

PERSONALITY

and the

BEHAVIOR DISORDERS

A HANDBOOK BASED ON EXPERIMENTAL  
AND CLINICAL RESEARCH

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VOLUME II

THE RONALD PRESS COMPANY < NEW YORK

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12.

Library of Congress Catalog Card Number : 44-2163

PRINTED IN THE UNITED STATES OF AMERICA

CONTENTS  
VOLUME II

PART V

DETERMINANTS OF PERSONALITY EXPERIENTIAL  
AND SOCIOLOGICAL

CHAPTER PAGE

20 INFANTILE EXPERIENCE IN RELATION TO PERSONALITY

DEVELOPMENT 621

By MARGARET A. RIBBLE, M.D., Dementia Praecox Research,  
Scottish Rite Foundation

21 CHILDHOOD EXPERIENCE IN RELATION TO PERSONALITY

DEVELOPMENT 652

By Lois BARCLAY MURPHY, Ph.D., Department of Psychology, Sarah Lawrence College

22 ADOLESCENT EXPERIENCE IN RELATION TO PERSONALITY AND BEHAVIOR 691

By PHYLLIS BLANCHARD, Ph.D., Philadelphia Child Guidance Clinic

23 CULTURAL DETERMINANTS OF PERSONALITY 714

By GREGORY BATESON, M.A., American Museum of Natural History, New York City

\* ;

24 ECOLOGICAL FACTORS IN HUMAN BEHAVIOR 736

By ROBERT E. L. FARIS, Ph.D., Associate Professor of Sociology, Syracuse University; formerly Associate Professor of Sociology, Bryn Mawr College

PART VI

SOME OUTSTANDING PATTERNS OF BEHAVIOR DISORDER

25 BEHAVIOR DISORDERS IN CHILDHOOD 761

By LEO KANNER, M.D., Associate Professor of Psychiatry, Johns Hopkins Medical School; Director, Children's Psychiatric Service, Johns Hopkins Hospital

iv CONTENTS

CHAPTER PAGE

26 DELINQUENT AND CRIMINAL PERSONALITIES 794

By LAWSON G. LOWREY, A.M., M.D., Editor, American Journal of Orthopsychiatry ; Director, Brooklyn Child Guidance Centre; Psychiatrist, Brooklyn Children's Service Bureau

27 UNFIT PERSONALITIES IN THE MILITARY SERVICES . . . 822

By A. WARREN STEARNS, M.D., Dean, Tufts College Medical School (on leave); Captain, Medical Corps, United States Naval Reserve

28 THE PSYCHONEUROSES 833

By WILLIAM MALAMUD, M.D., Professor of Psychiatry, Tufts College Medical School and Boston University School of Medicine; Clinical Director, Worcester State Hospital

29 THE FUNCTIONAL PSYCHOSES 861

By NORMAN CAMERON, Ph.D., M.D., Professor of Psychology, University of Wisconsin; formerly at Phipps Psychiatric Clinic and Johns Hopkins University and of the Department of Psychiatry, Cornell Medical School

30 THE CONCEPT OF PSYCHOPATHIC PERSONALITY . . . . 922

By PAUL WILLIAM PREU, M.D., Assistant Professor of Psychiatry and Mental Hygiene, Yale University School of Medicine; Physician in Charge, Psychiatric Clinic and Associate Psychiatrist at the New Haven Hospital

31 SEIZURE STATES 938

By WILLIAM G. LENNOX, M.D., Assistant Professor of Neurology, Harvard University Medical School; Visiting

Neurologist, Boston City Hospital

PART VII

SOME INVESTIGATED CORRELATES OF BEHAVIOR DISORDER

32 PSYCHOLOGICAL DEFICIT 971

By J. McV. HUNT, Ph.D., Associate Professor of Psychology, Brown University; and CHARLES N. COFER, Ph.D., Instructor in Psychology, The George Washington University (on leave); Ensign, H-V(S), United States Naval Reserve

CONTENTS v

CHAPTER PAGE

33 ELECTROENCEPHALOGRAPHY 1033

By DONALD B. LINDSLEY, Ph.D., Assistant Professor of Psychology, Brown University; Director of Neurophysiological Laboratory and Psychology Department, The Emma Pendleton Bradley Home

PART VIII

THERAPY AND THE PREVENTION OF BEHAVIOR DISORDERS

34 PSYCHIATRIC THERAPY 1107

By KENNETH E. APPEL, M.D., Department of Psychiatry, University of Pennsylvania; Senior Psychiatrist, The Pennsylvania Hospital

35 THE PREVENTION OF PERSONALITY DISORDERS 1164

By GEORGE S. STEVENSON, M.D., Medical Director, The  
National Committee for Mental Hygiene

AUTHOR INDEX 1193

SUBJECT INDEX \* . . . . 1217

PART V

DETERMINANTS OF PERSONALITY-  
EXPERIENTIAL AND SOCIOLOGICAL

Chapter 20

INFANTILE EXPERIENCE IN RELATION TO  
PERSONALITY DEVELOPMENT

By MARGARET A. RIBBLE, M.D.

