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An Inquiry Into Personality Development: A Theory of Symbiotic Relationship

Kenneth William Chittick

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Name of candidate:

..... Kenneth William Chittick

Oral examination:

Date July 19, 1967

Committee:

..... Professor James G. Clague, Chairman

..... Dr. John A. Whitesel

.....

.....

.....

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.....

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Major Professor John A. Whitesel

AN INQUIRY INTO PERSONALITY DEVELOPMENT:
A THEORY OF SYMBIOTIC RELATIONSHIP.

BY

Kenneth William Chittick

A thesis submitted in partial fulfillment of
the requirements for the degree
Master of Arts

Division of Graduate Instruction
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PREFACE

During the past seven years a considerable amount of my work as a Catholic priest has been in the field of pastoral counseling. The people who came for help were of all ages, and from every walk of life. They exhibited a wide variety of symptoms of emotional distress, yet all of these persons, and more obviously in the cases of the more severely ill, communicated a sense of "aloneness". It was, I believe, the only common quality seen. These people often refused my suggestion that they also seek the help of a psychiatrist. They felt, as Catholics, that Freud and his followers were not to be trusted with the problems of their souls, and most of the local psychiatrists were convinced of Freud's basic premises. Indeed, other priestly counselors had told them to stay away from Freudian clinicians, and had reminded them that until recently there was an automatic excommunication incurred by those who underwent psychoanalysis.

With these things in mind I began to search for a theory that would explain normal and abnormal mental states, and at the same time embrace general Freudian principles in such a way that Catholics could accept them. I was convinced that Freud had much to offer that could aid them in their recovery.

The general feeling among Catholics still is that you cannot trust yourself during an emotional crisis to anyone

other than a priest or a Catholic psychiatrist. This opinion is shared generally by most priests as well as by the majority of Catholic lay people.

Therefore, in this thesis I intend to advance a theory of personality development and to show its reasonableness and its application. The theory will then be shown not to be essentially at variance with either Catholic belief or psychoanalytic conviction. It will not stray outside these limits.

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DEFINITION OF TERMS

consciousness--intellectual perception, however slight.

greater-other--the one who is seen as the means to the recapture of the lost self. It can be a single person, a group or an institution.

greater-self--that part of self the infant senses it has lost at the time of differentiation. In reality, the mother, the imagined part-of-self that could dispel any discomfort.

grief--an actual feeling of sadness over a lost possession.

judgments--the purposeful advance toward or withdrawal from some object or condition.

primary fear--the fear the infant (or fetus) experiences on not being able to immediately dispel its own discomforts.

secondary fear--the fear the infant has that it will never be able to dispel any of its discomforts.

self--ego awareness; that part of the psyche that knows that it is knowing, and knows that it is capable of willing.

self-actualization--the process of emotional maturing.

symbiotic relationship--interdependence of infant and mother during which time (a process) the infant thinks that the mother is a part of its own wholeness.

unconscious--the wellspring of the conscious mind which contains repressed, weak or forgotten material.

Other terms are used in accordance with established meaning.

INTRODUCTION

This thesis presents an inquiry into personality development, that is, it advances a theory of personality formation based on the symbiotic relationship between mother and child. It will show indications from the research of Rappoport, Ottinger and Simmons, and the writings of Mahler, that in the relationship between the infant and its mother, the infant at first thinks that the mother is an actual part of its own wholeness. Therefore, the theory will attempt to explain how a normal, a neurotic or a psychotic personality structure of later years can be traced back to the symbiotic phase of the infant's development. The symbiotic phase is considered by Mahler to terminate about thirty-six months after birth, but this theory will stress that the critical stage in personality development is reached somewhere before the first year of life is complete.

Importance of study.--In general the importance of this study is to be found in its attempts to clarify and interrelate the complexities of observed human actions. In this way the human psyche may become more intelligible, and the limiting and frustrating sense of the unknown is thereby diminished. All theorists, both religious and psychological, have sought to understand the mind of man, seeing in this study the way to the prevention and cure of the diseases of the soul, both moral and emotional.

More specifically, the theory advanced in this study

is of importance to the Catholic pastor, who must preach and administer to the people at their level. Such a theory can help him to understand the usual problems that his parishoners bring to him. It can help him to have more confidence in referring an emotionally ill person to a psychiatrist or clinical psychologist, and in being a part of the healing team in the sick person's rehabilitation. For the lay person such a theory is of importance because it can engender confidence in the value of modern psychiatry, which has a basis in Freudian principles.

Limits of study.--This thesis is entitled a "theory" because it attempts to outline an interconnected set of personal convictions dealing with the development of the human personality. These convictions have grown out of sustained counseling with a large number of persons during the past seven years. In this thesis the term "personality" will be understood to mean that internal interrelated structure of common human qualities through which the individual is able to deal both with himself in the internal sphere and with other persons and things in the external world. It therefore embraces the older concepts of intellect, will and emotions. The theory will concentrate mainly on personality development during the earliest months of life, but it will deal also with the stages of development that are consequent upon this early development. It will attempt to explain especially the process whereby the infant realizes its own

autonomy.

The theory will be applied only to the psychoanalytic school of psychology, and only to Catholic beliefs. Anything other than this will be considered to be outside its scope, since its aim is to act as a bridge between these two disciplines.

Organization of Thesis.--In chapter one the thesis will present its central proposition and a theory of personality development. It will then explain how it views the development of the normal, the neurotic and the psychotic personality. It will examine the use of psychoanalytic therapy in correcting and rehabilitating the neurotic and psychotic personality structures. It will conclude with the religious implications of this theory.

Chapter two will indicate how the theory agrees with the traditional Catholic concept of man as a responsible creature of God. It will deal both with man's intellect and his will. It will do this by examining how three Catholic writers have shown that man's sense of basic loss leads him towards union with God. The theory will be applied to the writings of each one individually to show that it is in keeping with their beliefs that the sense of loss can be an early, universal experience in which an interpersonal relationship is involved. Those writers chosen date from earliest Christian times to relatively modern times in order to show the continuous viewpoint of Catholicity in regards to man's place in nature.

Chapter three will examine the works of three main theorists of the psychoanalytic school. In speaking of "school", reference is made to those who agree essentially with one another. This writer does not intend to imply that they do not differ on certain points, but rather that they share a common understanding on how the mind of man operates. The theory of this thesis will be compared, in turn, with their writings. It will show where it is in agreement with their ideas, and where and why it would modify those ideas.

Chapter four will contain a review of the aim and plan of this thesis. It will state and defend its major proposition. This will be followed by a summary of the theory of personality development. It will then review the comparison of this theory to Catholic belief and psychoanalytic concepts, showing that it is within the scope of acceptance of both disciplines. In its conclusions it will present two propositions arising out of this study and make recommendations for further research.

An appendix will follow Chapter four. It will consist of the case study of a patient of Doctor V. M. Axline. The case will be reviewed and then explained in terms of the theory of this thesis. This case is added because it illustrates both the religious and psychoanalytic implications of this study.

CHAPTER I: A THEORY OF PERSONALITY DEVELOPMENT

A THEORY OF PERSONALITY DEVELOPMENT

Aloneness, or loneliness, presupposes the lack of something. Something was enjoyed and has since been lost, either actually as in the death of a friend, or virtually insofar the lonely person feels separated from the cherished good. The basic proposition of this thesis therefore states: the sense of loss of an early sense of well-being is both the basis for motivation toward self-actualization, and the basic problem of all functional mental illness.

It is the belief expressed in this thesis that the infant in the womb during the final months and days of intra-uterine life is dimly aware of its own existence, and thinks that the mother and itself comprise **only one** entity.

The act of thinking is a human function, not found in any lower animal. In it the person deliberates, usually to form a judgment so that some desired goal can be achieved. It differs from the trial-and-error actions of the brute insofar as its complexity is concerned. By this I mean that while a monkey and a child can both learn to pull an object toward them, only the child can go on to higher complexities such as word association, enumeration and concept abstraction.

It is obvious that a child can think, and recent studies have shown that it can think even at a very young age. One

such study was done by Leon Rappoport of Oslo University.¹ As a subject he used his own son, a child of fifteen months. Over a three day period an investigation was made to determine whether or not the child could employ drawing-pulling behavior in a consistent, intentional fashion. In this investigation Rappoport records the following incident.

I take the cart back to the center of the room and load more blocks in it. This attracts him back to me. As he approaches I push the cart away, give him the end of the string, and tell him to find Mama. Repeating Mama several times, he goes towards the other room holding the string and looking back at the following cart....When he enters the next room where he can see his mother, he shouts at her. When she turns, he points to the cart but it is not in the room with him. He yanks the string very hard. The cart leaps forward but it strikes a high threshold and stops, jerking the string from his hand. He picks up the string, yanks, and again it is jerked from his hand, recoiling to the front of the cart where it lands in a heap. He goes to the cart and bends over it jabbering. (The next act is crucial. P. is in a position from which he can easily pick up either the string or the cart itself. If he does the latter, the drawing-pulling schema is not established.) From my position I cannot see what he does, but when he straightens up, he is holding the string bunched in one hand. He yanks and this time the cart comes over the threshold into the room with him. He turns to his mother shouting and she praises him.²

From this example it is clear that the child of approximately one year of age can think. It is the contention of this theory that any learning pattern of a viable fetus is a form of thinking and not merely trial and error behavior. The fetus possesses a different brain than the brute, and

¹Leon Rappoport, "Detecting a Cognitive Schema in a Young Child," Psychological Reports, Vol. XIV (1964) p. 515.

²Ibid., p. 517.

although the brain reacts slowly at such a young age it still acts as the brain of a human.

At birth, the infant begins a process from contented undifferentiation to painful differentiation. It slowly becomes aware that itself and its mother are separate beings, and during this time it begins to experience a deep sense of loss. This experience for the infant, I think, is similar to the grief process observed in older persons when a limb is removed. But in the infant's case it thinks that it has lost the greater part of itself, that part which seemed to be capable of handling any external stress. The infant then begins a life-long struggle to regain the lost-self, and this motivating urge to wholeness is known commonly as "love". At first it is only a means of dispelling anxiety, but as the child begins to perceive that he is loved by others, it becomes a positive self-regard.

This force of love is present in all human beings, and because of its primary inception it cannot be destroyed. It can, however, be misdirected. It is here that the mother is all important in the infant's future personality structure. Whether the infant eventually develops into a healthy, neurotic, or psychotic personality depends largely on whether the mother allows the infant freedom of experimentation and, through altruistic attention and affection, aids it through this grief process.

It is obvious that the child comes into life with common human qualities, some of which are immediately operative,

and others which gradually unfold throughout the course of a person's life. Those qualities which are functioning at birth were called, by the older theorists, "instincts". This term causes some confusion since the same term is applied to the actions of living things lower on the evolutionary scale. It was the use of this term that caused Freud's theory of personality to be labeled "instinctivistic and mechanistic".

The adult person is aware of a sense of well-being, pleasure, pain, puzzlement, fear, anger, envy, desire, pride, ambition, lust, sloth and malice, so the capacities for these qualities must be present also in the infant. Most theorists have thought that few of these qualities were sufficiently actualized (or awakened) during the last trimester of intra-uterine life and the neonatal period to effect the personality formation of the new individual. It is here that this writer would disagree, at least in regard to the first five qualities listed.

A further indication of this theory that consciousness begins to awaken within the womb was suggested by a test carried out at the Indiana University Medical Center in 1964.³ Nineteen obstetrical patients received the IPAT Anxiety Scale during each trimester of pregnancy. When the infants were born, body activity and crying were recorded

³D. R. Ottinger and J. E. Simmons, "Behavior of Human Neonates and Prenatal Maternal Anxiety," Psychol. Rept. Vol. XIX, (1964) pp. 391-394.

on the second, third and fourth day. The results showed a positive relationship between the mother's anxiety level and the amount of neonatal crying. I would interpret these findings to mean that the mother's high, constant degree of anxiety had disturbed the realized (although very slightly) well-being of the infant, causing it pain, puzzlement and fear. The fear at first would be undifferentiated, but would gradually crystalize into a fear that the lost sense of well-being could not be regained. However, with most infants the mother's anxiety would neither be sufficiently acute nor constant to disturb its sense of wholeness in the last few weeks before birth. Nor would it usually even begin to perceive its individuality before the symbiotic phase of development was reached at about the third month of extra-uterine life.

In 1961 Mahler presented a paper on the occasion of the tenth anniversary of the Child Psychiatry Unit of the Harvard Medical School in which she said:

Although the representations of the symbiotic object are extremely complex during this crucial phase of development [i.e., during the first twelve months after birth], and although the Gestalt of the need-satisfying object and her ministrations are highly specific, there seems to be dim awareness only of the boundaries of the self, as distinct from the boundaries of the "symbiotic object". During the symbiotic phase the child behaves and functions as though he and his mother were an omnipotent system (a dual unity) within one common boundary (a symbiotic membrane, as it were.)⁴

⁴M. S. Mahler, "On Sadness and Grief in Infancy and Childhood," The Psychoanalytic Study of the Child, Vol. XVI (1961), p. 334. (Paper read before the Tenth Annual Meeting of the Child Psychiatry Unit, at the Harvard Medical School, Sept. 3, 1961.)

In another place she speaks of "the separation-individuation phase of normal development, that is, from twelve to thirty-six months of age."⁵

Further on in the paper she says, "We are all agreed that the cardinal etiological agent in the syndrome of anaclitic depression, as in other forms of infantile psychosis, is the object loss suffered by these infants."⁶ This writer understands that it is object loss in the sense of the loss of the greater part of self. The infant does not strive for reunification with the mother, but with itself. For this reason a substitute mother can replace the mother (even permanently) without serious damage to the personality structure of the infant. The infant doesn't feel it has lost some thing, it feels that it has been crippled. The infant and the amputee are both alike in this, that they feel they have been deprived of a part of self.

In another place in the same paper Mahler says:

It has been conclusively established that the immature personality structure of the infant or older child is not capable of producing a state of depression such as seen in the adult (Zetzel, 1953, 1960). But grief as a basic ego reaction does prevail. This implies that as soon as the ego emerges from the undifferentiated phase, the mimetic, gestural, and psychological signs of grief do appear, albeit in rudimentary form.⁷

⁵Ibid., p. 332.

⁶Ibid.

⁷Ibid., p. 342.

This thesis contends that the grief process begins before the signs of grief make themselves clinically obvious. It is difficult to ascertain if this is what Mahler means, but on other points we here agree.

