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*First Edition*

RC 509

.G79

1952

C.3

PRINTED IN THE UNITED STATES OF AMERICA  
FOR THE PUBLISHERS BY THE VAIL-BALLOU PRESS

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RC 509

## Preface

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THIS volume consists of a selection of related studies made during the past decade, all but one of which have appeared as contributions to various journals. Their publication in the present form was stimulated by the desire of numerous students and colleagues to have the studies made more easily accessible.

Although these studies were not planned to form a book originally, there is, I believe, a kind of organic connection each with the next, starting with birth and neonatal influences and continuing through the fateful first five years of life to the oedipal period. Obviously there are many areas of early personality development which have not been investigated or where the investigation has been along certain lines, undoubtedly representing special interests, namely the interaction of maturation phases and special traumas in the first few years of life and the probable effect of these early patterns on the structure of the later personality.

The investigations are clinical in origin, i.e., have arisen almost exclusively from therapeutic work with patients to whom I have a deep debt of gratitude for all they have taught me. I wish to thank the Editors of *The Psychoanalytic Quarterly*, of *The American Journal of Orthopsychiatry*, and of *The Psychoanalytic Study of the Child* for their co-operation. Especially would I thank my many friends and colleagues who have encouraged, discussed, and criticized my work, and

Miss Mary Elizabeth Killiam for her secretarial help in the preparation of the manuscript.

*Phyllis Greenacre*

## *Introduction*

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PUBLISHED during the course of only one decade, the studies collected in this volume draw on insight gained from many years of psychoanalytic practice combined with a lifetime's experience in teaching and in investigative work in clinical psychiatry. Many issues in psychoanalysis are touched upon and many of the shortcomings of current psychoanalytic writings are here redeemed. There is the complaint that the art of case presentation has been lost, and this is attributed by some to a widening cleavage between the descriptive and the explanatory, i.e., the psychoanalytic approach to psychiatry. In Dr. Greenacre's writing we find enthralling clinical descriptions, sometimes sketched in a few strokes next to detailed case histories condensed in a few poignant pages. There is no cleavage here; all is of one piece since it all is seen from one angle.

The quest for a rationale in psychotherapy and, simultaneously, the expanding range of psychoanalytic therapy itself have in recent years stimulated interest in varied types of discussions of psychoanalytic technique. But where generalities tend to predominate, Dr. Greenacre excels by directness and simplicity, the hallmark of assuredness. We are told in detail how certain types of resistance are best handled and with what approach even severe cases can be made amenable to psychoanalytic therapy. One hears the analyst's voice as she addresses the patient. The freedom of these interventions

becomes possible since all that happens in the therapeutic situation is clearly structured by theoretical expectations and presented to the reader with one dominant question in mind: How did it all originate?

Once more this is the point where controversy is frequent; much is being made of the danger that an understanding of the defensive surface of behavior should be neglected for the sake of the "depth" of unconscious and instinctual strivings or that the patient's involvement into current reality should be neglected for the sake of his infantile past. The reader of this book is tempted to consider such dichotomies as spurious. Minute and subtle links lead from defense to instinctual drive, from surface and present and even from the appearance of the adult to early childhood. They are interconnected by what at one occasion Dr. Greenacre called the telescopic manner in which earliest experiences of the organism are registered and gradually merge with later ones in the structure of human memory.

Though the essays here collected were written without the full awareness of the closeness of their internal cohesion, they follow each other more closely than many a time the chapters of a book planned as a unit. Several years ago, when only the first of these studies had been published, I noticed that here was the nucleus of a larger contribution, which would lead the author into an already determined direction, and enable her to revitalize an avenue of psychoanalytic thinking. To this early—however distant—participation in the development of Dr. Greenacre's thought I owe the privilege of introducing this volume.

The preoccupation with ontogenetic problems, with the reconstruction of life history, is a part of and the differential characteristic of any truly psychoanalytic approach. Early in his work Freud postulated the co-operation of reconstructions as they are gained in psychoanalysis and direct observations of infant and child. A step in this direction was made when in the 1920's child analysis came into its own.

