The following paper is a clinical report on a case of voyeurism.* The paper is divided into four sections: I—The Presenting Symptoms; II—The History; III—Clinical Manifestations in the Analysis; IV—Discussion and Summation.

I—THE PRESENTING SYMPTOMS

The patient is a married man, father of a three-year old daughter, who was 26 years of age when he came to analysis. He stated that he sought analysis because he feared he would get into difficulty with the law over his voyeurism unless he was able to curb it. During his adult life he had been apprehended twice, luckily not by the police, but this had not deterred him from continuing the practice of looking into windows. The first time he was apprehended was while looking into a window of a boarding home for college girls in San Francisco. He was severely reprimanded by the landlady and was warned that he would be turned over to the police. The second time he was apprehended was after peeping into a stranger's apartment in the same building where he lived. He was told that he had to move or he would be reported. He did not inform his wife but hastened to find another apartment. However, he continued to seek out windows through which to peep, going out on the pretext of walking the dog. Sometimes the urge to look into windows was so strong that he would get up in the middle of the night to prowl, even though he had had intercourse that night.

As long as he could remember, he had some kind of peeping experiences. Although there was sexual excitement whenever he peeped, there was no masturbation, but immediately upon returning home he would masturbate with the phantasy of what he saw or other phantasies described later.

*Hinsie and Shatsky: Voyeurism: Sexual pleasure obtained by looking at the genitals of others.
Glezer: Scopophilia: Experience of sexual excitement and/or gratification from visual activity.
II—HISTORY

The following historical material learned during the analysis is presented in chronological order for clarity. The patient, native born, is the older of two children. This sister is a year-and-a-half younger. Shortly after his birth, the family moved to San Francisco where they remained until the patient was 21/2 years of age. The family then moved to Seattle, and returned to San Francisco when the patient was 4. Between the ages of 2 and 5, the patient spent irregular periods of time with a maternal aunt in a small town in the Northwest. The aunt and uncle had no children. When the patient was 7 the family moved to a suburb of San Francisco. He completed high school at 17 and went to college for one year. At 19, he became an aviation cadet and, in March of 1943, at the age of 21, he married.

Three days after the patient married, he went off to Hawaii with his Service unit. There was not much work for him to do so he wrote material for the Army newspapers. Upon his discharge from the Service at the age of 23, he continued to work as a writer.

The patient's father was not an adequate provider. Unreliability and drinking caused him to lose job after job. He drank heavily until he was helped in recent years by Alcoholic Anonymous. Very early in the marriage, the mother had to take on the task of supporting the family. There was financial difficulty until later years when the mother was able to eke out a living from a small business, and the parents now live modestly on the earnings of both. The mother was efficient and capable, but a martyr in her management of the family, and in her meagre tolerance of the alcoholic father. Her efficiency, however, failed to make up for her lack of warmth for the patient, and affection for the husband with whom she had violent quarrels.

The patient volunteered the following early memories: He has a vivid recollection of taking a bath with his aunt, and a colored woman laughing at the scene—the aunt joined in the laughter. He also recalls being in bed with his aunt, whom he believes was nude at the time. His uncle then came into the room. He remembers that he and his aunt were lying on their sides, facing one another. On the day of this experience with his aunt, he had been struck by a car, breaking his collar bone. This occurred at about 31/2 years of age.

His preoccupation with looking started at an early age. When he was 5 he was aware that peeping was forbidden. He would peep through the key-holes of boarders in the parents' home. At about 5, he got into a boarder's room and hid under her bed to watch her undress. He was awakened in the middle of the night, after having fallen asleep under the bed. At 6 or 7, he explored his sister. He frequently played "doctor" with his sister and friends. At the age of 9 he made a hole in the floor of the third story of their house which permitted him to look into the bathroom below. He would see his aunts, his cousins, his mother or sister in the bathroom. When this was discovered, the father merely asked him to plug up the hole. There were many episodes of sex play before puberty and during puberty, with looking as the main purpose. As he grew older he began to take walks during the evening or at night with the objective of peeping into windows. As the years went on, the peeping increased.

It is interesting to note that as a child he rarely kept his eyes open but would look down to the floor. He was bashful and withdrawn. In addition to the childhood peeping experiences there were also exhibitionistic experiences. At 6, he had an erection while bathing with his sister—she giggled, and his mother scolded him. He believed he was retarded in reaching puberty. He could not ejaculate as early as some of the other boys, and in episodes of mutual exhibitionism he always felt that he came out second best. However, after reaching puberty he was proud of the size of his penis and exhibited not only to boys but also to girls in their sex play.

The patient had intercourse for the first time at 15 when he was seduced by a girl of his own age. The experience was unsatisfactory because of premature ejaculation. Premature ejaculation had continued, with practically all women excepting his wife. With her, he participated in intercourse only after first indulging in his favorite voyeuristic fantasies or after awakening from a period of sleep during which he had had a stimulating scopophilic dream. Between the ages of 17 and 18 he had sporadic affairs with girls of his own age. Then for about a year, in San Francisco, he was promiscuous. Along with this promiscuity he had a prolonged sexual affair with a girl in which intercourse was
secondary. They indulged in exaggerations of all forms of foreplay including cunnilingus, fellatio, listening over the telephone to one another urinate, and various forms of mutual masturbation. He terminated this affair when he met his wife.

During the courtship she was the aggressive pursuer. He found her to be tolerant of his avant-garde ideas, his artistic endeavors, as well as of his passivity. "She was the first girl I met who was not a bitch." He saw in her parents the antithesis of his own parents—a kindly, providing father and a feminine, giving mother.

Intercourse with his wife was usually prolonged. The patient delayed orgasm because he felt that with ejaculation he returned from phantasy to reality. He usually approached his wife after awakening from a short sleep and would awaken her. Often, because of this sadistic awakening, she refused him. Prior to analysis, intercourse with his wife was accompanied by phantasies which excluded her completely. The phantasies which accompanied intercourse were the same which he used during masturbation. It was the thing he wished to see while peeping, that is, to see a woman masturbate or two homosexual women making love. These two phantasies, particularly the one regarding the lesbians, were the conscious goal of his scotophilia. He thought that seeing two lesbians indulging in sexual activity would have completely satisfied his voyeurism. Another favorite phantasy was that he pictured himself, lying face to face with a middle-aged woman (35 or older) and indulging in sex play with her. The woman and he laughed and they treated the situation in a dirty way. "Sniggering" he called it. This fitted in with the screen memory of bathing with the aunt while she and the colored woman who looked on, laughed.

During his years in the Service, away from his wife, he was especially promiscuous but never found real gratification.

His earliest recollection of autoerotic experiences was at the age of 9, and consisted of inserting and rubbing his finger in his anus until he felt a pleasurable sensation throughout his entire torso, mainly in his chest. This continued until he was 12 when he observed his friend ejaculating. Much to his distress the patient could not ejaculate and he invited his friend to put his penis into the patient's rectum. This venture failed because of the size of the friend's penis and was never tried again. Mutual masturbation with the friend continued during early adolescence. Masturbation was frequent during puberty and had continued in connec-

In the above history there are already indicated many aspects of his libidinal organization and some hints as to the possible dynamic aspects of his motivations and attitudes. Already are seen manifestations of oral, anal and phallic expressions. The homosexual component of his sexuality as well as his sadistic attitudes and his castration anxiety are already revealed in the history. The ramifications of these constituents and their relationships to one another became clearer in the
analysts, particularly in relationship to his scoptophilia and its counterpart, exhibitionism. Although the various aspects of the presenting problems blended into one another, it may be best to depict them by the following specific pertinent themes.

In this section I shall not attempt to cover the analysis but will rather present some of the clinical manifestations encountered.

The patient is a youthful-appearing man, boyish but not effeminate. His manner was shy and quiet. His clothes were usually grey and in a studied casual fashion. The drab and yet distinctive attire and appearance was already a clue to the manifestations of his scoptophilic problem. Already here could be seen the strong, although inhibited, exhibitionistic component of the scoptophilia. It was as if he were saying, "See how I don't want to be seen." The active and passive components of the scoptophilia played a dominant role in his entire character structure, his attitudes, his mode of life, his dreams and, in a major portion, his writings and his phantasies.

HOMOSEXUALITY

It was most striking that although the patient came complaining of scoptophilia, he started his analysis with the theme of homosexuality. It seemed at first as though the problem was only that of homosexuality. He was occupied with it both in his waking life and in his dreams. It was only after the layer of homosexual defense had been pierced that he returned to the scoptophilia. His very wish to see lesbian women making love fortified the preoccupation with homosexuality. He maintained a fear of the idea that he might be homosexual. He talked freely of the homosexuality of his friends, talked freely of the fear that they might make advances to him, and he was able to say that he thought they might be attracted to him physically. He associated readily to homosexual symbols in dreams. However, the patient's defense against his homosexual feeling lay in just this attitude. He was in essence saying to me, "See, I am able to talk about homosexuality and even grant that I might be homosexual, but since I am able to talk about it, it can't be that I really have any homosexual feelings. And besides, I would rather talk about this than about other things." But despite this defense, his homosexual wishes came through.

In an early dream he pictured a machine which was a cross between a chair and a bed. It might be used for paraplegics. Its shape was that of the letter B. This was really a flying machine owned by a homosexual attorney whom the patient knew. The attorney was present in the dream. There was a new kind of war going on. There was a flying machine rolled up in a sheet, the sheet looking like some kind of a tube.

The patient connected the letter B with buttocks. He was the paraplegic unable to resist his homosexual wishes. Also indicated was his identifications with the woman with whom he wishes to have anal intercourse. He could not help it if he were being subjected to homosexual assaults. At the same time he was much preoccupied with Andre Gide and Gide's defense of homosexuality.

In another dream he is a naval cadet at a gymnasium-like place. He had to undergo some kind of torture with a partner. He was paired up with a friend and each was to torture the other. Part of the torture was to put a hard rubber tube, like enema tube, into his mouth, which was poked around. The tube was then lit up, and it gave him a peculiar sensation in the chest. He wriggled, leaned down, and "blew it off."

