CHAPTER III

THE PSYCHODYNAMICS OF ANTI-SEMITISM

A. THE CLINICAL PICTURE

1. Diagnosis and Symptoms. An examination of the clinical diagnoses of these psychoanalytic patients reveals that anti-Semitism is not the concomitant of any one clinical category of personality disturbance. The diagnoses cover a wide range of disturbances. Anti-Semitic reactions are found in psychoneurotics of various types; in character disorders, perhaps more particularly of the sado-masochistic type; in psychopathic and psychotic personalities as well as in others with less precisely defined disturbances. The range of symptoms that led the patient to consult with a psychoanalyst or a social-service agency was, of course, even wider. It was striking to observe that many of the symptoms presented by these patients were vague, and relatively lacking in structure and form.

On the whole, the complaints concerned a feeling of insecurity, loneliness, unhappiness, confusion, difficulty in finding friends or establishing a satisfactory sex life, absence or vagueness of life goals, inability to maintain interest, etc. Even in the few instances where the symptoms were concrete—the case material includes a few phobics, overt homosexuals, and alcoholics—the patients were apparently less troubled by the existence of some obvious disturbance than by the absence of something else which they could describe only in vague terms. One of the homosexuals, for example, consulted a psychoanalyst not because he wished to rid himself of his homosexuality, but because he felt a lack of fulfillment. Another patient, suffering from impotence, sought psychiatric help only out of a sense of duty to his wife, for he felt no conscious urge to be cured in this respect.

In this broad range of diagnoses and vague symptoms, however, one type of disturbance becomes conspicuous through its absence. None of the cases manifested a genuine, deep depression.

1 The absence of a uniform terminology, together with the fact that no clear-cut diagnosis was available in several cases, prevents a systematic account in this respect.
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The material is, of course, unsuitable for drawing conclusions on a statistical basis about the incompatibility of anti-Semitic reactions and a genuine depression. But the qualitative insight gained from the study of all cases leads us to believe that the absence of depression in the material is more than an accident due to the limited number of cases. For the existence of an anti-Semitic reaction presupposes a tendency to blame the outside world rather than one's own self, and, dynamically, such a tendency is in contradiction to the self-destructive features of a genuine depression. It would seem that when the focus of punitive tendencies is directed back towards the self, the basis for anti-Semitic aggression no longer exists. The incompatibility of the simultaneous existence of anti-Semitism and a depression, with its classical dynamics of oppressive guilt and self-blame, does not preclude, of course, a depressive reaction before or after anti-Semitic manifestations in one and the same individual. Such alternate patterns of depressive moods and outbursts of anti-Semitism were indeed reported in a few cases.

While there is no correlation between anti-Semitism and the specific type of clinical diagnosis or specific symptoms, there is in general a correlation between the quality of personality distortion and the quality of anti-Semitic behavior. The intensity and violence of anti-Semitic attitudes, as might have been expected, is in harmony with the degree of disturbance of a given personality.

For example a man with some paranoid tendencies (Case 10) expressed the violent anti-Semitic feelings. He talked for hours about his raging hatred for the Jews. He exclaimed: "...a flare of anti-Semitism may come. I would welcome it. I wouldn't mind seeing the Jews slaughtered...I'd kill all the Jews and Communists before they attacked me...the Jew is deformed...they are too intelligent, too powerful, they ally with the Negroes and spur them to revolt..."

On the other hand, a patient (Case 18), with only limited disturbances which did not interfere with the functioning of his personality in obvious ways, and whose analysis was successfully terminated, acted throughout life as a champion of the Jews and all other suppressed groups. It was only in analysis, or when under the influence of alcohol, that he used the term "dirty Jew."

Thus, the most crude and irrational forms of anti-Semitism have been linked correctly with psychopathic and paranoid personalities. Milder ex-

2 That anti-Semitism in such cases may well be regarded as an unconscious attempt to escape depression by changing the target for the accumulated hostility will become clearer when we discuss the function of anti-Semitism.

3 This case has been published elsewhere in full. See: Ackerman, Nathan W., M.D.: "Anti-Semitic motivation in a psychopathic personality: A case study," The Psychoanalytic Review, 34: 1, 1947.
pressions of anti-Semitic attitudes occur in less sick personalities. The common denominator is, then, not a similarity of specific psychiatric symptoms, and certainly not an identical clinical diagnosis. The common denominator lies on a deeper level. It consists of the common presence of certain emotional predispositions. These must of necessity be general in nature, since they run across the entire range of psychiatric classifications. And these character tendencies and reactions, furthermore, are not in themselves necessarily specific for the production of anti-Semitism—they may as well be the dynamic basis for other irrational group hostilities. Undoubtedly, they can exist without anti-Semitism. But in our case studies, at least, anti-Semitism did not exist without these traits and dispositions.

An analogy might clarify this relationship: a child in a destructive tantrum must choose as the target for his destructive hate a person or an object which his mother has allowed to be part of his environment. The release of his destructive feelings is possible only if he discovers a suitable object within this limited range of choice. In some cases, almost anything within reach might do; in other cases, the child's specific mood and motivation will determine his particular choice among the available objects. A person manifesting the character tendencies and reactions we are about to describe will, in similar fashion, select as the target for his attack something, or someone, made available by his culture. But here, too, there is often a relation between the specific motivation for hostility and the choice of the victim. In both cases, it is true, the choice is limited by external factors. But availability alone will not incite attack unless there are certain emotional predispositions. The predispositions are, then, a necessary, though not a sufficient cause for the development of anti-Semitism.

What are these emotional predispositions and the related character traits?

2. EMOTIONAL PREDISPOSITIONS TO ANTI-SEMITISM.

a. Anxiety. As is characteristic of analytic patients, all the individuals included in this study suffered from anxiety. In most instances, however, a large component of the anxiety was of a special nature: it was diffuse, pervasive, relatively unorganized, and not adequately channelized through specific symptom-formation. Generally it was not experienced as a conscious dread but manifested itself indirectly in various forms of social discomfort and disability. (This has already been indicated in dis-
cussing the vagueness of complaints and symptoms that these patients presented as motives for treatment.)

A few illustrations of this pervasive anxiety may clarify the matter.

**Case 4**: This woman patient manifests diffuse fear. She is uncertain and anxious about all aspects of herself. She is disturbed by her failure to get married. She is nervous about her work performance. She is concerned about “Democratic Party” election victories. In short, every event serves as a means for attaching her anxiety to a pseudorealistic cause.

**Case 29**: This man feels anxious about not having any friends, and lacks confidence in everybody. He fears women but, nevertheless, likes to pose as a great success with them. Though qualified, he is reluctant to accept a job for fear of not measuring up to it, and this fear characterizes him—he is afraid of failure, afraid of conflict, afraid of responsibilities. He does not know what to do or where to go or with whom to discuss his situation.