The Normal Personality.--Sometime before birth, probably around the time the fetus becomes viable, consciousness begins to awaken in the new individual. All its needs are supplied. It lives without care or curiosity. Then as it increases in weight the uterine walls begin to restrict its free-floating movements. Discomfort is thus born, and in reaction to it, learning begins. The infant pushes, kicks and sometimes makes noises, but in the main it remains comfortable and only slightly curious. Birth itself is not generally traumatic, for while it is painful, pain itself is not a new experience to the infant that was just previously so restricted. Since the pains of womb-restriction and of birth are both caused by external pressure, I think they are similar. Furthermore, the act of being born is not an exceedingly long event, and the infant is soon nuzzling the breast, sleeping, or exercising its limbs. But at birth, vision, hearing, taste and smell become more active, and a new and constant tactile experience is begun, both in the alimentary canal and over the whole of the integument. The senses by this time are highly developed. This causes further discomfort, and further awakening of consciousness as the infant strives to return to a comfortable state. It would be at this point, sometime within the first few days

after birth, with the permanent changes in sound and space, that the infant would begin to sense that something had changed, and for the worse.

At this time the infants' discomforts are more numerous, but they are still transient. The awakening intellect still senses that it is doing everything for itself. It is not until the mother delays for longer periods in dispelling the infant's discomfort that puzzlement is replaced by anxiety. With each new delay the anxiety is intensified until it reaches the point of primary fear. This sense of realized fear is diffuse, as was the anxiety. It differs in that anxiety at any time throughout life is diffuse as to a proper object while fear may begin in such a way (although it is more subject to peaks and troughs) but sooner or later becomes specified. In the infant it is specified as a fear of loss--a loss of the greater part of its realized self. The infant cannot yet differentiate between its mother and itself. It merely is aware that it has lost most of its ability to dispel discomfort. This is the most critical phase of ego development, and it may begin at different times with different individuals. The time of its inception depends on such things as the mother's degree of altruistic attention, the state of its physiological processes, and its own inherited disposition.

Grief cannot be long maintained, for it threatens to destroy the very selfness of the individual. When this secondary fear (the fear of the loss of all of its ability

to dispel any of its discomforts) becomes so specified within consciousness, the infant is then motivated toward the task of recapturing the lost part of itself. This motivation is a denial of its grief, for in paying attention to the search it cannot simultaneously dwell on its sorrow, a principle that holds true throughout the person's life. The infant is lonely for its lost part and it is also frightened. It is therefore susceptible to be charmed out of most of its loneliness. The mother supplies its needs, although not as quickly as it would like; she soothes and comforts it when advances into the outside world frighten it, she very often stimulates it into a more pleasing mood even though it was previously contented. In short, she continually makes conditions conducive to the infant's gratification, and as the process of becoming an individual continues the infant turns and looks outside itself to a "greater-other" for assistance in handling discomfort. The sense of loss is still present but it is diminishing.

The infant goes through the symbiotic phase also in this way, although through the further-awakened consciousness it learns to manipulate and to even sacrifice for the attention it desires.

By the end of the symbiotic phase, the child has fairly well realized its individuality, and it is able to enter into relationships with all those whom it habitually contacts. These relationships, like the one with its mother, are prompted by search for wholeness. Most, or all, of its

earlier fear has disappeared, and nostalgia and curiosity now prompt it to these new relationships.

At the age of four or five sexual differences begin to become more important to the child. In the case of the male child, he begins to feel that his closest link with the lost-self (and therefore the way in which he has most constantly tried to recapture it) is threatened by the obvious difference between his mother and himself. This coincides with the phase of the Oedipus complex described by Freud. However, it is not the fear of castration, as Freud said, that is the basic problem. The problem is that the child realized his mother's sexual difference and because of their difference fears his own wholeness will be destroyed. For a time he then regresses back emotionally to the earlier state of loss, and exhibits all the signs of loneliness. He is fretful, he wants to run away with his mother, he becomes more attentive to her, and he tries to monopolize her time and exclude her from relationships with others. He often exhibits other signs of earlier emotional development, such as thumb-sucking. In addition, guided by his father's attitude he will feel resentment towards the father, with subsequent guilt over this resentment.

In the case of the female child, the process is much the same but more complicated. The girl does not fear to as great a degree that she will lose the mother, and thus the way to the recapture of self, because she perceives that comparison exists between them. Because she is a girl, the

father has tended to overprotect her more than he would have with a son. She is therefore more secure with the mother and less threatened by the father. At a later time, perhaps at six, she will become impressed with the father's position as head of the family. She will notice that he is stronger both physically and emotionally, and that in times of stress her own "greater-other" (the mother, at this time) turns to the father for protection. She will be then inclined to imitate her mother in this matter, and will find the father receptive to her needs. This is not the same for the boy, for the father will treat him in a rough and manly way. Therefore the girl is able to transfer her search for her lost-self to the father, and reject the mother. This process of transfer is one that goes on with everyone throughout most of their lives.

In the school years the child makes contact with many other persons in the same stage as itself and gains the first concept of "group". It senses that the nostalgia for completeness is somewhat satisfied in this new environment. The person's social activities still center around home. The relationships in both environments are used in the continued but unconscious search for wholeness.

In adolescence the person begins to go through the second process of becoming an individual. Now the person can supply many of its own needs and it can experiment in dispelling its own discomforts. Group unity, and the sense of completeness that comes with it, has been experienced,

but the person is not ready to surrender the habitual method of searching for self within the family. The family no longer can satisfy all the needs for relationships, however, and the search is concentrated outside it. These two means of partial satisfaction are each totalistic, and hence somewhat mutually exclusive. This produces tensions in the young adolescent who then begins to undergo what Erickson called the "identity crisis". The groundwork for this was laid in the loss of the mother-child identity.

With the transition to young adulthood, the realization comes that one never completely removes the nostalgia for the original sense of well-being. The person then is able to use relationships both in the home and outside it, as needed. It can then integrate them in some fashion that produces little stress. Oftentimes external conditions cause the person to prolong and intensify the period in which the search-for-self is mostly centered in a group outside the home. The person may be drafted, join a fraternity, belong to a permanent sports-team of some type, attend a special school, or have some type of social or religious commitment.

In adulthood the yearning for completeness, and the basic sense of loneliness, brings the person into social and sexual contact with a complementary person. The ego merges with a substitute mother or father. During this period, the unconscious hope that full self-actualization (the total recapture of self) may be realized leads to an acute emotional

state called "being in love", in which there is a tendency to invest the other with great perfections. This is a necessary investment, since we do not give up the search for self through one "greater-other" unless it is replaced by something even greater. During this phase almost any sacrifice will be made, the unconscious hope of self-actualization seems so close to being realized.

After a few years of wedded life and the experience of progeneration, another crisis arises. The hoped-for recapture of the lost self did not materialize, and the adult again feels a diffuse sense of sadness. The cause of this differs for the male and the female. After marriage the male seeks himself in his work, and the female seeks herself in her children. However, both eventually realize that they cannot find themselves there.

Since the person is committed from infancy to the search for self through a "greater-other" it is not a process that finally admits of anything less than infinity. The person must now search for a "greater-other" that will expand the sense of wholeness already achieved. One can turn to church activities, to service or professional organizations, to hobbies, to extra-marital liaisons, or to politics, but all of these are now regressions as means of self-actualization. The person must turn and try to invest in a personal deity, for the next step in the search to be accomplished.

As one grows accustomed to personal interaction with this concept (I would say, reality) through conversational

prayer and relationships with other persons in this phase of maturity, there comes an increasing awareness that union with this deity will satisfy the vague nostalgia that has been felt almost all through life. This is not to say that the person would not have sincere religious beliefs before this time, but rather that up until this time if they were present they were necessarily mixed with the search for self through human interpersonal relationships. During this final phase of maturity the person is more at ease and does not exhibit the religious zealousness for social reform that is seen in younger people.

Thus the circle is complete: the infant begins as a part of the one "greater-other" (the mother) and ends up as a part of another "greater-other" (God), yet throughout it all it has maintained its own individual ego.

The Neurotic Personality.--When speaking of the neurotic personality, I refer to the emotionally disturbed person who throughout his life will not break with reality nor be so limited that he will not be capable of supporting himself and carrying on a fair degree of social interaction. There will be, as far as medical science knows, nothing organically wrong which would have produced the disturbance. Nevertheless, he will be neurotic, with frequent anxiety feelings, a general emotional instability, and a low stress tolerance. The hallmark of such persons is their instability under stress and in interpersonal relationships. Those persons will not be considered neurotic who have an occasional

deep emotional disturbance caused by situational stress, for such can be the fate of anyone. Rather, this thesis proposes that the neurotic personality structure is a variation of the normal structure. It is caused in the infant by a sense of grief over self-loss to which the mother has paid too little altruistic attention.

It can, but usually does not, begin during the last few weeks of intra-uterine life, as was indicated in the study by Ottinger and Simmons. In such a case, as the fetus begins to be crowded due to its growth, the muscular-skeletal tensions of the highly anxious mother are transmitted through the uterine walls. The fetus's well-being is constantly disturbed and it starts to sense that something is wrong. In this way the fetus may be predisposed to a neurotic personality formation. Another fetus, not so disturbed, would not have this predisposition.

Upon birth the intra-uterine disturbed infant will encounter all the problems and anxieties that the undisturbed infant encounters, plus the added discomforts consequent upon the actions of the highly anxious (and possibly neurotic) mother. If the mother's anxieties are relieved with the birth of the infant, or if the infant is given to a normal substitute mother (as might be the case with unwanted or illegitimate infants) at the time of birth, a new sense of well-being may occur and the process of emotional growth will follow a more normal course. In such a case the infant could well achieve maturity with a normal personality structure.

It is entirely possible that the infant could have a normal intra-uterine life and not have to face abnormal stress until several days or weeks after birth. Still, if the abnormal stress caused by a poor mother-child relationship was then prolonged, the infant would still grow to physical maturity with a neurotic personality structure.

The consequence of my theory is that the infant of the high anxiety mother would be predisposed toward a neurosis, but under optimal conditions would not develop into a neurotic personality. The crucial time in personality formation is during the period when the infant's secondary fear becomes specified in its awakening consciousness. At this point the infant begins to fear that it has lost all its ability to handle any stress. But now the infant must decide how to repress this fear. It must decide whether to look inside itself for the lost "greater-self" (this would be autism), or to look outside itself in hopes of regaining the lost part of self through investment in a "greater-other". However, the infant's power to will is not at this time sufficiently developed for such a decision. The decision actually is based on whether or not the mother is capable of what I would term "charming" the infant out of himself.

The infant needs a great deal of altruistic attention from the mother, but because of the mother's own neurosis, whether it be transient or permanent, she is unable to fully meet this need. While she is able to give some of this attention she cannot give it in the quality and with the

constant output that is needed. The infant is then thrown back partially upon its own undeveloped resources and tries to search for the lost self equally within itself and through the "greater-other".

As it grows older and enters into other relationships it searches more desperately for its lost-self. Such a person is suspicious of others, perhaps unconsciously so, because of the poor experience with the original "greater-other". Yet it is inclined to invest itself more emotionally in others, so that its relationships have the "falling in love" quality that is seen in the courting phase of the normal person. Such an investment is a dependency, but such a person lacks the ability to meet the dependency needs of the other. Neither can the person be long satisfied in the slow progress that is made in finding the lost-self through the other.

Still, such a person is only partly autistic, which means that it does go through the various maturing phases spoken of in connection with the normal personality.

The Psychotic Personality.--The psychotic personality is one in which the person is so emotionally disturbed that there is a definite break with reality. The psychotic person is not capable of self-support, and cannot carry on any degree of social interaction. The chief symptom of psychosis seems to be a complete inability to control the emotions. Again as with the neurotic, the situational

psychosis is excluded, although in some cases the normal-personality-become-psychotic may terminate in death, as was seen in the death-camps of the Second World War. Still, it is the understanding of this writer that if the abnormal stress had been removed in time, the person would have again become normal once the trauma had passed.

Two types of psychotic personalities are referred to here. Those persons who are psychotic from their infancy, and those who were neurotic but found themselves incapable of managing some prolonged stress. These two types result from slightly different causes. Those who are psychotic from their infancy result from an inability on the part of the mother to "charm" the infant into looking in the external world for its lost-self at the time that the secondary fear makes itself realized. There could be a number of causes for this, but basically they are reducable to a prolonged situation in which there was no altruistic attention given to the infant. Under such circumstances the infant has no choice but to begin to search within itself for the lost-self it unconsciously desires. Since it cannot find it there the infant becomes frustrated in its autism.

The infant will then exhibit typical symptoms of grief: dejected posture, sighs, aged appearance, seclusiveness and lack of movement. With therapy, which consists in large measure of altruistic attention, the infant will look to some degree in the outside world for the lost-self. But its hold on reality is weak and it has a tendency to slip back into

the psychotic state whenever the attention is withdrawn.

Once the critical stage of the secondary fear is passed and the infant has been forced back into itself, it will carry conscious feelings of loss and inadequacy to the end of its life. Such attention, however, will lessen these negative feelings and can even cause the infant to eventually function fairly well. Prolonged stress, of course, will send it back into the psychotic state.

The other type of permanent psychotic personality results when the mother at the time of the secondary fear gives a limited amount of attention to the infant, and yet demands a high return in smiles, stillness, and bowel and bladder control. The infant in such cases must look mostly within itself for its wholeness, but it has at least some contact with the outside world. Its contact with the "greater-other" produces a great deal of fear, which makes the infant overdependant on the neurotic mother. At some time, however, it loses (usually through the mother's rejection) the "greater-other" that was its main link with the outside world. At that point the search for self becomes again a search within and the neurotic person becomes psychotic.

There is another point that has not been examined, and that because no measurement can be devised to assist us in our study. I refer here to the human will, which when all is said and done, manifestly has a power of freedom within itself.

On occasion it has been noted that certain apparently normal persons will desire some object, and will to obtain it, with such force that the personality structure breaks down and psychosis appears. It would appear to this writer that in such cases the person invests the object with the highest of "greater-other" value and ties up all hope of self-actualization in the achieving of this goal. But self-actualization cannot be achieved through a single object, since it is a slow, developmental process. Consequently it would appear that the willful personality was actually neurotic prior to its willing to obtain the desired object.

Nevertheless, it should be pointed out that from the time of late childhood on, the person is capable of making choices as to how to dispel personal discomfort. With the psychotic or severely neurotic there are limited choices available. Obviously, as the person moves up the scale of emotional maturity and stability, more choices are available. It is in the use of the will that the person is able to modify to some degree the basic personality structure that was constructed during the symbiotic phase of development.