The friend in the dream was associated with the analyst, and the sensation in the chest was associated with the sensations accompanying anal masturbation. The incident of the painful attempt of his friend to penetrate him analy was recalled. In the dream there seemed to be a fusion of mouth and anus. The patient made many allusions to his liking me, comparing me favorably with other analysts whom he had met socially. At the same time he struggled with the homosexual component of the transference, struggled with it because he wished to avoid the more basic wish that it was the father-figure with whom he wished to have homosexual relations. Despite the patient's sophistication in things analytic and the feigned ease with which he deciphered symbols, he resisted seeing the connection between his passive dependent wishes and his wish to be the passive partner to sexual activity with the father. This was borne out in the transference. There were such phantasies as that I might repeat an incident in which the school
doctor during a physical examination injected him, without warning, in the buttocks with a hypodermic. There were dreams in which he was one of my children and I gave him Christmas gifts. There were statements such as "I don't want to like you because that wouldn't be manly," and, in the same hour, he would pay me extravagant compliments. The ambivalence toward father-figures was extended toward older men in his circle of acquaintances, always choosing well-known persons in contrast to his own father whom he considered a failure, weak, and non-productive. The patient had stated that he disliked and had no respect for the father who provided him with nothing. His wishes for me to give him sleeping pills were connected with his father's having given him vitamin pills. It was only rather late in the analysis that the patient was able to connect the time when he was having sexual play, with his pubescent boy friend with the time he was sharing a bed with his father. This was when he was between the ages of 10 and 15. The father, in his alcoholic state, would often be seen naked by the patient. He would sometimes have to put the father to bed. He would then compare his father's penis, and his friend's penis, with his own, and realized that theirs were larger than his.

PHALLUS

And about the phallus revolved a great deal of the patient’s problems and preoccupations. His dreams contained many phallic symbols. The phallus was represented by marble columns, by swords, frequently by snakes, by fish, by toys, by skyscrapers, by children, and by human bodies (most often desexualized), by electric cords, by gourds, by closed vases, and by swelling insects. The phallus was either a vulnerable object, it could be destroyed, or, an extremely aggressive object, capable of producing damage and destruction. Such a dream was as follows:

“My wife was cooking a delicacy which she took out of the icebox and put into the red heat of the oven. There were two of my best friends there, men. The delicacy proved to be a snake, pale green and dry, its skin separating from it like scabes. S. (wife) took out the snake with a fork and cut off the head while it was still alive. ‘R. (patient) you carve.’ I had a knife in my right hand. The snake swelled. I couldn't decide how to cut it into three parts because it kept swelling. I had to cut it into four parts. It swelled with a quiet violence and became dark green. It brushed against my side. I could feel the warmth of the flesh against my side, and I awoke with a cry.”

Although it is evident that the dream portrays the patient’s struggle with fears of masturbation, castration anxiety, fears of oral sadism, and also indicates his conception of the role of the woman in all of this, I wish to emphasize here that the phallus is seen as a violent aggressive object, one to be feared, and makes it necessary for him to defend himself against homosexual wishes. (The scabs on the snake were associated with his syphilophobia during his Service years.)

In another dream he runs a knife through his attorney friend, who is a homosexual. In another, a pen strikes him in the lower abdomen and in the breast. The penis is illustrated as an object of castration in a short dream as follows:

Sitting in the opening of a cavern of rocks is a toy blue monster who is devouring his own tail by eating it up. Here already is seen one of the essential elements of the castration fear when the patient associated the opening of the cavern with a vagina, and the tail of the monster, with a penis.

From the above dreams, one would suspect that the problem of castration and castration anxiety had to do with the woman or the mother. In the first dream it is the wife who decapitates the snake, and in the short dream of the toy monster, it is within the cavern (which the patient associated with the vagina) that the phallus, symbolized by the toy monster's tail, was devoured. This was confirmed by many other instances. The patient does not recall having seen the mother's genitals although he saw her in the nude through the peep-hole in the bathroom ceiling. His recollection of this was always clouded. He would say, “I can remember nothing, except that she had no bosoms. I could never think of her as having had genitals.” It was as if one of the unconscious purposes of looking was not to see. He looked in order not to see that she was castrated.

DENIAL OF DIFFERENCE BETWEEN MEN AND WOMEN

His earliest feelings about the female genitalia were of unpleasantness and revulsion. His recollection of finding his mother’s “dirty” menstrual rags was connected with thoughts of the female genitalia
as dirty, smelly, messy and unpleasant. Thoughts of the rectum were
to him more pleasant as evidenced by his wish to have anal intercourse
with women or at least touch the rectum while having intercourse.
The importance of the rectum made it possible to deny castration and
to deny the difference between men and women. Associations always lead
to comparisons between rectum, vagina, menstrual products, urine, feces—and at the end of the hour the patient announced with disheart-
tened surprise, "Everything but cock!"
"Everything but the penis" leads to an important infantile phan-
tasy of his, expressed in the following dream:

"I was sitting in the balcony of a theatre. A well-known
actor, reputedly bisexual, came out on the stage, naked.
He got larger and larger until he reached me in the balcony.
I looked down to where his genitals should be—and there
were none".

Although there are many aspects to the symbolism in this dream, such
as the reassurance of potency despite the threat of castration for
masturbation, and the exhibitionistic and voyeuristic aspects, here
I should like to stress the patient’s fusion of the male and the female, or
the denial of the difference between the male and the female.
There is no need for a phallus. The whole body is conceived as a
phallus. With this dream the patient associated that here was a
homosexual without a penis, like the lesbians on whom he wished to
look. The screen phantasy of the mother was also a figure with no bosoms
or genitals. The fusion of the male and female came out in other
ways. In dreams he could not tell whether he was assigned to the role of
a man or a woman in theatrical productions. When he spied on women
or when he looked at their genitals he wanted to see a large clitoris.
When he had intercourse he wanted to feel the cervix (it was the
presence of penis). When he masturbated anally or had phantasies
of intercourse per anum with a woman he thought of the faces in the
rectum as a penis. Just as the woman had the sexual equivalents of
of the man so did the man have the sexual equivalents of the woman,
the anus. In one dream he was kissing a woman whose husband
was standing nearby—suddenly he felt the man’s tongue in the woman’s
mouth. In addition to this denial of the difference between men and
women, the patient indicates here his capacity for quick identification
with the woman.

The mother, as he remembers her, was the one in the family to
dominate the male. The mother earned the living. The mother took
care of the father. The mother never figured as one from whom he
received any tenderness. Thus, not only in his phantasy of the physical
difference between the sexes did he fuse and confuse but also in the
concepts of the roles of the father and mother—or, of men and women.
I have so far discussed: the homosexual component with the
father as a homosexual object; the phallus as both a target of ca-
stration, and a destructive instrument; and the attempt to deny the ca-
stration anxiety by the devices of making men and women similar by
giving the woman a penis and the man a vagina, by minimizing the
importance of, or by completely denying the phallus, by exhibiting the
phallus, and by searching for a woman with a phallus.

SCOPTOPHILIA AND EXHIBITIONISM

After the analysis had succeeded in weakening the concern with
homosexuality as a defense, the patient was able to gain further insight
into the scopophilia and its counterpart, exhibitionism. The patient’s
relationships to people often reduced itself into prying into their
personal relationships so that in some way or another he was familiar
with the sexual life of all of his friends. If he did not know, he specu-
lated. He was more active with women than he was with men in
ferreting out their neuroses, and when he finally saw their defects
they became objects for sexual speculations. (Recall the "doctor"
game in childhood.) He looked for evidence of homosexuality in
women as well as in men. If he could detect a flaw in a woman then
she might be the woman who might "snigger" with him—the woman
who fitted into his screen memory. If the woman had no flaws then
he could love her. She was the good aunt who took care of him when
his mother abandoned him. The patient’s wife is a boyish-looking
person, who attempts to interfere with him, often derides him, and
yet sticks by him, guides him and, so far as the patient could detect,
has no neurosis. In essence, she was a combination of the character-
ization he drew of his mother, the bad mother, and the phantasy of
a good mother.

His scopophilia could hardly be satiated by the great amount of
reading he did. He was able to name authors, talk about fiction and
drama, and to discuss political, non-fictional, and a multitude of other subjects. The oral taking in and the anal retention of prodigious readers has been recognized.

He had a compulsion to look at breasts. He categorized, classified, and criticized the breasts of every woman he saw. He was angry if the woman concealed her breasts by ill-fitting clothing, and he was also angry if she revealed them through expansive decolletage or close-fitting garments. He frequently made the association of breast with penis, connecting the two with the fact that he often saw veins on the breast, as on the penis. Here again, if the woman had a penis-equivalent it proved a denial of her being castrated, or nullified the difference between men and women. He was particularly disturbed if he was observed by men while looking at women's breasts (the oedipus fear).

He was as frightened of his unconscious exhibitionism as he was of his scoptophilia. Every man he described was characterized by the clothes he wore: "He was a Brooks Brothers* guy", or "He was a Finchley* guy," etcetera—all the time calling attention to his own very special kind of attire. He wore loose-fitting clothes with tight shoulders, conspicuous because of the absence of the usual shoulder padding. He had them made up by one tailor in San Francisco. They were sent to him after he chose the fabric, usually of a drab color. This attire gave the impression of a figure which tapered up from the hips despite the fact that (without his coat) he was a well-built man. He seemed to be exhibiting himself as a phallus and still denying it. If he wore anything colorful he would fear "being taken for a fag." However, he would break out into such unusual things as a woolen scarf wrapped around his neck, ice-skater fashion, or gloves without a coat, or he might wear a bright red bow-tie which contrasted to his colorless article.

He decried the fact that he was two inches shorter than his father. (At this time he told that his penis was also smaller than that of his father.) Patient's conversations, as he described them were highly exhibitionistic and seductive despite his mild retiring manner. His very occupation—writing—betrayed his exhibitionism and, of course, his actual exhibitionistic experiences between the ages of 15 and 17 cannot be overlooked. And, as recently as two years before the analysis he would sit and work without any clothes on, knowing that some neighboring girls were looking into his window, and giggling.

