

BULLETIN of the MENNINGER CLINIC

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ON MOODS AND INTROJECTS*

By RALPH R. GREENSON, M.D.†

This contribution deals with rather complicated affects—moods.‡ The essence of this paper is to be found in the saying "I am not myself today," an expression quite typical for people who suffer from frequent fluctuations of mood.

A mood is a compound of different affects which give a specific character or coloring to one's emotional state.⁴ It is usually a transitory phenomenon; its duration may be long or short, but it is usually measurable in hours or days. For the most part moods last longer than single affects and shorter than attitudes which are of more chronic duration. In this paper I shall describe the analytical findings in several patients with pathological disturbances of mood in an attempt to ascertain the dynamic structure of certain moods and to make some theoretical speculations concerning the origin of moods in general.

I

A 40 year old man came for psychoanalytic treatment because of periodic, uncontrollable eruptions of aggressive, destructive behavior which threatened to ruin his marriage and his business career. These episodes began in his latency and continued throughout his life, occurring once or twice a year. Until recent years, his impulsiveness consisted in stealing and lying, then it came out in sexual promiscuity and reckless business ventures which were not only illegal but unnecessary and unprofitable. The patient could not understand this behavior since he considered himself happily married, sexually well-adjusted, a contented and proud father, popular with his friends, and financially secure.

* Presented as part of the Symposium on the Psychoanalytic Theory of Affects, Annual Meeting of the American Psychoanalytic Association, Atlantic City, May, 1952.

† Beverly Hills, California.

‡ More general contributions by David Rapaport, Edith Jacobson, and Phyllis Greenacre are summarized in the *Bulletin of the American Psychoanalytic Association*.¹⁰

The most outstanding finding in this patient's analysis was that he was almost always in a good mood—cheerful, genial, good-natured and optimistic. He not only stated this; he acted accordingly. Even the impulsive behavior had but a brief sobering effect upon him. This chronic good mood proved to be a stubborn defense and resistance in the analysis. The rigidity of this affective state, coupled with the eruptions of aggression, was indicative of its defensive nature.² One further early sign suggested that the good mood was a protective device. Occasionally, when the analyst made an interpretation about his early childhood, particularly about being unloved, tears would stream down the patient's face. The tears and the mixture of sadness and pleasure that accompanied them puzzled him. (Actually, the feeling of being understood—*i.e.* loved—by a man was responsible for this reaction.) The analytic hour became a pleasant, friendly chat, unless the defensive aspect of the mood was systematically pointed out. Lewin¹⁸ has described a similar resistance in analyzing elated states.

Perhaps the most transparent example of the dynamic function of this mood can be seen in the analysis of the patient's marital situation. It was noteworthy that he never reported any disagreement with his wife, any annoyances, or any irritability. He was conspicuously affectionate and loving to her. After listening for several months to this tale of marital bliss, I was somewhat surprised when the patient readily admitted when questioned that he was often unfaithful to her. He had insisted that his sexual life was completely satisfactory and that his wife was by far the best sexual partner he had ever had. He did not feel his infidelity to be a contradiction.

Careful questioning about the details of his home life brought to light many curious inconsistencies. He would describe incidents in a smiling, agreeable manner, when one would have expected feelings of anger, hostility, or sadness. For example, he would recount how he would arrive home at the end of a hard day's work to find his wife asleep, the children crying, the house a mess, and nothing in the house for dinner. He would cheerfully awaken his wife, bundle the children into their clothes, and trot off to get the groceries. (In the first years of the analysis, this material only came out accidentally. He never volunteered it.) His typical remarks after such incidents would be as follows: "It is *not* that my wife hates the children. . . It is *not* that my wife is a poor housewife. . . ." He admitted that his wife often behaved in a manner that *might be* construed as inconsiderate, like forgetting to pick him up at the office or refusing to make his breakfast in the morning, but he believed that these actions had no real significance. It was true that she often refused to greet him and accepted his kiss passively and indifferently, but he knew that really she loved him dearly and was a fine, loving wife and mother. He knew it because there were times when she did take care of the house and children and did return his kiss.

Those were the instances he reacted to and retained, although they were by no means the typical responses of his wife.

The patient apparently perceived the situations which one would have expected to cause him pain, but he negated them. This is in accord with Freud's finding⁹ that the patient makes the perception, but acts as if the perception does not count. Actually, the patient not only negated his wife's unhappy behavior, he contradicted it. "She is a wonderful housekeeper, a wonderful wife, and a wonderful mother." This seems to be a combination of negation and denial.

This patient perceived the stimuli described above: They were not repressed; they were accessible to recall. However, he seemed to select only certain perceptions to react to. This selectivity of response to perceptions was also exhibited in regard to his children, friends, and business associates. He always managed to find some pleasant quality in them which he focussed on and reacted to with a warm, benevolent attitude, disregarding the many qualities in them which would have stirred up anxiety, hostility and discontent. This phenomenon is somewhat similar to the hunger for screen experiences which Fenichel⁸ mentions in discussing screen memories and denial.

We can reconstruct the following sequence of events: perception; negation and denial of painful perceptions, and focus shifted onto pleasurable or innocuous stimuli. The patient withdrew cathexis from the painful stimuli and hypercatheted the pleasant or innocuous ones which then served as a counter-cathexis. Thus he split off the idea from the affect-charge, and the idea was replaced by the hypercatheted screen perception with its accompanying pleasurable affect.¹⁴ The affect-charge from the original perception was blocked from consciousness and erupted in his outbursts. It is significant that the patient's affective state, his emotional tone, corresponded to those screen perceptions.

During the course of a long analysis, the working through of the defensive function of the patient's chronic good mood led eventually to the emergence of many painful affects as well as dangerous instinctual impulses. It became clear that behind the patient's good mood, there was an underlying sadness, remoteness, loneliness, and despair. This patient led an extremely narrow, empty life, emotionally. He smiled but never laughed; he never wept. There were no friends, "People dropped in." Evenings he read the newspaper and fell asleep on the couch. There was no communication or conversation with his wife. Weeks might go by before he realized that he had had no sexual desire. It seemed that by extensive use of the mechanisms of defense of negation, denial, and isolation, the patient was able to maintain an affective state which itself had a defensive function.

Lewin¹⁸ was the first to call such affective states screen affects. Fenichel⁸

has described affects which are reaction formations against other affects. Landauer¹² writes about the two opposing tendencies present in all affective states. The clinical material described above seems to put this patient in the same clinical category. Just as character traits can be used as a counter-cathexis against instinctual impulses, so can affects be used against other affects and/or impulses. The chronic good mood was a counter-cathexis against depression and aggression. It was made possible by negation and denial of perceptions and the use of screen perceptions. The negation and denial operated against single perceptions. In this way, cathexis was withdrawn from painful perceptions; pleasant perceptions were hypercatheted and served as a counter-cathexis. The narrow, restricted life was a result of these mechanisms and in a larger sense made possible a withdrawal of cathexis from life situations which might threaten his equilibrium. The rigid good mood was the counter-cathexis, the screen affect, against the depression and aggression which lay underneath. Prior to the analysis, the eruption of sudden aggressive, destructive behavior was the only known sign of these underlying feelings and impulses. I believe that all of this demonstrates that the chronic good mood was a defensive emotional constellation composed of different affect tones which were made possible by the extensive use of the mechanisms of negation and denial. The good mood did on a large scale what the screen perceptions did to single perceptions.

II

Certain additional features in this patient's past history seem to have been of particular significance for the formation of his affective state. Further, many of these findings seem to be typical for patients who suffer from this kind of affective disorder. Just as the patient used screen perceptions in regard to his marital situation, he also employed various screen formations in regard to his past. Just as he could make perceptions about his wife which he discounted, he could do the same in reference to his mother and father. He maintained that his mother was a warm, loving, good-natured, devoted woman, despite the fact that in the next breath he could recite blithely that she forbade her children to wear their shoes in the living room, or she prohibited the family from smoking in the house. (Note the similarity in his relationship to his wife.) Similarly, he maintained that his father was a cruel, violent, stingy, irritable man, and a few sentences later he could state that his father gave him an expensive car for a graduation gift. Or, he could remember his father impulsively giving him his tie and belt when they met at a railroad station. In both instances, the memories which would seem to be in contradiction to his feelings did not produce any change in his feeling tone toward his mother or his father. He steadfastly

tried to maintain the picture of the eternally loving mother and the constantly combative father. Most neurotics repress some aspects of their ambivalence to the parents; but they are consciously aware of some mixed feelings. It was remarkable in this patient how absolute the portraits of his parents were and how long they persisted in the analysis. He seemed unable to bear any conscious awareness of ambivalence.⁸

The analysis of this inability to bear any conscious ambivalence toward an object was instructive. It shed some light on the historical origin and early function of the mechanism of denial. The crux of the matter is the patient's way of trying to hold on to object relationships. The patient's relationship to his parents was the model for his later difficulties in relation to people and to reality.

From his earliest childhood, the patient claimed he could remember nothing but quarrels and animosity between his father and mother. He said that his mother repeatedly told him that she hated his father and that she made it clear that the father was sexually and physically repulsive to her, and that she had no sexual relations with him. The boy's pleasure in being so obviously preferred to the father was rudely shattered, however, when his mother gave birth on three later occasions. His mother had lied to him. He couldn't bear the disappointment and so he now did unconsciously what his mother had done consciously—denied her sexual relations with his father. In his fantasy, his mother never had sexual relations with his father and secretly yearned only for the patient. Further, the mother apparently wanted him to dislike his father and she felt betrayed when he showed any affection toward him. It became clear in the analysis that the boy did not want to be like his father because to be like father was to be unloved by mother. His whole life was dedicated to the proposition: "I am not like my father. Mother loves me." His good mood, his attitudes, were a proclamation: "I am the opposite of my father. I am mother's favorite."