Psychoanalytic Therapy.---In the current rehabilitation of emotionally disturbed persons three types of therapy are being successfully used. Sometimes a particular one will be used exclusively, but more often they will be employed in some type of combination. These therapies are (1) shock, (2) chemotherapy, and (3) the psychiatric interview, which is based on Freudian concepts. In speaking of psychoanalytic

therapy reference is not being made only to psychoanalysis, but to all those therapies which consider emotional disturbances to stem from infantile beginnings. These therapies differ from psychoanalysis insofar as they do not usually employ such methods as dream analysis or free association. However they do attempt to uncover and analyze the patient's repressions, and help him deal with his feelings of guilt. In this way they are similar to psychoanalysis. These therapies are known by a variety of names, but can all be classed generally as psychoanalytic therapy since they attempt to analyze the conscious and unconscious contents of the mind.

This type of therapy is successful, I believe, because it gives the patient an opportunity to live-through-again his early, negative interpersonal relationships, this time in a positive and accepting atmosphere. A necessary factor in rehabilitation is a stable relationship between the therapist and the patient. But this is not difficult to understand. The therapist in the eyes of the patient has a very high degree of the "greater-other" about him, and he is willing to let the patient use him to recover the sense of wholeness. The patient does this by gradually exposing his repressed thoughts and feelings without the danger of heightening his feelings of guilt. The patient then begins to feel that it is possible for him to recapture his lost-self, and he slowly develops an ability to look outside himself in other interpersonal relationships for this lost-self. Self-actualization

through others is thus begun, and the neurosis or psychosis diminishes in intensity. Recovery from functional mental illness is therefore always possible when the patient has the opportunity and can allow himself to search for his lost-self through the "greater-other" of another person. Much depends on whether the patient wills to get better (that is, wills to search for self) or merely attempts to run from the fear of never finding himself. Freedom to reject the therapist after considerable progress has been made, and to look elsewhere for self is an indication of an increasing degree of mental maturity.

Religious Implications.--The religious implications of this theory are that man is not merely the highest being in the evolutionary scale but also a responsible creature of God. His final end is complete wholeness. This wholeness is to be found in permanent union with God. This means that the process that leads to the search-for-self is of divine plan. There are several further theological propositions that follow from this that are acceptable to Catholics. Man is responsible for his actions but can be seriously influenced by others. He cannot attain to union with God unless he begins through interpersonal relationships. He has an obligation to help others also achieve union with God, and this obligation is greatest in regards to his own children. His mind has no infused ideas, yet he is led naturally to search for God. All of these propositions are

agreeable to the theory advanced.

These propositions are not of concern to advocates of the psychoanalytic school for their field of study is existential man, and not man in his first cause or his final end.

CHAPTER II: THE THEORY APPLIED TO CATHOLIC BELIEFS

AURELIUS AUGUSTINUS

Aurelius Augustinus, who is more commonly known under the name of Saint Augustine of Hippo, was born in the fourth century after Christ. He was the child of a Christian mother and a pagan father, and lived as a pagan up until the time of his conversion to the Christian faith by St. Ambrose of Milan at the age of thirty-two. He had been for twelve years prior to his conversion a teacher of rhetoric and an advocate of Manichaeism. Following his conversion he became a Catholic priest, and eventually was appointed bishop of the city of Hippo in Northern Africa. It was here he died in 430 A.D. He is considered to have been a great Christian bishop, philosopher and saint, whose unique intellectual contribution was to bridge the old and new world by defending the Christian faith through sturdy philosophical reasoning. H. C. Gardiner writes:

Few men have been so great that the main course of history is different just because they lived, thought and spoke. St. Augustine is one of that few, and indeed it is a thesis not too arduous to maintain that he is at the head of that select band. He is one of the great "bridge-personalities"....

But I feel that the influence of St. Augustine can be indicated by a figure, a metaphor that suggests more dynamism than is hinted at when we compare him to a bridge. He is that, but much more. He is like a transmitting station from which there pulse ceaselessly, insistently, reaching out to the antennae of the human spirit in every age, in every clime, the imperative syllables of his great discovery which became his greatly needed message: "Seek for yourself, O man; search for your true self. He who seeks shall find-- but, marvel and joy, he will not find himself, he will

find God, or if he finds himself, he will find himself in God.¹

The search for wholeness, I believe, is not only the fundamental cause for friendship and intimacy, but the basis of the religious sense in man. In developing a conviction concerning the existence of a personal God, man reaches out to regain what he felt he had lost early in his life, namely, that part of himself which is greater than what he has retained. Augustine sums up this idea in his famous prayer: "Thou awakest us to delight in Thy praise; for Thou madest us for Thyself, and our heart is restless, until it repose in Thee."²

Augustine sees man as a creature subject to impressions received from the outside world over which he often has little control. It would not be amiss, I think, to say that he would believe that the infant would often misinterpret these impressions. The infant, although it does not have the full use of its cognitive powers, has the ability to make basic, pre-language "judgments", the type that would be necessary for it to be aware, among other things, of a sense of loss. Augustine supports this idea when he writes: "Myself have seen and known even a baby envious; it could not speak, yet it turned pale and looked bitterly on its foster-brother."³

¹St. Augustine, The Confessions of Saint Augustine, translated by E. B. Pusey and introduction by H. C. Gardiner (New York: Washington Square Press, 1960), p. ix.

²Ibid., p. 1.

³Ibid., p. 7.

He speaks of the impressions man receives, in the following passage.

Aulus Gellius says that he read in this book [a book on Stoicism written by Epictetus] that the Stoics maintain that there are certain impressions made on the soul by external objects which they call phantasiae, and that it is not in the power of the soul to determine whether or when it shall be invaded by these. When these impressions are made by alarming and formidable objects, it must needs be that they move the soul even of the wise man, so that for a little he trembles with fear, or is depressed by sadness; these impressions anticipating the work of reason and self-control; but this does not imply that the mind accepts these evil impressions, or approves or consents to them. For this consent is, they think, in a man's power; there being this difference between the mind of a wise man⁴ and that of a fool, that the fool's mind yields to these passions and consents to them, while that of the wise man, though it cannot help being invaded by them, yet retains with unshaken firmness a true and steady persuasion of those things which it ought rationally to desire or avoid.⁵

Augustine deals at length with the crushing effect of grief that comes from a sense of loss, although he does not relate this, as I do in my thesis, to the early sense of loss by individuation. In his arguments on the sense of loss that damnation brings, he comments on the 9th verse of the 51st chapter of Isaias: "The worm [of eternal death], too, they think [that is, the Apostles], is to be similarly understood. For it is written they say, "As the moth consumes

⁴Earlier in the same passage, Augustine mentions the teachings of Plato and Aristotle that "even the wise man is subject to these perturbations, though moderate and controlled by reason, which imposes laws upon them, and so restrains them within necessary bounds."

⁵St. Augustine, The City of God, translated by M. Dods (New York: Random House, 1950), p. 283.

the garment, and the worm the wood, so does grief consume the heart of man."⁶

He speaks of his own sense of loss over the death of his friend Nebridius. His words, I believe, can be similarly applied to the sentiments of the infant during the process of grief that begins with its growing realization that its mother is not a part of itself. This is especially true when the mother or extreme circumstance prevent an easy passage through this period.

At this grief my heart was utterly darkened; and whatever I beheld was death. My native country was a torment to me, and my father's house a strange unhappiness;....I became a great riddle to myself, and I asked my soul, why she was so sad, and why she disquieted me sorely: but she knew not what to answer me? For I wondered that others, subject to death, did live, since he whom I loved, as if he should never die, was dead; and I wondered yet more than myself, who was to him a second self, could live, he being dead. Well said one of his friends, "Thou half of my soul"; for I felt that my soul and his soul were "one soul in two bodies": and therefore was my life a horror to me, because I would not live halved.

This concept of the oneness of two persons is what I believe the infant thinks of its mother and itself at the time before it develops its sense of loss. During the grief period, if the mother allows it free experimentation for its autonomy, and at the same time gives it warmth and protection, the infant will largely recover and slowly begin its altruistic, constant search for the lost wholeness it once experienced. Such children seldom later develop a

⁶Ibid., p. 779.

⁷Ibid., p. 51.

psychosis, although if external pressures become too great they may become neurotic. Other things in childhood can, of course, dispose the person toward a neurotic outlook on life. The continuous search for praise could be caused by overt or covert parental emphasis on the child achieving their own aims, which would result in what Augustine called "...the judgement of men thinking well of men."⁸ Augustine sees this as an inadequate means to achieve wholeness: it is a way of sidetracking the search for the greater-other which is to be found only in a rational religious commitment.

It is, therefore, doubtless far better to resist this desire [for men's praise] than to yield to it, for the purer one is from this defilement, the liker is he to God, and, though this vice be not thoroughly eradicated from his heart--for it does not cease to tempt even the minds of those who are making good progress in virtue--at any rate, let the desire of glory be surpassed by the love of righteousness, so that, ...even the love of human praise may blush and yield to the love of truth.⁹

It is my contention that human love in all its forms, is a reaching out for wholeness. At some time before birth the new individual feels secure, happy and fulfilled; in short, he is in love with his totality. Augustine teaches that, "In every man the primary object of love is self, and love can have no beginning unless it begins with self; no one has to be advised to love himself."¹⁰ During the

⁸St. Augustine, op. cit., p. 161.

⁹Ibid., p. 164.

¹⁰T. A. Hand, St. Augustine On Prayer (Westminster, M.D.: Newman Press, 1963), p. 49.

grief period, the person, if he is not frustrated in his efforts, searches for wholeness through unity with another person or persons: "What is love, if not a certain life which unifies, or seeks to unify two things, namely, him that loves and that which is loved?"¹¹ Augustine teaches that this love, or wholeness, is found finally in Christ, in which the Christian and Christ become one totality: "Not only are we become Christians, we are become Christ! My brethern, do you understand the grace that is given us? Marvel, rejoice, for we are made Christ!"¹²

There is one other matter, which I have left until the last, in which I feel that Augustine supports my thesis. He interprets matters differently, but we both believe that man's tendency is toward union with God. He feels that the infant is born with a memory of God, at some earlier time: "How then do I seek Thee, O Lord? For when I seek Thee, my God, I seek a happy life....Is not a happy life what all will, and no one altogether wills it not? Where have they known it, that they so will it? Where seen it, that they so love it?"¹³

I would be presumptuous enough to answer this great Christian thinker: "They have known it in the womb of their

¹¹Ibid., p. 121.

¹²Ibid., p. 120.

¹³St. Augustine, The Confessions of St. Augustine, translated by E. B. Pusey (New York: Washington Square Press, 1960), p. 190.

mother, nor was it an accident of evolution, but rather the way that God has planned it in His wisdom."¹⁸

There is a point on which it might seem that Augustine differed with the idea expressed in the theory advanced, that the person is dependent on other persons for his actualization (his wholeness). For Augustine, dependency could be a vice, but only insofar as it turned man from his final end, God. It must be remembered that Augustine was a militant Catholic and as such believed in the doctrine of the Communion of Saints. This doctrine holds that the souls in purgatory depend on help from the prayers of the living, and they when released from purgatory give help to the living through their prayers. Therefore, Augustine would see dependency on others as a vice only in the way that this theory does, that is, that when a person turns back to a former way of self-actualization he frustrates his search for wholeness. Neither Augustine nor this theory see dependency as a vice as long as the dependency is always to a higher "greater-other".

THOMAS AQUINAS

"Angelic Doctor, Saint Thomas, prince of theologians and model of philosophers, bright ornament of the Christian world, shining light of the church and patron of all Catholic schools..."¹⁴ ; with these words the Raccolta, or official manual of indulgences, begins its heavily indulgenced prayer to Saint Thomas Aquinas. Such titles are not lightly given, even in the flowery verbosity of Italian writers. They are an accurate indication of the esteem given to this person by over half the Christian World.

Thomas Aquinas was born in the castle of Rocca Secca, near the little town of Aquino, a few miles from the abbey of Monte Cassino. The date of his birth is not certain, but most scholars have agreed on 1225 A.D. as a close approximation. He was educated at the Benedictine Abbey of Monte Cassino until he was thirteen, then went to the University of Naples for the next five years. At nineteen he entered the novitiate of the Order of St. Dominic (Order of Preachers) much against the wishes of his family. His mother then had him brought under armed guard to the castle of San Giovanni, where he was detained for two years. This period of imprisonment was important for his intellectual development. He was allowed to read only the Holy Scriptures, Aristotle's

¹⁴The Raccolta, translated and edited by J. P. Christopher, C. E. Spence, and J. F. Rowan (New York: Benzinger Bros., 1957), p. 404.

Metaphysics, and the "Sentences" of Peter Lombard, and these works became the foundation of all his future writings.

Upon his release from imprisonment he rejoined the Dominical Order and was sent to study under Albertus Magnus (St. Albert the Great) at Cologne. His large bulk and his quiet manner earned for him the nickname "the dumb Sicilian ox", a nickname that quickly incensed his great teacher into replying, "We call Brother Thomas 'the dumb ox'; but I tell you that he will yet make his lowing heard to the uttermost parts of the earth."¹⁵ He went with Albert to Paris in 1245, returning with him to Cologne in 1248, and was there ordained to the priesthood in 1250. In 1252 he was sent to teach at the University of Paris, and four years later received his doctorate, and began the first of his two great works, the Summa contra Gentiles. In 1259 he was called to the papal court to teach in a school of selected scholars, where, in 1266, he began the most famous of all his written works, the Summa theologiae. At the end of 1268 he returned to the University of Paris to teach, and to act as consultant to Louis IX, King of France. Because of a general strike at the University of Paris he was recalled to Italy in 1272 and appointed regent of the study-house at Naples. He died later that year in the Cistercian Abbey of Fossa Nuova near Terracina while enroute to the general council at Lyons.

¹⁵C. Butler, Butler's Lives of the Saints, translated and edited by H. Thurston and D. Attwater (New York: J. P. Kenedy and Sons, 1956), Vol. I, p. 510.

As he lay dying, he received Viaticum (last Communion), and the monks recorded his final statement:

I am receiving thee, Price of my soul's redemption: all my studies, my vigils and my labours have been for love of thee. I have taught much and written much of the most sacred body of Jesus Christ: I have taught and written in the faith of Jesus Christ and of the Holy Roman Church, to whose judgement I offer and submit everything.¹⁶

The writings of Thomas Aquinas are accepted in their totality by the Catholic Church. This does not mean that the Church insists that they are objectively true, but rather that they contain nothing contrary to Catholic faith or practice. In this section I will apply the major premises of the stated theory to certain questions raised by Thomas. The purpose of this will be to demonstrate from his answers that there is similarly nothing contrary to Catholic faith or practices in this theory.