This continuous apprehension of injury throws over the lives of such persons a constant shadow; apparently they can perceive nothing in the world around them except danger. If other people suffer, they react not with sympathy but rather with the fear that they too are destined for the same suffering. Such an unsympathetic and self-centered view of the world is illustrated by **Case 12**.

This young Jewish woman is deeply anti-Semitic. She underwent a nose operation, and wore a cross-like ornament with the wish to be taken for a Christian. To her, all Jews are “dirty and objectionable.” Whenever the Nazi atrocities were mentioned in her presence, she trembled in uncontrollable fear. There was in her attitude no trace of sympathy with the victims, but a deep irrational conviction that every form of injury and persecution would sooner or later be aimed at her.

In other cases, patients display multiple and varied fears: fear of diverse forms of authority, of being hurt or becoming impotent, of being imposed upon in their professional fields, and so on.

Socially, economically, emotionally, and sexually, they are plagued by this exaggerated sense of vulnerability. Often, these fears are not apparent on the surface, but analysis reveals their existence under a façade of superficial self-confidence. The general picture is one of weakness and incompleteness in total personality organization, and fear of injury in a vast variety of social contexts. Because of their inner weakness and negligible insight, these patients view the outer world as hostile, evil, and inexplicably hard. They fail to see any relation between their own personalities and whatever difficulties they experience. This is, of course, the result of projection—which will be discussed later.
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Authors of detective stories and murder mysteries know as well as psychiatrists that nothing is more terrifying than the unknown danger. When the dark and uncanny enemy becomes identified and can then be labeled, tension subsides even though the real danger may still exist in a quite different direction. It will be well to remember this in order to understand why people who suffer from such pervasive, diffuse anxiety cling tenaciously and irrationally to their anti-Semitism, once they have mistakenly come to regard the Jews as the cause of the evil. Unfortunately for them, notwithstanding this specious identification of the “enemy,” the anxiety persists.

b. Confusion of the Concept of Self. Plagued by a vague apprehension of the world at large, these patients seem to derive little, if any, strength from their own personal identity. So confused and vague is their self-image that they do not seem to know who or what they are, what they desire, and what they can forego. This confusion carries over directly to the roles they play in life. With little regard for facts and the external situation of their lives they waver between feelings of inferiority and superiority; between regarding themselves as strong or weak, and between considering themselves as members of this or that group, or as completely isolated human beings. In some cases they do not even waver between extremes; they simply fail entirely to organize their psychological identity.

A bizarre, and at the same time, revealing example of this confusion of identity is offered by a patient (Case 2) who in his youth maintained the fantasy that he was not conceived and born in the natural way but was the result of a chemical experiment. So deep was his confusion that not even in the biological sense could he identify himself with other human beings. When he indulged in this fantasy, he saw himself outside the human species; at other times he made a supreme conscious effort to convince himself that he was human.

In another example (Case 30), a woman achieved an extraordinary rise in social status, emerging from the worst slum conditions of poverty and crime to gain a well-paid position as an executive. She was beset by anxiety, not knowing whether she belonged to the misery of her childhood or to the luxury of her early adult life. In the course of attempts to escape this conflict, she became unhappy and turned to alcoholism. This was terminated through prolonged hospitalization, but since the basic confusion of her self-image remained, she

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4 This case has been published elsewhere in full. See: Bak, Robert C., M.D.: “Masoichism in paranoia,” The Psychoanalytic Quarterly 15:3, 1946.
5 The relationship of radical upward social mobility to the development of anti-Semitic attitudes has been documented by Bettelheim, Bruno, and Janowitz, Morris, in Dynamics of Prejudice, Vol. 2 in this series.
soon hit upon anti-Semitism as another and equally spurious means to escape this conflict.

Changing life circumstances, as in this last case, are frequently made the surface symbols to which the patients attach their deep-rooted confusion about their own identity.

Another woman (Case 1), had spent many years of her childhood and youth in Europe. When she returned to America, her native country, she did not know whether to regard herself as a European or as an American. She consciously regarded this as an extremely difficult and painful position in life, about which she worried a good deal, without being aware that the surface character of this conflict was rooted in something more fundamental within her personality.

In this and similar cases a curious phenomenon can be observed: These patients do not seem to have achieved a clear separation of their individual selves from the surrounding world. Unable to define clearly their individuality or at least to recognize themselves as comparatively stable entities, they attempt to achieve stability by utilizing props selected from the external situation. When they resort to one after another of a series of such props without effecting relief of emotional tension, doubts about the identity of the self become painfully and plainly exposed.

External life circumstances, however, have a double function in relation to the confused self-image of these patients. On the one hand, they form a constituent part of that self-image because no clear separation of the self from the external world has been achieved, and consequently as the situation changes, the self-image will inevitably shift and become confused. On the other hand, external life circumstances are used as convenient rationalizations for the origin of the identity conflict. Apparently the discomfort of not knowing who one is, as a self, becomes easier to face if the causes of this confusion can be attributed to outside factors.

The existence of conspicuous differences between a patient's mother and father often serves as a convenient basis for rationalizing the patient's conflict concerning his identity. Those whose parents were of different national origins, different social or economic backgrounds, or different religious affiliations, readily exploited these factors in building rationalizations for their conflicts.

In doing so, the patients are indeed very near to the cause of their troubles. The identity conflict within the individual is closely linked to

The tendency to blame the outside world rather than oneself accompanies all the reactions of the anti-Semite. We have mentioned it when discussing the incompatibility of depression and anti-Semitism; we meet it here and we shall find it later, as a dominant defense mechanism of these patients.
the process of identification with the parents in early childhood. However, it is not the actual difference of group membership of the parents, but rather the basic emotional clash between them which accounts for the failure of the identification process and the resulting confused self-image. This aspect of the phenomenon is elaborated more clearly later, in the section dealing with the genesis of anti-Semitism.

These feelings of inner doubt and ambivalence toward one's own self are frequently too painful to be accepted without compensatory efforts. Inferiority, weakness, dependency, a tendency toward compulsive submissiveness and basic passivity, are often concealed from the world and even from one's own consciousness. The apparent substitute for such awareness is a tendency toward compensatory self-aggrandizement.

A few examples might illustrate such frantic attempts at ego-inflation.

One woman (Case 1), tries to create the impression wherever she goes that she is a member of the social elite, although she knows very well—and suffers from the knowledge—that she is not. She takes great pains with her outward appearance, devoting considerable attention to clothes, coiffure, and cosmetics, trying to appear young and attractive, although actually she regards herself as neither.

Another patient (Case 2), whose conflict of identity is manifested in the phantasy of a "test tube" birth, thereby revealing that he considers himself banished from all humanity, is well aware of his deep anxieties. He has one overpowering wish—to appear to be a "normal," strong, and successful person.

