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Moshe Woolf

b. 1878

PIONEERING IN RUSSIA AND ISRAEL

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RUTH JAFFE

Moshe Woolf¹ was born in Odessa, Russia, on October 5, 1878. He studied medicine in Berlin; his teachers in psychiatry were Mendel and Jolly. After his final examinations, he entered the newly opened laboratory of the Charité, the University Hospital in Berlin, where he worked as Ziehen's first assistant. In 1907, he began work at Mendel's psychiatric sanatorium, where he read *Studies on Hysteria*—his first and unexpected encounter with the young psychoanalytic movement. The book was a revelation to him. He later read *The Psychopathology of Everyday Life*, and found in the bulletin of the Berlin Neuropsychiatric Society the report on a case of kleptomania presented with a psychoanalytic orientation by Otto Juliusburger. Woolf decided to get in touch with Juliusburger, who at that time was working in the sanatorium of Berlin-Lankwitz, and, in 1908, he became Juliusburger's assistant. When Karl Abraham returned from Zurich and also started working at the sanatorium in 1908, he became Woolf's teacher, introducing him to psychoanalysis proper.

In 1911, Woolf returned to Russia as Russia's only trained analyst, remaining until 1927. During those years, his many widespread and diverse activities eventually resulted in the acknowledgment and devel-

¹ Spelled *Wulff* in his German publications.

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opment of psychoanalysis. In 1914, he went to Moscow, where he worked for some years in a private sanatorium. He later worked at the Psychiatric Neurological Institute, chiefly in the outpatient clinic, to which he brought his analytically orientated approach. In 1920, he went to a military psychiatric hospital.

After the revolution, Woolf joined a large psychiatric outpatient clinic: there, too, he opened a special department for psychoanalytic treatment and trained two doctors in psychoanalysis. He became *Dozent* and the first psychoanalyst at the Second Medical Clinic of the University of Moscow. To his already full program, he added work at the psychoanalytically oriented children's home of Zermakow,² where he was then living. This institution had four groups, each consisting of five children between one and five years of age. Some of Woolf's later papers on child psychology are based on his observations at the children's home (1926; 1929; 1949). Although he lived in Russia, Woolf had become a member of the Vienna Psychoanalytical Society in 1912. In 1927, he left Russia for political reasons. He and his wife returned to Berlin and went to live in the Tegelsee sanatorium—the famous psychoanalytic institution under Simmel's direction—where Woolf worked until 1930.

In 1933, Woolf left Berlin, once more for political reasons, migrating to Palestine (today, Israel). Max Eitingon, who arrived in Palestine the same year, together with Woolf and Schalith, founded the Psychoanalytic Society of Palestine, in 1934.

After Eitingon's death, Woolf became president of the Israeli society—a position he held for ten years. Since that time, he has been its honorary president. He has trained a generation of pupils, some full-fledged psychoanalysts and some psychiatrists who sought training useful for their psychiatric and psychotherapeutic activities. Today, most of the directors of the public mental institutions, psychiatric departments, and outpatient clinics of the Tel-Aviv district, and elsewhere, are psychiatrists trained by Woolf. To this day, he conducts a regular seminar for his pupils.

Apart from teaching psychoanalytic practice, Woolf has done much to further the acceptance of analysis in Israel—especially in educational circles. For years he lectured to teachers, including kindergarten teachers, on child psychology. These lectures finally found their expression in a Hebrew publication, *Nefesh Haya'led* ("The Mind of the Child")

² Vera Schmidt has written a book about this home.

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(1946b), which is used as a standard textbook for psychologists and teachers. Especially important is his strong and lasting influence on *kibbutz* education, mitigating and permeating its socialist ideology with analytic thought and application. This was achieved by his influence on S. Golan, himself a pupil of Woolf and head of the central educational committee of the *kibbutz* movement, *Hashomer Hatzair*.

Woolf's earliest publication on children is "Contributions to Infantile Sexuality" (1912). As a result of this paper, he was admitted to membership in the Vienna Psychoanalytic Society. His observations and interpretations were then so new and original that the paper was compulsory reading for analytic candidates. Most interesting are the cases of four children, three of them described in detail, who suffered from frequent short attacks of what appeared to be *petit mal*, which Woolf considered to be hysterical. Each attack consisted of a very short loss of consciousness, accompanied by a frozen, blank, upward stare of the eyes and a quiver or convulsive movement of the mouth. All the children were sexually overstimulated, and each had experienced an unexpected and sudden prohibition of his sexual activity by a parent. The resulting struggle against masturbation expressed itself in a substitute—the attack—which is likened to orgasm, with momentary clouding of consciousness, convulsions, and a blank expression. When a change in their environment led to a lessening of sexual excitability, the children improved.