1. Can an infant, even in the last months of gestation, be aware of its own being?

Thomas does not deal with this question directly, although in the ninth article under the heading The Recipients of Baptism he uses the words "children before the use of reason."¹⁷ This would at first glance seem to refute the theory that infants, even before birth, can perceive they are perceiving. But Thomas is referring to a fairly high degree of thinking, namely, that degree in which the child's

¹⁷St. Thomas Aquinas. Summa Theological (First Complete American Edition. New York: Benzinger Bros., 1947), Vol. II, p. 2405b.

will is involved thus making it morally responsible for its own actions. He would agree that the thinking, or intellectual, power of a person shows itself as a process of gradual awakening that begins long before the stage of "the use of reason" is reached. In this section on the Intellectual Powers, the Second Article asks the question: Is the intellect a passive power? He answers:

But the human intellect, which is the lowest in the order of intelligence and most remote from perfection of the Divine intellect, is in potentiality with regard to things intelligible, and is at first like a clean tablet on which nothing is written, as the Philosopher says (De Anima iii. 4). This is made clear from the fact, that at first we are only in potentiality to understand, and afterwards we are made to understand actually.¹⁸

Since this potentiality does not reach a level of actuality sufficient for moral responsibility until several years after birth, it follows that there is no point after the fetus has become completely formed in which this potentiality is not being actualized to some degree. And this is the point that I make here. The brute does not have the potentiality to reach the use of reason, but the infant does, and has it actualized enough before birth to be able to perceive that itself and what happens to it are not the same thing. Its perception, in my view, is great enough to make it misperceive, sometime early in its viable life, that its mother and itself are not one entity.

2. Is the infant happy in its original mis-perception of unity with the mother?

¹⁸Ibid., Vol. I, p. 398a.

When speaking on the question of God's love, Thomas says, in effect, that the infant must be happy because sorrow cannot be realized unless something better has first existed and been lost. This, of course, is the total theme of this thesis, the search for the lost "good". He writes:

I answer that, We must needs assert that in God there is love: because love is the first movement of the will and of every appetitive faculty. For since the acts of the will and of every appetitive faculty tend towards good and evil, as to their proper objects: and since good is essentially and especially the object of the will and the appetite, whereas evil is only the object secondarily and indirectly, as opposed to good; it follows that the acts of the will and appetite that regard good must naturally be prior to those that regard evil; thus, for instance, joy is prior to sorrow, love to hate: because what exists of itself is always prior to that which exists through another.¹⁹

It would seem, that which "exists of itself" is the original sense of wholeness, and that the individual's life, by means of interpersonal relationships, is the search for "that which exists through another."

3. In this case the question itself is asked by Thomas: Whether the craving for unity is a cause of sorrow?

It is sufficient to show Thomas's agreement that the gradual awakening of the sense of loss is the basis of human problems by quoting his answer.

I answer that, Forasmuch as the desire or craving for good is reckoned as a cause of sorrow, so must a craving for unity, and love, be accounted as causing sorrow. Because the good of each thing

¹⁹Ibid., p. 113b.

consists in a certain unity, inasmuch as each thing has, united in itself, the elements of which its perfection consists: wherefore the Platonists held that one is a principle, just as good is. Hence everything naturally desires unity, just as it desires goodness: and therefore, just as love or desire for good is a cause of sorrow, so also is the love or craving for unity.²⁰

4. Does this craving for unity direct man toward interpersonal relationships?

This question brings forth a twofold answer. The individual seeks wholeness through these relationships, as Thomas comments: "For in order that a man may do well, whether in the works of the active life, or in those of the contemplative life, he needs the fellowship of friends."²¹ But there are stages in the reacquiring of the lost unity, with friendship (or comradeship) being the least mature attempt to find the lost "greater-other", and intimacy being a more mature attempt, and union with God through rational religious commitment being the most mature. Naturally, when the three stages exist simultaneously in one person, they would be greater than any individual stage. I am therefore drawn to conclude that this threefold love is the aim of human life and the predisposition to peace of mind and sound mental health. Thomas speaks of union resulting from intimacy, both secular and religious:

... It is written (1 Jo. IV. 16): He that abideth in charity abideth in God, and God in him. Now charity is the love of God. Therefore, for the same reason, every love makes the beloved to be in the lover, and vice versa.

²⁰Ibid., p. 749a-b.

²¹Ibid., p. 608b.

...the lover is said to be in the beloved, according to apprehension, inasmuch as the lover is not satisfied with a superficial apprehension of the beloved, but strives to gain an intimate knowledge of everything pertaining to the beloved, so as to penetrate into his very soul.²²

Thomas continues in his section on The Last End to speak of the recovering of wholeness through union with God. This is the conclusion of my thesis, namely, that the "greater-other" which had been lost slowly through the infants growing realization of individuation, cannot be fully regained outside of a thoughtful religious commitment. Thomas writes:

If therefore the human intellect, knowing the essence of some created effect, knows no more of God than that he is; the perfection of that intellect does not yet reach simply the First Cause, but there remains in it the natural desire to seek the cause [the motivating cause, I would add, is the sense of loss]. Wherefore it is not yet perfectly happy. Consequently, for perfect happiness the intellect needs to reach the very Essence of the First Cause. And thus it will have its perfection [its wholeness] through union with God as with that object, in which alone man's happiness consists....²³

5. If the mother does not (or cannot) help the infant through the period of its gradual realization of loss, are the basis for future neurosis and/or psychosis then laid?

In answering this question, Thomas comes closer to an explicit statement on the unconscious in man than he does anywhere else in his works. He uses philosophical terms, which differ from our present terms in psychology, but his

²²Ibid., p. 710b.

²³Ibid., p. 602a.

findings are in accord with the latest research into the causes of mental illness. In the first part of the following passage he deals with the cause of neurosis, and in the second part, with the cause of psychosis.

...if the evil which is the cause of sorrow be not so strong as to deprive one of the hope of avoiding it, although the soul be depressed insofar as, for the present, it fails to grasp that which it craves for; yet it retains the movement whereby to repulse that evil. If, on the other hand, the strength of the evil be such as to exclude the hope of evasion, then even the interior movements of the afflicted soul is absolutely hindered, so that it cannot turn aside either this way or that. Sometimes even the external movement of the body is paralyzed, so that a man becomes completely stupefied.²⁴

If the mother can give the infant less than a full amount of altruistic attention, the infant will struggle on toward maturity with this handicap, and under pressure will develop a neurosis. He will come out of the neurosis when he finds some means of achieving a greater wholeness through some, or more than one, interpersonal relationship. On the other hand, if the mother cannot give any, or little, altruistic attention to the infant, his battle with reality takes on the form of a nightmare. He may become autistic in childhood, or committ suicide in his teens. Should he live through these years, any abnormal pressure will be enough to send him into a psychosis, from whose grip he will seldom escape. When and if he does, it will be through a unifying effect with someone who closely parallels the

²⁴Ibid., p. 751b.

one who robbed him of his autonomy.

In the matter of the human will, Thomas understands it to be a potential part of the soul. It is termed a potential part because the soul is spiritual and simple, and therefore cannot be made up of actual parts. He calls the will a "faculty" of the soul to indicate that the soul acts in a certain manner in freely choosing something that it perceives as good. The soul does not necessarily choose what is objectively good since it is not a perfect entity, and therefore it can be subject to error. It can, for example, choose suicide which is not an objective good, but which it perceives at the moment to be an apparent good. This is also what the theory of this thesis holds. The infant may choose to look within itself for the lost good, that is, for the sense of well-being that it knew when it thought that its mother and itself were one entity. If the infant does this partially, it will develop a neurotic personality. If it does it completely it will develop a psychotic personality. This theory holds that the objective good for the infant is to be found in its searching outside itself for its lost-self. The theory also holds that the infant can search inside itself for its lost-self if this seems at the moment to be an apparent good. Therefore this theory agrees with Thomistic doctrine.

THERESE MARTIN

In these sections on spiritual and clinical writers our main concern is to examine the motivating force that leads to wholeness. Some of these famous persons have called it "the vital life force", others, like Thérèse, merely call it "love". Whatever the name, we believe it can be described as the effort to search, both within and without, for the lost "greater-self" whose capture will mean restored wholeness.

Thérèse Martin was not a scientist, nor a psychologist, nor in the strict sense even a theologian. She has been chosen for inclusion in this thesis because she represents a person in whom the loss of the greater-self was keenly felt, and eventually regained in union with God. Although Thérèse died in early adulthood and left behind her few written works, she has become one of the best known of Catholic Saints.

She was born in a small provincial town eighty-two years ago, the last of nine children of well-to-do tradesman. Just after she was fifteen she withdrew from ordinary life and lived obscure and unknown except to a handful of people until she died of tuberculosis at the age of twenty-four years and nine months. During that time she wrote a short book and some poemsToday...her name is invoked by men, by women and by children of every race and color.²⁵

Thérèse Martin was born at Alençon in Normandy, the

²⁵John Beevers. Storm of Glory (New York: Doubleday, 1955), p. 1.

2nd of January 1873, and baptized two days later in the local Church of Notre Dame. Zélie Martin, her mother, died of cancer in 1877 when Thérèse was four years old, and the family then moved to the town of Lisieux. Her sister Pauline was then sixteen, and she took over the task of raising Thérèse. In later years she was appointed Prioress in the convent where Therese lived, and to her the first part of Thérèse's autobiography is addressed: "Dearest Mother, it is to you, who are my mother twice over, that I am going to tell the history of my soul."²⁶ Thérèse began her formal schooling when she was eight, and made her First Communion at eleven. She was Confirmed that same year. In October of 1887 she received permission, first from her father and then from both the Pope and her Bishop, to enter the Carmelite Convent of Lisieux, and she entered it the following April. She was made assistant to the Mistress of Novices at twenty, fell ill with tuberculosis during Holy Week 1896 and died September 30, 1897.

The previous year her sister Pauline, who was then Prioress, ordered Thérèse to begin her autobiography.

One evening in the beginning of the year 1895, two and a half years before the death of Sister Thérèse, I was with my two sisters Marie and Thérèse. Sister Thérèse of the child Jesus told me several happenings

²⁶Thérèse Martin. Autobiography of St. Thérèse of Lisieux, translated by R. Knox (New York: J. P. Kenedy and Sons, 1958), p. 33.

of her childhood and Sister Marie of the Sacred Heart (my eldest Sister Marie) said to me: "O Mother, what a pity that all this should not be written down for us. If you were to ask Sister Thérèse of the Child Jesus to write down her childhood memories, how much pleasure this would give us!"...I turned to Sister Thérèse of the Child Jesus, who laughed as though we were teasing her, and said: "I order you to write down your memories of your childhood."²⁷

Thérèse's autobiography, The Story of a Soul was first published a year after her death. It was a small publication, only two thousand in number, and meant mainly for the other Religious Houses in Italy. But the Sisters in the convents where it was read spoke of it to their friends and relations in the secular world. Soon the demand for additional copies came; by 1914 the publishing figure had reached forty-seven thousand; by 1915 it was a hundred and sixty-four thousand. Today it is in the millions, and in almost every language.

Thérèse was canonized twenty-eight years after her death, the speediest Canonization of modern times. We may perhaps better appreciate the astonishing speed with which she rose from her obscure cell in Carmel to become one of the brightest stars in the Catholic firmament if we remember that if she had lived she would now [1949] be seventy-six.²⁸

It is our intention to point out how Thérèse reached maturity (that is, the recaptured sense of wholeness) in less time than it usually requires.

Thérèse remembered a great deal about her early

²⁷Ibid., pp. 15-16.

²⁸Beevers, op. cit., pp. 28-29.

childhood, and wrote that the first period of her life began "with the dawn of reason in me; and ends with the day when our dear Mother left us for a better home in heaven."²⁹

During that early period her family, and especially her mother, had helped her through the period of her grief, that is, the growing awareness of her autonomy. She wrote:

God has seen fit to surround me with love at every moment of my life: all my earliest impressions are of smiles and of endearments. And if he planted love all about me, he planted it in my childish heart too, gave me a loving and sensitive nature. How fond I was of Papa and Mamma!³⁰

This "sensitive nature" that Thérèse spoke of, I would interpret as her unconscious fear that the lost wholeness (which was healthily beguiled away by the altruistic attention of her parents) would make itself somehow suddenly felt by the ego and threaten the ego's hesitant grasp on reality. Such a thing did happen, for when Thérèse was four years old her "greater-self" (her mother) suddenly died. This brought a profound change in Thérèse.

...after Mamma's death my character, which had been so happy in its disposition till then, underwent a complete change. I, who had been so lively, so communicative, was now a shy and quiet little girl and over sensitive. Merely to be looked at made me burst into tears.³¹

Thérèse was able to recapture some of the "greater-self" after her mother's death, by investing her sixteen

³⁰Ibid.

³¹Ibid., p. 57.

year old sister with a pseudo-mother role. She recalls the occasion:

On the day of the burial at Alençon, Thérèse chose another mother. She says: "We were all five together looking sadly at one another, when our nurse turned pityingly to Céline and to me. 'Poor little things!' she said, 'you have no longer a mother!'" Céline then threw herself into Marie's arms, crying: "Well, you shall be my mother!" Accustomed to imitate Céline, I should undoubtedly have followed her example but that I feared you [Pauline] might be pained, and feel yourself forsaken if you too had not a little daughter. So I looked at you affectionately, and hiding my head on your breast exclaimed in my turn: 'And Pauline will be my mother!"³²

Although Thérèse's outward appearance was shy and retiring, she was in fact, recovering from this second loss. (The first loss was the loss of her "greater-self" during the period of her individuation, and the second loss came with the death of her mother.) Her family treated her with great concern. Her sister Pauline increasingly took on the role of a mother, and Thérèse identified with her more and more. She indicates this when she says:

...I couldn't and wouldn't have put one foot before the other against your orders. Even Papa had to fall in with your wishes; I couldn't go for a walk without leave from Pauline. 'Come along, Thérèse', Papa would say, and the only answer was: 'Pauline doesn't want me to'; so he had to go and get your leave, and even then I knew well enough when you said Yes without really wanting me to--then there would be tears, and all consolation would be useless, until Pauline had said Yes really meaning it, and kissed me.³³

But the bedrock of loneliness, that is in all of us, was to be reached again when Pauline left home and entered

³²Beevers, loc. cit.

³³Martin, op. cit., p. 69.

the convent. Thérèse had wanted wholeness, and in her childish way had even suggested that she and Pauline live together in an exclusive setting when they had grown older.

Thérèse had once told Pauline that she would like to go off with her to a far away desert, and Pauline had replied that she would like it too and would wait until Thérèse was old enough to set out. Thérèse took this seriously and was overwhelmed with grief when she realized that Pauline was entering Carmel and not waiting for her. "How can I describe the anguish my heart endured! In a flash I beheld life as it really is, full of suffering and constant partings, and I shed most bitter tears."³⁴

Here, I believe, are important words; "life as it really is", "suffering", "constant partings"--these words all speak of a sense of loss, a loss of something that was ours and was taken away. This would be the greater part of ourselves during our infancy--the mother parent.