A third person (Case 15), lives as if he were an established and recognized member of the elite. He sees himself as popular with men and women and sought after by many social circles. Actually, he cannot remain for more than a short period with any group, since his alcoholism and homosexuality lead to repeated and unequivocal rejections. But neither these rejections nor his lack of friends seem to whittle down his habitually excessive self-aggrandizement.

One striking manifestation of the confusion of the self-image is the tendency toward homosexuality. While there are only two instances of overt homosexuality, and one of bisexual behavior in our material, the fear of homosexual inclinations plays a considerable role in many cases. More or less openly admitted to consciousness, the fear of homosexual tendencies drives men and women to leave colleges or their jobs. It goaded one woman into wild promiscuity as a preventive measure to keep her from the danger of becoming involved with other women. Often it makes men fight against the authority of their superiors.

But it would be erroneous to establish a direct link between homosexuality and anti-Semitic attitudes, as has occasionally been done. Anti-
Semitism and homosexuality are related only to the extent that they are expressions of the same basic conflict: the confusion about one's own identity and the struggle with one's basic passivity. Both homosexuals and anti-Semites are confused about their identity; both want to deny their basic passive urgings. But these are two distinct expressions of one and the same underlying conflict; each may emerge independent of the other or both may appear simultaneously. Furthermore, there are, as has been shown, many other ways in which a confusion of the self-image can be manifested.

Whatever the manifestation, however, such persons are particularly sensitive to the possession by anyone else of an unequivocal identity. Organized anti-Semitism, for example, has always shown an irrational concern for establishing Jewish identity. The Nazi regime, to achieve this end, employed the yellow stripe, the investigation of "Jewish blood" as far back as three generations, and the formulation of a pseudoscientific racial mythology in which a "Jewish race" could be labeled. The same irrational concern with Jewish identity is displayed by the American anti-Semite, who as likely as not, will claim the ability to identify a Jew by looking at him. One patient, a commuter, whiled away the time during his regular train trips by "smelling out" Jews, and he reported greater success in this venture during the summer months.

The function of this concern with Jewish identity will become clearer as we proceed.

c. Interpersonal Relations. Because the self-image is unstable and confused, it is extremely difficult for these anti-Semitic personalities to achieve satisfactory interpersonal relationships. At best their capacities permit them to establish little more than immature and incomplete human relationships. Such precarious relationships are continuously endangered by attitudes of overaggressiveness or overdependence, both of which serve to estrange the other person. What is worse, often there is not even the capacity for such tentative, incomplete relationships, since fear and mistrust of other people make some of these patients uneasy, shy, and awkward in company. Quite a few have never known a relationship deeper than that of casual acquaintance.

One woman (Case 1) who had shown a certain amount of surface aggressiveness in the achievement of her ambitious professional ends, is so distrustful of people that, apart from her work, she has scarcely any human contacts. Through her rigidity and timidity, she frightens people off, especially men. She cannot bear being close to anyone and particularly she hates the idea of sharing living
quarters. Nevertheless, she suffers so deeply from utter loneliness that she believes the one thing worse than being a Jew is being an unloved woman.

Another patient (Case 2), is also oppressed by loneliness. His fundamental isolation started early in life when he considered himself an outcast in his own family. He never had boyhood friends nor any friends in later life. Although he had numerous sexual relationships, they never involved his tender emotions and offered but momentary relief for his aloneness. Despite all his longing for human contact, he becomes intensely belligerent at the slightest provocation—often without provocation.

Others have a more successful mechanism for disguising their incapacity to establish genuine relationships. But at best such disguises deceive the outer world and sometimes the self; they never lead to the establishment of warm, human relations.

A man (Case 11), has a fine reputation for civic responsibility and leadership in his community. Hundreds of people come to him to discuss issues and seek his advice, but to him all this is nothing but a duty. He remains detached and isolated, without any warmth, and gains small satisfaction from his popularity. At the height of his successful business career he now has only one wish, which reveals his deep resignation: he wants to retire as soon as possible.

The admission of such resignation is rare. Generally the patients make frantic efforts to establish human contacts, but their deep-rooted doubts about themselves frustrate their attempts even before they get started. Unwittingly they destroy every incipient relationship by wavering between extremes of behavior.

One woman (Case 4), uses the same pattern over and over again. She attracts men through her seemingly submissive behavior, but as soon as they respond, she becomes aggressively hostile, refusing herself at the very last moment. She draws pleasure only from the fact that she has put a man “in his place,” that she has “castrated” him. Yet she is unable to understand why no lasting relationship develops.

Shifts between ingratiating and aggressive behavior, shifts which are hardly related to the real situation but are produced mainly as a result of deep-lying insecurity and emotional confusion, lead to repeated failures in social and personal contacts. The result of such failure is increased emotional isolation.

d. Conformity and the Fear of the Different. The absence of warm human relationships causes these patients shame and suffering. Consequently, what they cannot achieve within themselves they pretend to achieve on the social level by putting up a “good front” of sociability.
Case 10 illustrates this point. On the surface, in group meetings, this man successfully pretends to belong whole-heartedly to a social circle. Indeed, he created that circle himself. He is polite, conforming to his group’s standards, and he manages to make others believe in his interest and enthusiasm for people. Analysis reveals a very different picture. This man has renounced all values that signify a genuine group belongingness. He is convinced that “ours is not a loving world, it is absurd to think it ever could be... I have nothing to give to this world... I have no faith in love or friendliness.” He emphasizes in analysis that he has no interest in humanity, and that money is the only real security, with which one can buy service and devotion.

In most cases the strong emphasis on conformity to group standards is basically as shallow as it is in the above case. Ordinarily, this type of person seeks to reap the rewards of social conformity, but unconsciously his fear of submission is too great. His striving for acceptance is governed by the desire to appear like everyone else rather than to achieve genuine identification, and frequently he shifts from one group to another, over-protesting the strength of his allegiance to this or that cause according to the immediate situation.

To the person beset by such a conflict concerning group adherence, those people who are supposedly “different,” and who in addition do not seem to wish to abandon their difference, are an eternal source of provocation. The Jews appear to the anti-Semite as different from himself, and yet they appear to be alike among themselves. Hence qualities of uncanniness are attributed to Jews. On the one hand they seem to have the courage to be different; on the other, they seem also to succeed in being identified within a group. The very existence of the Jews, then, is a constant and painful reminder of the anti-Semite’s own emotional deficiencies.

That is why the fear of the “different” is not in proportion to the extent of the objective, measurable difference. Rather it is in proportion to the emotional deficiency which produces the need for conformity and belonging. The “difference,” as a result, is subjectively translated into an attack on group identity; the “difference” is consequently exaggerated, and the fear increases.