The young boy is caught in the following situation: His mother seduces him into sexual fantasies by involving the boy in her sexual loathing of his father. His mother increased his oedipal sexual feelings for her and his oedipal hostility toward the father. However, his mother had lied to him and was at best an unreliable person. He could maintain a positive relationship to her only by negating and denying many painful perceptions. An example of his method of doing this was in the way he remembered the parental quarrels. Both parents screamed in anger at each other, but he only reacted to his father's anger. He denied and displaced his reactions to his mother's temper by putting it all on his father. Conversely, although it was true that his father was often violent verbally and physically, he was at times a pathetic figure. The pathetic aspect of the father was denied and

displaced onto the mother. Thus each parent became indelibly painted in black and white. The mother's *conscious* attempt to get the boy to hate the father and to love her, plus her lying which led to his use of the denial mechanism, seemed to be of decisive importance.

His object relationship to the mother was only a scantily disguised incestuous one. But its outstanding characteristic was its thinness, its narrowness; its very lack of substance. He clung to his mother, to his falsified picture of her, because he had no other objects which were more suitable. His object relationship to his father was more difficult to pin down. On the surface the patient felt hatred and anxiety toward him. This feeling was constant, but without any real intensity or without any live affect. (Below the surface and deeply repressed, and/or denied, were strong positive longings—the patient wept when he felt “understood” by the analyst.) The patient's main attempt to cope with his father, however, was to evade him as an external object altogether and to resort to more regressive means of dealing with him.

III

The patient's struggle with the introjected father imago was, I believe, the single most important determinant of the patient's neurotic structure. He struggled against those impulses, attitudes, and behaviors which resembled his father in order to insure his mother's love. Latency, that period in which there occurs the consolidation of the incorporated parental images, was extremely difficult for him. He attempted to deny that he had within him the introjected father. In part he accomplished this by separating his life at home from his life at school. At home he was the opposite of his father, submissive, friendly, eager, good-natured; in school he could be mischievous, rebellious, truant, and extremely active in sports. He also attempted to achieve this denial of the internalized father by fantasizing that he was not his father's son but the son of a prince (Freud⁴ . . . family romance). Yet, beginning in latency, this attempt to deny the introjected father would fail and the patient would suddenly be overwhelmed by some impulsive, aggressive, sadistic impulses.

That these outbursts were not merely eruptions of instinctual tension, but were related specifically to the father, could be seen in the nature of the activities. The father was regularly dishonest in his business practices, which the patient knew. The boy occasionally would find himself stealing or cheating in school for no rational reason. The father was known to be sexually promiscuous with the personnel in his office; this is precisely the kind of sexual objects the patient chose. It is clinically interesting to note that in latency the patient developed a phobia that he had a tapeworm within him which kept him from growing tall. In college he took a course in parasitology

and was fascinated by the adaptive skill of the parasite. He was so intrigued by this subject that he was tempted to become a parasitologist. All of this material indicates that there was an internal father imago, but the patient did not consider that part of the self.

I have seen this attempt to deny the existence of the introjected parent in two different patients. One was a woman who suffered from severe and chronic boredom and who constantly felt a terrible sense of emptiness.⁵ It seemed to me that her feeling of emptiness was an attempt to deny that her hated and loved mother was within her. She consciously dreaded being like her mother. She, also, suffered from eruptions of impulsive actions—usually exactly like her mother's.

Another patient, a man, had a persistent mood of bravado about him which was often inappropriate. It was significant that his mother despised his father for being a coward. The patient in his bravado was denying that he was like his father, *i.e.*, that his father was within him. The breaking down of this defense led to a temporary feeling of depersonalization. For several weeks the patient felt he was his father and, therefore, he himself was gone, lost.

In each of these cases, the patients maintained a conscious hatred of the parent of the same sex. In each case, their parent was a formidable figure, powerful and intimidating. The patients were apparently unable to cope with these figures as objects since both loving and openly hating such terrifying objects was too dangerous. The love impulses were repressed and were the most resistant impulses to bring into consciousness in the analysis. The hate was perceived, but denied access to motility or open affective expression. The intensity of the hatred was magnified because, in part, it served as a defense against love impulses. Further, part of the hatred was deflected from the other parent onto the single, same-sexed parent. These patients all used introjection as a method of avoiding object relationships to this parent, but here their problem was complicated. They could introject, but not reveal any identification with the hated parent since this would incur the loss of the other parent's love. These patients struggled to remain unaware of the internalized object within them. Their distorted moods were derivatives of this struggle with the internalized object.

Freud⁶ described the concept of the purified pleasure-ego which I believe is of value in understanding some of the problems involved here. At this level of ego development, the child considers all that is good to be inside itself and all that is bad to be outside itself. Freud⁶ later pointed out that the first judgment of the child has to be thought of in oral terms: Shall I swallow something or shall I spit it out? In other words, the question of what is me or not me, in childhood terms, is essentially a question of is it inside me or outside me. It seems that the patients described above have regressed, in regard to the internal object, to this early level of ego functioning.

COUNTERTRANSFERENCE IN THE TRAINING ANALYST*

BY THERESE BENEDEK, M.D.†

Training analysis is a therapeutic procedure, the aim of which is—beyond elimination of symptoms—to effect such changes as will make the personality an effective instrument for the professional tasks of psychoanalysis. The *training analyst* is one who is qualified by experience for such a task; that is, he has had enough practice in handling his countertransference reactions to be able to handle them also in the particular complications of a training analysis.

In this short discussion of infinitely complex interpersonal responses, I will omit the discussion of the psychodynamics and the phenomena of countertransference in general, that is, as it may occur in any analysis; as it is rooted in his personality, any training analyst may encounter it in his psychoanalytic response to any of his patients, also, in response to his training cases. I shall discuss only the specific manifestations of countertransference which are motivated by the particular conditions of the training analysis itself.

A profession which necessitates such an extensive and deep-going experience as the training analysis becomes, as a result, an organization in which emotional interpersonal relations are more significant than in any other profession. I assume that the specific countertransference reactions of the training analyst originate at first in the organization of the profession itself.

For, in this organization, the *emotional structure* of the family—its psychodynamic constellations—are reproduced. This is nothing new. The influence of Freud's personality, not as a great explorer of the human mind, but as a patriarch, has often been discussed. The "rebellion" of the sons, the rivalry of the "brothers" (not to mention the daughters and sisters) has also been evaluated. The patients of each of us regard themselves as siblings, claiming the right to rivalry and ambivalence toward each other. And we all, who are now parental figures, were "siblings," sons or daughters of a training analyst some time ago. We realize the emotional reality, hidden beyond such *façon de parler*. Yet we rarely take cognizance of its significance in our work.

Probably it would be going too far in delineating the dynamics of countertransference in training analysis to discuss the historical development

* Presented in a panel discussion: "Countertransference in the Training Analyst" with Karl Menninger, M.D., Chairman, Sandor Lorand, M.D., and Edith Weigert, M.D., to the American Psychoanalytic Association, April 29, 1950, Detroit, Michigan.

† Chicago, Illinois.

of psychoanalysis. Yet I cannot state my point without referring briefly to the compact closeness in that first group which decided about the necessity of training analysis in 1912. Four years later, Freud published his concept of the dynamics of the organization of the group. That was a living reality at that time in Freud's life and in the lives of the other individualists who formed the psychoanalytic organization. In this group, Freud was the unquestioned leader; the identification with him gave access to membership in the group; the members of the group, while identifying with the leader, were identified among each other. But, at the same time, the members of this group were striving to maintain their own identity by emphasizing their *small* differences. This group, proudly aware of their insight in a new field of knowledge, was a militant minority in a hostile world of medicine and psychology. Hence the intensification of the group narcissism; hence the similarity between this organization and that of the patriarchal family.

In the patriarchal family, the family pride identifies and protects all members of the family against the attacks of external enemies. The role of the individual within the family, however, is defined by the place which he plays in the family constellation and this, in turn, determines in high degree the emotional development of each member. It is the same in the organization of the psychoanalytic family. Through the training analysis, each new member of the group becomes attached to his teacher and when this younger member of the group, some five years later, becomes a training analyst himself, he is, or used to be, in a highly complicated position in the dynamic configuration of the psychoanalytic organization. He has (or used to have) an allegiance to the ideal father, Freud, and he has (or had) a highly ambivalent, emotionally charged relationship to his own training analyst. By becoming a training analyst, he is like a man—like most men—who become fathers without having resolved their conflicts with their own fathers. He is compelled by his unconscious to live out in his attitude toward his children those conflicts which he has in regard to his functions and responsibilities as a parent.

You may answer that his own training analysis had to resolve those conflicts. I agree, but I also maintain that there is a difference, even if it is only a quantitative one, between resolving one's childhood conflicts in the transference, and in outgrowing them in real living as a parent. And this is the point where the countertransference of the training analysts plays its tricks. For these specific countertransference phenomena originate in the conflicts which the training analyst has in his function as a parental image. No doubt his parental attitudes are motivated by his childhood experiences, but they are revived by the transference reactions, by the *attachment* formed by his own training analysis and by the strict (patri-

archal) organization of the group (probably not as it is now, but as it used to be).

