupings, though stressing there is often considerable overlap:

1. *Secondary reading retardation* where the capacity to learn to read is normal, but because of some "exogenous" factor such as emotional blocking or limited schooling opportunity, this capacity is not fully utilized.
2. *Brain injury with reading retardation*, with clear-cut neurological deficits, and usually a case history revealing their etiology.
3. *Primary reading retardation*, where the capacity to learn to read is impaired, without definite brain damage or a history suggestive of this. Rabinovitch believes the problem reflects a basic disturbed pattern of neurological organization and that the cause is biological or endogenous.

In the case presented here, there is some evidence for the possibility

that all three categories are involved, and some further aspects of each will now be considered.

Discussion

One would expect, and there was evidence for the fact that the anal retentiveness, stubbornness and refusal to produce, that were such prominent features of certain phases of the analytic treatment, carried over to the learning situation. The observation by the principal that after a certain point in treatment the patient read much better than ever before, and showed much greater knowledge of phonics than he had previously revealed, in part seemed to relate to this—to his former refusal to "pull the strings." In this patient's regression, knowledge no longer represented the penis, but feces, and its value was its retention.[3] This also contained vengeful aspects; doing well in school would be a success for the parents and analyst which he did not wish to give. One could conceive that this patient's reversals, in part, related to his intense oppositional tendencies. They did not entirely disappear during the course of treatment, but Blanchard[4] has reported several patients in which the reversals in reading and spelling did clear up with psychotherapy, and were related to aggressive wishes toward the parents and teachers.

It will also be recalled that this patient was able to read better after resolving some of his conflicts about his relationship to his father. To read well meant competing with the father, who was an omniverous reader, not only in his own business field, but in literature and history as well. The father was also noted for his participation in state, community and charitable activities. It is significant how closely the patient has followed him. He became chairman of a high school political organization of the same party as the father's, won a county-wide essay contest on enlightened citizenship, and, as the tutor's report indicates, like his father he has developed a deep interest in history and literature.

This patient had been afraid to compete with his father not only out of fear of success and its associated castration anxiety, but also out of fear of failure and its genital humiliation. The patient's procrastination was related to concerns about what he would produce, as well as to anal retentive conflicts about producing. And the delay in producing often then brought about the feared defeat. To protect his narcissism, he then withdrew from these subjects, ridiculed their importance, and tried to

maintain a façade of superiority by bluff and by turning to minor delinquent activities.

The patient regressed from the phallic level and its conflict with the father, and from the anal level with its conflict with the mother, where there was insistence that he produce, to an earlier phase where demands were much milder or nonexistent. He retreated to a stage where, in his words, there was "no sweat," with all problems magically taken care of by mother. All reading is difficult at first; it is only later when the child can read well that he can find oral receptive pleasure in effortless reading.[5] (The patient indicates he has finally achieved this when he recently remarked to his tutor: "You know, reading is interesting now that I can read ideas and don't have to think about words.") His strong oral wishes were reflected in his sticky attachment to the mother and analyst, and this interfered with his functioning independently. This was noted at one point in his treatment when he began bringing his reading and spelling lessons to the analytic sessions. He wanted success immediately without doing the necessary work-steps first, and he wanted the analyst to do the work for him. He also had an exaggerated view of his capabilities, and of the ease with which he could overcome his handicaps if he wanted to.

The patient's narcissism was associated with the persistence of magical thinking and infantile omnipotence, fed by the unrealistic attitudes of the mother. She also had an exaggerated view of his capabilities, and described him as a "near genius" in relating how he had installed an intercommunication system in his home when he was ten. She frequently referred to him as "our little man," and she felt he had a "stronger personality" and was more reliable than her husband. Before the father returned from service, she seems to have expected the patient to fill his father's place, and this gave him an undue feeling of importance and power.

There was another aspect of his mother's attitude toward him, however, which gave him the feeling of being infantile and helpless. She reported that from the time of his birth, even before there was any indication of somatic dysfunction, he seemed more than usually helpless and she had overprotected him. She was also aware that she had felt resentful because of the extra burden of this child while her husband was away. Her over-solicitousness apparently defended against this resentment.