Those anti-Semites who habitually assert that “some of my best friends are Jews” demonstrate their intolerance and extraordinary sensitiveness to “difference” by this transparent denial of hostility. The actual differ-

7 This quality of uncanniness is probably the result of unconscious projection on Jews which will be discussed later.

8 This idea has been formulated in an article by Ernst Kris. See: Kris, Ernst: “Notes on the psychology of prejudice,” The English Journal 35:6, 1946.
ence does not register with them; it never crosses the threshold of their perception. They determine what Jewishness means according to their own arbitrary standard. Such a Jewish friend may be Jewish looking or non-Jewish looking, rich or poor, a native American or foreign-born, an assimilated or a non-assimilated Jew, and so on. These dichotomies can, of course, be combined in all variations, and produce different external stimuli. But, again, the reaction to "difference" is not in proportion to actual measurable degrees of difference, but rather to the implied threat to self-esteem contained in any difference.

All prejudiced persons insist on conformity within their own group to the extent of trying to destroy the nonconformist. The "difference" of the outsider, on the other hand, has a special significance because it serves a specific psychological function. By emphasizing this "difference," the prejudiced person achieves, at least negatively, a sense of identification with his own group. By conforming to Group A, he gets at least the false security of feeling that he is not a member of the supposedly inferior Group B. Within his own ranks, however, to assert difference is hazardous. This insistence on conformity in one's own group is paired, on a deeper level, with an unconscious wish to rebel against one's own group.

Since conformity connotes surrender of individuality, a person who represents "difference," even though passively, symbolizes strength, maturity, independence, superiority, and the ability to stand up against others unashamed of his own "difference." Such a person immediately looms as dangerous. He must not be tolerated in the ranks of the "ordinary" people but must be made an outsider. For the prejudiced person cannot bear the implied comparison. Because of the inherent weakness of his own self-image, the "different" person represents a potential menace to his own integrity—or whatever there is left of it—as an individual. The inevitable response is to attack the menace, the person who symbolizes difference.

"If only the Jews behaved like everybody else!" This frequent statement of the apparently reasonable anti-Semite, with its emphasis on conformity rather than on inherent merits or deficiencies of behavior, is an unconscious betrayal of what is wrong in himself.

In one case, (11), where the phrase, "If only the Jews behaved like everybody else" was repeatedly used by the patient, the link between anti-Semitism, the surface wish for conformity and group-identification (coupled with the in-
ability to achieve it), and the resulting attitude of rejection of the "different," was particularly clear.

To all appearances the patient was a highly successful businessman and a leading citizen in his community. He came to analysis because of his sexual impotence. At first he denied all anxiety about this symptom, maintaining that he was a happy, well-adjusted person who sought a cure only because he wanted to be fair to his wife. Although he had innumerable acquaintances and a busy social life, he had never developed an attitude of warm friendship. He played the role of leader and "trouble shooter," a fact which disguised to a certain extent his essential emotional isolation. This man accused the Jews of being emotional, uncontrolled, aggressive, and ill-mannered, in addition to being shrewd, capable, persistent, and industrious.

Analysis revealed that early in life this patient had started to repress all emotion. His mother was a dominant woman whose rigid religiosity banned all feelings of ease and relaxation. Not even laughter was permitted in her house, and under her influence, emotionality and sex became symbols of evil. As a boy, the patient lived as though pleasure and "goodness" were incompatible. Pleasure was reprehensible and he decided in favor of goodness.

But the repression was incomplete; and impotence, as the manifestation of the unsuccessful repression, was revealed in analysis to be accompanied by deep-seated anxiety about the threat of injury in sexual relations. Jews, who supposedly have the same abilities—persistence, shrewdness, intelligence—which the patient valued in himself, presented a source of deep irritation because they had apparently resolved the false conflict which had governed his life. To him, they had the courage to be emotional, uncontrolled, and yet somehow "good." The injury to his self-esteem implied in this comparison was too strong to be faced. Therefore he defended himself by hating the Jews, and by an insistence upon conformity.

e. Reality Adaptation. The emotional deficiencies of these patients, extending beyond the sphere of human relations, seem also to have impaired their capacity to establish a satisfactory relationship with external objects. Their very perception of reality is vague, dull, and indefinitely formed. Since there is nothing that interests them for its own sake, they rarely know what to do with themselves in their spare time. Drabness permeates their entire emotional adaptation to reality. Their affective responses seem shallow and colorless, and quite often restricted. In the analytic situation, however, they occasionally become imaginatively affective when they are dominated by the urge to restructure reality in accordance with their unconscious needs; such affective excitements often color the expression of their anti-Semitism. When it seems to them that they have discovered the Jew as the source of all evil, they resemble schizophrenics who have suddenly seen the light. In such futile attempts to restructure reality, they approach a state that is not so
much neurotic as psychotic. And yet so thoroughly imbued by drabness are some of these patients that they cannot produce the semblance of strong affects even against the Jew.

Apart from such outlets as anti-Semitism provides, this lusterless quality prevails generally in such patients. It is not surprising that no evidence of clearly defined life-goals can be found in these persons. Unaware of what they want, they seem vaguely concerned with impotent desires to establish their relationship to the outside world.

In superficial contrast to this picture of general dullness and lack of spontaneity is the fact that these persons seem to have the trappings of success in at least the economic sphere. On closer inspection, however, it appears that they hang on to their professional activities not so much because of real interest in what they are doing but rather because the prescribed routine of a working day gives them the emotional support that they lack in themselves. Not the satisfaction of a job well done, but routine—and especially earning money—are the ends-in-themselves by which these individuals are dominated. The extent of their reliance on strivings for control and power is, of course, a clear indication of their basic insecurity. Bitterly competitive in feeling, they have an extraordinarily low tolerance for realistic competition. They require proof that their rival is completely crushed.

One woman patient (Case 1), had changed her profession four times, starting on a subordinate level and changing into related fields with superior status and prestige. Nevertheless, she does not seem to derive any gratification from her success or from the exercise of her professional skill. Although past forty, she is giving time and energy to training in order to achieve an even more important position. But, once achieved, this highly craved position loses it value for lack of any meaningful relationship to her way of living. Keeping herself occupied is important as a means of overcoming the drabness of her life. Since she treats work as a substitute for emotional depth, activity means everything to her and genuine achievement nothing. This woman accuses the Jews of being social climbers, vulgar, "pushers," low-class people who really do not belong in good society. According to her, they force an illegitimate entrance. Her rejection of the Jews is thus based on their alleged achievements and her deep-rooted envy of their success in a sphere in which she herself vainly seeks gratification.

The selective perception of reality, described earlier, is thus matched by a selective adaptation to it. Although the break with reality is never complete, the rift is deep; so deep that such persons can hardly escape

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awareness of its existence. From this stems the frantic attempt to restore spontaneous contact with the real world. Anti-Semitic attitudes, however futile, signify one of these disguised attempts.

f. Conscience Development and Repression. One further facet of the reaction pattern which characterizes these prejudiced persons is the quality of their conscience. Generally speaking, there is little evidence of a consistent value system protected by a well-developed conscience. Genuine guilt feelings are sometimes entirely absent. More specifically, most of the patients do not appear to have overt guilt feelings about their anti-Semitism. (An interesting exception occurs, however, with that small number of persons who are committed to an ideology of political liberalism. These people do feel ashamed of their anti-Semitism.)

