

less erotized aggressions, which antidote the splitting of ambivalence between loved and hated objects, provoke retaliation anxiety, and must be defended chiefly by an inhibition, supplemented in some cases by projection or flight from the object into secret though unrepressed play and fantasies.

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*On Projection.* (*Psychoanal. Quart.*, vol. v, p. 303, July, 1936.) *Feigenbaum, D.*

In the struggle against instinctual drives two groups of defence mechanisms can be distinguished. Projection belongs to the peripheral-active group, in contradistinction to the central-passive one; of this latter group repression, regression, introjection and anxiety are examples.

Projection is the most aggressive mechanism in its group, and the target of this aggression may be either an object-catharsis (exosomatic projection) or a bodily organ (endosomatic projection). Projection is a preferred method of defence in conditions characterized by a struggle for genitality, such as in convalescence from neurosis, in early phases of psychoses and in delinquency. All forms of projection are reducible to a fundamental defence mechanism appearing in various clinical pictures corresponding to a gamut of specific stages of development, ranging from the normal in dreams, beliefs, superstition, prejudice and creative work, to the pathological in hysteria, hypochondria, phobia, depression and paranoia.

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*Inhibitions, Symptoms and Anxiety (contd.).* (*Psychoanal. Quart.*, vol. v, p. 414, July, 1936.) *Freud, S.*

Having reduced the development of anxiety to a response to situations of danger, Freud finds that symptoms are created in order to remove or rescue the ego from such situations. If symptom-formation is prevented, then the danger actually makes its appearance, a situation analogous to birth comes about and there are present the first and earliest determinants of anxiety. Symptom-formation has the result of putting an end to this danger situation. It has two aspects: one of them causes in the id that alteration which preserves the ego from danger; the other reveals what it has created in place of the instinctual process thus modified, namely substitute formation. In some cases the defence process is an attempt at flight from the instinctual danger, but in others the ego offers resistance of a far more active kind.

Regarding the situations which occasion anxiety, it is found that every danger situation corresponds to a given stage of development of the psyche to which it appears appropriate. In the adult many of the old causes of anxiety have in reality become inoperative, but only after having first brought neurotic reaction into existence. However, some of these danger situations survive into a later period of life by means of a modification; for example, castration anxiety may persist in the guise of syphilophobia. The neurotic is distinguished from the normal in that his response to these dangers is disproportionately increased, and again because he continues to react with anxiety to situations which should have long ceased to evoke it.

In the final section an attempt is made to find some factor which should make it possible to understand the basis of selection of those individuals who are able to subject the affect of anxiety to normal psychic control or which, on the other hand, determines those who must prove unequal to the task. Freud finds neither Adler's theory of organ inferiority nor Rank's trauma of birth theory an adequate explanation. Here he interpolates a passing regret that it should be so improbable that a physical factor, the isolation of a bacillus or the evolving of some chemical substance, should give a facile solution to this problem. Lastly the psycho-analytic theory of repression, fixation and the repetition-compulsion is reviewed. To this Freud adds three contributory factors which have created the conditions under which the forces of the psyche contend among themselves. Of these the first is a biological one, the protracted helplessness and dependence of the young