The mother's role in the patient's difficulties can be illustrated by an incident which occurred at the time the boy was admitted to the Children's Hospital. Both the mother and son had been intensely anxious about the idea of separation, with the mother openly stating she was afraid it would be "hurtful" to him. The patient maintained he would not go away for treatment, and told the referring therapist his father was sending him away to save on the food bill. On admission, however, he did not show any particular display of emotion. Shortly after leaving, the mother expressed concern about this and suggested to her husband a return to "reassure" him. When they did this, the patient became very upset and managed to lock himself in the car, leaving the parents and child-care staff standing helplessly outside, while he turned on the radio so loud that no one could talk with him. Finally he calmed down somewhat and it was arranged he could spend another night with the parents. The next day he became involved in the residential program and the parents were able to leave without incident.

The patient's chronic reluctance to go to school was no doubt in part related to his reading handicap, which seems to not have been entirely on an emotional basis. As far as is known, there was no initial refusal to go; this came after he began to have difficulty with classwork. Nevertheless, there was present in the mother-child relationship the same types of problems that are associated with school phobia: a complementary, long-standing, excessively dependent relationship, with hostility and seductiveness combined.[6] An illustration of this occurred at the end of the first year of treatment, when the patient was 13. He had a brief visit home and, on the morning of his departure, the mother awoke to find him sobbing beside her bed, insisting he would not return to Topeka without her. After his departure, she found two pair of soiled underpants which he had hidden. These conflicts were displaced from the mother to the school. The patient had initially "adored" his spelling teacher and willingly entered into a special tutoring program with her. Soon, however, he came to feel she was totally unfair, and the subsequent eruption with breakdown of the displacement has already been described in the gun incident.

There is one further factor which is frequently mentioned in discussions of reading difficulties, namely, prohibitions against curiosity, and in particular, against looking. The fact that this patient had visual and auditory difficulties in reading makes it necessary to look very closely

for a possible connection between this and psychological conflict. It is well recognized that very early environmental influences can have a profound effect on the developing organism, including the autonomous functions such as seeing, hearing, walking and speaking.[7,8] In this case, there was considerable evidence of involvement of looking with primal scene conflict. For example, at the time of his diagnostic evaluation he was seen by the psychiatrist in a play room with a one-way mirror, and he then built a house and said he was putting one in his mother's bedroom. His wiring the family home for sound when he was ten could have indicated an interest in the sounds in the parental bedroom. However, relatively little material came up in the analysis in reference to listening, and there was no direct evidence that either his visual or auditory problems in reading were basically due to psychological conflict.

Dependency wishes, conflict about aggression, and other psychological factors may interfere with many functions, including motoric efficiency. Toward the end of his treatment, after a visit home, the parents wrote to ask if we had altered our opinion about the somatic aspects because "much of the jerkiness and abrupt movements have now disappeared. He is smooth in coordination, his handwriting has improved considerably, and his frequent squinting and grimacing have gone." However, this is not evidence one way or the other. Normal maturation, as well as diminished anxiety, would result in some improvement, no matter what the original difficulty was based upon. In this patient, neurological signs and psychological test findings suggest some of his difficulties could be on the basis of mild brain damage. This would place the case in Rabinovitch's second category of reading disability, in which he states the picture is similar to the adult dyslexic syndromes, with other definite aphasic difficulties usually present. There are hints of this in the patient's very mild speech problem and occasional word-finding difficulty. For example, unable to think of the word "cemetery" during his psychological tests, he substituted the words "tombstone yard," and "dead yard." (Obviously, emotional conflict could also cause such blocking.)

One could also expect that other dysfunction, such as the perceptual-motor problems, could contribute to the reading disability. Numerous studies have attempted to investigate the relationship of performance on the Bender-Gestalt test, such as this patient showed, to reading retardation. The evidence, however, is mixed.[9] Another positive finding was the abnormal electroencephalogram. Several workers have reported

not infrequently finding nonspecific electroencephalogram abnormalities associated with dyslexia,[10] but there is no evidence of a direct relationship.