Even apart from their absent or deficient sense of guilt about their anti-Semitism, the political “liberals” and other anti-Semites provide ample evidence of an insufficient conscience development. Often not even the most elementary standards of decency are maintained, as abundant examples make clear. There is the wealthy businessman who cheats his newspaper dealer out of small change; the father who happily eats the candies which have been entrusted to him for his children; the mother who leaves her small child alone at home because she feels like going for a walk. One patient, with great delight, reported to his analyst a fantasy, stimulated by his wife’s slight indisposition, in which he imagined that she would die, and that he would then be able to sell her recently purchased mink coat. The price of fur coats having risen, he reveled in the idea of the profit he could make in this manner.

In other cases, there is a definite guilt reaction which may perhaps be substantial in intensity, but which is unreliable and fickle in kind. This type of guilt reaction is often treacherous in interpersonal relations. In such cases, people tend to equate the Jews with their own conscience to whatever extent it has been developed, only to reject both. This is most clearly expressed in the case of one woman patient, who sadly neglected her child. She had a great deal of personal contact with both Jews and Irish. “The Irish,” she said, “want me to play and enjoy myself. The Jews want me to work, to be serious and punctual.” Actually, in her way of life she followed the “Irish” (or what she believed to be “Irish”) rather than the ways of the “Jews.” This woman had a conscience, but it failed to operate in the discharge of her maternal responsibilities.

10 Hence the lack of genuine depression.
11 A more detailed discussion of this group is reserved for the section dealing with group pressures.
Another patient (Case 3), highly successful in a business career, hates the Jews for being shams and fakers who attained lofty positions by unfair means. What she projects onto the Jews is precisely what her conscience blames her for doing in her own career. She regards herself as a fake in the “successful” external aspects of her life. From one point of view, she is right. She pretends to be ambitious and serious, but in her deeper motivation she leans the other way. She is compelled by her conscience to make this pretense, but inwardly such behavior is conspicuously lacking in conviction. This contradiction in her personality derives from her relationship to her father. The guiding principle of her life was to do everything different from the way in which her father did it; he was easy-going, unambitious, and irresponsible. Beneath her surface gestures of earnest endeavor, she has a deep craving to be like him and accepted by him. The pretense of contrast to her father serves her purposes, no matter by what means it is achieved. The fickleness of her conscience is demonstrated by the fact that she, nevertheless, continued to do what she knows she should not do. This evidence seems to point to an incomplete process of internalization of conscience.

Psychoanalytic theory suggests that in such patients the process of repression in some measure fails—a trend that seems to be borne out by the evidence of our case studies. The effort to prevent a particular impulse from entering consciousness is never sufficiently strong or consistent. Hence the frequent changes in manifest behavior between attempts to be ingratiating—a temporary repression—and overt hostility—the breaking through of the repressed.

The effort involved in these frequent shifts, together with the difficulties created in human relationships by such unreliable and unpredictable responses, imposes considerable strain. Nothing is more understandable than the relief that such persons experience when they are under no social compulsion to repress hostility. Perhaps this is what occurs in some subcultures in the United States where anti-Semitism meets with no disapproval. Since the effort of repression is not required, there is no pain experienced in the failure to repress. In these instances, externalized and pseudo-objectively justified anti-Semitism serves as a safety valve—here one can let oneself go without getting into inner conflict.

Thus far we have described some of the emotional predispositions common to all of our cases. Each of these individuals is plagued by pervasive anxiety. Deeply confused in his own self-image, he derives no strength from his personal identity with which to face a menacing world. His personal relationships are shallow and unsatisfying. His group relations are characterized by an exaggerated surface conformity, beneath
which lurks a primitive, untamed hostility. Within his group the slightest indication of nonconformity appears as a threat. Outside his group, differences are exaggerated. Lacking a basis of genuine identification, he tends in a compensatory way to define his group status by reference to qualities he does not actually possess. He achieves only a partial adaptation to reality, and is unable to develop spontaneous and genuine personal relationships. His conscience is underdeveloped and unreliable, his repressions incomplete and inefficient, thereby necessitating recourse to the laborious tasks of conscious suppression.\textsuperscript{12} The full psychodynamic picture will emerge only after the genetic aspects of anti-Semitism and the defenses against anxiety have been discussed.

In the foregoing description of the emotional factors which predispose the individual toward anti-Semitism, it has often been necessary to isolate emotional tendencies for the purpose of systematic presentation. It is self-evident, however, that they do not exist as isolated traits at all, but are dynamically interrelated within the personality. By way of demonstrating this interdependence, a clinical picture of one patient will now be given in some detail before proceeding to the discussion of the genetic aspects of anti-Semitism.

\textit{(Case 1):} The patient is an unmarried woman of forty—tall, slim, and fair. Of her four sisters and two brothers, only two are married. Both parents were Protestants and exceedingly religious; her father was born in the United States, and her mother, the daughter of a clergyman, was born in Germany.

Anti-Semitism here seems to be an expression of this patient’s envy of the social status achieved by other people, especially by Jews. She assumes that the Jews are “low-class” people, that they are climbers who want to get ahead and improve their position. They do not belong in good society, but somehow worm their way into it, being “vulgar enough to push.” (Thus they achieve a status which she thinks is denied her.) In the negative phase of the transference she implied that the psychoanalyst himself came from the slums and concealed that fact by wearing good clothes. It was very difficult for her, however, to voice her anti-Semitism. On occasion it would take her as much as fifteen minutes to formulate and express such a sentiment.

She was born and raised in Bucharest, where her father taught at a theological school. She considers that her parents’ marriage was an unhappy one. Her mother had married a man fifteen years older than herself in order to escape the domination of her own father. She had enjoyed her many children while they were suckling babes, but had later regarded them as nuisances. The household had been dominated by her, with the father, a mild man, having

\textsuperscript{12} Recently, Jean Sartre, in his \textit{Portrait of an Anti-Semite}, has given an intuitive description which contains many similarities to ours.
little to say. The patient was outwardly submissive to her mother but inwardly rebellious. She felt unable to compete with her many sisters. She thought of herself as a bad daughter and had feelings of guilt because of her hostility towards her mother and because she felt she had let her father down in what she termed a “war” against her mother.

Outside the home, however, her father enjoyed considerable prestige as an American in European society, a feeling which the patient shared while growing up. Her father discouraged normal sex attitudes in his daughters, saying that a woman ought to think about being valuable to society rather than about marriage. Even when the patient was a mere child, he scolded her for showing affection toward a young man.