When Pauline left, Thérèse began to have somatic complaints, violent headaches and hallucinations.

Everything frightened me. The bed seemed to be surrounded by awful precipices, and nails in the walls would assume the gastly appearance of huge, coal-black fingers, filling me with terror and at times making me cry out with fright.³⁵

This desire for wholeness made Thérèse look elsewhere for a mother figure. She was extremely ill and filled with terror. Her sisters Léonie and Céline spent a great deal of time beside her bed praying for the help of the Virgin Mary, the Mother of God.

³⁴Beevers, op. cit., p. 39.

³⁵Ibid., p. 42.

Utterly exhausted, and finding no help on earth, I too sought my heavenly Mother's aid, and entreated her with all my heart to have pity on me.

Suddenly the statue [on a wall bracket] became animated and radiantly beautiful--with a divine beauty that no words of mine can ever convey. The look upon Our Lady's face was unspeakably kind and sweet and compassionate, but what penetrated to the very depths of my soul was her gracious smile. Instantly all my pain vanished, my eyes filled, and big tears fell silently, tears of purest heavenly joy.³⁶

Thérèse recovered and up until the time of her final illness, was in constant good health. She had regained her lost mother, but even more important, through her religious convictions she had begun to regain the "greater-other", the "lost-self" of her infancy. Thérèse's progress toward wholeness and unity increased rapidly and she looked beyond her Mother for a greater person in whom to invest herself; and indeed, isn't this what every woman does as she prepares for marriage? She met her "heavenly spouse" as a lover when she made her First Communion.

What comfort it brought to me, that first kiss our Lord imprinted on my soul! A lover's kiss; I knew that I was loved, and I, in my turn, told him that I loved him, and was giving myself to him for all eternity....Thérèse had simply disappeared, like a drop lost in an ocean; Jesus was only left, my Master, my King....hadn't I longed, weak and helpless as I was, to be united once for all with that divine Strength.³⁷

Thérèse had found her way to wholeness by looking to God as the final "greater-other" through which she would

³⁶Ibid., p. 43.

³⁷Martin, op. cit., pp. 105-106.

find her lost-self. The process of maturing emotionally had been accelerated when she believed that the Blessed Virgin had smiled at her, and had continued on until the time of her death. At school she stood at the head of the class. At fifteen she was judged mature enough to enter the convent, although other girls had to wait another year or two. She endured the hardships of community life with a joy that surprised everyone. She nursed the sick and tended the dying when influenza appeared in the convent. She was Mistress of Novices when she was twenty and in this capacity she showed both discipline and empathy. She endured a horrible illness and died with a smile on her lips. She was loved by all whom she met, and achieved her life's desire.

Science has no bias, it must merely observe facts. There is no evidence that Thérèse Martin was anything but a mature person. She was convinced that her search for unity could be fulfilled, and the means she advocated was love: "For me, the only way of arriving at perfection is by love."³⁸

Early in life Thérèse felt the sense of wholeness; it was lost following birth, but through environmental love she passed safely through this grief process. At four she had to reinvest her search for unity in a new mother, and again at nine, but she weathered both these storms by

³⁸Martin, op. cit., p. 308.

doing what her early love-attentions had disposed her to do, namely, to look outside herself for unity, rather than within. She achieved, insofar as we can judge, the highest form of wholeness that we see among humans. Her own words "love breeds love"³⁹ is the reverse of the anonymous saying "neurotics breed neurotics". This is merely a positive expression of the same truth, and both date back to the baby in the mother's arms, and to the question "What help will it receive in living through its primary sense of self-loss?"

³⁹Ibid., p. 307.

CHAPTER III: THE THEORY APPLIED TO PSYCHOANALYTIC CONCEPTS

SIGMUND FREUD

There is an adage, still in current use, which proclaims the conviction of all conservatives, namely, "history repeats itself". And like all adages, this one too is a half-truth. A part of man's universe remains the same, or at least returns to the same point after a temporary change, but there is also a type of change when once it occurs is a permanent growth. The world of man's perception has been changed by the work of Sigmund Freud--it is a permanent growth.

The man who caused this change seems at first glance to be unworthy of the task. He was a doctor who did not enjoy the practice of medicine and could not support his family through medical research. He was a small man from a despised minority ethnic group and he was in rebellion with the general ideas of psychology of his day. He treated few patients and he used the most unscientific means. In spite of all this, there is probably no single other person in the last century that has brought forth as many probable answers to the questions of mankind.

The reason for this unusual effect is discussed by Hall and Lindzey in their book, Theories of Personality.

Freud may not have been a rigorous scientist nor a first-rate theoretician, but he was a patient, meticulous, penetrating observer and a tenacious, disciplined, courageous, original thinker. Over and

above all the other virtues of his theory stands this one--it tries to envisage a full-bodied individual living partly in a world of reality and partly in a world of make-believe, beset by conflicts and inner contradictions, yet capable of rational thought and action, moved by forces of which he has little knowledge and by aspirations which are beyond his reach, by turn confused and clearheaded, frustrated and satisfied, hopeful and despairing, selfish and altruistic; in short, a complex human being.¹

Freud graduated in medicine from the University of Vienna in 1881 and soon afterwards began to specialize in the study of neurology. He studied under Jean Charcot who was then using hypnosis in the treatment of certain emotional disorders. For Freud it was not effective enough as a treatment, and he left Charcot to study under Joseph Breuer, who was treating neuroses by having the patient talk, at length, about his symptoms. At this time Freud became as interested in theory as in treatment, an interest that was to remain with him the rest of his life. He believed that emotional illness was the result of unconscious sexual conflicts within the psyche, which could be resolved by an adequate understanding of how the conflict arose. Here was the starting point of his original thought and the beginning of his own research.

It is doubtful if Freud can be properly understood without mentioning two other men, Charles Darwin and Ernst Brucke. Darwin had died the year after Freud graduated from the University of Vienna, but his views on the evolution of man were still current, and they made a strong impression

¹Calvin S. Hall and Gardner Lindzey, Theories of Personality (New York: John Wiley and Sons, 1961), p. 72.

upon Freud. Brucke was a physiologist who applied the latest theories in physics to the study of man as a total being. These two ideas, that man is the highest point of evolutionary life, and that he is subject both physically and psychically to all the forces of nature, are the bedrock of all Freud's theories.

Freud became convinced that the psyche of man was not totally a conscious entity as psychologists up until that time believed. He differentiated the psyche into three parts: the conscious, the pre-conscious, and the larger unconscious, which is, without analysis, unknown to the individual. He used the analysis of dreams, and free association (patient monologues on their stream-of-conscious thoughts) to uncover this unconscious.

Unlike those psychologists and philosophers who use such terms as conscious, co-conscious, and sub-conscious in a very loose and confused manner, Freud conceived consciousness simply as an organ of perception. One is conscious or aware of those mental processes which occupy one at any given time. In contrast to this, the unconscious is utterly unknown and cannot be voluntarily recalled. No person can bring to light anything from his unconscious unless it is interpreted for him by psychoanalysis. Midway between conscious and unconscious there is a fore-conscious or pre-conscious, which contains memories of which one is unaware, but which one can eventually recall with some effort.²

In Freudian terms, the personality is made up of three major interacting systems, the id, the ego and the superego. The ego and superego were originally formed

²Sigmund Freud, The Basic Writings of Sigmund Freud, translated with an introduction and notes by A. A. Brill (New York: Random House, 1938), p. 13.

out of the id in response to social interaction in the real world. The id is the original container of all psychic energy and the residence of the instincts and inherited, evolutionary, mental processes. Freud believed that it had two such processes, which he named the "reflex action" (such automatic actions as sneezing), and the "primary process" (an image forming mechanism.) When energy flows into the id from the body, the id becomes uncomfortable and seeks to discharge its surplus energy through one of these two processes. This action of the id to return to its original comfortable position Freud called the "pleasure principle", and seems to draw this idea from Darwin: "The great Darwin has formulated a 'golden rule' for the scientific worker from his insight into this pain-motive of forgetting."³ When a need arises in the body, such as hunger or sex, the id through the pleasure principle seeks to discharge this increase of energy by forming a mental image of the desired object. The image, or primary process creation, then is a "wish fulfillment" for the id. Since the id cannot long be satisfied with merely an image, the ego is formed whose task it is to find the image in a real form in the outside world. The creating of the ego and the matching of the image Freud called "identification". In turn, the ego, once formed, prevents the id, through restraining forces Freud called "anticathexes", from discharging its excess energy in an

³Ibid., p. 104.

inappropriate (non-satisfying) way. This force of prevention Freud called the "reality principle". "The investment of energy in an action or image which will gratify an instinct [a basic need] is called object-choice or object-cathexis".⁴ The psyche, throughout the newly formed ego, then has a second way (the original way being the forming of an image) of returning to a comfortable position. This second method, or "secondary process", is to form realistic judgments about the outside world. It forms these judgments by a thoughtful trial and error method, which Freud called "reality testing".

Since the infant is born into an existing social world, Freud foresaw that this reality testing would be influenced by reward or punishment from the infant's social contacts, specifically its mother and father. He therefore posited the formation of a kind of influencing memory which he named the "superego". This superego, he believed, had two parts, the "conscience" and the "ego-ideal". Those reality testings which the parents punish become fixed in the conscience, while the rewarded reality testings are retained in the ego-ideal. The conscience then becomes the source of feelings of guilt, and the ego ideal the source of feelings of pride. This injecting of the moral attitudes of the parents into the psyche of the child is called "introjection". As the child grows, the superego is substituted for parental control. A. A. Brill writes:

⁴Hall and Lindzey, op. cit., p. 41.

According to Freud's formulation the child brings into the world an unorganized chaotic mentality called the id, the sole aim of which is the gratification of all needs, the alleviation of hunger, self-preservation, and love, the preservation of the species. However, as the child grows older, that part of the id which comes in contact with the environment through the senses learns to know the inexorable reality of the outer world and becomes modified into what Freud calls the ego. This ego, possessing awareness of the environment, henceforth strives to curb the lawless id tendencies whenever they attempt to assert themselves incompatibly....For just as the ego is a modified portion of the id as a result of contact with the outer world, the super-ego represents a modified part of the ego, formed through experiences absorbed from the parents, especially from the father. The super-ego is the highest mental evolution attainable by man, and consists of a precipitate of all prohibitions and inhibitions, all the rules of conduct which are impressed on the child by his parents and by parental substitutes. The feeling of conscience depends altogether on the development of the super-ego.⁵

Freud believed that the major causes of an excess of energy flowing into the id, and thus causing the ego and superego to be formed, was the need for satisfaction present in the inborn instincts, which he said were the only source of energy for man's behavior. Freud defined the instincts as "a measure of the demand made upon the mind for work",⁶ and saw them as having four main features, namely, a source, an aim, an object and an impetus. These are described as follows: the source is the bodily need, the aim is to fulfill that need, the object is the image and the reality, and the impetus is the amount of psychic energy the instinct

⁵Freud, op. cit., p. 12.

⁶Sigmund Freud, Three Essays on Sexuality (Standard Edition, London: Hogarth Press, 1953), Vol. VII, p. 168.

has forced into the id. It often happens that the real object is unattainable, either because it is beyond the physical grasp of the body, or because the conscience places some taboo upon its possession. The process of "displacement" then occurs, and the object is displaced by a substitute, and if the displacement is permanent the behavior of the ego is in reality a substitute behavior. Such behavior is called "instinct derivative" and accounts, in Freud's theories, for the apparent versatility in man's actions. If the displacement of the original object-cathexis results in obtaining a substitute object-cathexis which is of greater cultural value, it is called "sublimation".

The instincts are generally grouped under the headings, "life instincts" and "death instincts". The energy of the life instincts is called "libido"; pre-natally it is an all-over, somatic, pleasing sensation. It later becomes specified first in the mouth, then (as the child grows) in the anus, and finally in the genitals. Freud felt that libido in the early years of life was the decisive factor in the formation of the person's permanent personality structure. He saw the person growing through two main periods of life, the pregenital and the genital. The pregenital period he divided into the oral, the anal and the phallic stages, depending on where the main pleasure and reinforcement was centered at that age. If a child does not grow through these stages (such a failure would generally be caused by neurotic parents) he becomes "fixated"

and responds throughout his life in this emotionally immature way. If pressure overwhelms the individual he "regresses" back to the stage of fixation.

The death instinct theory, on the other hand, grew out of Freud's emotional involvement in the First World War and his evolutionary and materialistic beliefs. He saw all life moving toward the quescence of death, and defined aggressiveness as merely self-destruction turned outward against substitute objects.

This is the general theory that Freud advocates to explain how man normally operates, but a second part of his theory deals with how man operates under stress.

In order to control this stress, which can come upon the ego from the id, the superego or the outside world, Freud posits five unconscious and irrational ways the ego can act, which he called "defense mechanisms". These are "repression", "projection", "reaction formation", "fixation" and "regression". In repression, the object-choice that has caused the anxiety in the ego is pushed out of consciousness by the force of an anticathexis. Projection occurs when it is easier to blame the anxiety on something in the external world than to admit that it comes from the id or the super-ego. Reaction formation is the unconscious disguising of a threatening impulse so that it appears not as the threatening impulse but as its beneficial opposite. Fixation and regression have already been mentioned.

One of the main anxieties that causes the use of

these defense mechanisms, Freud called the "castration complex". It begins with the end of the symbiotic phase of development. For a boy it is the feeling of guilt over the unconscious wish to displace his father and possess his mother sexually, and a feeling of fear that the father will remove the boy's penis, which is the cause of the lust. Freud termed this the "Oedipus Complex". For the girl it is the feeling of resentment against her mother, who she half-consciously thinks has removed her penis, and the desire to possess the male genital organ of her father. This type of castration complex is called "penis envy", or the Electra Complex.