Thus, like fathers who may treat their children in a way which will give the children what the father was deprived of, or will deprive the children because of their own deprivation, training analysts may have an attitude toward the candidate which expresses: "I want you to have a better time in your analysis than I had in mine." (Underneath, this may have the motivation: "I wish you would not become as hostile toward me as I am toward my analyst.") Or, "I want you to have as bad a time of it as I had (then I know and I can control your hostility)."

But even if the training analyst is far removed in time from his own training analysis and has resolved his transference toward his own analyst, he may still with each of the training analysts be put to the task of resolving his own problems in regard to his own parental functions and attitudes. For example, training analysts may be eager to prove that they are good fathers, not competitive with sons and will let them grow up to become full competitors, or they may try to prove that they are good mothers, who allow the sons and daughters to become independent; or that they are not fathers or mothers who would "castrate" their children and, to prove it, they will not attack the defenses of the candidate where it will hurt. Whether the analyst becomes aware of a repressed, unconscious emotion (tendency) in the analyst, or whether in his wish to be recognized as a full-fledged competitor of his training analyst, his fears become exaggerated—in any case his negative transference will soon be expressed. For example, he says, "I know, you never want me to be better than you are; you won't let me be successful," or, "If I become successful, you will use what you know about me against me." Probably it is difficult in every analysis to take the patient's accusations, since the analyst is convinced of his own unquestionably good intentions. But in the training analysis, this becomes often the crux of the countertransference. Why?

Let me return for a moment to the organization of the profession in which every member is eager to maintain his distinction and the training analyst may enhance his position in the group by creating disciples, by becoming the stern father of many. Thus the psychoanalytic procedure which ideally should not have other aims than its own goal, namely, the resolution of the patient's conflicts, becomes a tool for other aims; and this makes the training analyst feel guilty.

On this point, I want to mention what has been currently discussed often as the emulation of the training analyst by his candidate. One may experience a superficial, imitative identification, for a period of time, with any kind of patient. My patients—training cases or others—often tell me that

their friends remark that they have now acquired an accent or that they have a habit of beginning their statements with the explanatory "You see," as I do. But they overcome such habits soon. This would have something to do with training only if I were to insist that my candidate should maintain such an attitude as a "technique." The most significant manifestation of the countertransference is the training analyst's unconscious or conscious tendency to *foster the candidate's identification with him, his dependence on him*. For training analysts tend to project themselves unduly in the candidate; they tend to identify themselves—as parents do with their children—with the candidate. One of the most conspicuous manifestations of this identification is the training analyst's overprotective, unobjective attitude toward his training patient. He, the analyst, often takes it as a personal insult if someone is critical of the candidate. The training analysts often act, and often they even behave, as overprotective parents do.

What is the motivation of the "parental overprotection"? The most significant one is the insecurity in regard to the child; the fear of one's inability to handle the child and to treat and educate him to his best advantage. Since one is not certain how to achieve this goal, the parent becomes guilty about his mistakes. The situation in the training analysis is very much the same. The overprotectiveness of the analyst is often the result of the complexity of the goal in the training analysis. The analyst feels as if he had promised too much, as if he had promised that he would make the candidate perfectly happy, perfectly free, and a perfectly good analyst. Since one does not quite know how to achieve this goal, the analyst may feel insecure. At the same time, he is aware of his own tremendous emotional investment in such an analysis. Thus, like an anxious and narcissistic parent, the training analyst feels that his product must be perfect, or at least superior to that of other analysts! His overcompensation grows parallel with the underlying sense of guilt and his guilt toward the candidate is the same as that of parents, who, in a competitive family, want to achieve the greatest prestige through their children.

Since my discussion is based on the assumption that the group organization and the competition of the analysts within the group are responsible for the countertransference reactions, it is justified to ask whether the loosening of the organization would diminish *this* source of error and failure in our work.

There are good indications that this can be expected. For example, in larger institutes, where many training analysts work together, and where, at least within the one institute the standing of the training analyst is secure, his need to produce disciples diminishes. I have also observed that the younger generation of training analysts, themselves trained in large insti-

tutes, approach their task with greater objectivity; their reports on their training cases are often more articulate than the reports of their older colleagues. These are good signs!

The psychoanalytic training family has reached that phase of its development where we can afford to express our concern about its procedures and may discuss our mistakes. The countertransference in general has long been neglected in our literature and discussions. The reasons for this, we assume, are obvious. Yet, taking our own defensiveness for granted does not help eliminate the cause of our mistakes. I assume, in general, that unresolved, suppressed, and unrecognized countertransference is the source of irreparable or long and painful transference neurosis and this is true for training analysis too.

Let us hope that the discussion of the problems involved will help to create in the organization of the profession, in its training institutes, as well as in the person-to-person relationship in the training analysis, that optimal condition for transference and learning which is the most beneficial for development.

“WE HARDLY KNOW WE ARE ALIVE”

By KARL MENNINGER, M.D.

A few months ago I received a handwritten letter on good stationery from a Miss C. whom I do not know. Here is the letter:

“Dear Dr. Menninger,

A rebellious attitude toward sex reality drove a highly privileged young woman out of her mind in her early twenties. She spent the next 30 years of her life in a mental institution and finally died there—a physical and mental wreck.

In your opinion is she ‘eternally damned’? Yes or no?

Sincerely yours,

G. L. C.

P. S. A yes or no answer is all I ask for and with deep thanks.”

Since she had asked for a yes or no answer, I merely replied: “Certainly not.”

In her reply, a reply which I neither expected nor deserved, Miss G. L. C. wrote an extraordinary letter which will be of interest to every psychiatrist faced with the practical problem of handling disturbed patients. Few scientific documents convey directly as much useful information about this problem as does this letter. Furthermore, without our knowing anything more about the patient, it suggests something in regard to our theories of behavior regulation which ought to be pondered long and thoughtfully. Here is the reply:

“Dear Dr. Menninger,

Re pts. in seclusion rooms after thirty years or so of incurable schizophrenia who like to smash beds, etc.: We people have a constant terrific craving for eye-hand, eye-foot, eye-ear and foot-ear coordination. Our whole desire is in *touch*. This sense is more than touch sensitivity of the blind.

I have three degrees from ——— University and was once a state clinical psychologist before I lost my mind in 1918. Only speech centers and those associated with it still intact. A fortune was spent on me for nothing. When my eighty-year old mother dies, I am forced to the public hospital near here.

Long ago they took materials away in occupational therapy because I ruined them. Well, I am like the picture of your patient in a recent magazine sitting on floor, head bowed.

Recommendations:

Paste large squares of flowered wallpaper with scotch tape on walls of seclusion rooms and give pencils to trace around flowers with.

Let them toss oranges also for eye-hand coordination even if costly and messy inside seclusion rooms.

Singing and screaming releases the fierce energy in us.

Please don't put us in packs. The need for constant movement is accentuated in the demented.

At home I climb up and down stairs hundreds of times a day. Put safe stairs like Montessori steps in seclusion rooms. Climbing instinct.



We no longer take in anything on television or radio. All of our energy has gone from the brain into the body which must move, move, move—

Please explain this to our nurses.

We hardly know that we are alive at all after *years* of shock treatment and all the rest.

Pray for our death. God bless you.

G. L. C.”

PERSONALITY DYNAMICS AND PSYCHIC AL RESEARCH*

By GERTRUDE SCHEIDLER, Ph.D.†

(With an Introduction by GARDNER MURPHY, Ph.D.‡)

Introduction:

In the field of “psychical research” or “parapsychology”—the study of alleged paranormal abilities of man, to make contact with his environment through some means other than those now recognized by physics and physiology—two great movements have characterized the present era. One is the steady improvement of experimental and quantitative methods for analyzing the conditions under which extrasensory perception (ESP) is carried out. This field of study is associated with the names of S. G. Soal and Whately Carington, in England, J. B. Rhine, J. G. Pratt, Charles Stuart, Dorothy Martin, and others in the United States. The work, now domiciled in a number of university laboratories and other research centers, undertakes to ascertain the effects of various motivating conditions, such as competition, and various physiological factors, such as drugs and fatigue, upon the capacity of individuals to “see” concealed materials to a degree significantly beyond the degree to which such material could be “guessed.”

In all work which is to be taken seriously, conditions are so arranged that the experimental subject can have no normal source of sensory contact with the material; typically, the material is concealed in opaque containers or behind a wooden screen or in another room at a distance from the subject. Noting the amount of agreement to be expected by chance between the guesses made and the materials concealed, and expressing the results in terms of the probability (P) that such and such a deviation above the expected amount would occur by chance alone, the experimenter seeks to ascertain the most favorable working conditions, and to study the individual gift or idiosyncrasy for this sort of thing. Most evidence has shown that the scoring levels of ordinary unselected subjects (not the so-called “gifted” subject) typically run only slightly ahead of chance expectation. If the amount were *great*, it could hardly remain undetected in daily life. But, any consistent and cumulative effect must, according to the canons of science, be studied.

The hypothesis to be studied and tested is that there is an extrasensory process at work. In addition, there are numerous definite psychological hypotheses about the conditions most favorable for this process, and sys-

* Presented to a Department of Adult Psychiatry Conference, The Menninger Foundation, Feb. 3, 1953, Topeka, Kansas.

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tematic and repeated experimental testing to ascertain whether these hypotheses are correct. Some of these hypotheses relate to the kinds of materials (letters, colors, pictures, playing cards, etc.) which can be most successfully guessed; some to the distance between subject and material; some relate to the tempo of guessing; some to the novelty or familiarity of the task; some, like those to be described here, relate to the personality of the subject.

In such experimental studies, the work of Dr. Gertrude R. Schmeidler has been one of the great inspirations of my scientific life in the last dozen years. Her own experimental work can speak for itself.