This report on a voyeur would be incomplete without mentioning the prominence of the eye itself. In his dreams, the characters were always described as to whether or not they wore glasses. Mirrors, and windows, eye-cups, color of the eyes of his characters, cameras, telescopes, and other objects pertaining to the eyes appeared in dream and in phantasy. Cold eyes, warm eyes, laughing eyes, gay eyes, and all the poetic attributes ascribed to eyes by writers were also used by this one. I believe that it was his frequent usage and not my awareness of the man's problem which made me especially attuned to expressions pertaining to the eye, such as "spit in his eye", "focused upon", "I'd give my eyeteeth", and a host of others.

As stated earlier, one of the problems which brought the patient to analysis was that he could not produce in his writing. In addition to indicating that his writing inhibition was connected with his anal aggression, viz: "Writing is like shitting bricks," it was also a defense against betraying his exhibitionism and sadistic scoptophilic impulses which might be reflected in his stories. He told that he could develop characters but when it came to making them act in a plot, he was blocked. Earlier I stated that he had been commissioned to write a story and that when he came to analysis he had not as yet been able to do the work. He seemed completely paralyzed. When he recognized the character of his inhibition and became less fearful of his aggression during analysis, he began to draw characters on the couch and was able to motivate them. He allowed them to write the story by themselves, as it were.

The story, produced on the couch, was treated as a dream in the analysis and is presented here because it illustrates and ties together some of the themes outlined above.

The heroine of the plot, or better, the leading lady (since the patient is really the central figure) is poorly provided for by her rather inadequate husband. She is neglected emotionally and her needs are unfulfilled. She has a tryst with her married lover, who is a weak and inconsistent character. In a fracas the lover is accidentally stabbed by the leading lady, with a letter opener, in a gory scene. She hides the lover and, before getting to the police, she is interrupted by her husband's brother, an adult described by the patient, as a "nasty, offensive boy." This brother-in-law had wanted sexual relations with her while she was engaged to the husband. (In the phantasy the

*Manufacturers of men's clothing of special styling.
patient attributed perverted sexual wishes to the brother-in-law but this was deleted for publication.) Recall his own affairs in San Francisco. The leading lady had refused the brother-in-law and he never forgave her. In revenge, the brother-in-law pried and spied upon the wife until he caught her with her lover and had arranged a grand expose which coincidently takes place just at the time when the stabbed lover lies bleeding to death, or is dead. He had invited the stabbed man's wife to come to the house when the husband was expected home. In a sadistic fashion the brother-in-law exposes the leading lady to her own husband and to the stabbed man's wife. At first, he succeeds in turning the husband against the wife. The brother-in-law (patient figure) then turns to the despairing husband to console him with promises that the two brothers will return to an idyllic, man-with-man relationship, fishing, sleeping in the woods, etcetera—just as it was before the marriage. While the brother-in-law makes this plea, the wife slashes her wrists. Originally the wife was taken away to a mental hospital, leaving the two men to their homosexual phantasy. However, the ending was finally changed so that the husband goes to the wife at the hospital, anticipating her recovery. The story ends with the brother-in-law desperately trying to stop the husband, to whom he professes devotion. It ends with a description of the brother-in-law's great despair, having lost his homosexual love object but still passionately entreats the husband to return.

I have included this story because herein lies much of the tale of the patient. The woman is portrayed as a castrating being who, in turn, is mutilated. She stabs the lover and later slashes her wrists. But the destruction of the woman results from the prying and the spying—the scopophilic acts of the 'brother-in-law who represents the patient—the prying and spying on the tabooed and rejecting love object. In further defense against this castrated and castrating female, the central figure turns to the husband-father-figure for a homosexual relationship. It is interesting to compare the wish of the central figure to indulge in an illicit relationship with an older woman with one of the masturbatory phantasies of the patient. It is also interesting to note that the other woman in the story represented the flawless female for whom the patient is constantly seeking. She had a counterpart in the good mother-figure, the aunt who took care of him when his collar bone was broken. The mother-figure was always approached gingerly in the analysis, and references to her reflected no feelings of gratification having been received from her as contrasted to the pleasure and warmth which he received from the aunt. He was unable to express hostility toward his mother, but he was able to divert his hostility toward the sister who was summed up by the patient as being a "non-productive, silly bobby-soxer."

The importance of this phantasy was reflected in his treating it preciously, submitting this kind of a story rather than doing the original job for which he had contracted. He did this despite the fact that he knew that it would not be accepted and that he would not be paid for it. Luckily, another publishing company bought it. When a second writer was called in to help edit it, the patient fought tooth and nail to have taken out every line the second writer had contributed, and finally succeeded in doing so. He was struggling to maintain his masculinity as in the phallic competition of earlier years. (Also an indication of his narcissism.)

VIOLENCE

One of the blatant themes in the analysis was violence. It mounted rapidly once he was able to release it, and increased in a forceful crescendo. Evidence of the patient's preoccupation with violence has already been seen in the dream of the swelling snake, the toy monster dream, and in the phantasy which he converted into a story. These however were mild indicators. There were dreams in which cars crashed, cities were blown to bits, characters crashed into bookcases, or lost arms and legs—shooting, killing, and so forth. He would concoct gruesome mystery stories, too gruesome to be accepted for publication even in the pulp magazines. He spent much time in ferreting out newspaper accounts of violent acts. He would conceive horror endings of stories such as a woman who, when trying to commit suicide, mistakes a bottle of dexedrine pills for secobarbital and suffers a writing explosive kind of death.

What the violence might have meant for him may be seen in the following material. He conceived a story patterned on the Van Gogh ear self-mutilation incident, with this twist:

A medical student was going to play a joke on his girl friend. He told her that he was sending her his ear as a declaration of his love. Instead of his own ear, he sent the ear of a cadaver. That evening while having dinner at the girl's home the student asked her what she...
thought of his token of love. In response, the girl brushed back the hair from the side of her head—revealing a fresh bandage where the ear should have been, and significantly looked down into the soup. How more clearly could the patient deny his own castration fear and at the same time castrate the woman in an oral sadistic act. Also, he attempts to overcome the trauma of seeing the castrated woman by repeatedly exposing himself to such horror phantasies.

Two dreams are now presented to illustrate further how the oral-sadistic-castrative element tied in with the scoptophilia. During one hour he speculated on the possibility of having to take care of his father in the event his mother died. That night his daughter was in bed, lying between his wife and the patient. In the middle of the night, in a half-asleep state, he thought it was a boy lying between them. (Woman with a penis?) He was pleased until he was able to identify his daughter.

That night he dreamt that he was looking through a series of diamond-shaped openings, each getting larger in the distance—like the bellows of a camera, viewed from the lens opening. At the end of the diamond-shaped openings he saw two bodies cut up into torsos.

Here again we see the destructive element of the scoptophilia and we may relate it to the mother since destructive wishes toward the mother had already shown themselves during the day. The mistaking of the girl for a boy was almost as if he undid his destructive wishes enacted in the scoptophilia. It also served the homosexual wish. His disappointment came when he discovered the child to be a girl.

The castrative-destructive element of the scoptophilia, particularly aimed at women whom the patient feared and who were a source of anxiety to him, is again brought out as follows: The day before this dream the patient had taken his daughter out for a ride. There were a series of near mishaps. While backing his car out of the garage he almost ran into a parked car. He almost struck another car while on the road, and also almost ran into an excavation where the street was being repaired. In one of these near-accidents his daughter was thrown against the dashboard, suffering a mild injury.

That night he dreamt that he was attending an opera in Italy with a group of men friends. They left the performance and took a taxi which traveled at great speed. There was an excavated hole, 8 to 10 feet wide and 8 to 10 feet deep. "He drove fast, right at it. It was going so fast that it fell only slightly and the car made the other side of the pavement. Ahead, there were accidents that happened. A mangled body flew through the air and another mangled body fell on the right side; and just beyond there was an elephant. A baby covered with dust hit the pavement. I thought it was G. (daughter). Its body was broken, it was suffering. One of the laborers picked up a rock to kill the child to put it out of its suffering, and hit the Pope's nose. I wanted the child, if it was G., to be put out of its suffering. My emotion was very strong. I thought quick: 'Look at the eyes'. They were brown. It wasn't G."

Before the dream the patient had attended a party where he had witnessed two women disrobe completely and perform a dance with strong homosexual overtones. The patient had previously been shown nude photographs of one of the women by her husband. The 8x10 excavation in the dream was associated with the 8x10 size of the photographs. While watching the performance the patient felt nothing but during the night he was made anxious by the destructive element of his scoptophilia and his hostile wishes toward women, which had also come out in the near-accidents with his daughter during the day. In the dream he is first looking at the opera with men—the homosexual component. Then he narrowly escapes the 8x10 hole—the picture of the naked woman—the female genitalia. The hole leads to mangled bodies—the female genitalia are castrating and terrifying. The mangled body is the child, the girl child, the phallus. The eyes, the looking, have to do with castrating the girl—the woman. He appeases himself by denying that he might have hostile wishes to the daughter—this isn't his daughter in the dream. The daughter had previously been a representative of the penis as illustrated in the half-awake phantasy quoted above, and through his looking he castrates the female and is also in danger of, being castrated himself. The oedipal threat of the husband showing the wife's picture also was an anxiety factor.

Another phantasy of the patient's (a borrowed one) was that he would like to attend a masquerade with eyes painted over his nipples, and lips painted over his eyes, in a surrealistic fashion. Again a fusion of the oral and the visual.
In one area the scopophilia spilled over in other areas. The patient was always interested in pornography, but when his actual peeping diminished during the analysis his interest in pornography became most intense. He became acquainted with many bookstores and places where this material was available and spent much time there, as well as taking the books home. In pornographic literature he again looked for the reassuring sexual situation where the penis was absent, such as cunnilingus performed by two lesbians.

TRANSFERENCE MANIFESTATIONS

The patient was in analysis for a total of 270 hours on a five-times-a-week schedule. His treatment was interrupted after fifteen months for external reasons.