"Fantasy and Reality in the Mental Life of the Infant" (1934) is based on a lecture Woolf delivered to an educational board of the Communist party in Moscow which, for ideological reasons, was planning to forbid the reading of fairy tales and to permit only factual books. As a result of Woolf's lecture, fairy tales were not banned. Woolf's starting point is the observation that the little child does not differentiate between fantasy and reality. Fairy tales deal with the same complexes that fill the mind of the child. He can always turn from frustrating reality to wish-fulfilling fantasy by way of his narcissistic feeling of omnipotence and identification with the hero, which serves as a catharsis. The child's transition from fantasy to reality must be gradual and slow; sudden devaluation of his fantasy world is dangerous. According to Woolf, gruesome tales do not provoke fear: only fearful children nourish their fears by such tales.

"Fetishism and Object Choice in Early Childhood" (1946a) is one of Woolf's most important contributions to psychoanalysis. In this paper,

he analyzed the significance of the fetish for the child throughout the phases of his development. On the basis of his findings, Woolf formulated a theory about the transition from infantile narcissism to the first genuine libidinal cathexis of an outside object. This explanation provides the missing link in the theory of primary object choice in childhood. After analyzing cases reported by Friedjung and Sterba, plus three instances he himself had observed, Woolf came to the following conclusions: in the oral phase, the fetish represents, as a partial object, the mother's breast and her body. This substitution is rendered possible by the odor, the warmth, and the tactile sensations the fetish provides for the child. As early as the anal phase, the fetish acquires the attributes of an object.

The significance of the fetish in the phallic phase is highlighted by an illustrative case: a fifteen-month-old boy used a bib as his fetish, smelling it and sucking his thumb, until he fell asleep. When he was two-and-a-half years old, the fetish was lost. He reacted with manifestations of mourning, stopped sucking, and again started bedwetting. At three years and eleven months, he chose another fetish, one of his mother's handkerchiefs that, because of its odors, reminded him of her. Bedwetting stopped. He would smell the handkerchief and sometimes put it into the trousers of his pajamas, pressing it against his genitals, so "that it might not get lost." The first fetish belongs to the oral phase; the second one, to the phallic. The boy identified the new fetish with his phallus, pressing it against his organ as an expression of fear of possible loss, and thereby transferred to the fetish part of the narcissistic libido with which his phallus was cathected, converting it to object libido. Consequently, the fear of losing the phallus (castration anxiety) was transformed into the fear of losing the object. Since the fetish represented the mother, there was, then, the following chain of identifications: phallus-fetish-mother.

These findings suggest that the first genuine libidinal tie to an outside object develops through an identification of this object with the individual's own phallus. "This perhaps explains why it is that rejection on the part of the love-object is felt as a very severe narcissistic injury and is experienced by many neurotics directly as castration." The parallel process in the girl is less understood. Woolf concluded that, for the small child in the oral phase, the fetish represents a substitute for the mother's breast and body; for the adult fetishist, it represents a substitute for the fantasized missing phallus of the mother. In infantile fetish-

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ism, the process of development into complete autoerotism after weaning is apparently disturbed by a tenacious adherence to the maternal breast. This is also probably an important etiological factor in adult fetishism.

Among Woolf's many papers on clinical aspects of the neuroses, one of the most important and oft-cited is "An Interesting Oral Symptom Complex and Its Relation to Addiction" (1932). Here, Woolf has described five patients, one man and four women, suffering from a circumscribed symptom-complex that consisted of craving for food, dull depression and apathy, disgust concerning their own bodies, neglect of outer appearances, disorderly surroundings, and excessive need for sleep. This symptom-complex appeared with great uniformity and a certain periodicity. After its disappearance, a short period of fasting tended to occur, accompanied by euphoria and a feeling of inner cleanliness. Rather than a typical neurosis, this seems to be a symptom complex of pathological phenomena consisting of certain changes in important biological functions likely to appear in different types of neurosis. The craving for food was an expression not of a compulsion but of addiction, of "drivenness." Consequently, a feeling of tension, rather than anxiety, appeared when the patients tried to suppress the drive to eat.

