

10. Rangin Chandra Haldar, M.A., Lecturer in Psychology, Patna University. B.N. College, Patna.
11. Sarasilal Sarkar, M.A., M.B., Civil Surgeon, Maldah.
12. Jiban Ratan Dhar, M.B., Captain, I.M.S. 6, George Town, Allahabad.
13. Owen Berkeley-Hill, Major, I.M.S., European Mental Hospital, Ranchi.
14. R. C. Mc. Watters, Major, I.M.S. Shaharanpur.
15. Manmatha Nath Banerji, M.Sc., *Secretary*, I.P.S., Lecturer in Physiological Psychology, Calcutta University. 30, Tarak Chaterji Lane, Calcutta.

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VIENNA PSYCHO-ANALYTICAL SOCIETY

October 18, 1922: General Meeting

Agenda

1. Statement of Accounts.
 2. Election of Officers.
 3. Report of the Congress.
 4. Programme of the Society.
 5. Subscription of membership and to the Journals.
 6. The Policlinic and Lectures.
 7. Abstracting.
 8. Alterations in the rules.
 9. Admission of new members.
1. Dr. Nepallek, as Treasurer, having made a statement of the accounts for the previous year, it was examined by Dr. Federn and adopted.
 2. In consequence of his duties as Director of the Policlinic, Dr. Hitschmann resigned his office of Vice-chairman of the Society. Dr. Reik, who is at the head of the Central Department for psycho-analytic literature, resigned his office of second Secretary. On Dr. Hitschmann's nomination, Dr. Rank was elected Vice-chairman, and Dr. Federn and Dr. Bernfeld Secretaries. The results of the election of the Committee were thus as follows: Chairman, Prof. Freud; Vice-chairman, Dr. Rank; Secretaries, Dr. Federn and

Dr. Bernfeld, Director of the Policlinic, Dr. Hitschmann; Librarian, Dr. Reik; Treasurer, Dr. Nepallek.

3. Frau Dr. Deutsch gave a report of the Berlin Congress and summarised the advances made in psycho-analytic theory and in the psycho-analytic movement.

4. Dr. Reik discussed the programme of lectures to be held in the immediate future and informed the Society that notices of lectures had been received from: Silberer, Reich, Reik, Frau Deutsch, Fräulein Teller, Hoffer and Frau Kempner.

5. Dr. Nepallek proposed that the subscription of membership be fixed at Kr. 40.000 annually. Herr Storfer announced the amount fixed for the subscription to the Journals, reckoned on the basis of the new method of calculation. Both proposals were adopted, also an additional proposal to separate the subscription of membership from that to the Journals, which is levied according to the current changes in prices.

6. Dr. Hitschmann gave a short report of the activities of the Policlinic and announced the first courses of lectures starting at the beginning of November: 'An Introduction to Psycho-Analysis' by Dr. Hitschmann, and a special course entitled: 'What must the practising physician know about psycho-analysis?' by Dozent Dr. Deutsch. Further general and special lectures are to follow.

7. Dr. Reik reported on the abstracting from the Journals and on the recent organization for reporting on 'Advances in Psycho-Analysis'.

8. Dr. Nepallek put the following motion: 'That the meeting determine upon the following alterations in the Rules of the Vienna Psycho-Analytical Society: (1) that in § 3, under the second heading, the word 'without payment' be deleted; (2) that in § 4, section 2, for the words 'ten Kronen' the words 'at the current rate appointed for the International Psycho-Analytical Association; (3) that in § 9, section 3, the words 'equal number of votes' be substituted for the words 'four members'. The proposal was unanimously adopted.

9. Herr August Aichhorn was elected a member of the Society.

Change of address: Dr. Wilhelm Reich, Wien XIX/1, Scheibengasse 1/3.

It was unanimously agreed to send a letter of thanks to the Berlin Psycho-Analytical Society.

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VIENNA PSYCHO-ANALYTICAL SOCIETY

Admitted to membership: Dr. Wilhelm Hoffer, Wien VIII, Fuhrmannngasse 4.
January 3, 1923. Short reports and communications:

1. Dr. Fokschaner: *Déjà raconté* combined with an opposite illusion of memory.

2. Dr. Reich: Review of Schilder's work *Das Unbewußte*.

January 17, 1923. Short reports and communications:

1. Dr. Bernfeld: Analysis of an educational device.

2. Dr. Rank: Report of a dream.

3. Dr. Nunberg: An artificially induced dream.

4. Dr. Reich: History of the treatment of a psychogenic tic.

January 31, 1923. Doz. Dr. Deutsch: Psycho-Analytic Illustrations. (To be published in the *Zeitschrift*.)