It is not surprising that this scopophilic intelligent patient came to the analysis armed with more than an acquaintance of Freud’s writings, which he used as a resistance. During the first weeks of analysis he worded much theory, both correct and incorrect. The analyst’s refusal to be misled by this exhibitionistic defense netted results. From the earlier portions of this paper it may be inferred that the analysis was concerned mainly with content and symbols. This was not the case. Symbol interpretations were kept at a minimum. Often an interpretation had to be delayed for reaffirmation by later dreams, or acting out, or further associations. An example of avoidance of his traps, was when the patient came in telling that his uvula felt heavy and pushed over. He stated that this must have had something to do with cigars he had smoked. The smoking must of course be a fellatio substitute and the fellatio ideas had something to do with the strange feeling of the uvula. Although he tried to make it sound plausible, it did not fit into what was happening in his daily life nor in his dreams, nor did it have any valid ties with his usual modes of expressing oral wishes and passive homosexual aims. I advised him to consult his family physician who, with the aid of a Health Department physician, diagnosed anterior poliomyelitis, bulbar variety. The patient was away, quite ill, for four weeks. The patient had cast me in various roles in the transference, the good parent, and the bad parent, and at the same time he fought his transference wishes. When I advised him to consult another physician for the diagnosis and treatment of his illness, I became for him the good mother-figure. He defended himself against this aspect of the transference since identification with the mother evoked his destructive oral wishes, as well as the fear of passive homosexuality. In hunting for an explanation of his anxiety about this, he said, “I can’t find anything to be irritated about in the analysis, now. I would like to trust you now.” He gave the answer to his irritability by his connecting it with the repeated episodes in his earlier life when his mother would detain the father at the railroad station when the father tried to get to San Francisco to get drunk. It was at this time that he had the toy monster, rock cavern castration dream. He wanted very much to discontinue analysis, and had become especially irritable with his wife. Interpretation of the transference produced insight.

Another resistance was his attempt to utilize the analytic sessions for exhibitionistic and sadistic purposes by flooding the hour with voluminous material, and by displaying his intellectual ability through his facility with words. His dreams were highly exhibitionistic toward the analyst. He covered over this exhibitionistic game by pride in what he had produced. “See what wonderful dreams I can produce and such long ones, and how well I can remember them!”

When his scopophilic urges could not find their target on the couch, he “jollied” himself in his dreams. In his dreams he placed concealed window-mirror contraptions in the analyst’s office, visited the analyst’s home, speculated as to what was in the analyst’s desk-drawers, and so on. The wish to spy on the parents in connection with the primal scene was also evident here. Although curiosity about the analyst is present in many analyses, it was exaggerated in this case.

The homosexual elements of the transference have been referred to in the section of this paper dealing with the homosexuality theme. His passivity led him to wait for interpretations from me so that he might eroticize them. When this was not forthcoming he had dreams in which old men were lost in lakes or had slipped off cliffs, but in the same dreams he would deny the aggressive wish which retaliated for the frustration. He would look for the body or try to rescue the man. In denial of the hostile feelings he once made an offering. He said he would bring his completed story for me to read. He delayed doing this and then was provocative. “I guess I don’t want you to look at my work—at me”. He said, “I would like to write a story about you, but what do I know about you?” meaning: “What can I see about you.”
Once when the interpretation about not getting gratification from the analysis failed to give him insight, he wandered to an area in the city where old alcoholics and vagrants congregated, trying to find what he did not get in the analysis. He was really looking for his alcoholic father. The acting out along with concurrent dreams gave me an opportunity to interpret to him that the father was the original homosexual object.

He tried to provoke me for punishment as well as for gratification. When I did not react with an admonition or threat because he was not writing he would make such comments as “I will probably develop ulcers and disgrace Dr. N.” His fear of disinterest on my part as well as on the part of his mother was a constant source of concern. “I am afraid I will not amuse you.”

The tension mounted as he was gaining insight into the connection between his scopophilia and violence. Instead of looking into windows, he picked up a woman at a bar, whom he took to a hotel. There he insisted on leaving on the lights, and looking at her genitals. What he saw did not placate him—for what he wanted to see, the non-castrated woman—the woman with a penis—he could not find. Another time he went to a lesbian bar, looking for an opportunity to observe a lesbian affair, but failed. There were not many instances of such acting out.

In the course of analysis it became clearer as to why he sought treatment. It was not the fear of being apprehended but the fact that his anxieties had mounted when the acting out was curtailed by his marriage. His wife also failed to provide the homosexual object or allay his castration fears. His fear of his aggressions toward her and the daughter could be interpreted to him after dreams such as the one about the 8x10 hole. Another factor which led him to analysis was that his narcissistic wishes to be taken care of were being constantly challenged by the responsibility of wife and child. I was able to fortify the interpretation of his hostility toward his wife after the extramarital affair described above. I was able to show him that the worry over infecting his wife was of greater emotional significance to him than was the gratification he derived from the experience. The same time that he attacked the woman he also exposed himself to damage, as he did in the voyeurism.

His narcissistic wishes in connection with the wife were brought out simply in a dream in which the wife was a drab woman in a black high-necked sweater. It couldn’t be that he wanted the wife to work like a Russian peasant woman, could it?

The desire for masochistic gratification did not limit itself to the transference situation. He would take a job knowing that he should demand more money, and also suspecting that he would accede to the forceful demands of the more aggressive men in the publishing business that he accept less money. Or, he would make a verbal arrangement over a deal, all the while saying that the arrangements should have been made in writing because he would be cheated, but he would nevertheless go ahead with the transaction on the verbal arrangement. His predictions came true and he would take pleasure in griping about how he had been “screwed.” In addition to recognizing the guilt over his unconscious arrangements to be “screwed” he gained insight into the fear of his aggressive wishes to do the “screwing.”

The anal character traits were reflected in his compulsion about money and rituals in his work habits. He needed to write in certain places or on specified paper. Before writing on the paper he had to make a mark across the corner, “laying the corner-stone”—as he called it. He collected books and periodicals; as well as visual images. He was prompt in paying his fees until his funds ran short because of the erratic earning schedule of writers. It was agreed that it was realistic to continue therapy even though he was unable to pay, and wait for payment until he obtained another job. He had already been carried for 4-1/2 months without payment of fees. This only increased his guilt feelings over being able to carry through his unconscious sadistic wishes toward me and, at the same time, permitting him gratification of his passive receptive wishes. The patient felt relieved when this was brought to light, and analysis was interrupted until he was able to pay his fees.

Although his analysis was not completed, he made many gains. He was able to strengthen his method of sublimation, he was freer in his writing, and had gone for a long period without peeping, which had not recurred when analysis was interrupted. He achieved a better identification with the adult male, the father-figure, and was less masochistic and less narcissistic in his relationships. His aggression toward women had also diminished, and his marriage afforded him more happiness.
The theme of the oedipal conflict was not elaborated on as such in the above exposition, but allusions and indications are seen throughout the material. This was not done because there is a sparsity of material on this theme. On the contrary, much of this conflict was evident and had to be analyzed. However, because the pre-oedipal problems contributed more to the specific syndrome of this case, as well as to the way in which the oedipal conflict was handled, the emphasis in this paper was placed upon those aspects of the dynamics. In addition, it might be construed that the scoptophilia was merely a defense against homosexual wishes and that many of the illustrations, for instance, those in connection with the patient's attitude toward female genitalia and such of his acting out, were also manifestations of, or defense against, homosexual wishes. It is conceded that this may be one aspect of the situation but in the light of the patient's associations and history, the homosexuality itself must be considered as an attempt to deal with other problems which revolved about the scoptophilia.

The mother was the primary source of narcissistic frustration. The mother's already limited capacities had to be shared with a sister, 1-1/2 years younger, and with another oral-demanding character, the father. His feelings of rejection were reinforced when the mother periodically abandoned him, starting at the age of 2. The patient made an attempt to identify with the mother and, at the same time, obtain gratification by a pregenital type of gratification—scoptophilia. The hostility toward the mother was deflected toward a safer target, the sister, and was later expanded to other women. The seductive exhibitionistic aunt provided partial fulfilment but at the same time fortified his scoptophilia. In an effort to obtain gratification he turned toward the father in a homosexual way and at the same time protected himself against oedipal wishes. The threat of the father stood in the way of homosexual fulfillment and the patient remained at the scoptophilic level with its threats of castration and frightening circumstantial evidence of castration of its woman. Throughout his life he tried to appease his needs for a non-castrated and non-castrating mother. Homosexuality and promiscuity failed him. In marriage he thought he could find the mother who eluded him and also the mother who cared for him. This failed. In addition, the marriage made further threats upon his narcissistic demands, closing off his favorable mediator trying to fulfill his instinctual urges, by voyeurism, resulting in anxiety which brought him to analysis.

This patient's scoptophilia served several aims:

1. The oral-scoptophilic maneuver was an attempt to establish a relationship with the mother who did not provide the gratification he sought and, who, at the same time, was herself a threatening castrating figure.

2. The scoptophilia served as an outlet for his libido at a regressed or fixated level, most probably on an oral-sadistic level. He sought gratification through looking but at the same time his looking was devouring and castrative. The destructive quality of his scoptophilia was a source of such anxiety and preoccupation.

3. The scoptophilia served not only as a means of expressing his sadism but also as a means of defending himself against it. Expressing aggression through looking is certainly less dangerous than by physical contact such as touching.

4. It was an effort to appease his castration anxiety. He looked in order to assure himself that a being could function sexually even though castrated. The wish to see lesbian women making love and the many fantasies of reducing both sexes, to being similar without having a penis, or giving a penis to both sexes, points to this.

5. The looking, in turn, was aimed at reassuring himself that his destructive oral impulses—the scoptophilia itself—had not wrought great damage.

6. Looking also served as a defense against genitality in connection with the oedipus complex.

The phallic for this patient had many attributes of the destructive eye so that sexual activity for him had the same libidinal organization as did the looking. Erotized looking and phallic aggression were at times equated, or replaced one another. His sexual acting out was never on a mature genital level. The promise of gratification seemed within reach but was never achieved.