G. M.

Psychical Research

Psychical research is one of the most challenging of all areas of research. There has been enough investigation to show that such phenomena as telepathy and clairvoyance really occur, and that there is no more need today to defend their existence than to defend the existence of unconscious processes. In one sense, they represent the same sort of challenge that the unconscious presented fifty years ago. For, like the unconscious when Freud's first major publications appeared, they are pooh-pooed as non-existent by those who prefer to stay uninformed, and research on them is vigorously attacked and condemned by the reactionary—but to those who have begun to think about them, they offer potentialities for exploring human capacities and human problems that open whole new vistas for understanding.

Unfortunately, there is another analogy, too. So little is known about them that there is still room for pioneering. We have some facts, and some theories, at present—but there is so much that is still not mapped out, that almost all we can say with certainty is that our theories will need major revision, and that the most important unifying concepts have not yet been stated.

One of these theories is that in clairvoyance or telepathy experiments, the cold or hostile experimenter affects the subject's attitude and, therefore, his responses. Thus, although his method of investigation is the same, his subjects will make fewer successes than those of a friendly experimenter. The critical or unfriendly subject, similarly, will not be as likely to make good scores as the friendly subject.

To test this last possibility, my initial research project in this field involved asking the subjects how they felt about the ESP responses they were going to make. Some were completely negative. They said that they thought the whole procedure was nonsensical, that they knew clairvoyance or telepathy could not occur (although they would, to oblige me, go through

the motions of trying to respond). Either they had no interest in the research, or their only interest was to prove to me that these things did not exist.

Others were enthusiastic about the possibility of successful responses. Some had had (or thought they had) psychical experiences, and were eager to demonstrate how well they could do. Many had never given the problem much thought, but were curious about it and interested in the outcome. From all these we might anticipate a positive attitude toward the experiment; but from the first group we could, I thought, almost be sure of a negative one. Each subject was, therefore, rated as feeling favorable to the possibility of paranormal success under the conditions of the experiment, or as being firmly opposed to it. For convenience, we referred to these two groups as the sheep and the goats. To prevent my calling a subject a sheep if his ESP responses were successful, or a goat if they were unsuccessful, each subject was categorized as a sheep or goat before he made his first response. Under these conditions, the results of three successive series were in the anticipated direction: the sheep had average scores higher than the level of mean chance expectancy, and the goats had average scores lower than this level (as if they were unconsciously trying to avoid the target lists). This was statistically significant at the level of $p = .001$; further repetitions have by now brought the level of significance to $p = .000001$.

We followed the basic method developed by Rhine. It corresponds to using a deck of playing cards, and asking the subject to guess the order of the cards. A card player would be more likely to guess aces and kings than threes and sevens, therefore, we used cards bearing one of five symbols: a square, a cross, a circle, a star, and a set of three wavy lines. Some stimulus preference naturally is found even with these symbols, but it is not usually very marked. The symbols are customarily arranged in lists of 25 units, and a set of 25 responses is called "a run," or "an ESP run." The order of the symbols within the list is determined by using a table of random numbers, and arranging the symbols to match the numbers in the table.

To make sure that the subject cannot pick up some hint about this carefully arranged random order, we always take elaborate precautions. An assistant makes up, before the experiment, a large number of target lists. He puts each of these lists into an opaque container. A permanent record of the target is kept, and carefully concealed from the subject. Sometimes we dispense with the cards altogether, and use for stimulus only the concealed list of symbols. The assistant does not meet the subjects, does not know when they are to be tested, and does not know when any one of the target lists will be used. The experimenter, who speaks to the subjects, has not seen the lists, and therefore could not inadvertently give any hints about the order or the frequency of the symbols. The target list is not exposed

until there is a written record of the responses. Under these conditions, with a written record of the responses double-checked against a written record of the target list, there seems not to be even a remote possibility of sensory cues.

One of our big problems in ESP research is that the findings vary with the subject, the experimenter, and the atmosphere. The sheep are not correct on every response, nor are the goats always incorrect. ESP seems to function as such a weak process that it is only by averaging many results that we can demonstrate a trend in the data. In addition, success and failure seem to be partly determined by a number of factors which cut across the sheep-goat dichotomy.

Let me suggest an analogy. Intelligence is sometimes defined as the ability to solve new intellectual problems successfully. But we all know that even an intelligent person cannot be depended on to solve all new intellectual problems that are presented to him. He may be sleepy, or over-fatigued, or uninterested. He may be so involved with his own neurotic or psychotic concerns that he is not free to function in any other field. He may have preconceptions that blind him to some of the possibilities that he ought to consider. My point, then, is that in order to predict how a person will function in a certain field, whether it is intellectual or psychic, we ought to consider not only native ability and overall attitude to the task (which corresponds roughly to the sheep-goat question), but also many other special conditions.

Relaxation

One of these conditions in ESP research seems to be relaxation. But it is a curious kind of relaxation. One investigator, Whately Carington, called it "an attitude of nonchalant receptivity," and another, J. B. Rhine, spoke of it as combining both spontaneity and relaxation. It seems to function almost independently of the sheep-goat attitude. I have found, in a series of group experiments where I asked my classes to write at the bottom of their lists whether they had felt stimulated, annoyed, or in some other way during the ESP run, that the students who wrote "relaxed" had considerably higher average scores than the others. The level of significance of the "relaxed" runs is $p = .001$.

There is an interesting sidelight here. Some students, instead of putting the single word "relaxed" at the bottom of their lists, wrote "relaxed and interested," or "thoroughly relaxed" or some such variant. Presumably they were more eager and lively, and thus *less* relaxed, than the students who took the easier course of writing the single word that I had suggested—and their scores were, on the average, like the scores of the students who had written "stimulated." In ESP research, the subtleties of attitude, which are not always available to introspection, seem to be all-important.

One group of patients that I studied, the only group that did not consist of college students, gave some results that help to fill out the picture. These were patients in the wards of a New York hospital, suffering from cranio-cerebral trauma, with nonfocal injury. Most of these concussion cases were lying quietly in bed at the time they were tested; many were inert and drowsy, and many, either because of other injuries or because of the languor that often follows concussion, were extremely passive. The procedure for testing for ESP had to be modified slightly to deal with them, but all essential safeguards were maintained. Most of the patients took the Rorschach after their ESP tests. A control group, hospitalized because of accident without head injury, was also studied.

The average ESP scores of these CCT patients was very high; higher than any student group that I have tested. The average of the control group was close to mean chance expectancy. While there is no proof, a careful analysis of the data implies that this extremely relaxed group's high scores were related to their relaxation. Perhaps the most striking indication of this was that there were two patients who were sufficiently alert to speak to me about the possibility of collecting insurance for their injuries, and these two were among the few whose ESP scores were low.

Do these findings indicate that relaxation, and only relaxation, is the important condition for ESP success? If so, would doses of sodium amytal before an ESP test result in high scores? (The reply to this is negative, for experimentation has shown that sodium amytal tends to depress scoring levels.) And why did Rhine pair relaxation with what would seem to be its opposite, spontaneity?

What may be a partial solution to these problems can be found in the patients' Rorschach protocols. They showed a small number of responses and an extremely poor level of form perception, both of which might have been anticipated from the behavioral picture. But in addition, they gave important information. It was characteristic of these patients to report, on the color cards, quiet and pleasant but vague responses. They saw bouquets of flowers, without noting any one type of flower, or they would murmur "trees," and not be able to amplify. They gave, in Rorschach terms, CF and C responses more readily than FC. This ready acceptance of color is usually interpreted to mean an acceptance of the external world, or of stimuli that come from without. When it is combined with a sparse protocol and a poor form level, it indicates a person who will respond uncritically to impressions, who will accept passively what is occurring, rather than building around himself a wall of realistic preoccupations and reality-oriented interests, and looking only through the windows that he permits to appear in the wall. Perhaps the subject who is relaxed by sodium amytal or by fatigue (both of which have been shown to cause low ESP scores) is the person who tends to be engrossed in his own dreams or fantasies.

and thus is less sensitive to impressions from the outer world. The direction of interests during relaxation, rather than the relaxation per se, may be a crucial factor for ESP sensitivity.

This, of course, is conjecture. But at the present stage of ESP research, each new finding is likely, as this one did, to relate to some facts that are already known, and in addition to require new hypotheses, which must give rise to still further investigations before we can know if they are sound. If it also creates the impression that ESP success implies some degree of disorientation, let me hastily correct it by showing that research with normal subjects indicates almost the opposite.

Social Conformity

This fact first began shaping up, on an intuitive rather than an experimental level, in an analysis of the sheep and the goats whose scores were at variance with our hypothesis. Six retests of the sheep-goat experiment showed the average ESP score of the sheep to be higher than that of the goats. And yet, in each series, some sheep made low scores and some goats made high ones. When doing the experiment in a classroom, with my own students as subjects, a pattern began to emerge. Some of the students had been a pleasure to have in class. They listened attentively, took part in discussion, did their work on time, and seemed to understand what they were doing. They usually laughed at my jokes. They were pleasant and friendly. They dressed conventionally. When they took part in the ESP experiment, almost all of them made the scores that they were supposed to, the sheep averaging above the chance level, and the goats averaging below it, whereas the students who did not fit readily into the classroom pattern were more likely to have odd ESP scores, some very high and some very low. It began to look as if social conformity was one indication of how well they would conform to the expectations of an ESP hypothesis. On the basis of these informal observations, we stated as a hypothesis for investigation that well-adjusted sheep would be expected to score at ESP, on the average, better than poorly adjusted sheep; and conversely, that well-adjusted goats would be expected to have lower average ESP scores than poorly adjusted goats.