Although Rabinovitch states that in his second category there is usually a history suggestive of factors causing the brain damage, this was not definite in this case, as there was no detectable evidence at the time of complications from the head injuries. And there was evidence that his speech difficulty and possibly his poor coordination were present earlier, even before the reported onset of emotional difficulties at about age two. There is of course the possibility that psychological problems were present before then, since the mother felt burdened by the absence of her husband and the illness of her oldest child. It is conceivable that the patient's not speaking was in part related to emotional conflict, just as his withholding feces appeared to be. But a more likely possibility is some kind of early brain damage or developmental defect. Auditory memory involves holding in mind units until a series is complete, and if it is defective, as it was in this patient, then it is difficult for the individual to recognize the speech sounds of language.[11] Follow-up examination after treatment revealed auditory discrimination, memory span, and recall still retarded, suggesting that in this case this deficit was not on a functional basis. Hereditary factors have been stressed by a number of workers as important in childhood dyslexia. The family history of some similar difficulties is in favor of this. Some investigators tend to feel that the nonspecific motor clumsiness and other related signs are also best considered in relationship to the primary group of dyslexics, although acquired brain injury is suspected in some cases.[2] That the damage in this case was generally of mild proportion is suggested by his very adequate functioning in areas requiring abstract concept formation and perceptual organization.

The nature of the defect in the developmental cases cannot be specified, and it, no doubt, is variable. There is general agreement that adult dyslexia is not the same as that seen in the child, and that it involves a different pathology. Interference with development in a child is quite a different matter from the loss of a function already established in an adult. In considering possible disturbance, it is necessary to keep in mind the complexity of the central processes of the sensory systems, which involve both analytic and synthetic functions. Difficulties could

occur in the various components of these, and at various levels of maturation.

Developmentally, a complicated integration of the separate sensory systems takes place, with a number of sequences gone through in which alterations in the hierarchy occur. Gradually vision and audition come to dominate.[12] In the reading process itself, a change has to take place. In the beginning, motor speech is helpful, but later interferes, and silent reading is more efficient. Difficulties within the individual sensory systems, such as this patient showed with audition, could have an adverse effect on the establishment of the proper hierarchy. Other investigators have also found poor readers to have a deficit in auditory memory span.[13] A factor which may play a role is the well-known paradox in which one may find less disturbance in cases of total loss of some function, than in cases where this function is only partially disrupted, and which then acts as a continuing interference. Imbalance in the individual sensory modalities, whether from lack of sensitivity or unusual sensitivity, presumably would be a disturbing factor in achieving integration. Blanchard[4] has described such a case—a seven-year-old boy who was highly gifted in visual perception and memory, and was depending upon these gifts for learning words, never associating the spoken word with the written word. He could reproduce words that he had seen in writing, but was unable to pronounce them, and did not know how to say them when he encountered them in reading lessons.

In the present case, the defect in certain sensory functions had a complex effect, with various protective and compensatory mechanisms brought forth. The result was one of defective ability in selected areas, and at least relatively precocious development in others, with an increased difficulty in achieving smoothly integrated functioning. Psychological conflict further complicated the picture, and when this was analyzed, there was considerable freeing of previously inhibited abilities, allowing normal maturation to be operative to a maximal degree. As an example, at the time of referral, his drawings were very primitive, consisting of stick figures. At one point in his treatment he became very impressed with some art work done by other children, but he was afraid to attempt this, being concerned he would be unable to stay within the lines and that he would "make a mess of it." Eventually he overcame his anxiety, and has gone on to excel in this area. Those in a position to judge have been impressed with his artistic abilities, particularly in

ceramics, and have urged him to continue in the art field. Similarly, he developed an interest in playing the drums during his treatment. In this and his art, he converted anal messes and noises into socially valued derivatives. And, as the tutor indicates, he has developed a deep interest in reading. In a way he seems to have done what Bergman and Escalona[14] raised for speculation: "Only the individual liable to suffer from 'bad' stimuli in a certain modality would be likely to be able to develop sufficient interest in procuring or producing 'good' stimuli."