In his study of mentally ill patients, Freud believed he saw three distinct, functional, types of illness: (1) the transference neuroses, (2) the narcissistic neuroses, (3) the psychoses. The transference neurosis can be healed by psychoanalysis since it is an anxiety producing conflict between the outside world and all the systems of the psyche, the id, the ego, and the superego. Through psychoanalysis the patient can be led to recognize the forces that are at work within him, not only the systems of the psyche, but the defense mechanisms as well. Recognizing them and having them interpreted for him by the analyst gives the patient the opportunity to reform the superego along more realistic lines. In narcissistic neurosis the object-cathexis is so heavily invested in the ego that the patient cannot be brought to see any other viewpoint than his own. The

psychotic patient has allowed the superego to absorb almost all the psychic energy, and he then attempts to invest this energy in a mental reconstruction of the outside world. He differs from the patient with a transference neurosis for he is unable to direct himself. The total person cannot be directed in social and realistic ways unless the ego has enough energy to function. A. A. Brill writes:

For those who are unacquainted with Freud's theories of the neuroses, it will not be amiss to add a few remarks on the paths taken by the libido in neurotic states. The homestead of the libido is the ego, and we designate it as ego libido. The child may be said to be purely egoistic at first; but as he grows older and reaches the narcissistic stage of development, we speak of narcissistic libido, because the former ego libido has now become erotically tinged. Still later, when the child has successfully passed through the early phases of development and can transfer his libido to objects outside himself, that is, when he is genitally pubescent, we speak of object libido.⁷

The child begins with its love-force (libido) centered entirely within itself. This force is not concentrated on any particular bodily part or function but in a general sense of well-being. When the child is old enough to begin bladder and bowel control the love-force becomes specified on those bodily parts. Through control of these functions the child can begin to control his environment. Still later, at the time when the child becomes genitally pubescent, the love-force can be more fully directed to outside objects. A. A. Brill then goes on in the same passage to indicate how Freud believed that neurosis and psychosis developed.

⁷Freud, op. cit., p. 16.

Libido thus can be directed to outside objects or can be withdrawn back to the ego. A great many normal and pathological states depend on the resulting interchange between these two forces. The transference neuroses, hysteria, and compulsion neuroses, are determined by some disturbance in the give-and-take of object libido, and hence are curable by psychoanalytic therapy, whereas the narcissistic neuroses, or the psychoses which are mainly controlled by narcissistic libido, can be studied and helped, but cannot as yet be cured by analysis. The psychotic is, as a rule inaccessible to this treatment because he is unable to transfer sufficient libido to the analyst. The psychotic is either too suspicious or too interested in his own inner world to pay any attention to the physician.⁸

This is essentially what the theory of this thesis also holds. The infant prior to the end of the symbiotic phase has "ego libido," which is the sense of well-being that it has as it considers that its mother and itself are one entity. As the sense of autonomy begins to become more clear to the child, it struggles to regain its lost self by experimenting with the discovery that it can control its bladder and bowel discomforts. This is the stage of "narcissistic libido" mentioned by Brill. By this time the mother has been able to charm the child into looking outside itself for its lost-self, but the child is only doing this partially since the charming-process is something that is only gradually successful. Then as the child reaches an age when its sense of autonomy is nearly complete, it looks more outside itself in its search for the lost-self. It looks more and more to the "greater-other" in order to recapture what it feels it has lost. This is the stage of

⁸Ibid.

"object-libido".

When the libido cannot be directed to outside objects, as in the case where the mother is neurotic or psychotic, it must be drawn back to the ego. This produces personality disorder. As Brill points out, when it has to do this at the narcissistic stage it produces a severe neurosis or a psychosis. When the infant has to retain all of the ego libido at the earliest stage, the result is the formation of a psychotic personality structure within the person. The best chance for successful psychoanalytic therapy is with those who have a transference neurosis, hysteria, or compulsive neurosis, because in these cases the mother was able to charm the infant fairly well into looking outside itself for its lost-self.

The theory of this thesis is basically Freudian. I disagree on some points, as do other psychoanalytic writers. The concepts of 19th century physics have been replaced by more tenable ones, and with them, I think, the "id" as Freud explained it. The theory presented in this thesis also differs slightly as regards the "castration complex", but it does have a sexual basis as Freud believed. There is agreement on the central operational position of the ego, the infantile source of abnormal mental states, the formation of the superego, the defense mechanism of the ego, and the erogenous stages of development. It also agrees that the mind has an unconscious, a preconscious and a conscious way of operating.

This theory therefore is basically in line with general Freudian principles, and hence can be considered as an analytical theory.

KAREN HORNEY

The psychology of Horney is classed among the Social Psychological Theories, along with the psychologies of Alfred Adler, Erich Fromm, and Harry Stack Sullivan. All of these therapists were followers of Freud, yet, for one reason or another, each one rejected his idea of the evolutionary and mechanistic nature of man. For each of them man is not merely the product of his instincts, but rather an agent who is free to some degree in his reactions and interactions with his social surroundings.

Horney is often referred to as a revisionist or Neo-Freudian, that is, one who was not engaged in developing a new theory of personality, but simply a renovator and elaborator of the personality theory of Freud. "My conviction, expressed in a nutshell, is that psychoanalysis should outgrow the limitations set by its being an instinctivistic and genetic psychology."⁹

Horney's own philosophy of man is that he is a responsible person, born into a world of other persons and interacting forces. These sources all too often limit his psychical development and cause him to create in his own mind an ideal self, a self at variance with his real self and with society at large.

⁹Karen Horney, New Ways In Psychoanalysis (New York: Norton, 1939), p. 8.

Under inner stress, however, a person may become alienated from his real self. He will then shift the major part of his energies to the task of molding himself, by a rigid system of inner dictates, into a being of absolute perfection. For nothing short of godlike perfection can fulfill his idealized image of himself and satisfy his pride in the exalted attributes which (so he feels) he has, could have, or should have.¹⁰

Horney goes on to enlarge this idea in another place in the same work.

What does it do to a person when he recognizes that he cannot measure up to his inner dictates? To anticipate the answer briefly: then he starts to hate and despise himself....It is the threat of a punitive self-hate that lurks behind them his compulsivities, that truly makes them a reign of terror.¹¹

In view of her concept of the real self, the definition of the neurotic becomes "a person in whom neurotic drives prevail over healthy strivings."¹² She does not wish to imply that the neurotic freely chooses his neurosis, but rather that with therapy he can begin to see the magnitude of the compulsivities which his ideal self imposes, and seeing them he can begin to break their hold.

Lastly, the problem of morality is again different when we believe that inherent in man are evolutionary constructive forces, which urge him to realize his given potentialities. This belief does not mean that man is essentially good--which would presuppose a given knowledge of what is good and bad. It means that man, by his very nature and of his own accord, strives toward self-realization, and that his

¹⁰Karen Horney, Neurosis and Human Growth (New York: Norton, 1939), p. 8.

¹¹Ibid., p. 85.

¹²Ibid., p. 39.

set of values evolves from such striving....He can grow, in the true sense, only if he assumes responsibility for himself.¹³

Unlike Freud, Horney is holistic in her approach to therapy, believing that all aspects of living must be studied as a single reality, although individual aspects may be studied by abstraction. She makes no distinction between neurosis and psychosis, which Freud saw as being produced by different tensions: neurotic reactions being produced from the tension between the ego and the id, and psychotic reactions resulting from conflict between the ego and the superego. She sees, rather, that neurosis can be more or less severe as a result of the distance of denial between the real self and the ideal self.

Nor do we mean to embark here upon the philosophical intricacies of moral responsibility. The compulsive factors in neurosis are so prevailing that freedom of choice is negligible. For all practical purposes we take it for granted that the patient could not develop otherwise than he did; that in particular he could not help doing, feeling, thinking what he did do, feel, think. This viewpoint, however, is not shared by the patient.¹⁴

It is Horney's contention that neurosis begins in childhood as a basic anxiety concerning helplessness and isolation.

Neurosis begins as the feeling a child has of being isolated and helpless in a potentially hostile world. A wide range of adverse factors in the environment can produce this insecurity in a child: direct

¹³Ibid., p. 15.

¹⁴Ibid., p. 169.

or indirect domination, indifference, erratic behavior, lack of respect for the child's individual needs, lack of real guidance, disparaging attitudes, too much admiration or the lack of it, lack of reliable warmth, having to take sides in parental disagreements, too much or too little responsibility, overprotection, isolation from other children, injustice, discrimination, unkept promises, hostile atmosphere, and so on and so on.¹⁵

With these external ambivalent forces at work on the child, he attempts to find some security by defending himself. This causes him to unconsciously question his spontaneous moves in relationships, and such questioning slowly causes these moves in relationships to become compulsive.

In order to keep this basic anxiety at a minimum the spontaneous moves toward, against, and away from others became compulsive. While the spontaneous moves were compatible, each with the other, the compulsive ones collided. The conflicts generated in this way, which I call basic conflicts, were therefore the result of conflicting needs and conflicting attitudes with regard to other people. And the first attempts at solution were largely attempts at integration, through giving full rein to some of these needs and attitudes and suppressing others.¹⁶

The child therefore feels alienated from others, not realizing that the spontaneous and beneficial interactions that he did not receive had nothing really to do with him as a person, but were simply a reflection of the neuroses of other persons around him. He feels that he must somehow overcome these forces which he feels within (anxiety) by rising above them. This striving to rise above these

¹⁵Karen Horney, Our Inner Conflicts (New York: Norton, 1945), p. 41.

¹⁶Karen Horney, Neurosis and Human Growth (New York: Norton, 1950), pp. 366-367.

feelings of alienation causes the child to create for himself an ideal image, one in which these interacting forces do not threaten him. Horney calls this self-idealization "a comprehensive neurotic solution...one that implicitly promises to satisfy all the inner needs that have arisen in an individual at a given time."¹⁷

He does not feel weakened in a vacuum, but feels specifically less substantial, less well equipped for life than others. If he had a sense of belonging, his feeling inferior to others would not be a serious handicap. But living in a competitive society, and feeling at bottom--as he does--isolated and hostile, he can only develop an urgent need to lift himself above others.¹⁸

The search for glory then becomes a way of life, although it can be expressed in different fairly permanent moods; appeasement, aggressiveness or aloofness. Basically, Horney sees each of these three moods as different manifestations of a psychic pride system. Because of this pride system, all neurotics half-consciously believing that somehow they are special persons and deserve unusual consideration. But the pride system, Horney says, only causes the mask (the ideal self) that the real self must wear to protect itself from the helpless and useless feeling consequent upon the unconscious inner conviction of its own inadequacy.

Horney's theory and therapy are optimistic, where

¹⁷Ibid., p. 23.

¹⁸Ibid., p. 21.

other's had been pessimistic. She is convinced that once the pride system begins to be destroyed during therapy, the individual, with the help of the therapist and his own inner resources, can enter into the work of negating the ideal self and allowing the real self spontaneous expression. She feels it is usually a long work, and one that the individual must carry on continuously even after therapy has stopped.

Finally, Horney does not see neurosis as being produced exclusively through childhood experience, although its basis is then laid.

Although Horney considered infantile anxiety a necessary factor in later neurotic development (The Validity of Dream Interpretation, American J. Psychoanal. 9:88, 1949) she felt that it was not a sufficient or sole cause, for the reason that cultural factors might mitigate or enhance such a process. She felt that early relationships in their totality mold the character to an extent which can scarcely be over-estimated.¹⁹

In many ways the theory of personality disorder that I advocate is like that advocated by Karen Horney. Basic anxiety seems to stem from early broken relationships, and not from mechanistic or instinctivistic roots. Any particular neurosis is an energy-sapping system that the individual uses as a means of handling this basic anxiety, which anxiety itself results from the necessity of keeping feelings of helplessness and inadequacy out of the conscious

¹⁹Harold Kelman, "The Holistic Approach (Horney)", American Handbook of Psychiatry (New York: Basic Books, 1949), Vol. II, p. 1436.

mind. Neuroses can get better or worse, that is to say, they can interfere with the healthy strivings of anyone to a greater or less degree. In many ways the person is responsible, and in a way free, and not merely the product of his basic human drives. His responsibility is hampered when, in his early moments of life, he is faced with the neuroses of other persons. At such times the infant, and later the child, tries to deal with the tension it feels within itself in any one of a number of ways: withdrawal, aggressiveness, aloofness or fantasy. The need to deal with this inner anxiety is so strong that spontaneous actions toward relationships become compulsive, and the person does not feel free in his ability to relate to the social conditions in which he finds himself.

There are other ways in which I differ with the theory of neurosis, or to use a larger term, functional mental illness, which is advanced by Horney. Basically, the initial anxiety, I believe, is felt as a sense of loss, a loss of what the infant was confident was a part of itself, namely the social environment into which it was conceived and born. It is this sense of loss that is the basis of loneliness, and I see loneliness as the foundation rock on which all neuroses and psychoses stand. The infant's ways of relating to the outside neurotic and hostile world around itself takes the form of a mask, or as Horney calls it, "an ideal-self", which the child in this environment is not free to do without. The infant takes this mask not

simply to avoid the feelings of helplessness and inadequacy (which are negative values), but rather because its vital life force (a positive thing) drives it forward in an attempt to regain what it feels it has lost. In the neurotic, the vital life force is intensified by the threat of returning to a basic state of loneliness, rather than helplessness. Horney speaks of neurosis beginning in childhood, while I see its conceptions in the first two or three months of extra-uterine life, and perhaps even in the prenatal stage. The idea that neurosis begins in childhood and is modified even more drastically in adulthood, I feel should be moved back in chronological age, so that it would be more true to say that it begins in earliest infancy and is modified in childhood.

With the advent of adulthood I feel there is an increase in the ability to be responsible, and I would advance as proof of this that there are any number of cases in which the adult has overcome his neurosis without benefit of formal therapy. This position allows for more responsibility of the person than does Horney's, and it also calls into some question the binding force of the "pride system" she advocates.

Finally, it would seem as Freud pointed out that there is a greater difference between psychosis and neurosis than Horney would allow. It is my contention that the basis of psychosis, and chronic neurosis are set in the first few months of life, while a situational neurosis

can result at any time in life even where there was no prior basis for it, provided sufficient stress is applied to the person.

ERIC H. ERICKSON

Erickson is a psychoanalyst and a specialist in child therapy, whose theory of personality has developed out of both a Freudian background, and long sustained efforts in the rehabilitation of emotionally disturbed children and adolescents. He is basically a clinician who has sought to understand the reason for the rehabilitation, or the lack of it, in the young people he has treated: "Pathography remains the traditional source of psychoanalytic insight."²⁰ His theory has developed by way of an unusual route; he began with the neurotic adolescent and reached backwards in an attempt to understand each stage in reverse sequence.

Rather [than in the traditional manner] we approach childhood in an untraditional manner, namely, from young adulthood backwards--and this with the conviction that early development cannot be understood on its own terms alone, and that the earliest stages of childhood can not be accounted for without a unified theory of the whole span of pre-adulthood.²¹

Erickson does not see himself as a neo-Freudian, that is, as one who explains Freud's principles of personality in the light of more recent discoveries, but rather as a psychoanalyst who, in his own right and from his own experiences, has advanced the psychoanalytic theory of personality by developing an idea only contained in germinal form in the writings of Freud. He accepts the idea of

²⁰ Eric H. Erickson, "Identity and the Life Cycle: Selected Papers," Psychological Issues (New York: International Universities Press, 1959), Vol. I, No. 1, p. 21.