Using the Rorschach as a measure of adjustment, and making an arbitrary cutting point as a line of division between good and poor adjustment, I checked on this hypothesis by repeating the procedure with my classes, or with classes borrowed from friendly colleagues, for six years. About a thousand subjects took both ESP and Rorschach tests; and in the overall results, the expected differences kept appearing. The significance of the difference between the groups is better than $p = .0001$. There were, of

course, many individual exceptions. But in general, sheep scored a little above mean chance expectancy and goats scored a very little below it. Well-adjusted sheep scored considerably above the group as a whole; and well-adjusted goats scored considerably lower.

My interpretation of this finding was premised on the idea that most of the students did not care much about the experiment. They were likely to be mildly interested in it, just as they were in each new topic that was presented to them. For the most part (and this would be particularly true of the ones who were making a good social adjustment) it would not touch them deeply. If they were sheep, they would hope to succeed—but not intensely. If they were goats, their rejection of the basic plan of research would lead to some negativism, but it would be mild, and not cause strong emotional reactions. And since ESP responses seem to be extremely sensitive indicators of mood, these minor variations of affective response would show up in the percentage of success.

But the deviant subjects with poor adjustment would be less predictable. Some of the sheep might, for example, fear that if there was such a thing as ESP, it meant that other people could read their minds, so that they would hope intensely to be able to build up barriers against it. Some might feel, perhaps without formulating it to themselves, that if they had this power they could control the thoughts of others, so that high ESP scores might be intensely gratifying—or fear-provoking—to them. The group with poor adjustment thus might be expected to respond with more ego-involvement, and in more extreme ways, to an ESP situation. Since the extremes could be either favorable or unfavorable, the group as a group would be less predictable, although a study of any individual within the group might lead to clear-cut, confirmable predictions. If the extremes tended to cancel each other out, it would tie in with the experimental finding that the average score of this group fell near the level of mean chance expectancy.

For this hypothesis, luckily, there is confirmation from other investigators. The hypothesis is based on group averages, but a part of the hypothesis is that the ESP scores of the poorly adjusted subjects should show more deviation from mean chance expectancy than the ESP scores of the well-adjusted subjects—just as the behavior of the poorly adjusted students is more deviant from social norms than is the behavior of the well-adjusted ones. Humphrey and Nicol tested this point statistically, after it had been stated, and found a statistically significant greater variance in the mean ESP scores of the poorly adjusted subjects than would be expected on a chance basis, and further that there was somewhat less person-by-person variance in the ESP scores of the well-adjusted subjects than would be ex-

pected on a chance basis. Thus we are in that state so reassuring to any research worker, of having predicted certain results and having those results obtained by others.

Intellectual Interest in the Theory

Before leaving the topic of sheep and goats, and the question of why some subjects are more likely than others to score in the predicted direction, there is a general point that should be made, and a specific point which is a corollary of the general one. Our original theory was that an ESP subject who had a favorable attitude toward his task would be expected to score better than one who had an unfavorable attitude. Now there are many possible determinants of a subject's attitude toward this type of task. One of them is the attitude of the experimenter, and the subject's rapport with him. We might even speculate that with an experimenter who hopes the subject will score well, the number of successes is a sensitive indicator of rapport. Another determinant, in some cases, is the emotionally laden feeling of the subject about the whole area of psychical research. It may seem to him to open mystical horizons that offer him more than the narrow boundaries of the physical and chemical laboratories, or it may carry dreadful overtones of childhood fears of ghosts or powers in some uncharted unknown. There are many other possibilities, but the only one that the sheep-goat question investigates is far more limited: the choice between an essentially intellectual acceptance of the possibility of ESP success under the conditions of the experiment; or of an intellectual rejection of such a possibility.

This is the general point. Its corollary is that the only subjects to whom such an intellectualistic question is likely to be important are the ones for whom theoretical interests are strong, those who value intellectual consistency. I did not state this corollary of the general proposition explicitly until 1950. Having stated it, I investigated it in the following year by administering the Allport-Vernon Study of Values, and checking to find whether the subjects in whom theoretical interests were strong showed a more pronounced difference in sheep-goat scores than the others.

The results were clearly in the predicted direction. While the average score of the sheep was slightly higher than that of the goats when all subjects were considered, those for whom theoretical values were strong showed this difference clearly (their results were significant at the level of $p = .002$); and those for whom theoretical values were comparatively weak showed the difference to a negligible extent.

This is not to say that in all cases theoretical values and ESP ability go hand in hand. The theory applies only to experiments oriented as mine have been, where the problem is presented to the subject as one of investi-

gation and of research. If the whole situation had been oriented differently, we would expect some other pattern to appear. It is the subject's feeling about the experiment that determines which factors are the relevant ones.

Attitudes Toward Frustration

Rosenzweig's Picture-Frustration Study, which is a short technique for measuring a subject's habitual way of handling mildly frustrating situations, gives some confirmation of this general point of the effect of a negative or unfriendly attitude. Many investigators have found that hostile subjects are likely to have low ESP scores, even though surface cooperation is good, and even though the subject affirms strongly that he wants to succeed. Responses are scored in several ways, but the one that is of most concern to us is the three-part division of responses into extrapunitive, intropunitive, and impunitive.

The terms are almost self-explanatory. An extrapunitive score is assigned when a subject shows exasperation overtly or when he demands help. An intropunitive score is assigned when a subject apologizes, takes the blame for a difficulty, offers to remedy it, or expresses embarrassment. An impunitive score is given when a subject minimizes or dismisses the difficulty, or shows that he expects it to cure itself.

We have found repeatedly that there is a slight tendency for the more extrapunitive subjects to have lower ESP scores, and for the more impunitive subjects to have higher ESP scores. The correlations are low, but are significant of the level of $p = .005$ or better. This seems to fit in well with the general picture that we are sketching, just as it fits with the general experience of other experimenters in ESP. Presumably the subjects who act aggressively in most situations are likely to structure situations in terms of their own needs rather than the expectations of the people they are dealing with. Thus, they are not likely to participate wholeheartedly in a research project unless it happens to be one with which they themselves are concerned. Accordingly, we would not expect them, as a group, to adopt the relaxed but interested mood which seems to be favorable to ESP success. For the subjects whose typical responses are impunitive, the reverse is probably true. They have schooled themselves to accept situations and to try to make the best of them. They have learned (if they are well-adjusted) to gain satisfaction by conforming and they are likely to accept an experimenter's instructions readily.

Even though this broad outline may be reasonable enough, it is clearly incomplete. To characterize a person as impunitive or extrapunitive on the basis of his response to a single projective test is overgeneralizing. Human beings are not so consistent as this implies: even if a person is typically impunitive in one type of situation—let us say, if a friend is late to an appoint-

ment—he might become openly aggressive in another type of situation, such as having his religion criticised. To apply the results of a test like the Picture-Frustration Study to an experimental situation, we should make sure that the two are comparable, that they have a similar meaning to the individual. It is probably because of our neglect of this factor that the correlations between ESP score and rating of impunitiveness or extrapunitive-ness were so low. The question we must ask, then, is: For which subjects, do the conditions of the ESP test correspond, roughly, to the situation of the Picture-Frustration Study? And for these subjects, is there a clear relationship between the two sets of results?

My only attempt to answer this was limited to group experiments, where careful individual analysis was impossible, and thus I can give only an approximate answer. From the students' comments after taking the Picture-Frustration Study, it seemed that all had felt some mild annoyance, but that none had taken the test so seriously as to be severely annoyed by it. Their responses might, therefore, be taken as a crude indication of their reactions in a mildly frustrating situation. My task, accordingly, was to find the ESP subjects who had felt mildly frustrated during the ESP test.

Three measures were available. From them I derived a composite score to represent the level of pleasure or annoyance felt for the ESP experiment as a whole. All subjects who seemed to have enjoyed the ESP runs, and all who seemed to dislike them very intensely, were then discarded. For the remainder, who presumably had been mildly frustrated by the ESP test, correlations were obtained, as before, between ESP score and ratings of impunitiveness and extrapunitive-ness. The expectation was that these correlations would be higher than the previous ones and this proved true.

One further point should be made. Even if a subject is extrapunitive, or overtly aggressive during the experiment, this does not mean that he will direct his aggression against the experiment itself. A student of mine found this clearly. Some of his subjects were inconvenienced in an ESP experiment, since it came at an awkward time and place for them. They behaved politely enough to him, but their ESP scores were low. However, three of his personal friends who were inconvenienced by the experiment told him so, with great gusto. They "let off their steam" against *him*—and all made high ESP scores.

Let me give another example of how an extrapunitive subject, highly frustrated, can deviate from the general pattern.

A graduate student at Harvard had an office next to mine while I was doing this research, and had volunteered to act as a subject—"some-time." One morning she came into my office extremely angry. She had worked out a plan for her doctoral dissertation and, just a few minutes before, her analyst had told her that the dissertation would interfere with the analysis, therefore she would have to drop her pet project.

She was furious at the analyst; she did not want to return to her own work. She told me that she wanted, right then, to act as a subject. But another person was scheduled for that hour, so that she had to wait. Of course, from her point of view, I was telling her (without putting it into words) that she was not very important to me, that I did not expect her to do any better than all my other scheduled subjects.

This young woman had what Murray would call a strong need for counteraction. Her response to the situation was to take it as a challenge, to think, "I'll show her!" When it finally came her turn, she worked rapidly and vigorously at the ESP responses, and made an extraordinarily high score. Some weeks later, when she was in a quiet, pleasant mood, she tried again and came out with a score only slightly higher than chance expectancy.