The oral receptive needs are closely fused with the anal eroticism in this case as is illustrated in the passive receptive attitude toward men, anal masturbation, and preoccupation with anal intercourse with women. The scoptophilia also served the anal aims of collecting images.
The diversion of the sexual aim towards homosexuality as a defense against the disturbing relationship with the woman, and also against the oedipal wishes, was not completed. He did not act homosexually in his adult life. One can only speculate that the fear of phallic aggression from the father was equally as great as was his fear of his own scopophilic aims. As a compromise he acted out in his passive dependent relationship toward men who, at the same time, provided needs which he failed to receive from the mother-figure.

The weak alcoholic father who did not afford him identification with a strong masculine figure and who, at the same time, presented an oedipal threat as well as pre-oedipal competition, must be considered as a factor in the genetic development of this case.

For further discussion of the case I wish to turn to the literature. There is similarity in thinking expressed by most writers that scopophilia is an expression of orality, and most writers agree that the sadistic component of orality is expressed in the act of looking. Flugel has elaborated upon the oral-incorporative or oral-destructive aspect of the eye. Simmel points up the eye as being an extension of the mouth. Freud (Interpretation of Dreams) and many others have stated that the eye may also be symbolic of the phallus. The relationship between looking upon the female genitalia and the castration anxiety has numerous references in the literature. Castration anxiety in the male as a result of seeing the female genitalia devoid of a penis is one of the basic tenets in psychoanalysis. In this instance, Freud interpreted the turning to stone as representing the reassurance that the spectator is still in possession of a penis and really hasn't been castrated. Coriat, in elaboration of this idea believes that it really represents a resistance (or defense) against the oedipus complex—rendering the oedipus desire of sexual union with the mother as impossible.

These findings have been demonstrated in the case of voyeurism presented in this paper, particularly the complex around the castration anxiety and the oral sadism.

Fenichel, in his paper on "Scopophilic Instinct and Identification" stressed two goals of the looking: (1) the impulse to injure the object seen; and (2) the desire to share by means of empathy, the experience witnessed. In seeing the sexual activities of a man and a woman, a male spectator empathizes with the experience of the woman in a homosexual sense. This empathy has to do with identification based on the earlier mechanism of incorporation. In my patient, although the peeping phantasy did not stress the two sexes, the identification with the female was an important goal. In his phantasy of the two women making love to one another, the patient undoubtedly identifies himself with one of the two women and, at the same time, satisfies homosexual longings.

Fenichel, quoting Odier, states that there is a hunger for screen experiences, for experiences sufficiently like the original to be substituted for it, but differing in the essential point and thereby giving reassurance that there is no danger. My patient's early memories of sleeping with his aunt, each on their side facing one another, of bathing with his aunt, and the repeated masturbatory phantasy of lying next to a middle-aged woman with whom he "sniggers" over sexual matters, may be thought of as just such screen memories. The scene for which he yearns, or which he remembers, is not dangerous but it covers up the implication of the actual danger of the close scopophilic relationship with the mother. It may also be a screen to distort the primal scene.

Melitta Sperling, in a paper entitled "Analysis of an Exhibitionist" presents a patient in whom the dynamics are similar to those in my patient. In her paper she brings up two points which provoke thought in connection with my case. First, she tries to answer the question as to why such a patient does not have actual homosexual experiences. She believes that it is because these patients equate breast with penis, the woman has a token penis, and therefore is not an entirely unacceptable sexual object. I have also speculated upon the question as to why this patient did not act out his homosexuality in adult life, and have concluded that the destructive attributes of the eye-phallus constellation made the man equally as dangerous as the woman, whereas the homosexual has given up the search.

A second interesting point from Sperling's paper is her inquiry into the diagnosis of her patient. She chooses to place her patient in a category between the perversions and the neuroses, preferably in the impulse neuroses. This brings up the question of the diagnosis of my patient. There is no doubt but that this patient sexualized a partial instinct as is the case in perversion and that he used other defense methods against unacceptable impulses resulting in neurotic symptoms. That
perversion and neurosis can exist simultaneously has long been accepted. A better title for this paper might be: “A Case of a Neurotic Voyeur.”

The patient in his perverse behavior is similar to transvestites who also try to combine themselves into definite identities, one male and one female. The function of the eye in helping the transvestite to achieve this phantasy is brought out in a paper by Grotjahn in which he describes a transvestite’s phantasy as expressed in a drawing.

Romm’s case of exhibitionism has many similar features: her patient had strong scoptophilic and homosexual components; he also sought for a perfect woman in defense of his castration anxiety, and the symptoms were rooted in the pre-oedipal stage.

There has been much literature written on the eye itself and its relation to symptoms, neurotic disturbances, afflictions of the eye itself, and its many symbolizations in literature and mythology, as is presented in the excellent and detailed resume by Hart, in addition to considerable writing on the scoptophilic impulse, per se.

Bergler has concentrated a great deal of his efforts on voyeurism and exhibitionism and, among several of his papers, is one entitled “Further Contributions to the Psychoanalysis of Writers”. He deals with the connection between writing and the exhibitionistic-scoptophilic instinct. Bergler contends that the use of exhibitionism through writing is a defense against voyeurism. Enlisting the reader makes him an accomplice to the writer’s crime. My patient defended himself against this by his lack of productivity. Bergler states that the phantasy expressed in writing is not the primary phantasy of patient but is really an unconscious defense against the repressed wish as manifested in creative writing. Although the scoptophilia has a strong sadistic component, Bergler feels that beneath this is actually a masochistic component consisting of “I want to be rejected” or “I want to be refused oral gratification.” In the phantasies of my patient can be seen both the sadistic and the masochistic aspects.

CONCLUSION

The case history and analysis of a patient whose major complaint was voyeurism was presented. The analysis of the patient revealed an unusual wealth of phantasy material which, when analyzed, shed light upon the dynamics of his scoptophilia. The findings are not offered as unusual but they do corroborate many of the published theories on scoptophilia. Special problems encountered in the treatment were indicated. This case is not offered as a complete analysis.

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THE SCHEME FOR RECORDING HEREDITY, AS DESCRIBED BY G. BOSE, HAD BEEN IN USE SINCE 1922, BOTH IN HIS PRIVATE PRACTICE AS WELL AS IN THE CASE RECORDS OF THE HOSPITAL PATIENTS AT THE MENTAL OUTDOOR IN THE R. G. KAR MEDICAL COLLEGE MANAGED BY THE MENTAL HYGIENE ASSOCIATION OF INDIA AND LUMBINI MENTAL HOSPITAL MANAGED BY THE INDIAN PSYCHO-ANALYTICAL SOCIETY. Owing to its great clinical value and convenience of use we are publishing it for the benefit of our readers.

SYMBOLS: The members of a family are represented by numbers. Each member has an individual number which indicates his place amongst his brothers and sisters. The female member is indicated by a dash over the digit.

Examples: 3 represents the third issue of his parents who is a male. 4' represents the fourth issue who is a female.

A horizontal dash or a line — connects a parent and a child. The left hand figure represents the parent, and the right hand figure the child.

Example: 3 — 2 indicates that 3 who is the third issue of his parents is the father of 2 who is the second child.

A vertical dash or line | or a dot . between two figures vertically placed connects brothers and sisters.

Examples: 3 2 shows the relationship between the third and second issues, both males, of the same parents. 4 5' indicates that 4 is a brother and 5' a sister and that they are respectively the fourth and the fifth issue of the same parents. The above symbols may also be written as 3 2 and 4 5'.

A horizontal dash or a line — separating two figures placed one above the other represents conjugal relationship.

An arrow-head — connecting a figure with a letter or letters or a symbol indicates that the individual represented by the figure suffers the wife the fourth issue of their respective parents. The upper figure determines whether the symbol stands for the husband or the wife. 3 4' 5' indicates that 3 married two wives. 3' 5 means that the person concerned is the third issue of her parents and that her husband is the fifth issue of his parents.

The number of issues of a couple may be indicated as follows: 

\[
\begin{array}{c}
\begin{array}{c}
3 \\
2'
\end{array}
\end{array} \begin{array}{c}
\begin{array}{c}
III \\
II'
\end{array}
\end{array}
\]

means that the couple \( \frac{3}{2} \) has three male and two female issues. The number of children may be indicated in detail as in

\[
\begin{array}{c}
\begin{array}{c}
3 \\
2'
\end{array} \begin{array}{c}
\begin{array}{c}
1 \\
5
\end{array}
\end{array}
\end{array}
\begin{array}{c}
\begin{array}{c}
\begin{array}{c}
2' \\
4'
\end{array}
\end{array}
\end{array}
\begin{array}{c}
\begin{array}{c}
4' \\
5
\end{array}
\end{array}
\end{array}
\]

which means that the couple \( \frac{3}{2} \) has five children of whom the first, third, and fifth are males and the second and fourth are females.

When the exact position of a person among brothers and sisters is not known the person may be represented by the letter x, and when the exact numbers of brothers and sisters are not known they may be indicated by the letters B and S respectively. \( \frac{4}{3} - B \) means that the exact numbers of male and female issues of the couple \( \frac{4}{3} \) are not known and that the position of the subject also among his brothers and sisters is not known.

An arrow-head — connecting a figure with a letter or letters or a symbol indicates that the individual represented by the figure suffers
or suffered or is or was liable to suffer from the disease represented by the letter or letters or has or had certain characteristics indicated by the symbol. When the letter is enclosed within a square it indicates that the disease was the cause of death of the individual. A figure placed under the letter within the square indicates the age of death.

Example: \( 3 - \frac{\text{Ep}}{10} \) indicates that 3 died of epilepsy at the age of ten. Ep is here an abbreviation for Epilepsy.

A ‘Subject’ is the person with reference to whom a relationship is expressed.

A ‘Reciprocal’ is the person whose relation with the subject is expressed.