INFANTILE EXPERIENCE as an important dynamic factor in the deter-  
mination of adult personality has received little attention outside the  
field of psychoanalysis until recent years. The first edition of Murchi-  
son's (1931) Handbook of Child Psychology carried no chapter on the  
neonate, and Pratt's (1933) chapter in the second edition contains no  
discussion of the effects of the newborn's experience on his later develop-  
ment. The most detailed studies of infancy which we now have, those of  
Gesell at Yale (see: Gesell, 1929; Gesell and Thompson, 1934; Gesell  
and Amatruda, 1941) and those of C. Buhler (1930) in Vienna, deal  
for the most part with the ontogenetic patterning of behavior and with  
the responses which may be elicited at the various

ages. We have in American psychology no longitudinal observations concerning the effect on the progress of this patterning of such highly personal factors as difficulty in the organization of primary body functions, or of the influence of differing kinds of mothering which may be skilful and tender, meager and inconsistent, or actually damaging because of fixed emotional attitudes or actual neurosis in the mother.

It appears to have been the general opinion of both psychologists and pediatricians that if an infant is properly fed and protected against cold and infection, his abilities and personality will develop as fully as his heredity and native endowment warrant. It seems to have been assumed that his emotional and social characteristics are essentially predetermined by genetic control.

Yet it is reasonable enough to suppose that the sensitive organism of the human infant would register the effects of experiences related to body security and well-being or to insecurity and lack of personal care. <sup>1</sup> Once registered, these experiences of security or insecurity would be expected to foster responses of positive groping on the one hand, or of negative resistance or withdrawal on the other. These early mechanisms of

<sup>1</sup> It is known in this connection that conditioned responses can be established in the newborn (Marquis, 1931) and that their activity cycle can be altered by varia-

tions in their feeding schedule (Marquis, 1941).  
(Editor)

621

622 PERSONALITY AND THE BEHAVIOR DISORDERS [20

reaction might then readily gain momentum so as to alter or even to distort the succeeding phases of personality development.

Indeed, the establishment of the biogenetic or developmental approach to the problems of personality makes it unnecessary to do much supposing. Our knowledge of infancy and its biopsychological significance is growing rapidly. We know well that personality is a consequence not only of an evolution from within but also of the effects of repeated experiences through which a relationship is established with the mother and with the immediate environment, particularly with that part of it which satisfies the needs of life. Contributions from the fields of prenatal development (Minkowski, 1921 ; Snyder and Rosenfeld, 1937a, 1937b, 1938), neuroembryology (Coghill, 1929; Detweiler, 1936; Grinker, 1937, Ch. 1) have clarified our thinking about the evolution of awareness. In the field of experimental biology, Levy (1934, 1938) and Hunt (1941) have added further information with experimental control of the life histories of animals. It is gradually becoming evident that the psychological care of the infant is fully as important for his emotional, intellectual, and social



development as is careful feeding for adequate nutrition and good digestive functioning.

## Freud's Theory of Psychosexual Development 2

A remarkable and stimulating contribution to our conception of personality development has been made by Sigmund Freud. Through the technique of psychoanalysis, which includes free association (see Freud, 1910; Chapter 7 by French; Chapter 6 by White), dream analysis (Freud, 1900), and the technique of analyzing and utilizing the transference situation (Freud, 1904a, 1912), Freud was enabled to probe deeply into the unconscious layers of the personalities of adult patients and to reconstruct their developmental histories. A rich clinical experience in the study and treatment of neurotic individuals revealed consistently that their sufferings derived from a struggle to repress or to disguise infantile pleasure strivings connected with basic bodily functions. Of the nature of this struggle, these neurotic individuals were unaware ; they perceived only such superficial effects as their symptoms and their sufferings (Breuer and Freud, 1893; Freud, 1895, 1896, and see also his other papers of this period). Once uncovered, however, these strivings or desires appeared closely related to the sexual perversions (Freud, 1905). They had been pushed out of awareness because they were thus unacceptable to conscious social and personal standards ; they had been repressed (Freud, 1915a). The symptoms appeared to exist in these

neurotic individuals because their infantile drives had been improperly guided in early life (Freud, 1906, 1915b, 1916). Because of either over-

2 In the interests of brevity and breadth of coverage, the editor has revised the text of this section and added references. For any changes in emphasis or in intended meaning, he must take the responsibility. (Editor)

## 20] INFANTILE EXPERIENCE 623

indulgence or excessive frustration, which had interfered with the natural processes of maturation and sublimation, these unacceptable drives had become intensified. Because the early conflicts remained unsolved under conditions of stress in adult life they appeared as symptoms (Freud, 1906, 1910).