Case five may serve as an example: Because of disappointment in her father, a woman, had from her thirteenth year, developed platonic relationships with men, frequently changing the object of these relationships. As a token of love, she asked for sweets. At sixteen, she married, on the condition that she would not have to submit to intercourse. When, after waiting three months, the husband forced intercourse, she reacted with disgust and once more began to have relations with other men, without actual intercourse. In the presence of a lover, she would be seized by an uncontrollable ravenous hunger and have to leave the room, in order to eat secretly. After satiation, she would lose all interest in the lover. Her eating appears to be a sexual perversion, the food taking on the unconscious meaning of the penis. These periods of greedy eating were interrupted (as they were also for the other four patients) by short periods of fasting, during which she had no need for lovers.

Woolf concluded that the superego reacts with disgust and despair to the oral drive. First, disgust for the dirty food, which represents a dirty penis, appears; then, disgust spreads to the patient's own dirty body,

because an identification of the body with the introjected penis has taken place. This identification leads to a deepening of the depression. However, this symptom complex does not belong to melancholia, despite certain similarities. Rather, in food addiction, a regression takes place whereby the patient tries, through introjection, to rebuild the object relations on the primitive oral level. The melancholic, on the other hand, wants to destroy the hated object, but reacts with refusal to eat, thus giving way to the pressure of the superego. In the state of fasting and euphoria, the ego submits to the superego, whereas, in the state of mania, the ego frees itself from the superego. The counterpart of food addiction appears to be *anorexia nervosa*.

Another important clearly formulated, but less known paper is "Concerning the Hysterical Attack" (1933). It is of interest that the rigid and orthodox editors of the *Zeitschrift*, refused at the time to publish the paper on the grounds that it deviated from Freud's acknowledged opinion on the subject. They accepted the paper for publication only after they were convinced that, following a lively discussion between the two men, Freud had asked Woolf to write the paper. According to Freud the hysterical attack represents a pantomimed fantasy enacted by the motor system. Woolf found that real events are equally represented in the attack. After having dealt with aspects of the psychic content of the hysterical attack, he tries to come to a genetic understanding of the form of the attack. He arrives at the conclusion that the attack expresses a deep regression of the mental processes to the earliest and most primitive form of thinking, which is interpreted as organic thinking: it relies on kinaesthetic sensations and experiences. This organic thinking expresses itself in motor language and is part of the normal way of reaction in earliest childhood, before the system consciousness has learned to control motility. However, the enacting of old fantasies and events in the hysterical attack is not confined to the motor system, but comprises the sensory system as well. Old sensory perceptions may be revived hallucinatorically and are apt to be transformed—together with recent perceptions—into illusions. This medley of hallucinations, illusions, and actual perceptions, which appear together in the hysterical attack, corresponds to a very early developmental stage of the perceptive functions in which inner stimuli are not yet differentiated from outer ones.

In "A Case of Male Homosexuality" (1941), Woolf described what had been an unknown psychic constellation, which may determine later

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homosexuality. This case is of an impotent married man, who had formerly indulged in masturbation, accompanied by homosexual fantasies. From his earliest childhood, the patient's mother had been sick, and she had died when he was four years old. He had then slept with his father, whose erect penis he had occasionally touched while the father slept. When the father remarried, the boy repressed his love for the father and turned instead to his new step-sister. She betrayed their sex play to his father, who punished him and threatened him accordingly. Consequently, he turned away from the step-sister, too, and, at the age of eight, seduced a boy of his own age into mutual masturbation. During this activity, he had fantasies of adults engaged in intercourse, identifying himself with the female partner. In this case, the first love object was the father, rather than the mother. Disappointed by the father's second marriage, the boy attempted heterosexual sex play with his step-sister. Frustrated and intimidated, he returned to the original homosexual phase in which he had identified, as a motherless boy, with the mother in relation to the father. Until publication of "A Case of Male Homosexuality," the known determinants of homosexuality had included early fixation to the mother, narcissism, castration anxiety, and early seduction. Here, mother fixation and narcissism are absent. Castration is accepted; therefore the patient is free of anxiety. In contradistinction to prior cases in the literature, the case presented by Woolf contained two formerly unrecognized elements—an early homosexual tie to the father and fear of the father.