‘Relation’ is a formula for expressing the family relationship between the subject and the reciprocal. It consists of a series of digits placed side by side, or rows of digits placed one above the other or both. The digit standing for the subject is marked with a \( \times \) and that for the reciprocal is marked with a circle \( o \).

Counting from any digit the figures to the right represent subsequent generations and those to the left preceding generations.

Examples:

1. \( 3 - 2 - 4' - 5 \) means that the subject 3 who is the third issue of his parents is related to the reciprocal 2 who is the second issue of his mother who in turn is the fourth issue of her father who again is the second issue of the subject.

2. \( 2 - 6' - 4 \) means that the reciprocal 2 is the second issue of his father who is the first issue of his father who is the second issue of his father whose second issue is the father of the mother (6th issue) of the subject who is the fourth issue.

3. \( 1 - 4 \) means that the reciprocal’s (1) fourth issue’s third

4. \( 1 - 4 - 3' \)
Prompt acknowledgment of external reality is indispensable for the orientation and rational behavior of the ego in every situation of waking life. In delusions and hallucinations data which are unreal, that is, existing only as mental products, are sensed by the ego as being real—as actually existing in the external world. In order to understand these phenomena one has to analyze the psychological mechanisms by which the ego not only recognizes but senses, external reality as distinguished from mental images and ideas only.

Common sense tells us that sensory perception plays the most important role in the acknowledgment of external reality: Seeing, hearing, touching, smelling and tasting giving evidence of objects and events of the external world. But the perceptive function constitutes not only a direct but also an indirect means of acknowledgment of external realities. In the latter case we may obtain different degrees of certainty or doubt in regard to external data. So, when a person communicates something to us which we did not perceive personally, the extent of our belief depends on the degree of confidence we have in this person. Most of our information in every field of knowledge is conveyed to us by visual auditory communications. Our conviction of the existence of countries we never saw, of many events around the world which we do not witness, of the wealth of the "known" historical and scientific facts rests mostly on what we have heard and read—on what we have been taught. Skeptical people too often believe only what they can see and touch personally.

Knowledge of external facts can be obtained also through thinking, the working patterns of which will not be further analyzed at this point. Besides, some "obvious" logical conclusions or deductions from perceived data and remembered facts may force themselves spontaneously into one's mind and not be necessarily the result of conative thinking. The ability to apprehend facts immediately and not through direct sensory perception or conscious thinking is commonly called intuition. Among the psychologists we find some divergencies in respect to the meaning of the term "intuition" and also in regard to the explanation of the phenomenon which it indicates.

The knowledge arrived at through thinking or intuition may also bear the character of different degrees of certainty, as is the case of beliefs due to communications from others. Various kinds of experiment and the achievement of new "evidences" either in support of or in opposition to the "apprehended" data may lead to a rectification of formerly believed facts. In other words, assumed knowledge or opinions arrived at indirectly through sensory perception can be annulled or rectified upon more perfected testing.

Confidence in Sensory Perception

Formerly psychiatrists taught that the organs of perception attach the "index" of reality to the stimuli of the external world which reach them. According to this simple theory, sensory perception would be the basis for reality acknowledgment, in fact, for the sensation of reality. The implication is that no conclusions or testing in regard to the reality-value of given facts would be possible if the data for a conclusion and the verification by some kind of testing were not obtained by sensory perception. However, certain phenomena show that one cannot indiscriminately rely on perception by our sense organs.

In certain ego disorders the objects of the external world, though clearly perceived through the sense organs, are felt as unreal. This experience is called "feeling of estrangement." Conversely, as has been mentioned, dream scenes and the contents of hallucinations are sensed, as a rule, as real, that is, as actually existing in the external world, although they are only mental products. Likewise, the contents of delusions are felt by the patients as real. Therefore, the necessary conditions for normal perception in waking life, whereby one senses as real only what one perceives through the sense organs, require a special
III
THE SENSE OF REALITY AND THE NEED FOR INTEGRATION

The healthy person's acknowledgment of the data of reality is dependent on and can be rectified by mental procedures included in the term "reality testing." Conversely, the paranoid patient senses as real the contents of mental products without resorting to any "testing" to this effect and even in spite of evident proofs to the contrary. Therefore, Federn's distinction between "reality testing" and the "sense of reality" is of paramount importance. The "sense of reality" concerns the sensation pertaining to the discrimination between "inner thought value" and "external reality value" of all data.*

At this point it is interesting to learn that the logical capacity which serves the need for integration and which plays an important role in the function of "reality testing" is of a high order in paranoid patients. However, since they sense as real what is only mental, the function of their logical thinking leads to mental activities, such as rationalization, and "secondary elaboration," which are compensatory for the omitted reality testing. The function of these activities is to establish an agreement between the contents of delusions, sensed as real, and the correctly acknowledged data of the external world, which cannot be denied. The integrative task of the paranoid ego can thus be compared with that of a normal person who attempts to acknowledge some facts which are in apparent contradiction with one another. The normal individual feels the need to solve the contradiction by finding an accordance between the one and the other of such facts. He may also exercise a more exact and "revised" reality testing which would deny the existence of the one or the other of these "facts." But the paranoid patient, as a rule, sticks more firmly to the "false reality," than to the actually perceived or acknowledged facts of reality.

For example, a paranoid patient may have the delusion that his former friend belongs to a secret organization which wants to capture him. Some facts, however, are at variance with his delusional fear. He may find that his friend behaves in a kind manner toward him, that he even displays readiness to help him in some emergency situation. But his reasoning capacity will not be used to correct his delusion through the exercising of reality testing, but to solve the contradiction while maintaining the delusion. This patient will, for example, reach the conclusion, logical for him, that his friend is using some trick in order to "frame" him or is adopting some psychological skill to make him commit some action which would enable the persecuting organization to take hold of him. It is evident that the content of his delusion is felt by him to be real independently of any "reality testing."

IV
THE TASKS OF THE SECONDARY ELABORATION IN DREAMS AND PARANOIC DELUSIONS

As psychoanalysis has demonstrated, the contents of most delusions, hallucinations and manifest dreams consist of unconscious thoughts and tendencies which are more or less disguised. Thoughts and wishes which are prevented by various resistances from participating in the pre-conscious ego are subjected to the primary mental process which is responsible for the most profound alterations of repressed mental contents. Upon such alterations, whereby some unconscious representations are substituted by others and are fused and condensed with them, the resulting mental product may appear more or less senseless and incoherent to the rational ego. However, the ego has the need to grasp a sense in everything it perceives and to establish coherence. Therefore, in compliance with this need, the ego exerts an influence over the choice of the substitutions and condensations of unconscious ideas so that ideational contents follow which in themselves appear sensible.

This process is called "secondary elaboration." In its effort to create such a "secondary" sense, as it were—a rational facade which is not related to the latent content—the ego may even add some elements to the manifest dream or delusional content. These little additions which have to be omitted in the interpretation of the conscious contents could be figuratively compared with the cement which keeps together the single parts of a building.

The secondary elaboration is not always adequate in the dream phenomenon and may also be omitted. When this occurs the manifest

* These well-chosen terms are used by Federn.
In anaesthesia and may be quickly forgotten. The absence of a secondary elaboration in dreams is due to the fact that the dreaming ego—that is, the ego in that state in which it is perceiving the dream—is not always awakened to its full rational capacity; in this state it lacks a strong integrative need. We owe to Federn our knowledge of the dreaming ego, which is an only partially awakened ego.

Conversely, in the waking state the paranoid ego maintains the function of rational thinking to a high degree. Therefore, the secondary elaboration to which the contents of delusions are subjected plays a much greater role in the formation of paranoic delusions than it does in the dream activity. Furthermore, the secondary elaboration performed by the paranoid ego serves two functions, namely, of establishing a coherent facade for the conscious delusions and also of reconciling the false reality with the correctly acknowledged facts of the external world. The latter is excluded during dreaming.

Rationalization and secondary elaboration take care of the ego's inner integration, while the resulting disturbances in its rapport with the external world are not adequately adjusted by such compensatory mental activities. The pseudo-rational mental attitude does not reconcile the incompatibility of the delusion with a proper behavior of the ego toward the external reality. In particular, the normal expectations and reactions of other people are not influenced by the paranoid ego's rationalizations and secondary elaborations. Again, to meet this difficulty the patient can resort to still another corrective pattern of external adjustment, namely, to dissimulation of his delusions. He learns that other people, as a rule, cannot be persuaded by him of the "reality" of his delusions and that he is judged by them as a queer person. Therefore, in order to go along with them he eventuantly denies having such ideas and tries to behave himself, in their presence, according to their "reality" and expectations. It is often even good "therapeutic" procedure to teach a paranoid patient how to dissimilate his still persistent delusions in order that he may reach some kind of social integration. After all, a healthy person as well may resort to such a behavior pattern, if some of his convictions are not shared by others and he encounters only difficulties by attempting to convince them that he is right. However, it is evident that the dissimulating ability decreases in proportion to the intensity of the individual's emotional involvement in his ideas.

Also in non-psychotic individuals reality testing is always quite reliable; it can be impaired by emotions. But, let us be clear, a healthy person cannot easily ignore nor neglect strong and direct evidence of concrete facts which are unpleasant to him. However, the verification of some truths requires more complicated techniques of experimentation and testing; the more complicated they are, the more may emotional factors interfere with the efficiency of such functions. Thus a distortion of the facts may result. Even in scientific research an investigator may be influenced by his wishes in "proving" the correctness of some "basic principles" or even some philosophical system. Sometimes the mental attitude of such scientists, who employ very complicated methods of reality testing, may remind one of that of a paranoid patient who resorts to rationalization and secondary elaborations in order to construct an agreement of his delusions with the correctly acknowledged facts of reality. However, these two types of mental behavior have only an exterior similarity, for they are dynamically and structurally quite different from each other.

The wishful thinker is emotionally influenced in the performance of a complicated reality testing, but is still accessible to strong evidence against his emotional commitments. He feels the need to base his conclusions on some kind of reality testing, corrupted though the result may be. Whereas, the paranoid ego senses the contents of his delusions as real, independently of any reality testing, and does not rationalize some "proofs" for them if no contradictions with other acknowledged facts arise. The paranoid scientist belongs to the latter type.