Freud's (1905) study of instinctual drives in the human being led him to broaden the concept of sexuality to include far more than the genital or mating activity of normal adults. In its biologically undifferentiated form, he considered it as a primary creative and adaptive striving which is present in the infant at birth. Psychologically, the satisfaction of these strivings connected with basic body functions is expressed in feelings of pleasure. In this sense, sexuality contributes to the primary orientations of the organism and to the infant's first awareness of himself and of his body security and of his well-being.

This is the core of the libido theory (see also Freud, 1911). A polymorphous pleasure striving exists in every activity of the baby. Remnants of these primitive auto-erotic pleasure strivings are found in our nightly dreams (Freud, 1900), in our daydreaming (Freud, 1908b), and in other waking activities which serve to free us from painful impressions. Furthermore, Freud's (1904b) study of primitive customs, ceremonies, and myths indicated that these also have their basis in conflict over the primitive pleasure strivings.

In Freud's theory, libido is comparable to the appetite in the nutritional system. It may be conceived as the force working within the organism to bring about a pleasurable and satisfying state of affairs both within itself and concerning its relation to the outside world (Freud, 1905, 1911). This pleasure striving appears to have a manifest relation to adult sexuality after about the fourth year of life, when it blossoms briefly into easily recognizable manifestations of what will be a mature form of genital activity at adolescence. Both psychoanalytic findings and direct observation of human infants indicate that these pleasure strivings exist from the beginning of extrauterine life.

The Infantile Stages of Psychosexual Organization. In the psychological development of the individual, Freud (1911) found a close dynamic relationship between the drives of the instinctual life and higher psychic activity. Because of this relationship, the

development during the formative years when the organism is most plastic and the processes of maturation are most rapid is of great importance. The constant balancing and guiding of the sexual or pleasure strivings is the true aim of both child training and therapeutic endeavor. Freud described various mechanisms (see Chapter 7 by French and Chapter 9 by Sears) arising from both overindulgence and repeated frustration of pleasure striving in young children. He also described the manner in which these factors may damage their educability and their capacity for mature and controlled sex behavior after adolescence (see Freud, 1915b, 1916, and his many case reports).

#### 624 PERSONALITY AND THE BEHAVIOR DISORDERS [20

During the pregenital period before about the fourth or fifth year, the child's pleasure striving becomes organized in relation to the satisfaction or frustration of his most prominent biological needs, and these change as he matures (Freud, 1915b). The oral, anal, and urethral regions, where the skin blends with the mucous membranes lining the body orifices, are the predominant pleasure-getting (erogenous) zones of early infancy (see also Jones, 1916a, 1916b). The skin, the general body musculature, and the sense organs also play their role in pleasure-getting. During this pregenital period, the child goes through three overlapping stages of libidinal organization.

THE ORAL STAGE. The newborn infant's first and most intense pleasure-getting derives from sucking and swallowing. At this stage pleasure-getting is not yet separated from food ingestion. The baby makes no distinction between incorporation and contact. In thumb-sucking one can observe the differentiation between food ingestion and sucking per se. It is difficult to grasp the significance of fusion and diffusion in these early impulses from direct observation. The various factors in early oral organization become evident when disturbances occur in the orderly course of development. Later, as a consequence of maturation and of the frustrations of weaning, pleasure in sucking and swallowing changes to pleasure in biting, and still later to pleasure in vocalization and speech. From the fantasies of neurotic and psychotic patients, and from study of the customs of certain primitive races, the term cannibalistic has been applied to the pleasures from biting and incorporating (see Freud, 1915b, 1915c, 1917; Abraham, 1916, 1924a). From observation of the personality differences among primitive peoples who treat their infants differently during this nursing stage, it appears that the effects of this period carry over into adult behavior (Roheim, 1934; Money-Kyrle, 1939) . 3