Conclusion

Reading retardation is a symptom, and the underlying factors are frequently complex. The treatment is often time-consuming and arduous, but without help the results are disastrous. This is shown in the generally suspected relationship between reading difficulty, school drop-outs, and delinquency. There is little doubt this patient would have gone along a similar path.

Few children with severe reading disability are being helped, and many of them soon become so traumatized, so armed against reading, that they are unable to use the remedial service. It is important to begin the helping process early, before this happens, and to have available neurologists, psychologists, audiologists, reading therapists, psychiatrists, and other specialists, to permit a broad assessment of the disability and to carry out the type of treatment needed. There is a great need for centers where the total problem can be dealt with in an integrated fashion, instead of in the piecemeal manner in which it is now often approached.

Even under favorable treatment conditions, patients with severe reading disability often have great difficulty in achieving appreciable gains. A comment by Rabinovitch[2] sums up the present situation: "A major tragedy in our work with these patients is our inability to do the whole job with them; even with the best help we have to offer, results are usually limited. If a child with a severe primary retardation ultimately reaches a fifth or sixth grade level of reading competence, we have done well. . . ." Contrary to this statement, it would appear the patient described here has been able to do considerably better, though some disability remains. Is this an indication of insufficient analysis, and would further treatment clear up the difficulties? Speaking against this is the patient's generally good functioning, and the intensive effort he has

made and is making to overcome his handicap. With the resolution of conflicts, there was a shift to less pathological defenses, an increased capacity for sublimations, and a greater availability of neutralized energy for the reading process. He thus became able to make maximum use of the limited reading potential with which he was probably congenitally endowed.

REFERENCES

1. NELSON, WALDO E., ed.: *Textbook of Pediatrics,* 7th Ed. Philadelphia, Saunders, 1959, p. 95.
2. RABINOVITCH, R. D.: Dyslexia: Psychiatric Considerations. In *Reading Disability,* John Money, ed. Baltimore, Johns Hopkins, 1962, pp. 73–79.
3. PEARSON, G. H. J.: A Survey of Learning Difficulties in Children. *Psa. Study of the Child* 7:322–386, 1952.
4. BLANCHARD, PHYLLIS: Psychoanalytic Contributions to the Problems of Reading Disabilities. *Psa. Study of the Child* 2:163–187, 1947.
5. KLEIN, EMANUEL: Psychoanalytic Aspects of School Problems. *Psa. Study of the Child* 3/4:369–390, 1949.
6. COOLIDGE, JOHN C. and others: Patterns of Aggression in School Phobia. *Psa. Study of the Child* 17:319–333, 1962.
7. ROSEN, VICTOR H.: Strephosymbolia: An Intrasystemic Disturbance of the Synthetic Function of the Ego. *Psa. Study of the Child* 10:83–99, 1955.
8. HARTMANN, HEINZ: Comments on the Psychoanalytic Theory of the Ego. *Psa. Study of the Child* 5:74–96, 1950.
9. BENTON, ARTHUR L.: Dyslexia in Relation to Form Perception and Directional Sense. In *Reading Disability,* John Money, ed. Baltimore, Johns Hopkins, 1962, pp. 81–102.
10. KENNARD, M. A., RABINOVITCH, R. D. and WEXTER, D.: The Abnormal Electroencephalogram as Related to Reading Disability in Children with Disorders of Behaviour. *Canad. Med. Assn. J.* 67:330–333, 1952.
11. STRAUSS, ALFRED A. and KEPHART, NEWELL C.: *Psychopathology and Education of the Brain-Injured Child.* New York, Grune & Stratton, 1955.
12. BIRCH, HERBERT G.: Dyslexia and the Maturation of Visual Function. In *Reading Disability,* John Money, ed. Baltimore, Johns Hopkins, 1962, pp. 161–169.
13. GOETZINGER, C. P., DIRKS, D. D. and BAER, C. J.: Auditory Discrimination and Visual Perception in Good and Poor Readers. *Ann. Otol. Rhinol. Laryngol.* 69:121–136, 1960.
14. BERGMAN, PAUL and ESCALONA, SIBYLLE: Unusual Sensitivities in Very Young Children. *Psa. Study of the Child* 3/4:333–352, 1949.