Preconceived ideas acquired in early childhood and based on identification with the parents and early environment deserve special consideration. The parents constitute an absolute authority for the child, who lacks an efficient rational capacity. Without blind faith in them he would feel uncertain and at a great loss, would live in a continuous state of apprehension and anxiety; so the reality testing normal for the child rests to a very great extent on the opinions and teachings of his parents. In his dependent state he is unable to dispense with them and must take from them their "realities." The absorption of their ideas in social,
It is common knowledge that the working patterns of reality testing undergo a development from early childhood until the age of rational maturity. But some convictions acquired in childhood do not easily yield to later contradictory realizations and, therefore, enter into competition with the more perfected, rational reality testing of the adult. Such convictions had previously conveyed to the helpless child a sense of security and had enabled him to master anxiety. Therefore, many convictions adhering to deeper ego levels can no longer be influenced by patterns of reality testing, which are built on higher levels and which do not reach the former ones. These convictions and affective attitudes constituted for the child basic pillars for his integration at that age.

Perhaps no one is completely free from prejudices. And if an ego with strong social, moral and racial prejudices, or some religious convictions due to early identification, is confronted with certain facts which contradict them it adopts a mental attitude similar to that of a paranoic person. The former sticks to his prejudice and convictions because they are anchored in a deeper ego level, the latter to the contents of his delusions, of recent origin, for dynamic conditions of a quite different nature which will now be analyzed.

VI

THE EGO AND THE SENSE OF REALITY

It is not within the scope of this paper to examine the complex psychology of prejudice nor of the emotional impairments of reality testing. They were only mentioned to illustrate the acknowledgment of realities by means of reality testing and the acceptance of "false realities" for emotional reasons, whereby no defect of the "sense of reality" is involved.

The discriminating sensation between thoughts and memories from perceived objects of the external world is ascribed by Federn to the "sense organ of the ego," located at its periphery. If a healthy individual in waking life directs his attention simultaneously inside and outside his mind he senses clearly what is only his thought, memory, or imagination, and what is a real object or event of the external world. Federn calls this flexible dividing line between the "inner mentality" and "external reality" the ego-boundary.

Federn's explanations concerning the ego experience and its boundaries deal with a very complex topic, and only the issues which are strictly related to the sense of reality can be presented in this paper. In waking life the individual senses his mental ego to be inside his bodily ego. In dreams some bodily ego-feeling appears only under certain circumstances, but as a rule, the dreaming ego consists only of an incompletely awakened mental ego. The ego which is experienced as a coherent unity has an external boundary toward the "outer" external world, and a mental boundary toward the "inner" external world, that is, the id. So long as no physical or mental stimuli impinge on the ego-boundaries from without, one is unaware of them. The metapsychological basis for the ego experience is a special state of compound libidinous and nonlibidinous cathexes. The ego boundaries have a checking function on the entering stimuli and also act as counter-cathexes to prevent the invasion into the ego of repressed drives.

The physical sense organs participate in the strongly cathected boundaries and constitute normal apertures for external stimuli. But it is not the entrance of stimuli through the sense organs themselves which conveys the sensation of their being real, rather it is their entrance through the ego-boundary. In fact, when the cathexis is withdrawn from that section of the boundary in which the sense organs lie, the perceived objects are sensed as unreal. This ego disorder is called feeling of estrangement, as has been mentioned before. Thoughts, memories and other mental elements which are also sensed as such participate in the ego experience itself. And there are no normal apertures in the inner mental boundary for repressed mental contents. When non-repressed elements arise to consciousness, they normally obtain immediate ego cathexis so that they are included within the ego boundary. Through weakening of the inner ego boundary—namely, the counter-cathexes—some repressed idea or thought may invade the ego from outside it (from the id), without participating in the coherent ego unity. When this happens, as in psychosis, the invading content is sensed as real: hallucinations and delusions ensue.

Federn came to the general formulation that every physical or
mental stimulus which crosses the dynamically charged ego boundary from without, either from the "inner" or "outer", external world, is sensed as an external reality. And he conceives the ego boundary as the sense organ of the ego. Reality means, as sensation, that which is outside one's own ego, and mentality that which is within the ego and participating in it.

In the psychological chapter of his "Interpretation of Dreams" Freud also bases the original "reality testing" of the infant on the distinction between "within" and "without." It is performed by bodily movements. When the infant continues to perceive some object upon turning his head or closing his eyes, he eventually recognized what he perceives as being due to inner stimulation, or rather, as being unreal; whereas, if the perceived elements change direction or disappear and re-appear in relation to given movements, they are recognized by him eventually as being real, that is, as existing in the external world.

If one draws a parallel between Federn's explanation of the "sense of reality" and this primitive form of "reality testing" indicated by Freud, one must consider two points: In the first place, the acts of "testing" the "inside" and the "outside" is related to the whole organism, while the "sense of reality" discriminates between "within" and "without" in relation only to the ego, and not even to the whole mind—the id is excluded. Freud himself characterized the id as the inner foreign country in respect to the ego, and Federn's explanation of delusions and hallucinations is very consistent with this view. Secondly, this primitive testing through movements is a means for the first orientation in the establishment of ego-boundaries. Counter-cathexes, which belong to the ego boundaries, are progressively mobilized in order to check inner stimuli and thereby to include them in the ego so that they are no longer sensed as external, as are the perceived objects; and later they exclude from the ego the repressed mental stimuli. Once the dynamically efficient ego-boundaries are established, this primitive form of reality testing loses its function of orientation. What is sensed as real can no longer be reversed by any reality testing or reasoning. This is also the case in delusions and hallucinations. The individual has become emancipated very early from movements as a means of discrimination between "real" and "imagined." In further development reality testing becomes much more complex and serves the purpose of obtaining knowledge of realities. And, as has been mentioned, the individual can achieve different degrees of certainty and doubt. As a matter of fact, also, in regard to delusions in the beginning "doubts" may sometimes arise. They are due to the still fluctuating strength of the pertinent ego boundary cathexis. The "paranoid" doubt must be distinguished from the "obsessive" doubt, the latter being due to feelings of emotional ambivalence.

In this paper the writer wanted to explain that in psychoanalysis the concept of reality testing was applied in too extensive a manner. "False realities" such as delusions and hallucinations were simply explained in the past by some temporary or permanent "breakdown" of reality testing. But as a matter of fact, as Federn has proved, they are due to definite ego deficiencies of an economic nature which are not related to any testing of reality.
ABSTRACTS


The author emphasizes the part played by aggression in giving rise to conflicts and the consequent pathological conditions and surveys the development of an individual from birth onwards to show how aggression manifests itself as a reaction to frustration; how it pervades, in different forms, in all the activities of life and how its excessive inhibition, due to fear and guilt, or its abnormal increase, due to frustrating conditions of life, interfere with the normal development of ego functions and the formation of the super-ego thereby upsetting, and sometimes destroying, the life of the individual. The author examines a number of psychoneurotic and other pathological conditions and shows, by means of illustrative case histories, that a vicious circle: frustration-aggression-frustration is formed in all the disorders; that this is not due only to the masochistic deflection of aggression but also to a need to seek out frustration so as to release and justify aggression; and that in order to resolve this vicious circle and cure the patient it is essential to see that side by side with the reduction of his masochism his need for frustration is concentrated within the transference situation and resolved there—not through indulgence but through careful and properly timed interpretations. Only then can the patient become capable of having positive libidinal approach to life.

Considering the preventive aspect the author points out the fact that not only it is impossible to eliminate all sources of frustration in life but it is harmful for the development of active personality. Only avoidable frustrations, particularly during early infancy, should be eliminated while the aggression resulting from unavoidable frustrations should be deflected and adapted for constructive purposes. Since mother is the central figure in the child’s life she should be enlightened as regards importance of breast feeding and of the positive mother-child relationship. She should see that regularity of feeding is not forced rigidly on the infant, that weaning is not abrupt and harsh and that sphincter training is undertaken only after the child has reached a certain degree of muscular development.


In a previous paper the author distinguished a “dream screen” as a special structure and defined it, on the analogy of the cinema screen, as “The blank background upon which the dream picture appears to be projected”. He maintained that the dream screen represented the idea of “sleep” as well as the flattened out breast of the mother as the infant might perceive it while falling asleep at the breast after a satisfactory nursing. He also established a relation between the dream screen and dream forgetting.

In the present paper the author resumes the discussion on the topic. He tries, in line with Freud’s genetic approach, to reduce three formal elements of the dream viz. dream forgetting, profusion of the manifest content, and repetition to the content of the dream and interprets them as such. He thus shows, with examples, that the act of forgetting a dream betrays the dreamer’s attitude towards his wish to sleep as well as his oral wishes. It signifies the withdrawal of the breast, and when this significance is made conscious the patient’s resistance to remembering his dreams clears up. Abraham interpreted the bringing of recorded dreams by the analysands as a manifestation of transference; an anal gift to the analyst. But the author goes further in his interpretation and maintains that the piece of paper or the dictaphone record on which a person tries in vain to preserve his dream stands for the dream screen which he wishes to preserve in order to remain asleep undisturbed while the content of the dream stands for the disturbers of the sleep and therefore it is further distorted in the process of recording or effaced to greater or lesser extent. The profusion of the manifest content too is determined by the wish to sleep.

Repetition of the same dream stands for repeated breast feeding. It is, therefore, not to be ascribed to the effects of an early trauma as Ferenczi suggested but to the oral wishes or the wish to sleep.

In the dreams referring to primal scene the wish to sleep serves the purpose of defence against observing the scene.

Attempting to give content interpretation to the formal element “visual representation” which has resisted content interpretation so far, the author suggests that in opposition to the dream screen it represents a wish to be awake—not a defensive wish to be awake on account of
fear of sleep, but a general and primary wish to remain awake in order to fulfil the ungratified desires.