²¹ Ibid., p. 121.

personality concepts, which Freud called the ego, the id, and the superego, but goes on beyond the idea that the ego's primary principle is that of adaptation to the world or reality relationships. Erickson sees a growth, or vector, of the ego through what he calls an epigenesis. He believes that there are present in the individual, basic structures which will emerge at an optional time, if life conditions permit, and which will prepare the person for the next stage of psychic growth.

While it was a step of inestimable import when Freud applied contemporaneous concepts of physical energy to psychology, the resultant theory that instinctual energy is transferred in analogy to the preservation of energy in physics no longer suffices to help us manage the data which we have learned to observe.

It is here that ego concepts must close a gap. We must find the nexus of social images and of organismic forces--and this not merely in the sense that here images and forces are, as the saying goes, "interrelated".²²

Erickson refers to his theory that the ego is the product of interaction between the individual and the social order around him and is composed of both a sense of being oneself and at the same time a sense of being a part of the very social order in which he exists:

Freud showed that sexuality begins with birth; he has also given us the tools for the demonstration of the fact that social life begins with each individual's beginnings.

Some of us have applied these tools to the

²²Ibid., p. 23.

study of so-called primitive societies where child training is integrated with a well defined economic system and a small and static inventory of social prototypes. Child training in such groups, so we concluded, is the method by which a group's basic ways of organizing experience (its group identity, as we call it) is transmitted to the infant's early bodily experiences and, through them, to the beginnings of his ego.²³

He goes on to add:

It is this identity of something in the individual's core with an essential aspect of a group's inner coherence which is under consideration here: for the young individual must learn to be most himself where he means most to others--those others, to be sure, who have come to mean most to him. The term identity expresses such a mutual relation in that it connotes both a persistent sameness within oneself (selfsameness) and a persistent sharing of some kind of essential character with others.²⁴

Ego identity, as viewed by Erickson is the result of ego synthesis, that is, the sense the child has that it is itself and a part of society at the same time. The child perceives, in at first a non-verbal-thought way, "that his individual way of mastering experience (his ego synthesis) is a successful variant of a group identity and is in accord with its space-time and life span."²⁵ The child differs from the group and yet integrates himself into it.

Basically his theory of personality is that the psychic growth potential of a person is intrinsic and ready at birth: "If we will only live and let live, the plan for growth is all there."²⁶ The infant realizes its selfness and its group identity by entering into mutual social

²³Ibid., p. 21. ²⁴Ibid., p. 102. ²⁵Ibid., p. 22.

²⁶Ibid., p. 100.

relationships, and then as its life goes on, meets a series of anxiety-producing periods, which under social conditions that do not deny its selfness, allow the ego identity to test and enter into further and more difficult social intercourses. At each of these stages in life the individual reforms his sense of identity and goes on to the next ego crisis. Childhood then is "a gradual unfolding of the personality through phase-specific psychosocial crises."²⁷

Erickson lists eight stages of psychic growth with their casual identity crises: infancy (trust vs. mistrust), early childhood (autonomy vs. shame and/or doubt), play age (initiative vs. guilt), school age (industry vs. inferiority), adolescence (identity vs. identity diffusion), young adult (intimacy vs. isolation), adulthood (generativity vs. self-absorption), and mature age (integrity vs. disgust and/or despair).²⁸ In each of these crises the ego acts as a central organizing agency which "is during the course of life faced with a changing self, which, in turn, demands to be synthesized with abandoned and anticipated selves."²⁹

Specifically, Erickson speaks of childhood as producing a sense of ego identity, rather than a conviction of ego identity. This latter comes at the end of adolescence.

During adolescence the sexually matured individual is more or less retarded in his psychosexual capacity for

²⁷Ibid., p. 119. ²⁸Ibid., p. 120. ²⁹Ibid., p. 149.

intimacy and in the psychosocial readiness for parenthood. This period can be viewed as a psychosocial moratorium during which the individual through free role experimentation may find a niche in some section of his society, a niche which is firmly defined and yet seems to be uniquely made for him. In finding it the young adult gains an assured sense of inner continuity and social sameness which will bridge what he was as a child and what he is about to become, and will reconcile his conception of himself and his community's recognition of him.³⁰

The infant begins with ego potentiality, goes on to a sense of identity by realizing through social interaction that he is a part of society, and by going against and manipulating society in a small way (which society allows) that he is also an individual. There follows a period of schooling, and during this time society and the individual himself allows for a selecting and discarding of many roles as he struggles to find the social role, or identity, which will make him feel most himself. At the end of adolescence he has a sense of having found himself as an individual member of society, and now can enter into select intimacies of a psychosocial and psychosexual nature. From this point he proceeds to a deepening awareness of his involvement with and in society, first through the procreation of a new part of society, and finally through a sense of responsibility for society itself. This is the healthy life-cycle which Erickson sees as the natural sequence in psychic growth.

The distortion of this natural sequence at any stage along the way produces neurosis, but it is more likely to

³⁰Ibid., p. 111.

produce a deeper neurosis if the distortion occurs during childhood or adolescence when the ego identity is less clearly defined. The idea expressed here is summed up by the saying "neurotics breed neurotics". Erickson observed neuroses resulting when parents, or other authority figures, cannot allow the natural growth of ego identity within the young individual because in some way it threatens their own security.

For in the last analysis (as comparative studies in child training have convinced many of us) the kind and degree of a sense of autonomy which parents are able to grant their small children depends on the dignity and the sense of personal independence which they derive from their own lives.³¹

If this blocking of natural psychic growth occurs in late adolescence the individual is likely to form a negative identity since he "would rather be nobody or somebody bad, or indeed, dead--and this totally, and by free choice-- than be not-quite-somebody."³² If it occurs earlier, the individual will be racked by feelings of basic mistrust, doubt, shame, guilt or inferiority, depending on the age the child was when its ego growth was neurotically stunted.

Erickson's theory of personality development and disorder ranges over such a large field and uses so many of his own new terms that it is difficult to specify completely where I agree and where I differ with him.

³¹Ibid., p. 72.

³²Ibid., p. 132.

At one point he speaks briefly to my theory, but does not anywhere later develop this idea:

Where breast feeding lasts into the biting stage (and, generally speaking, this has been the rule) it is now necessary to learn how to continue sucking without biting, so that the mother may not withdraw the nipple in pain or anger. Our clinical work indicates that this point in the individual's early history provides him with some sense of basic loss, leaving the general impression that once upon a time one's unity with the maternal matrix was destroyed... this stage seems to introduce into the psychic life a sense of division and a dim but universal nostalgia for a lost paradise.³³

Even here, however, there may be some difference in our perceptions. In most cases infants do not begin to teethe until the fourth month at the earliest, and by this time the child should have already begun to be aware that the mother and itself were not one unity, as it had originally supposed. Erickson develops the idea that the sense of selfness is present only in potency at birth, and develops slowly to the time of young adulthood. The conviction of this thesis is that the sense of selfness is slightly active before birth. It is the process of sensing that its selfness is diminished that forms the first ego crisis. Erickson would see the first ego crisis, that of basic trust or mistrust, resulting when the mother rejected the infant's first attempts at autonomy. I would move the ego crisis back one stage and say that the first ego crisis is the sense of loss, and see the second ego crisis coming with the infant's attempts to regain what it felt it had lost.

³³Ibid., p. 60.

If the mother reacts neurotically, or social conditions deprive the infant of its mother at this second stage of psychic growth, then the basic foundations for psychosis is laid.

Erickson deals with the genesis of neurosis rather than psychosis, and sees it as coming when the evolving personality is prevented by external social conditions from developing on through that particular stage of ego crisis. Only insofar as Erickson understands psychosis as the total regression to a sense of early developed basic mistrust do I disagree; mistrust can never be basic, for it presupposes a sense-judgment at least, that someone has done wrong to me. Here I speak of "judgment" as a purposeful withdrawing from a painful experience. This withdrawing is not done by an irrational creature, but by a creature which is in the process of actualizing its reasoning ability. The infant cannot formulate its thoughts in verbal patterns, but it is aware of its feelings, as distinguishable from the brute which does not have the potential to differentiate between the feeling and its awareness of the feeling. Therefore the basic sense the infant has must first be that it has lost something; the secondary proposition could then be a "sense" of "I cannot trust myself", or "I cannot trust others." But even here it is my contention that the second sensation is one of puzzlement and fear (as if the infant could say: "I don't understand what is going on--I am frightened"), and not one of frustration and hostility (I'm angry--who did this to me?).

CHAPTER IV: SUMMARY AND CONCLUSIONS

SUMMARY AND CONCLUSIONS

The aim of this thesis was to present a theory of personality development that was basically Freudian in content, and yet was not at variance with Catholic belief or practice.

The plan followed was to present the theory showing how the personality structure of the normal, the neurotic or the psychotic person was formed. The theory stressed that the personality structure of any person was mainly determined before the end of the first year after birth. The reasons for the success of psychoanalytic therapy were interpreted in light of the theory presented, and the religious implications of the theory were explained. The theory was then compared to the writings of three traditional Catholic thinkers to show that it contained nothing essentially at variance with their beliefs. Following this, the theory was compared to the writings of three psychoanalytic clinicians, and it was demonstrated that as a theory it was basically psychoanalytic in content.

The proposition of this theory stated that the sense of loss of an early well-being was both the basis for motivation towards self-actualization, and the basic

problem of all functional mental illness. This proposition was defended from the works of other authors who indicated that the fetus can be aware of what is happening to it (Ottinger and Simmons), that consciousness in the child can begin early (Rappoport), and that the infant experiences grief over the loss of the mother-infant symbiosis (Mahler). It was further defended by showing how the mother of normal emotional maturity is able to make her infant begin its own process of self-actualization, a thing that the neurotic or psychotic mother cannot adequately accomplish. The mother of normal emotional maturity is capable of giving adequate altruistic attention to the infant, thus causing it to look to the world outside of itself for its self-actualization. The inability to do this produces neurosis or psychosis since the person must then live apart from the real world.

The tenents of this theory may be summarized as follows:

1. Self-awareness within the infant begins before birth.
2. The new individual's consciousness embraces the mother and itself as one entity.
3. Primary fear begins in the new individual when its sense of well-being is seriously and constantly disturbed. This will begin before birth if the mother is constantly highly anxious. If she is not, it will begin immediately after birth.

4. A sense of self-loss is felt after the primary fear when the new individual realizes its inability to dispel discomfort. This realization comes when the infant begins to understand that its mother and itself are not one entity.
5. The infant immediately begins to grieve over this sense of loss of the greater part of itself. The mother was perceived as the greater part of the infant's self, for it was that part which could dispel discomforts.
6. Secondary fear begins. The infant fears it may lose all of its ability to dispel any of its discomforts. This would begin in the first few weeks after birth.
7. The infant begins to deny this secondary fear because it threatens to destroy the infant's ego.
8. The infant then begins to search for the lost-self, to avoid the secondary fear. This is the most critical time of personality development. This would likely begin about the end of the neonatal period.
9. At this point the infant can be charmed, by altruistic attention from a "greater-other", into looking outside itself for its lost self. This process will go on all through the symbiotic phase of development.
10. The "greater-other" who is not capable of normal altruistic attention will not be able to keep the infant from looking largely within for its lost-self.

This is the basis for neurotic personality development.

11. The "greater-other" who is incapable of altruistic attention will be unable to induce the infant to look outside itself for its lost-self. This is the basis of psychotic personality development.
12. Psychoanalytic therapy can help rehabilitate the person with the faculty personality structure if he will use his free will to choose or accept a competent "greater-other". This therapy allows the patient to work-through his repressions and his guilt feelings in a positive and accepting interpersonal climate.
13. The search for the lost-self through a "greater-other" replaces the previous one by offering a more effective (usually unconscious) hope of self-actualization.
14. The search for self through the "greater-other" is infinite and can only be permanently satisfied by an infinite "greater-other". This is the final stage of emotional maturity.

Three authorities of Catholicism were reviewed for supporting data, as were three writers in the psychoanalytic field. Supporting data was presented as follows.

Saint Augustine indicated the presence of self-awareness in infants. He agreed that grief is consequent upon the sense of loss, and that the greatest sense of

loss comes from losing someone who was felt to be at least virtually a part of one's own person. He further agreed that a sense of personal wholeness comes from unity with another person, and that the highest degree of wholeness (maturity) is found in union with the "infinite-other", God.

Saint Thomas Aquinas indicated that the infant may well have some sense of its own being. He agreed that its original state was happy (a sense of well-being), and that sorrow (grief) comes from a lack of unity. This desire for union, he showed would lead man into friendship with other men and eventually into union with God. He also agreed that a person's inability to avoid deep, prolonged sorrow (such as is suffered in the infant's unattended sense of self-loss) leads to emotional illness.

Saint Thérèse of Lisieux showed that the search for self is carried on at first through a female "greater-other" and later is transferred to a male "greater-other". She showed that the search for self is accomplished through a positive regard (love) both for self and for the "greater-other". She explained that the greatest "greater-other" was God, and that emotional maturity is found in entering into a mental union with God.

Sigmund Freud developed the idea that chronic emotional disturbances can be traced back to infantile origins, and this idea is also the basis of the theory advanced in this thesis. I would also hold, as did Freud, that the ego is the center of operation of the mind, and

that the superego is formed as a mental process that directs the person into conforming with the opinions of his adult persons (his "greater-others"). Freud pointed out the sexual basis of the individual's conflicts with authority figures, and this is agreeable with my theory. The defense mechanisms and the erogeneous stages of development would similarly be in agreement with this theory. The idea that the mind is composed of the "unconscious," the "pre-conscious, and the "conscious" also is a belief shared by the theory here presented.

Karen Horney emphasizes that man is a responsible person who can create in his own mind an ideal self who he hopes he is. This is a mutual tenet with this thesis's theory. We are both holistic in our view of psychology, and agree that the onset of neurosis begins during the early part of life. Similarly we agree that the need to deal with anxiety can be so strong that spontaneous actions towards relationships become compulsive. This limits the person in his freedom to relate to the social conditions under which he exists.

Eric Erickson develops a theory of personality formation based on various phases of ego development. We agree that the ego of the new individual has the potential for actualization. It will do so unless external conditions impede it. Babies have the capacity for normal life. Erickson lists eight ego crisis in a person's life, while I would do no more to this idea than to reduce the

number slightly. He advances the belief that the infant has a nostalgia over a basic loss of the mother-infant wholeness, which is the central proposition of the theory of this thesis.