THE ANAL STAGE. The second phase of the pregenital organization is known as the anal sadistic stage (Freud, 1916). Very early in his life the child appears to become aware of and to derive

pleasure from expelling faeces and urine. With his growing awareness in general (ego development), the child also discerns the distaste of parents for excrement. These observations coupled with the alternately tender and stern treatment connected with his elimination tend to establish an ambivalent attitude toward the parents. In this stage, too, the duality of the sexual life is beginning to develop, but it cannot yet be designated as masculine and feminine. It is merely relatively active or relatively passive (Freud,

3 After a survey of some of this anthropological evidence, Money-Kyrle concludes as follows:

"It is impossible not to be struck by this juxtaposition of facts. Free feeding and late weaning would seem to promote generosity and optimism. Oral deprivation and early weaning would seem to promote stinginess and greed. To say more would be to over-simplify the generalization." (1939, p. 126)

## 20] INFANTILE EXPERIENCE 625

1916). The active element is supplied by the body musculature which in infancy may play an important role in the expulsion of faeces. The passive feeling element comes from the sensitivity of the mucous membrane around the anus.

This expulsive phase gradually gives way to the retentive phase

wherein the child comes to get pleasure from retaining and controlling his faeces. He usually learns that by judiciously presenting his excrement like presents, he can gain attention and rewards from parents, or by presenting them at inappropriate times, or even by smearing them, he can cause his parents real distress. From such experience he gains a sense of power and some appreciation of social reality. As the pressures from social reality for sphincter control continue to increase, however, and as the child begins to identify himself with his powerful parents and to take over (introject) their standards, these pleasures derived from the control of elimination for his own (narcissistic) uses are gradually relinquished.

Normal continuations of the anal expulsive phase manifest themselves in the prevalent concern for daily bowel movements and in interest in anal humor. Such plastic arts as painting are sometimes seen as sublimations of tendencies fixated at the expulsive phase (Jones, 1918). For the carry-over from fixations at the anal retentive phase, Freud (1908, 1916) has summarized the characteristic traits as parsimony, pedantry, and petulance (see also Abraham, 1921). The hoarding of money is sometimes seen as a sublimation of the retentive tendency (Ferenczi, 1914).

THE PHALLIC PHASE OF THE GENITAL STAGE. In the period between the second and the fourth years of life the pleasure-getting of the

child comes to be definitely related for a short time to the genital organs (Freud, 1923b). The first aspect of this phase appears to be connected with getting control of the urinary function which probably provides the occasion for the child's discovery of his genitalia. Overt sexual activity may be noticed, usually in the form of masturbation or an urge toward physical contact with the parent of the opposite sex (Oedipus complex) or in exhibiting the genitalia. These early genital pleasures are still self-centered (narcissistic), but self-awareness, emotional reactions, and inquisitiveness especially are developing, and these can provide pleasures. Several factors operate to bring about the repression of these early genital strivings. Shame and disgust are actively inculcated by the parents. Corporal punishment is common, and it may occur in the form of threats to damage the genitalia (castration complex). Furthermore, with the child's growing awareness of his own weakness in relation to the powerfulness of his parents, he strives to be like them (identification). In this striving, the child tends to take over (introject) the moral values of his parents, and thus he adds guilt to the various unpleasant consequences of his genital activities (Freud, 1923a, 1924). Gradually, as the unpleas-

626 PERSONALITY AND THE BEHAVIOR DISORDERS [20

antness and anxieties connected with these activities become greater than the pleasures to be derived from them, the child



relinquishes sexual activities until adolescence when the maturation of the sex glands increases their urgency and reactivates the infantile conflicts (see Freud, 1910).

Like the previous stages of psychosexual development, this phallic stage has its effects on later personal characteristics. The self-centered (narcissistic) aspect of the pleasure-getting involved is a trend likely to continue unless the child's strivings are successfully sublimated. This self-centeredness may appear in an unreasonable need to be loved, as opposed to the tendency to give love and to form mutual social relationships.

The Latency Period. The gradual repression of sexual activity just described initiates what Freud called the "latency period." In this period, the most active sublimation of pleasure striving into intellectual curiosity and social strivings takes place. The child's patterns of self-control are influenced by both parents, but particularly by the father (see Freud, 1923b; also Fliigel, 1935). The impressions and standards taken over from these first models (identification) constitute the nucleus of what Freud has termed the super-ego, i.e., the conscience. This important aspect of the personality is kept active by the child's love for the parents and by fear either of losing their love or of corporal punishment (castration) (see Freud, 1923a).

Symptoms and Anxiety. The child who has overintense or

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