The lesson was great and data and insight were rapidly expanding. And yet child analysts soon had to realize that a

relevant part of their work was on another level once more reconstructive; even they had to look through the telescope.

It is the mastery of the reconstructive method that gives to these studies their place in psychoanalytic writings. But the power of intuitive understanding follows the lead of the most careful and detailed study of all available data on sequences of maturational and developmental processes. Dr. Greenacre succeeds in bringing to life the findings of observers and investigators who started from premises very divergent from her own, in placing them into the wide framework of clinical material. The development of isolated ego functions, the maturation of libidinal and aggressive proclivities are viewed not only as interconnected but also in their relation to modifying external circumstances. It is in this sense that Freud's concept of the trauma, implicit as it is in some of these chapters, gains its central importance as a point of integration. It enables Dr. Greenacre to enlarge her vista beyond the range of psychological events, and to re-emphasize the continuity that links earliest physiological reactions of the organism to its gradually differentiating psychological experiences.

The question of what distance from each other physiological and psychological processes are usefully viewed has been with psychoanalysis since the time when it presented itself to Freud in the earliest phases of his work. At the present stage of our knowledge no prescription can be given when the fruitful approach becomes too speculative. No guarantee exists against the fantastic except the rare combination of courageous vision tempered by what one might call scientific tact. The present volume is, I believe, witness to their happy and productive fusion.

However great the contribution made by these studies, even greater seems to me the promise they hold. The careful reader will find himself over and over again wandering off from problems that are presented to others that are only outlined, sometimes as it were in an "aside," half-unintentionally and yet full of meaning. Many of Dr. Greenacre's hypotheses seem to lead into a definite direction of research: they lend themselves to empirical validation by further and systematic



investigations by others, who will be able to build on the foundations which Dr. Greenacre has laid.

*Ernst Kris*

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*Trauma, Growth,  
and Personality*



# 1

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## *The Biological Economy of Birth* \*

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### I

IN THIS chapter a number of questions are asked regarding the biological economy of birth. It is my intention to bring together as much evidence as possible bearing on the answers and to indicate certain lines of research emanating from them. In what way does the process of birth subserve the new individual, and through him the race? It is my belief that it exerts definite influences on the future psychic and physical patterns of the child, especially on these larger patterns of the distribution of energy and the intensity of drives rather than on the specific smaller patterns which characterize one neurosis or another. These influences are accomplished, I believe, mainly by the degree and shape of the organization of antenatal narcissism to meet postnatal needs, such organization resulting largely from the process of birth.

This study concerns itself with the effect of normal birth—whatever that is—or of usual average abnormal birth, on the infant. It is much easier to establish criteria for definitely abnormal births than to define normal birth. In fact some obstetricians will question whether human birth among civilized

\* Reprinted from *The Psychoanalytic Study of the Child*. Vol. I. New York, International Universities Press, 1945.

people is ever normal; and pregnancy has been defined by one as a disease of nine months' duration.

The lines of inquiry are as follows: the general implications of pain; the question of painful birth from the child's rather than from the mother's angle; an examination of the sensory-motor balance of stimulation and response possible in the infant just before, during, and after birth; the possible relation of this sensory-motor ratio to patterns of normal tension potential established at birth; and, finally, the effect of such patterns on the primary narcissism of the infant and on the energy distribution.

Physical pain is regarded as a signal to the individual that something is wrong with the body. Pain may differ greatly in quality, varying from the sharp, shooting character of neuritic pain to the dull ache associated generally with visceral disease. Cannon (1) \* in his book, *The Wisdom of the Body*, states: "As a rule pain is associated with the action of injurious agents, a fact well-illustrated in cuts, burns and bruises. There are, to be sure, instances of very serious damage being done to the body—for example in tuberculosis of the lungs—without any pain whatsoever; and there are instances, also of severe pain, as in neuralgia, without corresponding danger to the integrity of the organism. These are exceptions, however, and the rule holds that pain is a sign of harm and injury."