In her childhood the family atmosphere encouraged an intense emotional attitude towards Jesus. Life was a series of repentances in the sense that naughtiness was followed by reconciliation with Jesus. (Although she is a deeply religious person her feelings about God are ambivalent.) She is now a member of the Episcopal Church, which appeals to her especially because of the ritual of communion whereby she believes that she is forgiven for her sins; she receives communion infrequently, however, since guilt feelings are strongly associated with it. She is otherwise not interested in the church services. Though attracted by Catholicism, she has resisted conversion. Her anti-Semitism, however, is never expressed in a religious context.

She came to this country for her college education, and when faced with the choice of a women’s or a coeducational college, she chose the former, taking a course in nursing. She became a nursing companion in a private family, and while there she had a flirtation with a man in the household but this did not eventuate in complete sexual experience. Nevertheless, her guilt feelings as a result of this incident were so strong that she left the family.

After several years at this kind of work, she felt that God wanted her to study social work and in spite of feeling some inner resistance, she attended school and received her diploma when in her thirties. Approaching forty, she decided on psychoanalytic treatment for two reasons: she recognized the poverty of her social relationships and she thought also that it would help her professionally. Her first choice, a non-Jewish doctor, was too busy and recommended the present psychoanalyst.

Simply by coming to this country, the patient had lost the social prestige she had enjoyed abroad, and as a consequence has felt underprivileged. This has represented a severe and continuous hurt to her self-esteem, since her main pride is in her family and social position. In fact, she has never been able to decide whether her status here is that of a visitor or a permanent resident.

Toward authority and toward those in her profession who display hostility, she is quite submissive. This pattern originated in her early family relationships, and though it is a source of annoyance, she is unable to do anything to change it. Her chief problem is a lack of aggressive courage and a lack of self-confidence. The structure of her character is determined by her envy and her attitude toward this envy. She had always wanted to be a man, and feels that
being a woman is a disadvantage. Her envy of the social status of other people, especially of the Jew, is a special version of this feeling.

More recently the patient met a Jewish man at a party. She had her first complete sexual experience with this man, with whom she considered herself to be deeply in love. She invested him with the role of a superior person, and had he loved her she thought she would have been very happy. But this fantasy was never fulfilled.

After this sexual experience, the patient experienced profound guilt towards her unmarried sisters. There seemed to be a tacit agreement that none would do anything to arouse the envy of the others, and this particularly applied to marriage. There is one married sister whom the patient envies because she has children. As for the other members of the family, there are indications that they, like the patient, have never had an adequate sexual adjustment. Apparently, the sisters also manifest the same type of anti-Semitism as the patient.

Some years ago, the patient had a very close woman friend, with whom she lived. There was an element of homosexuality in this friendship, though never overt. During the analysis she started another relationship with a much younger woman towards whom she feels ambivalent because this friend is young and has several men friends. Her own attitude towards sex is highly ambivalent; consciously she wanted to have sex relations but she has made it practically impossible for all but the most aggressive men to approach her. She has severe conflicts about masturbation. Somehow she does not seem to accept love, yet she insists on remaining attractive and becomes upset when she considers that she may be unacceptable to men. She thinks that it is bad enough to be a woman, but to be an unloved woman is even worse than to be a Jew.

On the surface, the patient chose a polite form of “country-club” anti-Semitism. It does not play an important part in her conscious life, nor is it in its present form socially dangerous. Nevertheless, her anti-Semitism is deeply linked with the neurotic conflicts in her personality. In all her human relationships she is utterly insecure. She is upset by the idea of people living with her, and she does not allow them to come close to her. From this general insecurity and hostility stems her attitude towards Jews.

The Jews form a particularly convenient outlet for her deep-rooted envy because, being subordinate in status to start with, they can make more open bids for social position than she; for her to make similar bids and thus to admit tacitly that her position is inferior would be an unbearable humiliation.

Though her anti-Semitism seems to be primarily a social reaction to her group situation, it is nevertheless functionally related to her personality. Being an unaggressive person, she sees the Jew as “aggressive.” Since she considers herself “dumb,” and feels that people can “put things over on her,” she thinks of the Jews as “very clever,” and as exploiters. She apparently projects on to Jews the behavior and attitudes which she herself would like to possess and use to her own advantage.
THE PSYCHODYNAMICS OF ANTI-SEMITHISM

B. THE GENETIC ASPECT

The genetic approach to the study of anti-Semitism should provide answers to two questions: First, how do the relatively nonspecific emotional predispositions to this pattern of antagonism arise? Second, what is the development within the individual of this specific antagonism?

Discussion is here focused mainly on the first of these questions, the origin of emotional predispositions to anti-Semitism, because we have more evidence on this question. It should not be inferred from this, however, that the history of the established anti-Semitic pattern within the individual is of less importance. On the contrary, it is of considerable value to demonstrate the type, timing, and cause of the first anti-Semitic manifestation of an individual; to trace its development in the light of relevant psychological and social factors; to examine the flexibility or rigidity of the pattern, and perhaps even to predict the course of further anti-Semitic occurrences.

But this kind of approach depends upon a highly specific collection of data, and in this respect our evidence is far from complete. Had our cooperating psychoanalysts been able to treat anti-Semitism as a clear-cut, well-defined symptom, noting the onset and all subsequent relevant occurrences, such an approach might have turned out to be most profitable. This, however, was not generally the case. As has been stated before, the available material has serious shortcomings in this respect, especially with regard to external cultural influences contributing to the development of anti-Semitic hostility.

Consequently, this study must necessarily focus mainly on the genesis of the emotional predispositions to anti-Semitism. For this approach, there is ample material, most of which has been accumulated in the psychoanalytic rather than in the social-service cases.

1. RELATIONSHIP BETWEEN THE PARENTS OF THE ANTI-SEMITE. Common to every case of anti-Semitism collected for this study is the strikingly similar psychological atmosphere into which the patient was born. There is not a single example of a permanently well-adjusted marital relationship between the parents. In almost half the cases, their superficial respectability was violated by open quarrels, physical violence, divorce, or desertion. At best, only the semblance of a respectable family union was preserved through conformity to conventional standards. Basically, there was no warmth, affection, or sympathy between the parents; and
what little evidence of the sexual adaptation between the parents is available indicates that sexual relations were unsatisfactory.

The mother of one woman (Case 1), told her adolescent daughter that she had married her much older husband only to get away from home. She shocked her daughter deeply by intimating that should her husband die, she might quickly fall in love with another man.

The parents of a man (Case 10), had lived in a precarious relationship through the course of a marriage that was in large part a product of spite. Between the parents there existed an open hatred which occasionally erupted into physical conflict. When the boy was eight years old, the father deserted his family.

The parents of another patient (Case 14), maintained such an excellent surface appearance of domesticity that they were regarded as a model couple. But there was actually no warmth between them. The father carried on numerous love affairs and the mother apparently renounced her feminine interests and sexual activity.