The author describes two mechanisms observed by him in his practice. One he calls the mechanism of spacing whereby, out of fear of the excessive strength of an emotion, the affect is subdivided and the parts experienced at different times; and the other the mechanism of crowding in which affects are crowded into a single climax. The mechanism of spacing is found mostly in patients with depressions, phobias and masochism while the mechanism of crowding is found chiefly in psychopathic personalities. It is also very common in that group of normal persons which has been characterized by Schlegal and Nietzsche as Dionysian. Both the mechanisms may coexist in normal persons. The author connects the mechanism of spacing with the death instinct and the mechanism of crowding with the life instinct.


The author summarizes and reviews the two above named books in Hungarian by Szondi containing the latter's biological theory of genotropism and the test based on it. He brings out the points of agreement and similarity existing between Szondi's theory and psychoanalysis. He points out the limitations and drawbacks of Szondi's test and raises a doubt as to the objectivity of Szondi in regard to certain peculiarities of his theorisation. But he concedes a high value to Szondi's test as an instrument of diagnosis as well as research and predicts a good future for it.

B. Desai


The author tries to establish that lobotomy apparently does not produce permanent loss of intellectual efficiency. Hence the threat of such a loss need not be a factor to weigh against the surgical procedure. Thelma Hunt, supported later by Strecker and Fleming, advanced the same view but Goldsten thought 'impairment of abstract ability will result if the brain lesion is sufficiently extensive'. Grassi, on the evidence of an extensive range of psychological data (the nature of which is interesting by itself), concludes that the said impairment, though immediately following upon the psychosurgical procedure, disappears almost immediately within the first year. The psychological material is collected by the author on the basis of three psychological tests given to thirtytwo prefrontal lobotomy patients. These tests are: a) The Wechsler-Bellevue Test, b) The Grassi Block Substitution Test (which, as its name indicates, is devised by the author himself) and c) The Graphic Rorschach Test (not the verbal Rorschach test). The author describes in fairly exhaustive details the last two tests. On an analysis of the results obtained from the first he concludes that 'no significant reduction in general intelligence, or any evidence of impairment of general intelligence, or any evidence of impairment which could be attributed to the surgical procedure' is revealed. Rather, 'increased intellectual efficiency with increases in the fullscale I. Q. of 1 to 21 points occurred in 28 out of 32 cases'. And the author remarks, 'it matters very little whether the increase is due to greater intellectual ability than before operation, or whether it is the result of less confusion, greater cooperation and less distractibility. If the individual is denied full use of his intellectual endowment because of the latter, or other, factors, and if the removal of these result in greater intellectual efficiency, we may conclude that he is functioning at a higher level than previously'. Of course, 'the results indicate that a change in a patient's level of intellectual efficiency following lobotomy is not prognostically significant. As many patients with marked I. Q. increases remained unimproved, as did those with marked decreases'. The Grassi Block substitution Test 'marked impairment of abstract organization and inability to shift from a concrete to an abstract approach suggestive of organic pathology resulting from the lobotomy. The impairment, however, disappeared almost entirely within the first year'. 'The Graphic
Rorschach indicated a change in personality, structure and traits, corresponding generally with changes in the clinical picture. In a large number of cases organic features were suggested by the Graphic Rorschach later re-testing indicating they were of a temporary nature.

Some Aspects of Lobotomy (Prefrontal Leucotomy) under Psychoanalytical Scrutiny. Jan Frank Psychiatry, Vol. XII, No. 1

The author, a psychoanalyst and one who could observe 'for six years three hundred cases of lobotomy', in view of the simple experience that 'lobotomy significantly interferes with psychic activity, causing thereby a quantitative shift of instinctual impulsivity and changes in its psychic representations, and...it alters certain facts of ego functioning', is surprised at the 'lack of interest' shown by the psychoanalysts to the facts of lobotomy. The reactions of certain psychoanalysts to this psychosurgery, as for example that of Winnicot (who pleads for cerebral freedom and demands a 'haveas cerebri' act) or that of Doctor Sullivan (who defines the therapeutic mode of lobotomy as consisting in exchanging schizophrenia for imbecility),—are nothing more than instances of 'lopsided fanaticism' basically inspired by a particular philosophical outlook. It is true no doubt that when certain psychosurgical overenthusiasts mutilate healthy brains the psychoanalyst, who believes in the power of love and reason, has reasons to be filled with horror. But the fact remains that an exclusive dependence on the humane methods of psychoanalysis cannot adequately cope with the practical demands concerning the care and treatment of the psychotics and that psychosurgery has got to be had recourse to. Jan Frank discusses the clinical criterion which indicates lobotomy and concludes that it can consist only in the 'intensity and duration of the suffering patients'. But the main point of the author consists in making certain guesswork, on the psychoanalytical aspects of lobotomy and these are summed up as follows: 'The emotional asymbolia caused by lobotomy drains away a psychic dimension. The forebrain, so far as gross functional representation goes, is an important instrument for the integrity of the preconscious system. Lobotomy by the subsequent defensive hypercathexis and constriction of the ego-boundary enables the psychic apparatus in some cases to ward off the flooding of the id derivatives.' The author discusses a number of interesting case materials which form the basis of these generalizations. The drawing-of-a-man test, originally introduced by Goodenough as part of an intelligence test, is employed by the author for the purpose of gathering analytical materials of the lobotomised patients.


It is a study in the association between specific personality factors and gastro-intestinal disorders with the help of the Rorschach technique. An experimental group of 25 male veterans receiving treatment for duodenal ulcer and a control group of 25 veterans hospitalized for various complaints, none of which could be referred to the gastro-intestinal tract, were selected and Rorschach tests administered to them individually under standard conditions. But instead of the interpretation of the individual records, all the responses were tabulated according to their appropriate categories and the differences between the two groups were compared and statistically evaluated. The following conclusions were arrived at: the ulcer patients suffer from a conflict between an overtly active disposition on the one hand and passive needs on the other and that 'the ulcer patients as a group tend to deal with their environment at an impulsive, emotionally immature level leading to conflict in the area of social interpersonal relationship'.

Debiprosad Chattopadhyaya
REVIEW

Mental Health Service in India by Nagendranath De, M. B.,
D. T. M. (Cal), M. R. C. P. (Edin), D. P. M. (Lond).

The pamphlet is a reprint of the address delivered by the author
at the first Annual General Meeting of the Indian Psychiatric Society
and published in 4 successive issues of the 1st volume of the Indian
Journal of Neurology and Psychiatry (1949). In it the author, an eminent
Psychiatrist, has drawn pointed attention of all concerned to the lamen-
table state of affairs regarding the treatment of mental patients. Though
it is a fact that the number of such patients is gradually growing in our
country it is sad to contemplate the hopelessly inadequate provisions
that exist to-day for their treatment. The author has gone deeply into
the question and has thoroughly analysed the factors responsible for
the present situation. But his task has not ended there. He has drawn
up an elaborate scheme covering every aspect of the problem—curative,
preventive, educational, socio-economic research, administrative and
legislative calculated to bring about improvements in the condition
now prevailing.

The striking features of the scheme are its thoroughness and
comprehensiveness, its logical foundation and its practicability. Com-
pared with many of the ‘plans’ that have flown down in torrents from
high quarters it stands out as an extremely practical one. From the
social point of view it should have a top priority too, for the fruits of
good government will be more and more wasted the larger the number
grows of mentally afflicted persons. The pamphlet presents a revealing
picture of the position of psychiatry and provisions of psychiatric
treatment in India. As one goes through it one becomes acutely
conscious of the need for taking immediate steps to remedy the current
ills. And when one sees, as has been pointed out by the author, that
some measures may be taken at once one wonders at the extreme
apathy exhibited by the authorities.

The author is to be congratulated on the noble effort that he
has made. The scheme that he has formulated should be widely
circulated amongst the members of the Government and of the medical
profession; amongst educationists, social leaders and philanthropists,
the root of the author’s scheme is sure to impress every well wisher
of society.

"GENESIS OF HOMOSEXUALITY" BY G. BOSE

This paper which appeared in our journal in the previous issue was
first written and read before the Indian Psychoanalytical Society on
February 5, 1926. [Vide International Journal of Psychoanalysis,
Vol. VIII, 1927, p. 307.]
INDIAN PSYCHO-ANALYTICAL SOCIETY.

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2701 Wilshire Boulevard, Los Angeles 5, California.

Rasiklal B. Shah
13 Gunbow St., Bombay 1.

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104 Upper Chitpore Road, Calcutta.

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7) Krishna Sen (Miss)
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FOUR TYPES OF DREAMS INDICATING PROGRESS DURING PSYCHOANALYTIC TREATMENT

BY

EDMUND BERGLER, M. D.

Starting with the "censor" of Freud's INTERPRETATION OF DREAMS (1899), more and more emphasis has been placed on the importance of the inner conscience in dreams. The clearest expression of this tendency is to be found in the suggestion made by Jekels and myself at the XIII International Psychoanalytical Convention in Lucerne (1934), in our joint paper "Instinct Dualism in Dreams". We suggested that the original formulation "every dream expresses repressed infantile wishes", be enlarged by adding: "and an attempt at refutation of reproaches stemming from the inner conscience (superego)". This enlargement became necessary by Freud's investigations concerning the duality of instincts. We exemplified our contention on extensive clinical material, adducing also Freud's own famous dream of "Irma's Infection" (1895), which became the paradigm from which generation after generation of young analysts have been learning the technique of dream interpretation.

It would lead us far afield to repeat the theoretical and practical considerations prompting the suggestion of greater emphasis on the part played by the superego in the psychic economy, hence, also in dreams; I am referring to my book, THE BATTLE OF THE CONSCIENCE.

In the present paper, I wish to concentrate on specific dreams, directly connected with the analytic procedure, giving both, the analysand and the analyst, the possibility of a control experiment whether the specific analysis is on the right track, and at the same time of checking the progress of the specific analysis.

There are four types of dreams to be considered. One is encountered at the beginning of the analysis, one somewhere in the middle, two at the approaching end of analysis. All four types of dreams appear with the greatest of regularity.

† Washington Institute of Medicine, 1948.