In "On Castration Anxiety" (1955) Woolf discussed, and modified, Freud's thoughts on the subject. According to Freud, castration anxiety is reality anxiety because of the high value the little boy attributes to his genitals in the phallic stage. Later, in "Inhibitions, Symptoms and Anxiety," Freud referred to castration anxiety as separation anxiety. Fear of loss of love and separation anxiety are primary forces in repressing erotic impulses toward the mother. To safeguard the positive relationship to the mother, she is relinquished as a sexual object. Freud says that "If masturbation is continued, punishment will take the form of the loss or castration of the organ." "In this way, fear of separation from the mother can change into castration anxiety, even in those cases where castration has not been threatened." Woolf adds that "Castration anxiety is therefore separation anxiety displaced onto the penis, whence it now appears very like a neurotic symptom, with the structure of a phobia" (1927; 1951). If so, Freud's statement that the Oedipus com-

plex succumbs to the threat of castration can no longer be upheld. Instead, Freud's earlier assumption, that the ontogenetic and phylogenetic influences on the emotional development of the child bring about the inevitable decay of the Oedipus complex, is probably correct. Freud did not acknowledge castration anxiety in girls, since there is no threat of castration; but if castration anxiety is a phobic symptom, as Woolf considers it, it can also occur in girls. According to Woolf's belief, it develops in girls through the displacement of the separation anxiety onto a new psychic contact—the imagined loss of the penis. Woolf's example is the case of a twenty-three-month-old girl: When separated from her mother she cries, "The dog has bitten off my wee-wee." As long as the mother is present, the lack of her wee-wee does not worry her. "This girl has developed a castration phobia." In the phallic stage, separation anxiety can be transferred from the mother to the father and to men in general. This can bring about fear of menstruation, defloration, orgasm, and giving birth, or heightened muscular tension of the abdomen, with ensuing constipation.

In "On the Psychology of Suicide" (1958), Woolf has discussed what brings about the destruction of the instinct of self-preservation, and how self-hate triumphs over healthy narcissism. Woolf analyzed examples from the literature and from his own clinical cases and arrived at the following conclusions: (1) An individual's wish to kill a beloved person with whom his ego has become identified, because that person has disappointed him, may lead to suicide, since his hatred toward that person has been transferred to his own ego. Suicide then replaces the murder of the object. (2) The normal reaction toward the loss of the object (mourning, which subsides gradually) does not take place in suicide, because the loss of the object leads to deep narcissistic mortification, with impairment of ego feeling, impoverishment of the ego, and inner emptiness, together with self-contempt and self-hatred. (3) Similarly, a strong narcissistic disappointment with one's own ego may lead to suicide as a result of self-contempt and self-hatred.

All of Woolf's clinical papers contain a great deal of rich material.

Other papers deal with cultural, sociological and anthropological topics. Outstanding amongst them is a highly interesting paper on "Prohibitions against the Simultaneous Consumption of Milk and Flesh in the Orthodox Jewish Law" (1945). Here Woolf gives analytic interpretations of the ritual laws applying to food as well as Passover laws, tracing them back to early historic and prehistoric times.

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His scientific work is always based on clinical material. He is an empiricist like his teacher, Abraham.

Because Woolf did not live in Vienna, his contact with Freud was limited to occasional personal encounters and to a correspondence chiefly about the development and recognition of the psychoanalytic movement in Russia and translations of analytic literature into Russian. To this day, Woolf is happy if some obscure passage in Freud's writings becomes clear to him through new clinical findings and he can show that "Freud was right after all." Since he belonged to the first generation of analysts, Woolf did not undergo a personal analysis; however, he submits himself to daily self-analysis, from which he learns for his clinical work. Another even more important learning source for Woolf and the whole first generation of analysts was the regular publication of Freud's papers, each an eagerly awaited revelation. Woolf worked through Freud's writings so thoroughly that he knew them almost by heart. Even today, his knowledge of them is astonishing.

Having very early become a teacher and a fighting pioneer for the acknowledgment of psychoanalysis, Woolf exerts from his pupils clear and precise thinking. He is always at their disposal and gives generously of his knowledge and advice. He is a hard worker with an unfailing sense of duty and responsibility. His days and evenings are filled to the brim with analyses of patients and candidates, consultations, discussions, seminars, and supervision. In addition, he continues to write and is enthusiastic about new ideas and concepts that are striving for expression. Currently, he is responsible for the translation into Hebrew and the editing of Freud's nonclinical writings.

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