The degree of frustration, the way of handling aggression, and also the goal to which the aggression is directed, all need to be taken into account here—and so far as I know, no single test can measure all of these.

Discussion

Although some other relationships have been found in the data, this is the broad picture of what has come out of about eight years of research on ESP, primarily in classroom experiments with college students. It seems to me to be clear, as far as it goes. The friendly, well-adjusted, and interested subjects tend to make ESP scores that are above the level of chance expectancy. Subjects who are interested but who intensely disapprove of the experiment tend to score below the level of chance expectancy. Poorly adjusted subjects vary so widely in the way they interpret the situation that we cannot predict what their average scores will be, but we can predict with some confidence that the variability of their scores will be greater than would be expected by chance. Subjects who are relaxed, and subjects who are characteristically impunitive in similar situations, tend to make scores above mean chance expectancy. ESP success, then, seems to represent, at least in part, the subject's mood while he is making his ESP responses.

It would be easy, in preparing a closing section for this paper, to try to give the impression that this body of research marks a substantial step forward in understanding the dynamics of ESP. Statistically significant differences have been found in successive retests of our major hypotheses. Again and again a prediction was made before an experiment was performed, and the results were consistent with the prediction. There are individual subjects whose results do not conform to the theory—but these could be dismissed as being due in part to the inadequacy of the projective tests that we have been using, and in part to the fact that ESP occurs as a threshold phenomenon, of low intensity, and our tests may not have been long enough for an adequate determination of each individual's threshold.

To some small extent, this optimistic picture might be justified. Within the narrow field of experimental, rather than spontaneous ESP, using unselected subjects, and with responses aimed only at the order of a predetermined list of targets, the results have been good. But the statement of the limits within which we have been working is enough to show some of the problems that we have not even begun to solve. In the hope of stimulating research on these issues, let me discuss three of the major ones.

How will the ESP process be different if the subject is asked to respond to a unique event, rather than to the order of stimuli in a list? Is there likely to be distortion? If so, are there individual differences in the type of error that is made, so that some subjects can respond only to isolated fragments of the totality with which they are trying to make contact, while others will give a confused or symbolic view of the whole? Do the principles of perception apply, so that we can expect salient details to stand out, and the stimulus pattern as a whole to influence the ways that parts of the stimulus are perceived, and the subject's idiosyncratic needs to determine the accuracy of the responses that he makes? There are many subquestions here!

One serious limitation of the series of experiments that I have reported is the fact that they *are* experiments: that subjects have been asked, at the experimenter's convenience, to respond to stimulus material that has no intrinsic interest for them. It may be that by confining ourselves to a statistically rigorous technique and to controlled, experimental conditions where emotional factors are minimized, we are throwing out the baby with the bath water, and depriving ourselves of an opportunity to study the very events that interest us most. Perhaps in some clinical setting, where emotions run high and patients are living through critical changes, there is a better opportunity to study the vivid and massive ESP experiences that do sometimes occur.

In respect to individual differences, there seems no doubt that some persons have more ESP ability than others, and that the ability varies strikingly from one period to another of a person's life. There has been no systematic effort to study this. We do not know if the ability is hereditary. We do not know if it is associated with any physiological changes. Although we know that it is associated somehow with needs and stress patterns, we do not know the dynamics of the association. We do not know if it is most likely to appear when a person is trying to "make contact" with someone else, as a patient often does with his therapist. We do not know if other changes, for example in imagery or dreams, are associated with it. Even the basic exploratory work for most of these questions still remains to be done.

ACTIVITIES AT THE MENNINGER FOUNDATION

The staff of the Foundation's Department of Child Psychiatry has undertaken a study of parent's problems in dealing with their children's difficulties. This is one of a series of studies planned by the staff concerning the process of evaluating disturbed children. It will be supported by a grant from the Donner Foundation and will be carried on by several members of the staff of the Department of Child Psychiatry under the direction of Dr. J. Cotter Hirschberg and with the counsel of Dr. Lois Murphy.

* * *

The Selection Research Project has been completed and Doctors Robert Holt and Lester Luborsky are now writing a comprehensive report of this seven-year investigation of the factors which make possible success in the selection of physicians for psychiatric training. Their report, which will be published soon as a volume in The Menninger Clinic Monograph Series, will attempt to present a broad view of the place of the successful psychiatrist in the present American scene. The Selection Project was supported during its last two years by the New York Foundation, after five years of support by the Veterans Administration.

* * *

Year-end calculations show a rather dramatic increase in the number of professional persons who visited the Foundation last year. Altogether there were 956 such visitors, representing 36 states, the District of Columbia and 33 foreign countries. This total compares with about 800 professional visitors during the previous year and 600 the year before that. It has become necessary for the Foundation to assign a member of the administrative staff almost full time to the scheduling of these visitors, many of whom stay in Topeka for a week or more.

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Two new seminars have been introduced in the Menninger School of Psychiatry. One led by Dr. Gardner Murphy is on *Psychiatric Research* and the other is on *Psychosomatic Medicine* and is led by Dr. Robert Wallerstein.

* * *

The Topeka Institute for Psychoanalysis has added an *Advanced Clinical Seminar* to its curriculum. According to the Institute's announcement, this seminar "will permit the Institute to conduct advanced training for all the candidates in the Institute and members of the Psychoanalytic Society. It also will provide an opportunity for study of the training methods and for reviewing the curriculum. It is hoped that such advanced training will place emphasis on a research orientation and will lead to the beginning of more organized research in psychoanalysis to be conducted in cooperation

between the Psychoanalytic Institute, the Society and the Research Department of The Menninger Foundation."

Another recent addition to the Institute's curriculum is an *Advanced Faculty Seminar*. This seminar is to enable members of the faculty of the Institute to discuss current problems in the field of psychoanalysis.

* * *

The Foundation has been the scene of a number of conferences and meetings during the past few months. On October 23 and 24, the Foundation was host and co-sponsor with the American Psychiatric Association and the University of Kansas of a regional institute on psychiatric research. The theme of the Institute was *Research in Psychiatric Treatments*. An institute on *Emotional Aspects of Vocational Rehabilitation* was held at the Foundation on November 16-20, in cooperation with the U. S. Office of Vocational Rehabilitation. On December 10-12, for the third time, the Foundation joined with the University of Kansas Medical School to present an institute for general practitioners. The theme of the Institute was *Diseases of the Sexual Organs in Men and Women*.

* * *

At the Foundation's annual meeting on October 11 and 12, the Board of Governors unanimously adopted a "ten-year program" for the Foundation's development. While this program calls for contributions of \$17,000,000 during the ten-year period ending June 30, 1964, it is not an expansion program in the usual sense. In the main, it seeks to strengthen and deepen the Foundation's present activities. It envisions a two-fold increase in the faculty of the School of Psychiatry, a four-fold increase in the research staff and establishment of a substantial fund for free and low-cost patient care, particularly for research and teaching patients. A fund of \$250,000 will be sought for studies in the field of preventive psychiatry, especially in the field of industrial psychiatry. Copies of the ten-year program are available on request.

* * *

The 12th annual report of The Menninger Foundation has recently been published. Designed to be meaningful to nonprofessionals, its 48 pages include a large number of pictures of activities at the Menninger Foundation, together with charts and graphs which give statistical information about clinical services, staff, students and finances. An innovation in the report this year is the inclusion of a section on lectures and addresses given by the staff during the preceding year.

BOOK REVIEW

In the Minds of Men. By GARDNER MURPHY, Ph.D. \$4.50. Pp. 305. New York, Basic Books, 1953.

In 1950, UNESCO sent Doctor Gardner Murphy to study social tensions in India. Doctor Murphy stayed six months. During that time he organized six research teams in different parts of India to gather information concerning the many different sources of social tension, and, using his own sensitively trained eye, himself collected a large store of pertinent data. These researches have been reported on to the Government of India in a series of technical reports. This book is Doctor Murphy's nontechnical account of his mission. It includes not only a readable presentation of the facts relating to social tensions, but also a thoughtful, sympathetic discussion of the existing forces in India which are presently promoting social integration, and of those attitudes on the part of Western nations which are likely to be most helpful. Doctor Lois Murphy accompanied her husband on this fact-finding tour, and contributes a fascinating chapter concerning the development of Indian children.

The reader may have misgivings that it was not possible for this research mission to extend its inquiries over the borders into Pakistan, and also that informed opinion among India's erstwhile gifted civil servants was not drawn upon; but Doctor Murphy's patent objectivity and his scrupulous attempt to abandon bias and prejudice (except such prejudice as he readily and openly avows) go far to allay doubts concerning the scope and range of the inquiry.

In a final (but most important) chapter, Doctor Murphy raises the question of what America can do to help India struggle to her feet economically, politically, and spiritually. He advocates that Americans chiefly sit and watch—not aimlessly, but in order to understand. It is perhaps characteristic of him that Doctor Murphy sees the forces making for Indian recovery and growth within India herself. India is faced with the dilemma of acquiring the spirit and know-how of science and political democracy from the West without at the same time allowing her own culture to be completely undermined. Doctor Murphy sees the West perhaps playing a considerable role in the process of India's renaissance, but he regards the attitude of the West (rather than any programs of assistance) as being the crucial factor. The West must show a willingness to understand and to lend a hand, but any assistance must be on India's terms and must be distilled quite free of the "impurities" of possessiveness or of a wish to impose or intrude.

It can hardly be by chance that the very attitudes which Doctor Murphy sees as being beneficial on the part of Western Christendom toward India are those which parents, educators, and therapists find most helpful in their tasks too; after all, the promotion of healthy growth in a large society of many diverse peoples must have at least something in common with the promotion of growth and spontaneity in individuals.