Generally, a sharp contrast characterized the parents as individuals. They were at cross-purposes on every possible occasion. In temperament, ethical values, sexual attitudes, and social interests, father and mother seemed to represent different worlds. Even where such basic differences were not understood by the children, the fundamental hostility between the parents was inescapably felt. Frequently, such hostility was covertly shunted off into side channels, charging the family atmosphere with an unpleasant tension. Existing differences in ethnic origin, or social and religious background, appeared to be the area of sharpest overt conflict between these emotionally maladjusted parents.

The Christian step-mother of a man (Case 25), whose father was Jewish, would say to her husband whenever she disagreed with him: "Don't act like a Jew." The implications for the patient's later attitude toward Jewishness are obvious. But even where neither parent was Jewish, parental disagreements seemed to be attributed in the presence of the children to differences in group membership. The statement, "you are different" (implying "you are bad because of your difference"), whether relating to religious, ethnic, or social contrasts, was for many of our patients the first real awakening to the manner in which difference is sometimes treated in our culture.

Such an emphasis had, from the child's point of view, one apparent advantage: group differences were tangible factors. They at least provided a name for the lack of ease, warmth, and unity in the family, which the child perceived and from which he suffered, but could not under-
stand. Thus, the absence of affectionate human relations and the existence of hostility, often rationalized as difference in group membership, represented the earliest childhood conditioning in human relations.

This pattern seemed often to be reinforced by the sharp contrast between the parents as regards tendencies toward domination and submission. One parent was dominant and overaggressive; the other submissive, weak, and masochistic. More often than not, it was the mother who represented aggressive dominance.13

Although evidence concerning original parental attitudes towards having children before actual conception is, of course, scarce, a deduction is justified in view of the parental relationship which has just been described. Where there is little love and much conflict, children tend not to be regarded as a fulfillment of life, but at best as a compensation for disappointment, and at worst as unwanted additional burdens.

2. THE RELATIONSHIP OF THE PARENTS TO THE ANTI-SEMITIC PATIENTS AS CHILDREN. The available evidence bearing on parental attitudes towards their children from birth on tends to support the foregoing assumption. The rejection of the child by one or both parents is the rule rather than the exception in these cases.

One patient (Case 2), experienced rejection during early childhood through the father's sadistic beatings and the mother's more subtle, but equally cruel, ridicule. In relation to his enuresis and a physical handicap (a congenitally exposed urinary canal), she told him again and again, "you are not like other boys."

Another patient (Case 4), also felt rejected by both parents. Neither the father, who was strict and remote, nor the mother showed the little girl any affection. The experience of rejection in this case was aggravated by the patient's sibling position: an older brother received more affection because he was a boy, while a younger sister was mentally deficient and thus required special attention from the parents. The patient was assigned to the care of a nurse, and was unable to compete with her siblings. She was rarely the subject of parental concern.

Another man (Case 10), also felt rejected by both parents. At a very early age, he was left with his grandparents because it suited his parents' convenience, an early experience of desertion which was later to be repeated more drastically. When the patient was eight, his father deserted the family, and when he was sixteen, his mother, without any display of emotion, sent him

13 It is impossible to decide whether this is in accordance with a general cultural trend or whether this configuration is specific to our cases. However this may be, the aggressive dominant woman in our society is at variance with the accepted idea of male superiority and presents an additional reason for conflict and difficulty in reality adjustment.
away to a near relative. During that short period of his life in which he had been with his parents, the patient had heard his mother express open preference for other little boys, unrelated to the family. The fact that some of these competitors were Jewish entered into the motivation of the patient’s future anti-Semitism.

In several cases, the original pattern of sibling rivalry contributed to the later development of hostile feelings against Jews. In some cases, the early death of one parent contributed to the feeling of being rejected and deserted; in others, open desertion by a living parent, with all the misery that such action often visits upon the remaining parent and the child, left a deep wound, with significant later effects on the patient’s feelings about rejection.

Each rejection, whatever its cause or form, damaged the self-esteem of the child. The experience of not being wanted, of not belonging, was closely related to one of the predominant conflicts in the adult anti-Semite: the conflict about his own identity and the resulting confusion of his concept of self. The current cultural stereotype about “good Jewish family life” tends to excite the unconscious envy of anti-Semites who have themselves suffered from a lack of love and close family feeling.

The parents’ attempt to achieve through the child some form of compensation for their own personal disappointments is often expressed through their narcissistic exploitation of the child, and leads in a more roundabout way to the same final result of rejection.

One Jewish father (Case 16) projected all his own frustrated desires onto his son. From early childhood, he compelled the boy to study music. He alternated between exaggerated demonstrations of affection and great severity. He intervened in his son’s friendships (for the son’s “own good,” of course). The mother was weak and ill, incapable of playing an active role in her child’s upbringing. The child developed the idea that he was not wanted for himself, but only for his achievement. He feared and hated his father in much the same way that he later feared and hated all Jews.

A woman patient (Case 21) recalls bitterly an experience which made her feel deeply victimized by her half-Jewish mother. At the age of four, she and her brother decided to build their own toy train. When her mother heard of this plan, she went out and bought them an expensive electric train which overwhelmed the children and gave them no pleasure. But the purchase satisfied the mother, whose vanity and social snobishness demanded that her children should play with the biggest and most expensive toys. Such false indulgence through gifts robbed this child of every chance to carry through what she herself wished to do.
To this patient, then, Jews symbolize everything that is self-indulgent, pleasurable, and hence vulgar. Of course, she did not consciously recognize the connection between these adult antagonisms and her childhood struggle with her half-Jewish mother.

Both open rejection and narcissistic exploitation damage considerably the self-esteem and self-confidence of the child, who, consequently, feels unwanted, unloved, and unworthy. At the same time, the child feels that if only he were different perhaps his parents would like him. In this emotional context, both the passive dependent needs projected toward the parents and the related aggression, are fixed. Out of fear of parental aggression the child attempts to repress its desire for dependency and resorts to compensatory aggression, but this too must be repressed.

The fear of parental aggression appears more than justified when one considers the disciplinary pattern in these families. Even where one parent is indulgent, leniency is not consistent. Usually discipline is strict and often enforced by brutal beatings. Acceptance of the child is conditional on conforming behavior. Against this background, the rejected or exploited child soon acquires skill in pretending, so that overtly he assumes a submissive attitude, beneath which rebellion and hostility continue to smolder. The pent-up aggression against the parent can be released, if at all, only through displacement. In some cases this aggression is partly diverted into the sibling situation. The anxiety about failure to compete with siblings is derived originally from the inability to pit aggression competitively against the parent. This is an important genetic factor for the later patterns of competitive aggression against Jews.

One of the first large tasks of conforming which a growing child experiences is the process of habit training. The manner in which this training is handled by the parents generally reveals to the child their basic attitudes. Occurring at this early, extremely pliable age, it exercises decisive influence on the child's incipient personality formation.