In conclusion, it would seem from the material presented that the fourteen points listed earlier have some validity. The first proposition arising out of the study done by this thesis is that the infant is humanly aware of its grief over the loss of the symbiotic relationship in the mother, and that this grief has a direct bearing on the future personality structure of the new individual. The second proposition is that there can be a point of agreement between traditional Catholic beliefs and psychoanalytic concepts. There is nothing in this theory that is not acceptable to Catholic doctrine or to general psychoanalytic principals.

It is recommended by this study, therefore, that experimental research be carried out to determine the effect of grief during late fetal and early infancy life on the formation of personality. Such research would necessarily embrace comprehensive studies of maternal feelings during pregnancy, hospital and home environment of the infant, learning abilities among neonates, projections of future personality development based on observations made up to the end of the first year of life (perhaps done on a ten year basis), and other related studies.

If these studies indicate the validity of this

theory, the disciplines of psychology and religion would be drawn closer together, the importance of maternal education prior to the birth of the infant, and better contact between the mother and her baby during the stay in the hospital, would be underscored. This theory therefore emphasizes the prevention of emotional illness more than its cure.

APPENDIX: A CASE IN POINT

A CASE IN POINT

In writing on this case the intention is to show how the autism of the child was caused by the neurotic behavior of the child's mother. It will be pointed out how other adults who were in contact with the child were able to help it look somewhat outside itself for its lost sense of wholeness. The child's rehabilitation began, it will be demonstrated, when another "greater-other," the therapist, enabled the child to invest itself in the outside world without fear of rejection. The "greater-other" of God will be shown to follow upon the establishment, in the mind of the child, of the "greater-other" of the therapist. The result of the therapy will then be explained in terms of the theory presented.

Doctor Virginia M. Axline is a psychologist with a large private practice in New York City. She is an expert in the field of play therapy. In 1964 she wrote a book under the title Dibs--In Search of Self,¹ in which she illustrated how play therapy can be used in the rehabilitation of an emotionally disturbed child. The book is a factual case history of her efforts and success in this

¹V. M. Axline, Dibs--In Search of Self (New York: Houghton Mifflin Co., 1964).

field, and has since become a best-seller. A motion picture based on Dibs is now planned. Because of its religious and psychoanalytic implications it seems worthwhile to analyze it in the light of the personality theory contained in this thesis. It is a case in point--a case that bears out the points made in this thesis.

At five years of age, Dibs was nearly mute. He never smiled, and showed little interest in anything. The school pediatrician where Dibs attended could not come to a definite diagnosis concerning the child. He thought perhaps that Dibs was mentally retarded due to some undiscovered brain damage, but no organic lesions could be found. His mother was a surgeon, although since the birth of Dibs she has terminated her practice, and his father was a well known and successful scientist. Both parents leaned heavily toward intellectual achievement, and in neither background was there any hint of hereditary retardation. Dibs was their first child, and was followed a year later by another child, this time a girl, who was in every respect a normal child.

The school where Dibs attended was very exclusive; a private institution in New York City for children aged three to seven. The parents had succeeded in having Dibs accepted there through social influence, for it was not a special school for retarded children. Daily Dibs' mother brought him to the school and placed him in the hallway where he would stand whimpering until someone took him to

his classroom. Soon he would be crouched in a corner of the room, or hiding under a table or behind the piano. When approached by others he would lash out at them, or lie rigid on the floor. Nothing interested him it seemed, but when unobserved he would often pick up a book and slowly examine each page. When his mother called to take him home he would become extremely agitated, striking out and using his small vocabulary to express his unwillingness to leave.

The parents finally decided to place the boy in a home for retarded children, but agreed to the suggestion that Dibs be first examined by Doctor Axline, with the possibility of some therapy. Doctor Axline agreed to see the child for one hour a week, and determined to use play therapy as a means of rehabilitation. A playroom in the school was made available and the sessions between the child and the therapist began. Dibs was allowed to do what he pleased, and soon selected a sandbox and a doll-house as his principle toys. Doctor Axline answered his every question in a non-directive way, and neither encouraged nor discouraged him in anything he did. She showed a constant interest and attention to his slow and stilted speech. Soon he had placed verbal labels on the toy soldiers and dolls, and was preoccupied with burying them in the sandpile, and later (much later, in the case of the father toy soldier) digging them up. His language ability improved rapidly, and he showed a considerable ability

to read and to paint. When he referred to himself, he used the name "Dibs" as if he were depersonalized. But soon he was granting himself permission to do things, saying that Dibs could do this, and Dibs could do that. He began to be attached to both Doctor Axline and the play therapy room, and looked forward to his weekly sessions.

At this point his mother, who had noticed his gradual improvement, contacted Doctor Axline and requested a personal interview. In the course of the interview several matters came to light. His parents had not planned on the pregnancy, and it had upset their professional careers. Dibs's mother had not wanted the pregnancy, and when Dibs was born and seemed retarded, she felt she had failed miserably. She said:

I had never really known any children before Dibs. He was such a heartache--such a disappointment from the moment of his birth. We hadn't planned on having a child. He upset all our plans. I had a professional career, and my husband was proud of my accomplishments....Then Dibs was born, and he was so different--so big and ugly. Such a big shapeless chunk of a thing. He would stiffen and cry every time I picked him up.²

The parents had taken him to a neurologist and then to a psychiatrist, and the latter had said that the child was simply emotionally deprived and rejected. He had suggested that the parents themselves take some therapy. This was never done, and they continued to interpret the

²Ibid., p. 112.

problem as one of retardation. His father and mother were frightened by his appearance, and had maintained their contact with him out of little more than a sense of propriety. In the same interview the mother said: "We cut ourselves off socially more and more because we were ashamed to have anyone see him."³

Since his earliest infancy Dibs had received altruistic attention from his maternal grandmother, the maid and the gardener. With the gardener especially he had been able to enter into social contact. During one interview, Dibs told of the following incident.

The tree outside my window grew close enough for me to reach out and touch it. But Papa told Jake [the gardener] to trim it....But I told Jake that tree was my friend and that branch I needed. And Jake didn't cut it off....Papa said I had plenty of other things to play with. He made Jake saw it off far away from the window. But Jake saved me the tip end of the branch that I used to touch. And he gave it to me. He told me it was an old elm tree, probably two hundred years old, and in all that time probably no one had ever loved it as much as I did.⁴

As time went on Dibs continued to progress, but frequently vacillated between two different types of behavior--one in which he showed himself to be very gifted, and the other in which he was deficient nearly to the point of retardation. Soon his mother requested another interview with Doctor Axline. She was much impressed by Dibs' behavior, and was deeply touched by the acceptance that Dibs

³Ibid., p. 113.

⁴Ibid., p. 192.

was now giving her. She herself had changed, and admitted that for the first time she was able to criticize herself for continually testing him, and making him the scapegoat of her own immature personality.

When I first talked to you I insisted that Dibs was mentally retarded. But it was just that his behavior was such that I never knew what it all meant. I had been trying to force him to behave in a normal fashion ever since he was two years old--but without any real contact between the two of us.⁵

Dib's religious beliefs hardly existed at the beginning of the therapy with Doctor Axline. When asked whether he ever went to church he replied, "Oh, no. Papa and Mother are not church believing people. Neither Dorothy [his sister] nor I are church-believers. But Jake is. And Grandmother."⁶ However, by the last day of therapy, Dibs had changed his mind. He had often seen a church from the window of the play therapy room, and that day he asked Doctor Axline to take him there. When they arrived Dibs said:

I feel so very, very little. I think I must have shrunk. God must be awfully, awfully big to need such a big, big house....It is so beautiful it fills me with brightness and beauty.⁷

When they turned to leave Dibs waved timidly toward the alter and quietly said: "Good-by, God. Good-by!"⁸ They returned to the playroom and Dibs spoke again of God.

I wonder what God is like? Grandmother told me God was our Father in heaven. I wouldn't want God to be like Papa. Because sometimes I don't think Papa

⁵Ibid., p. 231. ⁶Ibid., p. .23. ⁷Ibid., p. 295.

⁸Ibid., p. 295.

loves me. Grandmother said that Papa does love me. But if he does why don't I know it? Grandmother loves me and I love her and I know because I feel it deep inside of me. It's hard to figure things like this out. It makes me feel lonesome not knowing God.⁹

Two and a half years later, Dibs and Doctor Axline met again, this time by chance. He was at that time attending a school for gifted children, and tests had indicated his IQ to be 168. He seemed in excellent mental and physical health, and referred to Doctor Axline as his very first friend. He was, as far as could be ascertained, completely rehabilitated from his crippling emotional illness.

Dibs was a gifted person, gifted from a time even prior to his birth, and as such had felt more deeply and earlier the sense of self-loss. By the time of his birth he was in a state of severe grief. Fortunately, his grandmother, the gardener and the maid had succeeded in giving him some small hope of finding his lost-self outside himself, but the mother's rejection (his "greater-other") had rendered this a small hope. Consequently he was forced to spend most of his time searching within for the solution to his grief.

When Doctor Axline accepted him, and gave him altruistic attention and the opportunity to experiment in the outside world, his gifted nature allowed him to

⁹Ibid., p. 296.

make maximum use of the opportunity. He was able to find in Doctor Axline a sufficient "greater-other" to give him real hope of recapturing his lost-self, and the grief process eventually came to an end. Throughout the course of his therapy he exhibited the tendency to vacillate between self-actualization and grief, but the self-actualizing search-for-self-in-the-external-world finally became predominant. At the end of the therapy he felt a need for religion to aid him in his search for self-actualization.

He is today, as far as can be judged, an emotionally well adjusted person, but the scars of his grief are deep, and in the opinion of this thesis, he will have to continue the fight for self-actualization more vigorously than will the normal child raised by normal parents.

BIBLIOGRAPHY

BIBLIOGRAPHY

- Aristotle. Edited by P. Wheelwright. New York: Odyssey Press, 1951.
- Axline, V. Dibs--In Search of Self. New York: Houghton Mifflin Co., 1964.
- Barnett, L. The Universe and Doctor Einstein. New York: The New American Library of World Literature, 1954.
- Beevers, J. Storm of Glory. New York: Doubleday, 1955.
- Berne, E. Games People Play. New York: Grove Press, 1964.
- Browning, D. S. Atonement and Psychotherapy. Philadelphia: Westminster Press, 1966.
- Butler, C. Butler's Lives of the Saints. Vol. I. Edited by H. Thurston and D. Attwater. New York: J. P. Kenedy and Sons, 1956.
- Cameron, N. Personality Development and Psychopathology. Boston: Houghton Mifflin Co., 1963.
- Catholic Encyclopedia, The. Vol. XIV. The Gilmore Society. New York: The Encyclopedia Press, 1940.
- Coleman, J. Abnormal Psychology and Modern Life. Chicago: Scott, Foresman and Co., 1964.
- Darwin, C. The Origin of Species, and the Descent of Man. New York: Random House, 1954.
- Ellis, A. Reason and Emotion in Psychotherapy. New York: Lyle Stuart, 1963.
- Erikson, E. H. Childhood and Society. New York: W. W. Norton, 1960.
- _____. Young Man Luther. New York: W. W. Norton, 1958.
- Freud, S. Moses and Monotheism. New York: Random House, 1939.

- Freud, S. New Introductory Lectures on Psychoanalysis.
New York: W. W. Norton, 1965.
- _____. The Basic Writings of Sigmund Freud. Translated
with an introduction and notes by A. A. Brill.
New York: Random House, 1938.
- Gonzales, J., and Quinn, P. Two Blocks Apart. New York:
Avon Books, 1965.
- Greisheimer, E. Physiology and Anatomy. Philadelphia:
F. B. Lippencott, 1953.
- Hall, Calvin S., and Lindsey, Gardner. Theories of Per-
sonality. New York: John Wiley and Sons, 1957.
- Hand, T. A. St. Augustine on Prayer. Westminster, M.D.:
Newman Press, 1963.
- Horney, K. Neurosis and Human Growth. New York: Norton,
1950.
- _____. New Ways in Psychoanalysis. New York: Norton,
1939.
- James, W. The Varieties of Religious Experience. New
York: The American Library of World Literature,
1958.
- Johnson, P. Psychology of Pastoral Care. New York:
Abingdon Press, 1953.
- Kelman, H. "The Holistic Approach". American Handbook of
Psychiatry. Vol. II. New York: Basic Books,
(pp. 1442-1425). 1949.
- Martin, T. Autobiography of St. Therese of Lisieux.
Translated by R. Knox. New York: J. P. Kenedy
and Sons, 1958.
- _____. The Story of a Soul. Edited by Mother Agnes of
Jesus. Translated by M. Day. Westminster, M.D.:
The Newman Press, 1964.
- Menninger, K. The Vital Balance. New York: Viking Press,
1963.
- Merton, T. Conjectures of a Guilty Bystander. New York:
Doubleday, 1966.
- Noyes, A. D., and Dalb, L. C. Modern Clinical Psychiatry.
Philadelphia: W. B. Saunders, 1964.

Nurnberger, J., Ferster, C. and Brady, D. An Introduction to the Science of Human Behavior. New York: Appleton-Century-Crofts, 1963.

The Raccolta. Edited and translated by J. P. Cristopher, C. E. Spense and J. F. Rowan. New York: Benzinger Bros., 1957.

Readings in the Psychology of Religion. Edited by O. Strunk. New York: Abingdon Press, 1959.

Rowe, C. J. An Outline of Psychiatry. Dubuque, Iowa: Wm. C. Brown, 1965.

St. Augustine. The City of God. Translated by M. Dods. New York: Random House, 1950.

_____. The Confessions of St. Augustine. Translated by E. B. Pusey. New York: Washington Square Press, 1960.

St. Thomas Aquinas. Summa Theologia. Vols., I, II and III. First Complete American Edition. New York: Benzinger Brothers., 1947.

Simon, R. Hammer and Fire. New York: J. P. Kenedy and Sons, 1959.

Stern, K. The Flight From Woman. New York: Farrar, Straus and Giroux, 1965.

Wise, C. A. The Meaning of Pastoral Care. New York: Harper and Row, 1966.

Articles and Periodicals

Erikson, E. H. Identity and the Life Cycle. Selected Papers. Psychological Issues. Vol. I; No. 1. New York: International Universities Press, 1959.

Mahler, M.S. "On Sadness and Grief in Infancy and Childhood." The Psychoanalytic Study of the Child. Vol. XXI. New York: International Universities Press, 1961.

Ottinger, D., and Simmons, J. "Behavior of Human Neonates and Prenatal Maternal Anxiety." Psychological Reports. Vol. XIV. Missoula, Montana: Southern University Press, 1964.

Rappoport, L. "Detecting a Cognitive Schema in a Young Child." Psychological Reports. Vol. XIV. Missoula, Montana: Southern Universities Press, 1964.