In the course of the discussion Dr. Reich said that the conception of conversion must be more strictly defined. When anxiety is produced by suggestion and the vasomotor system is excited, as in the cases mentioned by Dr. Deutsch, it is not a true conversion-symptom, nor is palpitation in 'reality-anxiety'. The term conversion must be confined to the transformation of a mental affect into bodily innervation; in this case the converted affect can be no longer represented mentally. This of course does not exclude the presence of affects of different origin side by side with the conversion-symptom. Further, it is a point of importance how far and to what extent the organs which serve the purpose of conversion (e. g. the intestine in chronic constipation lasting for whole decades, or the vascular system of the face in erythrophobia) undergo a secondary organic change and how far psycho-analysis can bring about a reversion to the normal from the psychically induced alteration.

Author's Abstract.

February 14, 1923. Dr. Frieda Teller: Transference in analysis.

February 28, 1923. Dr. Reik: Tabnith, King of Sidon.

March 4, 1923. Short reports and communications:

1. Dr. Federn: History of a case of melancholia.

2. Dr. Federn: A form of inhibition-dream.

3. Anna Freud: An hysterical symptom in a little child.

4. Dr. Nunberg: Outbreak of a neurosis due to a dream.

5. Dr. Hitschmann: Previous history of a case of suicide.

6. Dr. Hitschmann: Stekel's *Impulsbehandlungen*.

March 14, 1923. Dr. Reich: Certain relations between narcissism and the sense of guilt.

Narcissistic libido, 'the libidinal complement to the egoism of the self-preserved instinct' (Freud), tends to the affirmation of the ego and of life. In this sense the feeling of guilt is diametrically opposed to it; this feeling tends to denial of the ego and in extreme cases, as in melancholia, to destruction of the ego. The degree of the sense of guilt depends on the tension between the primitive libidinal tendencies and the demands of the narcissistically invested

ego-ideal. The sense of guilt is an expression of the relation of the ego to objects which are also invested with libido—for the most part of a sadistic kind. (Ambivalence and a sense of guilt are the two most essential constant characteristics of the obsessional neurosis.) The instinctual character of the sense of guilt must also be recognised. The withdrawal of object-libido in melancholia, as contrasted with paranoia, leads not to an exaltation but to an abasement of the ego—to the 'loss in the ego' (delusion of inferiority). The loss in the ego cannot be explained solely by its identification with the object which is to be destroyed. The identification is a secondary change in the direction of the narcissistic libido and is preceded by the withdrawal of object-libido. The ego that is overwhelmed by the sense of guilt cannot be invested by the libido thus withdrawn, i. e. the ego cannot love itself. The patient is obliged to identify himself (generally by oral introjection) with the object in relation to which he experiences feelings of guilt.

The narcissistic position may sustain injury from two directions: from the libidinal object-relation and from the ego. With reference to the specific nature of a disease it is important to discover in what stage of its development the narcissistic libido was injured and what kind of injury was inflicted.

The determining factor (and probably this applies also to the choice of a later disease) is the degree of development of narcissism in the child encountered by the sense of guilt. The narcissistic development culminates only when the genital phase is achieved without obstruction and when the childhood is happy and marked by love on the part of the parents and those who train the child. A strong narcissism acts as an inhibition upon the assimilation of the sense of guilt.

The speaker referred to some typical issues of conflicts arising in this connection, for instance, to 'crimes committed from a sense of guilt' (Freud), where a powerful feeling of guilt which has been repressed seems after the manner of a symptom to aim at rationalization.

Author's Abstract (abbreviated).

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THE PSYCHO-ANALYTICAL MOVEMENT

France

Since our last report was issued exactly a year ago, psycho-analysis seems to have gained ground in France, especially in medical circles; at the beginning the attention of the wider public was drawn to the subject almost exclusively by literary writers. In token of this awakening scientific interest, which is clearly connected with the appearance of French translations of Freud's *Introductory Lectures* and *The Psycho-pathology of Everyday Life*, we have the new edition of Régis and Hesnard's book (*La Psychoanalyse des Névroses et des Psychoses*) which first contained an exposition of the subject in French. We understand that

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