READING NOTES

End of An Experiment

The editors of the *Bulletin* realized before I did that one book notice a day, however good, was too much of a thing. Allowing an inch to a review, 365 books is over 30 feet of printing and the *Bulletin* couldn't and shouldn't spare anyone 30 feet.

Actually it wasn't so much trouble to *read* a book a day as it was to get the reviews written. It is bad enough having unread books stacked up on my desk, but read books that wait to be reviewed are like frowning gargoyles. "You promised to review us," they say, "and you have already forgotten what we told you."

Add to this the distraction of the journals. How was life like, I wonder, before *Newsweek* and *Time* and the *New Republic* and all the others began to flow into our homes in an ever-rising river of information and opinion? Time was when I read every word of each issue of the *Atlantic Monthly* and nearly all of the *Dial* and in its better days Mencken's *American Mercury.* That was almost "it." (The advent of *The Freeman* was exciting and its exit sad.)

Today two or three different weeklies or monthlies arrive in the mail every day—plus a few which I haven't subscribed to. And then there are the psychiatric journals and psychological journals and medical journals and psychoanalytic journals and psychosomatic journals. Which of us can afford a half a day a week in the daytime to read these in the library?

Just what should we do about this problem? Reading fairly rapidly I think we could scan the more important professional journals in an hour a week, but it takes another two hours to read the imperative articles. The nontechnical weekly and monthly journals, the well written ones, take us an hour a day in addition to the time spent on the *New York Times* and the local papers. Is it too much to think that the average civilized citizen, certainly the professional man, has to spend two hours a day reading news and journals before he gets down to the solid substance of a book?

At a conference with film makers recently I asked the opinion of the audience regarding the proper dosage of recreation, and particularly of theater, per person per week or per year. Should we aim at three operas, six plays, twelve concerts and ten or a dozen selected movies a year? Leaving television and radio out of it, this is going to keep us pretty

busy being recreated and it may cut into our reading time! And what are we going to do about the fact that nearly every day two or three good books come out, to say nothing of the old ones we have always meant to read and the ones we have promised ourselves to re-read?

Accept these wanderings as a weak excuse on my part for not living up to my projected schedule of book reviews. Spurred by these reflections of inadequacy, failure and imminent inundation, I submit the following of recent vintage:

Counseling the Dying by Margaretta Bowers, Edgar N. Jackson, James A. Knight, and Lawrence LeShan (Thomas Nelson & Sons, 1964). To me there is something offensively presumptuous in the title of this book. But a rose by any other name can smell as sweet and this is a good book. It is written by a psychiatrist, a psychoanalyst, a chaplain and a clinical psychologist working together. They courageously discuss what could be, might be, should be said to various kinds of dying patients. They recognize that *who* says it, and *how* are as important as *what*. After all "the truth" is—at bottom—the fact that we all die; some of us go sooner.

* * * *

Some years ago I was asked by the Academy of Religion and Psychiatry to give the central address at one of their meetings. Reflecting on the fact that my best friends seemed to fall into two categories—earnest believers and earnest disbelievers—I asked myself what these two groups of differing people had in common. Where and what was their common enemy? I came to the conclusion, which I amplified somewhat later in *The Vital Balance*, that complacency with respect to world suffering characterizes a common enemy of believers and of skeptics. Both of the latter two groups *care*.

I suppose this paradox, the unity and interdependence of skepticism and belief is an old and familiar one to philosophers, but it came as a new idea to me. And I was the more pleased to run across a paperback book by a professor of philosophy whom I met once here at the Foundation—Holmes Hartshorne—entitled *The Faith to Doubt* (Prentice-Hall, 1963). It says in substance that doubt is inseparable from faith. It quotes a passage from Kierkegaard worth reading:

"Whether a man has been helped by a miracle depends essentially upon the degree of intellectual passion he has employed to understand that help was impossible, and next upon how honest he is toward the Power which helped him nevertheless."