Pain occurs in varying combinations with pleasure, as for example in the itch and, especially, in its paler relative the tickle. But in all these forms it is either a herald or a memory of danger and appears as one of the organism's self-protective devices. It resembles in this respect anxiety, the signal of hidden (future or inner) danger, and fear, the reaction to outer danger. Indeed, in some states pain, anxiety, and fear are not readily distinguishable one from another, and, in a larger sense, all are varieties of pain, if we consider this as distress, or the opposite of pleasure. The derivation of the word itself from the same root as is found in *penalty* indicates directly its relation to *wrongness* in some form.

It does not seem very important at this point to differentiate

\* Numbers in parentheses refer to the bibliography at the end of this book.

clearly between the general category of pain as distress and the specific definition of pain as a sensory perception in the strictly neurological sense. It appears that pain in the perceptive sense is probably an evolutionary refinement accompanying the development of the nervous system and that in the lower animals without developed nervous tissue there exist, nonetheless, indications of organismic distress. Indeed it may seem from the fact that "pain is a primitive sensory modality and the free nerve endings are the least differentiated of possible cutaneous receptors" (2) that the ability to feel pain in any degree in this perceptive sense is one of the most important landmarks in evolutionary development, and marks the inception of the differentiation of the nervous system.

The one situation in which pain seems conspicuously to appear as part of an ordinary physiological function is in childbirth. It seems best not to become involved here in the questions of the nature, degree, and inevitability of maternal pain. The obstetricians DeLee and Greenhill (3) consider that human birth is always painful and cannot be regarded as a normal physiological process for the mother. That the sensory perception of pain is readily influenced even by the factor of attention is a common experience and can be measured in the laboratory (4). Psychoanalysts (5, 6) have been impressed especially by the importance of unconscious attitudes of unwillingness and apprehension as contributors to the maternal pain of labor.

While the birth of a baby may be likened to a loss of a part of the body by the mother, as is seen in so exaggerated and special a form in certain neurotic patients, this is hardly true in the same way from the infant's angle. Further, the special pain to the human mother caused by the birth of her baby seems due in some degree to the large size of the infant head, i.e., the pain of the mother may be in part the penalty for the large cerebral development of our species as represented by her offspring. There is, too, the question of the pain or distress suffered by the infant in the process of being born. It does seem strange, however, that the head, containing the most precious heritage, the well-developed



cerebrum, should be not only the cause of much of the stress of birth, but especially that it is, at the same time, the very part of the infant most endangered during birth.

One might inquire why does Nature arrange for the infant to "lead with its head" in the struggle of being born. The head, being used in the majority of cases as the tool of dilatation of the cervix, is given a rhythmic pounding by the periodic uterine contractions. It is protected, to be sure, by the bag of waters during the first stage of labor, but even this protection is generally lost when the head is actually passing through the birth canal; and the effect of the pressure pounding is readily evident in the *caput succedaneum* with which many infants are born, or the molding where the pressure has been more severe and prolonged. It can readily be seen that it is a natural advantage for the baby to come head first in order to get its nose out quickly and its respiration stimulated. The dangers of breech presentation because of premature respiration are part of general knowledge. It is not the face of the infant, however, that generally presents at birth, but the top of the head, that portion exactly enclosing the cerebrum.

There is evidence that the trauma of birth may cause considerable damage to the infant (7, 8) and that blood is found in the cerebrospinal fluid of the newborn in a surprising number of instances even when there has been no clearly detectable clinical evidence of damage and sometimes when the birth itself has not been conspicuously long or hard. Looked at from a long biological range, it might be expected that this organ, the cerebrum, would be the most protected part of the newborn rather than the most endangered. If the damage of ordinary birth were permanently and appreciably destructive to the cerebrum it would negate the development of that organ. The question then arises whether ordinary uncomplicated birth, even with its considerable degree of trauma to the infant, is not of some advantage, whether in some way this particular workout, rough as it is, serves as a good introduction to life, a bridge between the greater protected dependence of intrauterine life and the incipient increasing extramural independence.