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BOOK NOTICES

The Secret Self. By THEODOR REIK. \$3.50. Pp. 329. New York, Farrar, Straus & Young, 1952.

In his delightful, almost conversational style, Reik, using patient material as a point of departure, expresses a number of psychoanalytic observations about some great writers and their works. Of special interest are the chapters "Saint Irony"—dealing with the wit of Anatole France—and "Child in the Man" in which Reik speculates about the significance of the marriage of the great satirist, Heine, to the Parisian "naive child" eighteen years his junior. The author makes frequent digs about the practice of psychoanalysis in this country increasingly becoming a mechanical, formulaized application of technique. In the last chapter particularly, Reik effectively makes a plea that psychoanalysts continue the tradition of pursuing their own inner experiences, much as he has done and recorded in this book. (Carl M. Epstein, M.D.)

Man's Search for Himself. By ROLLO MAY, M.D. \$3.50. Pp. 277. New York, Norton, 1952.

Rollo May has made an important study of the problems threatening the individual in our civilization. He pictures our anxiety-ridden hollowness and the need for shallowly living up to the standards of others and its fallacious, detrimental results, as the roots of our unhappiness. The loss of the inner self and of the humanistic ideals of Judo-Christian tradition of previous centuries in our outwardly progressive world, and our failure to stay in step with its material and technical growth by finding new inner goals for the lost ones, is the illness of modern man. May's prescription is rediscovery of one's self. In contrast to the deceptively alluring cliché, "self-expression," of the mid-twenties, he suggests trying to regain the ability to genuinely feel pain, sorrow, and laughter, and thus discover new human dignity. (Ada Dunner, M.D.)

Forensic Psychiatry. By HENRY A. DAVIDSON, M.D. \$8. Pp. 398. New York, Ronald Press, 1952.

A pragmatic treatment of the subject may be inferred from the volume's division into (1) The Content of Forensic Psychiatry, being fully covered with considerations ranging from the McNaghten Formula, personal injury evaluations, malingering, appraisal of sex offenses, and malpractice, and (2) The Tactics of Testimony which contains a wealth of courtroom lore. The outline of what the existing legal procedure demands is presented bluntly. This makes the book a valuable aid in preparing for a day in court and a damningly clear presentation of the present system. (John R. Adams, M.D.)

Current Problems in Psychiatric Diagnosis. PAUL H. HOCH, M.D. and ZUBIN, JOSEPH, Ph.D., eds. New York, Grune & Stratton, 1953.

This collection of papers from the annual meeting of the American Psychopathological Association is distinguished not only by the high quality of many of them, but by their relevancy to current problems in diagnosis, nosology, and theories of etiology. A progressive spirit prevails throughout.

Edward Stainbrook gives a historical resume. Diethelm discusses "the fallacy of the concept of psychosis" concluding that "the term psychosis will disappear from psychiatric usage and literature." Ewen Cameron presents proposals for a theory of diagnosis—a design for action, predicated on existing premises concerning power. Since the latter are now changing radically, the concept of diagnosis can be expected to change radically. Several authors give evidence of the present inadequacy of our diagnostic labels and nosology. Guttmacher reviews psychopathological personality and Ackerman presents a guide for the appraisal of personality function in children. There are other good contributions. (K. A. M.)

The Origins of Love and Hate. By IAN D. SUTTIE, M.D. \$4. Pp. 275. New York, Julian Press, 1952.

This book was published in England in 1935 and now is republished in the United States. While not so designated, it amounts essentially to a monotheistic viewpoint of instinct theory. The author differs sharply with Freud, elaborating the usual points of difference between single and dual instinct theories, and adding other points. His presentation is quite clear, though he often gets more intense in proving Freud wrong than he does in presenting his own thesis. (Murray Bowen, M.D.)

Are Your Troubles Psychosomatic? By J. A. WINTER, M.D. \$3.50. Pp. 222. New York, Julian Messner, 1952.

However successful the author may be in capturing popular interest and in popularizing psychiatry or psychotherapy, it is naive to expect that the self-help techniques or formulas (as suggested in the last chapter, for example) will cure psychosomatic conditions. The good the book *may* do in helping someone to consult a psychiatrist will be offset by the expectation of a quick cure and consequent disappointment. Dr. Winter has renounced Dianetics for his present therapy which seems to be based on the Gestalt therapy of Perls, Hefferline and Goodman since some of his home remedies consist of "exercises in self-awareness." (Irving Kartus, M.D.)

Encyclopedia of Aberrations. By EDWARD PODOLSKY, M.D. \$10. Pp. 550. New York, Philosophical Library, 1953.

In this collection of definitions, essays and case reports, some essays, for example Jenkins' on the schizophrenic process, are excellent. Some are superficial and the interspersing of definitions for such words as gammacism, paralipophobia, ecdysiasm, anancasm give an esoteric flavor. On the other hand, ambivalence, repression, projection, identification, transference, ego and scores of other words common in professional language are omitted. Some may have omitted because no "aberrations" are associated with them, but perhaps there was another reason. The jacket description says it is "the first systematic exposition of human aberrational behavior written for the intelligent layman. . . ." If alphabetizing words is regarded as a system, perhaps a part of this statement is true, but what is the intelligent layman to do with "acatemathesia," "acathisia," and "ablutomania." (K. A. M.)

Out of Line. By ARTHUR ZAIDENBERG and HENRY MORTON ROBINSON. \$2. New York, Crown, 1952.

If you enjoy Steig and *Gerald McBoing Boing*, you will enjoy *Out of Line*.

Half sage, half tragic, the cartoons say something of the plight of Joe Doaks in this technocratic day and age. But Mr. Robinson need not have gone to such trouble to explain the drawings away and to assure readers that the pictures will be found shocking (but not too shocking), painful (but not too painful). Mr. Zaidenberg is really a very kind and loving man. Let the pictures speak for themselves, they have a real freshness and vitality. (Ruth Watterson)

Man, Money and Goods. By JOHN S. GAMS. \$3.75. Pp. 339. New York, Columbia Univ. Press, 1952.

As an introduction to economics or, for the initiated, as a thoughtful review of comparative economic theory, this book is useful. The author attempts "to relate the problems of economics to the fields of psychology and anthropology." His use of anthropological data is largely for enriching his discussion of such areas as media of exchange. Psychology, on the other hand, is the basis for his entire interpretive approach. This book is recommended for its content to psychiatrists who have neglected the social sciences. The author's technique in translating technical terminology into language which anyone can understand should interest psychiatrists wanting to impart their viewpoint to the layman. (Tom Dolgoff)

The Conception of Disease: Its History, Its Version, and Its Nature. By WALTER REESE, M.D. \$3.75. Pp. 110. New York, Philosophical Library, 1953.

The author of this scholarly treatise has long devoted himself to the history and philosophy of medicine, first in his work in Germany and France and now in Virginia. Ninety-nine pages are devoted to resumes of the Stoic, Platonic, Hippocratic and Galenic conceptions of disease, followed by the anatomical, etiological, social, psychological, ontological and biological conceptions. There is, of course, considerable overlap in these, and the author tends to be philosophic rather than didactic. This makes for difficult reading and even more difficult reviewing. Incidentally, no reference is made to Seguin, Engel, or other Western continent exponents of the concept of disease, best indexed perhaps as homeostatic. (K. A. M.)

The Annual Survey of Psychoanalysis, Vol. I. JOHN FROSCH, ed. \$10. Pp. 556. New York, International Universities Press, 1952.

The first volume of this survey of current psychoanalytic theory and practice fills a real need since rather than digesting material, it aims successfully at its careful integration. Its wide range of subject matter, careful coverage by different authors, and excellent indexing will aid the student and the researcher. One only wishes that the editors and contributors would extend their work into the past as well as into current analytic literature; it would aid the further development and clarification of psychoanalytic thought and practice. (Rudolf Ekstein, Ph.D.)

Problems of Life. By L. VON BERTALANFFY. \$4. Pp. 216. New York, John Wiley, 1952.

The reviewer would be inclined to predict that this book would be one of the outstanding scientific events of the decade. It represents an attempt

to describe life processes and the laws governing them in terms broad enough to justify a new expression of the unity of science. Doctor von Bertalanffy has such extraordinary proficiency in so many fields of science that he is equipped as few other living men to develop this Einsteinian unity of perspective. His organismic conception, as he calls it, as a solution to the antithetical conceptions of mechanism and vitalism is supported by and at the same time lends support to this broader views of steady state and general system theory. "Living forms are not in being, they are happening; they are the expression of a perpetual stream of matter and energy which passes the organism and at the same time constitutes it." From the many ideas in this book, some well developed, some only hinted at, "a stupendous perspective emerges, a vista towards a hitherto unsuspected unity of the conception of the world." (K. A. M.)

Trauma, Growth and Personality. By PHYLLIS GREENACRE. \$4.50. Pp. 328. New York, W. W. Norton, 1952.

Phyllis Greenacre is one of our soundest clinicians and what she writes is clear, simple, basic and relatively noncontroversial. This is a book which every psychoanalyst should have in his library. (K. A. M.)

Sexual Harmony in Marriage. By OLIVER M. BUTTERFIELD. \$1.50. Pp. 96. New York, Emerson Books, 1953.