* * * *

When did the term psychiatry first appear in medical literature? In Heinroth's *Lehrbuch der Störungen des Seelenlebens*, published in Leipzig in 1818, page 143 of the historical introduction, there occurs this passage:

> Der erste Deutscher welcher, nach fruehern, schwachen Versuchen, Erwähnung verdient, ist Weikard, der vielgepriesene und vielgeschmahete Verfasser des "philosophischen Arztes" (Der philos. Arzt., *Frankf. Hanau w. Leipz.* 1782). Der dritte Band dieses werkes enthält behanntlich den Entwurf einer, von ihm sogennanten, philosophischen Arzneykunst, oder richtiger: Psychiatrie.

The word psychiatry was not in common use at the time Heinroth wrote his textbook and occurs in no other contemporary or earlier text the writer has been able to examine. From the form of Heinroth's expression, in which he amends Weikard's term "philosophical medicine" with a word that he considers more correct (*psychiatry*), one wonders if it was indeed Heinroth who introduced the word *psychiatry* into medical terminology.

If any reader knows of an earlier appearance of the word in the literature and will supply the reference we shall be glad to publish the fact.

* * * *

For three shillings and sixpence you can buy a little pamphlet by the Friends Home Service Committee in England, *Towards a Quaker View of Sex: An Essay by a Group of Friends* (1963). It has the dignity and grace of all Quaker publications, and if it is a little self-conscious, I mean if it reminds us somewhat too often that this is just a Quaker view, we can forgive it, because it is decent and yet definitely not puritanical. I am using the word "puritanical" to mean anti-hedonistic and broadly prohibitive.

What this essay seems to say is that we must rethink and change our attitude from things which we have categorically condemned or ignored, because customs, and hence morals change. The most highly relevant issues are: homosexual relations, autoeroticism, premarital and extramarital relations.

K. A. M.

BOOK REVIEW

Psychiatry and Religious Faith. By ROBERT G. GASSERT and BERNARD H. HALL. $3.95. Pp. 171. New York, Viking Press, 1964.

This is the first book about psychiatry and the Christian religion that has been written for the benefit of Catholic priests, nuns and the Catholic laity. Approved for publication by the hierarchy of the Catholic Church and written by a Jesuit priest and a psychiatrist of the Catholic faith, this book clarifies the many issues about psychiatry and the Catholic religion which have troubled the clergy and the religious orders of Catholic women. The authors have chosen the topics that concern primarily the priest and the religious, and their treatise on the selection of the religious candidate outlines procedures of collaboration between the mental health professions and religious authorities which are urgently needed for the conservation of human resources. This book will be easily understandable for the large audience for which it is intended. It makes for interesting reading. The information it conveys is well sprinkled with clinical material and it is a valuable contribution to the Catholic literature.

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BRIEF BOOK REVIEWS

Frontiers of Psychology. By G. K. YACORZYNSKI. $5. Pp. 229. New York, Philosophical Library, 1963.

It is hard to say what the frontiers are to which the title alludes since the author does not seem to explore new fields of inquiry or application. What he does, rather, is to translate common observations and established knowledge into a new set of constructs, mostly derived from the existentialists' critique of the various dualisms of scientific language such as part-whole, inside-outside, individual-environment, so as to establish the utmost unity. His core concepts are that psychology's primary datum is the "inner feelings of the self" in which reside both the individual and the environment, and that the self is a process of striving. Feelings are projected to external things and future time, and the self moves in a constant sequence of projection-introjection-projection cycles whereby it becomes unified with its own specific world, or comes to constitute that world, as it were. The style is essayistic and highly readable and the author makes many provocative observations. The publisher, alas, left many printing errors uncorrected. (Paul W. Pruyser, Ph.D.)

Psychotherapy Through the Group Process. By DOROTHY STACK WHITAKER and MORTON A. LIEBERMAN. $8.50. Pp. 305. New York, Atherton, 1964.