This book is probably one of the most widely used, and in presenting the physical aspects of sex relations in marriage, is simply written and suitable for practically any reader. Like most sex books it tends to emphasize primarily the physical aspects of sex relations and the various techniques and procedures for developing a good relationship. The basic assumption of the book is that the people who can use it and profit from it are, generally speaking, relatively normal individuals without the kind of pathology often experienced in psychiatric settings. Its brevity is an asset for the general reader, and yet does not allow as complete a discussion of some topics as they relate to emotional problems in sex adjustment, as might be wished for. The exposition is clear, the factual material seems to be reasonably scientific and is written in a way that would not be offensive to the general reader. (Robert G. Foster, Ph.D.)

Mid-Century Psychiatry. Roy R. GRINKER, M.D., ed. \$5.50. Pp. 195. Springfield, Ill., Charles C. Thomas, 1953.

Mid-Century Psychiatry is a collection of lectures given at the opening of the Michael Reese Hospital's new Institute for Psychosomatic and Psychiatric Research and Training, in July, 1951. I had expected a series of perfunctory contributions and restatements, and was pleasantly disappointed. Percival Bailey, Ralph Gerard, George Engle, Therese Benedek, and a half dozen others seem to have put themselves out to say something important in regard to modern conceptions of the brain, the mind, the unconscious, behavior, and so on. Engel, for example, manages to say clearly and simply in 25 pages what I have been struggling to express for several years in regard to organismic theory. I don't know what to say in a book review that will get across to colleagues the very strong recommendation that they should read it, that they *must* read it, indeed, if they want to know what leaders in psychiatric thought are thinking. If I knew,

I would say it about this book. Perhaps this is one way of saying it. (K. A. M.)

Child Psychotherapy. By S. R. SLAVSON. \$4.50. Pp. 332. New York, Columbia University Press, 1952.

In this commendable and rather ambitious volume, the author presents his views of dynamic psychotherapy with children oriented within a psychoanalytic, unified framework of the genesis, pathogenesis, and therapy of children's personality problems. In defining and applying the basic concepts, the author occasionally makes generalizations whose validity can be challenged, and at times there is a polemic, arbitrary flavor to his contentions, as when he speaks of the ease of child psychotherapy, or that certain problems beyond the pale of individual treatment can be effectively treated by group therapy. (Seymour W. Friedman, M.D.)

Treatment of Mental Disorder. By LEO ALEXANDER, M.D. \$10. Pp. 507. Philadelphia, Saunders, 1953.

Approximately 330 pages of the 507 in this book are devoted to various aspects of electroshock, electric coma, insulin coma and psychosurgery. This is well done; many diagrams, statistics and references. One chapter of four pages (!) is entitled "Diagnosis in Psychiatry." Psychotherapy is split—12 pages in one place, 19 in another. Occupational, recreational and diversional therapy get one page. (K. A. M.)

Advances in Interpretation, Vol. III. By SAMUEL J. BECK, Ph.D. \$5.50. Pp. 301. New York, Grune & Stratton, 1952.

In Beck's hands, the Rorschach is more than a test. It is a theory of personality. As usual, he compliments the reader by believing that theoretical formulations need no spelling out, creating an effect which is frustrating but stimulating. It is regrettable that scoring factors introduced since his second volume (1945) are not fully discussed (affective ratio, lambda index, T), but Beck's skillful handling of Rorschach interpretation in the records presented leaves no doubt that he achieves what he states is still only partially possible: "application of the test to the whole personality conceived as a universe of interacting forces." (Helen D. Sargent, Ph.D.)

Psychiatry and Catholicism. By JAMES H. VANDERVELDT and ROBERT P. ODENWALD. \$6. Pp. 433. New York, McGraw-Hill, 1952.

Roman Catholic concept of religion with some of the various theories and practices of psychiatry. It is vouched for by the Archbishop of Washington. This reviewer is not competent to pass on its theology, but he is obliged to take issue with its alleged accuracy in technical psychiatric methods. The classical syndromes correspond in general to nineteenth century concepts. The long chapter on psychoanalysis is replete with plain blunders.

While the book as a whole may reassure the uninformed, it does not contribute as it might have (and as its authors apparently earnestly hoped it would) to the furtherance of the integration between religion and science. It is always sad to have to record that the purposes of men of good will are largely unrealized, here owing to a lack of competency, information, articulateness, consistency and/or something else. (K. A. M.)

Psychoanalysis and Child Psychiatry. By EDWARD GLOVER. .85¢. Pp. 42. London, Imago, 1953.

In a short thought-provoking study, Glover presents a diagnostic classification of children's mental disorders, grouping them into (1) disturbance of function and development, and (2) symptom formation. It is stressed that diagnosis depends on interpreting the total functioning of the child's personality, including an assessment of the total clinical picture and the degree of environmental stress. Glover demonstrates in considering the use and limitations of psychoanalytic technique with children that "earlier modes of reaction, however much they may be screened by later and more complicated patterns, still play a part in the current function of the mind," and "in this sense, understanding of child psychiatry is seen to be a prerequisite of success in adult psychiatric practice." This monograph makes vivid how such understanding can be useful to us all. (J. Cotter Hirschberg, M.D.)

Psychology of Physical Illness. By Leopold Bellak. \$5.50. Pp. 243. New York, Grune & Stratton, 1952.

It is encouraging to see a book of this kind published, even if one disagrees with some of the various authors' ideas and dynamic formulations. Grateful as one may be for the beginning recognition of psychiatric aspects in the many branches of medical practice, this book stimulated some kind of impatience and frustration because each of the chapters might well be expanded into a book of its own. The general practitioner, the medical specialist, the dentist, and the psychiatrist will find this book worth-while. It is probably a never-ending process to re-emphasize the real meaning of the word "psychosomatic" with regard to treatment, preventive medicine, and research. (Irving Kartus, M.D.)

Psychoneurotic Art: Its Function in Psychotherapy. By MARGARET NAUMBURG. \$6.75. Pp. 147. New York, Grune & Stratton, 1953.

Miss Naumburg illustrates some techniques she used and describes the positive results obtained by using art as therapy with a psychoneurotic patient. The case history of a young woman is presented with a graphic record of her treatment, the main tool of which was the patient's art products. Miss Naumburg used these as the channel through which the psychotherapeutic process was carried out. Undoubtedly, for this patient, art did "intensify and accelerate successful therapy." The fact that this patient requested art as therapy limits somewhat the discussion of art therapy to this specific case. A more appropriate title might be, "A Psychoneurotic's Art: Its Function in Her Psychotherapy." (Don Jones)

Selected Readings. By LUDWIG JEKELS, M.D. \$4.50. Pp. 201. New York, International Univ. Press, 1952.

One of Freud's earliest collaborators and perhaps now the oldest active analyst, Ludwig Jekels, presents us with a volume of selected papers. Most of them, covering the period from 1914 to 1940, concern the application of psychoanalytic principles to problems of history and literature although he has contributed also to clinical and theoretical problems. The book is of particular value to the English speaking reader since some of the chapters are published for the first time in English. (Rudolf Ekstein, Ph.D.)

Hypnotherapy in Clinical Psychiatry. By HAROLD ROSEN, M.D. \$5. Pp. 313. New York, Julian Press, 1953.

To the rapidly lengthening list of books on hypnosis in psychiatry, this is a valuable addition. It emphasizes the idea that hypnotherapy should connote treatment under, not by hypnosis. Numerous case protocols are presented in which dramatic revelations were followed by dramatic improvement. A long and interesting section of the book deals with "consultation problems," meaning particularly short diagnostic and treatment contacts with gynecologic and surgical patients. Dr. Hawley, of the College of Surgeons, would find much to support his thesis regarding the prevalence of unnecessary surgery, but the frequency with which the unnecessary operation is unconsciously sought by the patient apparently far exceeds our ordinary realization. A third section deals with some specialized hypnotic techniques. This book is in the tradition of our former colleagues here, Brenman and Gill. (K. A. M.)

Psychosis and Civilization. By HERBERT GOLDHAMER and ANDREW MARSHALL. \$4. Pp. 126. Glencoe, Ill., Free Press, 1953.

In part, this 126 page book is a reprint of a former privately circulated research study under the auspices of the Rand Corporation. It is a thoughtful and highly scientific study in the frequency of mental disease in which their chief finding is that in the age group under 50 years of age, there has been no increase in the frequency of psychosis over the past 100 years. While there is some possibility that the psychoses of old age have increased, this does not appear to be likely. Their methodological study calculates the figures on the chances of admission to a mental hospital which vary widely with the age of life. Thus, if one lives to 75 years of age, there is one chance in nine; one chance in 13 by the age of 65; a chance of one in 25 by the age of 45; and a chance of one in 74 by the age of 25. These are based on New York State figures. This is by all means the most convincing study on the incidence of psychoses that the writer knows about. (W. C. M.)

The Second Report of the Alcoholism Subcommittee of the Expert Committee on Mental Health. Pp. 39. WHO, Geneva, 1952.

Attempts to classify descriptively the various categories of drinkers and phases of alcohol addiction are made in this interesting booklet. There is some question, however, whether there exists the category named "non-neurotic alcoholic." Disulfiram (Antabuse) treatment is covered rather fully and for this alone the pamphlet should be required reading. The physical and laboratory examinations required prior to the use of this medication, the contraindications to its use, and the manner in which to conduct alcohol tests are given in considerable detail. (Irving Kartus, M.D.)

The Moral Theory of Behavior. By FRANK R. BARTA, M.D. \$2. Pp. 35. Springfield, Ill., Charles C. Thomas, 1952.

The author begins with the hypothesis that existing theories of mental illness have been refuted. A religious concept involving the principles of Aristotle and Thomas Aquinas is proposed. The application of this is achieved by classifying man in a system of bipolar extremes which fit into the overall concept. (Murray Bowen, M.D.)