Clearly, forthrightly, and explicitly the authors demonstrate the use of group process, often consigned to academicians or mystics as a means of psychotherapy. Their analysis yields a series of precisely stated propositions illustrated

by case material. In thoughtful and thorough final chapters their views are compared and contrasted with that of others. This is a welcome addition to a literature not overly blessed with such balance and sophistication. (Stephen A. Appelbaum, Ph.D.)

101 Ways to Enjoy Your Leisure. THE RETIREMENT COUNCIL, eds. $4.50. Pp. 125. New York, Harper & Row, 1964.

Although written with the older citizen in mind, this brief look at the use of leisure time is extensive enough in ideas, references and suggestions, to be of some value to practically everyone interested in the subject. It is a well-organized account of what one can do in one's leisure time. It offers many suggestions as to where to look further for information, help and ideas. The subject is a timely one. The use of leisure time, in retirement as well as in our culture generally, is a serious, realistic problem. This book will be of help to those living through retirement, or working in the field. (Robert Menninger, M.D.)

Basic Readings in Neuropsychology. ROBERT L. ISAACSON, ed. $4.95. Pp. 429. New York, Harper & Row, 1964.

That a sampling of 16 papers, the earliest of which is dated 1937, should represent the "Classic" literature of neuropsychology, is a sign both of the novelty of the field and the vigor of its workers. Several types of research are represented: pioneer single-cell microelectrode recording studies; soundly conceived, fundamental brain tissue ablation studies; macroelectrode stimulation and recordings. There are also several purely theoretical papers, while several of the research studies are broadly conceived and have theoretical discussions. The papers have all to do with mammalian subjects, none human. (Phillip M. Rennick, Ph.D.)

Acute Psychotic Reaction. Psychiatric Research Report No. 16. W. M. MENDEL and L. J. EPSTEIN, eds. $2. Pp. 104. Washingson, D. C., American Psychiatric Association, 1963.

This volume consists of papers delivered at the Regional Research Conference held in Los Angeles in January, 1962, dealing with "the variety of situations in which acute reactions are seen and treated and the varying nature of the reactions which are seen in different age groups." They provide not only stimulating and thought-provoking concepts about the etiology and treatment of acute psychotic disorders, but also provide conceptual models for the further understanding and rehabilitation of patients who regress under "the threat" of leaving longer-term treatment. (Anthony Kowalski, M. D.)

Training the Psychiatrist to Meet Changing Needs. DONALD W. HAMMERSLEY and others, eds. $3. Pp. 263. Washington, D. C., American Psychiatric Association, 1964.

The official report of the Conference on Graduate Psychiatric Education conducted by the American Psychiatric Association, held a decade after the Ithaca Conference, reflects the great pressure for change brought on by the increasing service demands on the psychiatric profession. These demands necessitated a social approach with emphasis on the contributions of sociology and the behavioral sciences. Growth of new knowledge in psychopharmacology, mental re-

tardation, geriatrics and research also gave urgency to a new approach. In devising an educational system to meet these needs, the participants wisely avoided final judgments but provided useful guidelines for psychiatric residency training for the coming decade. This is an essential and highly useful book for psychiatric educators and residents. (Herbert Klemmer, M.D.)

When a Child Is Different. By MARIA EGG. $3.75. Pp. 155. New York, John Day, 1964.

Doctor Egg has written a tender, moving book about a most difficult subject—the "disease or condition" of mental retardation. She first describes the awakening of painful parental feelings, then gives practical and detailed suggestions for training the child during the early years of life. The author never minimizes what it is like to be a parent of a retarded child. She emphasizes the great need for patience, which depends upon the success of the parents in accepting their retarded child. She leans toward helping parents "prevent" the emotional disturbances that are often seen in retarded children, and stresses that with patience and perseverance on the part of the parents many children can learn and be trained and bring joy to the family. This book is strongly recommended for all parents and all professional people dealing with retarded children. (Richard K. Evans, M.S.W.)

Manual of Contraceptive Practice. MARY S. CALDERONE, ed. $9.95. Pp. 295. Baltimore, Williams & Wilkins, 1964.

The work of many authors, this excellent book is well edited for brevity and coherence. Its contents and basic viewpoint are indicated by Dr. Nicholson J. Eastman's statement in the introduction: "This much needed volume presents a comprehensive survey of contraception in its many relationships—medical, social, religious, legal, and psychological. It is vastly more than a manual of techniques, although each method receives detailed evaluation. It is also much more than a recital of the reasons for contraception, although these are fully discussed. It is rather a presentation of family planning as a broad canon of knowledge which, if applied, would do much to foster the happiness of families everywhere." (James Horne, M.D.)

The Bender Gestalt Test for Young Children. By ELIZABETH M. KOPPITZ. $6.75. Pp. 195. New York, Grune & Stratton, 1964.

A developmental scoring technique, based on data from 1200 school children between five and ten years of age, provides statistical data regarding school readiness, intellectual level, learning disabilities, brain damage, and emotional disturbance. Though rich in scoring examples and tables, it lacks a helpful definition of "immature visual-motor perception" or a developmental psychology to give meaning to the scoring and interpretations. In lieu of a final integrating chapter a series of case histories is presented. The diagnostician will find useful this manual which makes a potentially important contribution to developmental psychology. (Stuart Wilson, Ph.D.)

Reading Disability. By FLORENCE ROSWELL and GLADYS NATCHEZ. $5.50. Pp. 248. New York, Basic Books, 1964.

Based on the authors' personal experiences, the present volume details practical educational methods and source material useful in the day-to-day diagnosis and treatment of reading disorders. As such, it is a most gratifying reference for teachers dealing with children with reading problems in the school setting. It will also be useful for professional groups who seek good educational methods for the treatment of reading difficulties. However, it also reflects the resigned and almost apathetic feeling most workers have toward ever really understanding why reading difficulties occur. As such, to say the least, it does not lend encouragement to teachers or clinicians hoping to understand this difficulty within any theoretical system. (Clyde L. Rousey, Ph.D.)

The Road to H. By ISIDOR CHEIN and others. $12.50. Pp. 482. New York, Basic Books, 1964.

"*H* is for heaven . . . is for hell . . . is for heroin"—which is what the great majority of drug addicts use. The study focuses on the adolescent drug user in New York City and, as the authors believe, it is relevant for such groups in other large cities with a large number of cases at any age. The number of cases is estimated on the basis of police arrests and hospital admissions. The incidence, cultural context and individual environment, the process of becoming and the personality of an addict are discussed along with many other facts and fictions, historical and current, about addicts. The authors' ideas about treatment, prevention, and control are humanistic or, as the authors themselves coyly remark, "visionary." (Peter Hartocollis, M.D.)

Principles of Preventive Psychiatry. By GERALD CAPLAN. $6.50. Pp. 304. New York, Basic Books, 1964.

While the title might seem presumptuous, Caplan sets down a point of view about the practice of psychiatry—a public health approach oriented to prevention—and a theoretical basis for it. He suggests how, by using what we already know from psychoanalysis, it is possible to set up comprehensive community programs in psychiatry that reach many more people than now are reached. He also shows he clearly recognizes the problems involved in setting up large-scale psychiatric programs and how, for example, in setting goals for the treatment of as many people as possible, "excellence" becomes "the enemy of the good." While some clinicians may prefer to do "excellent" work with the few, and others may disagree with Caplan's specific proposals in working with the many, no responsible clinician can dismiss the issues to which Caplan addresses himself. (Joseph Satten, M.D.)

The Inner World of Mental Illness. BERT KAPLAN, ed. $3.95. Pp. 467. New York, Harper & Row, 1964.

This paperback volume contains a series of subjective accounts of "what it was like." The editor's purpose has been to present the selections from the experiential rather than psychopathological point of view, and to illustrate how "the illness establishes a new kind of psychic reality" through which there can be a newer and more effective manner of coping with life. Though some of the selections are familiar, this easily read book should definitely be on reading lists about the subject. (Anthony Kowalski, M.D.)

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