In several cases, the fixation of anal character traits in the patients could clearly be traced back to severe and early toilet training which was made a test of the parents' approval and affection. The following is a case in point:

A young Jewish woman (Case 12), to whom Jewishness literally means dirt and who manifests many "anal" character traits, was toilet-trained ("house-broken") by the age of one. Otherwise completely left to the care of a governess, this child received recognition and attention from her parents only as she was clean and obedient. This pattern dominated her attitude toward her parents.
all her life. If she wanted affection she had to conform to their exaggerated ambition, especially that of her mother. She learned to read and write long before school age, composed verse and played the piano at five. Her entire personality was motivated by the wish to obtain, through adherence to this early pattern of conformity, what she had experienced in her first training in infancy: the affection and recognition of an appreciative mother. Throughout her life she manifested an excessive concern with dirt, vacillating between disorderliness and exaggerated cleanliness. For her, Jewisimess signified something low, dirty, anal. Her anti-Semitism symbolized the rejection of the dirty parts of her self; to enjoy dirt meant to be deprived of her mother's love.

The attitude towards toilet training and dirt—as conditioned by the parents—colors the later emerging sexual attitudes. Thus, the pre-Oedipal experiences of our patients generally tended to fixate basic passivity, compulsive submission, and induced repression of the corresponding compensatory aggression. This passivity and the concomitant ambivalence represented a strong hindrance to healthy Oedipal development and reinforced the later-appearing “castration anxiety” (fear of injury to the sex organ or impairment of sexual pleasure).

At an early age, the characterological predispositions for prejudicial attitudes are thus already apparent. The excessive tendency to conformity, even though on a basis of pretense, has demonstrated its value to the child in his attempt to master the dangers of parental aggression. This sets the stage for the significant conflicts which emerge in the effort to establish personal identity.

3. The Oedipal Struggle. The Oedipal conflict into which these patients entered as children was intense, was characterized by an excessive amount of confusion and anxiety, and was never fully resolved. The evidence for this, it should be stressed, is often only to be inferred from later life patterns. A serious distortion of the process of identification with parents who offered neither acceptance nor love—so essential for the successful mastery of the Oedipal conflict—is revealed. The most frequent indication of this unresolved conflict is to be found in the attitude which these patients, even as adults, manifest toward their parents.

Several instances clarify this point with the emphasis on a disturbed relationship involving the father. One man (Case 2) reported that whenever he visited his parents, he was troubled by a vague feeling of some “unfinished business” between him and his father, something he “wanted to settle”; this urge for vengeance on his father represented a deep and bitter preoccupation. Another man (Case 7) had been so terrified by his father that as an adult he roamed the world, for this was the only way he could feel free. His father'
presence suffocated him, and only when his parent was dead could he settle down. A woman patient (Case 3) had more or less consciously shaped her entire life so that it would be contrary to her father's; where her father had accepted almost everything but his family, this woman accepted little more than her family. Another woman (Case 14) manifested an unresolved attachment to her father by entering into a lifelong love affair with his friend.

Other cases emphasize the mother as the key figure in the Oedipal conflict. One man (Case 9), who was utterly dependent on his mother's standards and values in adult life, bluntly asserted that he hated her. In the case of another man (Case 11), persistent dependence on his mother's values had been fore-shadowed by his experiences of deep anxiety when, as a boy, he was repeatedly separated from his mother for varying periods of time.

These examples could be multiplied. A compulsion to imitate their parents, or, to use Tarde's phrase, "to imitate by opposition," is the dominant drive that characterizes the lives of these individuals.

The cause of this trait lies in the incomplete incorporation of the parental images into the internalized conscience. The condition for the completion of this process is a genuine love-identification. Where the parents of these anti-Semites, through early rejection of the child, frustrate all attempts at healthy identification, the process of internalization of conscience is seriously hindered. Often the child's partial identification is with the weaker parent, who represents if not the kinder, at least the less menacing of the two. Such identification, leading as it often does to an identification with the underdog, is generally fraught with danger. Because of the need for protection by a strong person, the child tends overtly to renounce his identification with the weaker parent and over-protests his alliance with the more aggressive parent. Here, too, the patient is ambivalent. Because of his fear and hate of the more dangerous parent, there is at best only a partial ambivalent identification with him. As a result the patient withdraws and the identification with both parents remains incomplete and distorted. This may produce lifelong indecisiveness and confusion as to sexual identity. The patient gives his whole-hearted allegiance neither to father nor to mother, and correspondingly neither to male nor to female attributes.

The relationship of this type of Oedipal experience to the later development of anti-Semitic attitudes is not simple. Some indications of such a relation have already been offered. There is, to begin with, the identification with the weak, which is too dangerous to be maintained and for which an identification with the strong is later substituted. This is one factor that leads to anti-Semitic patterns based on a partially repressed identifi-
cation with the “weak Jew,” this explaining the frequent discovery that the conscious rejection of the Jew—or what is envied in the Jew—is often paralleled in the unconscious by a strong identification with him. The deep-seated identification with the Jew because of his symbolic weakness, his crippled, castrated state (circumcision) and defenseless position, is denied because of its danger to the individual’s self and social position; and in its place there is substituted an identification with the attacker. Frustrated in their attempts to achieve identification based on love, these persons resort to partial identification based on hate and power. This defensive need to substitute identification with the strong is, of course, the result of the original failure of the child to compete with the parent’s aggression.

Only a few cases contain concrete evidence for this genetic link between the thwarted identification attempts and actual anti-Semitism.

One young man, for example (Case 6), presents the link rather clearly. This person, a member of the Nazi movement in Europe, hates his father and the Jews for the same reasons. They are not only the same in content but are formulated by him in such identical terms that it seems almost unbelievable that he should have been unaware of the actual identity of these two forms of hatred. In this instance the dynamic parallel between the patient’s attitude to his parent and the meaning of anti-Semitism is clearly visible.

As already suggested, early distortion of the identification process hampers the development of the conscience. The formation of conscience remains incomplete. While guilt reactions may be quantitatively intense, the internalized standards of right and wrong remain vague and unstable in quality. Punishment is perceived largely as coming from without rather than from within. Such a psychic tendency provides the basis for a denial of guilt, and for projection onto the external world of that which is rejected in the self.

In the main, however, the connection between this Oedipal experience and later anti-Semitism is indirect rather than direct. Unresolved Oedipal problems must be understood as leading to the conflicts, character traits, and weaknesses previously outlined. Overt anti-Semitic attitudes appear when the individual, mobilizing mechanisms of self-defense to combat or conceal his weakness, utilizes prejudice as a rationalized outlet for inner conflicts and pent-up hostility.

The genetic specificity is most obvious, of course, in cases where one or both parents are identified with Jews, so that in a concrete manner the concept “Jew” is built up simultaneously with the development of the
child's image of the parent. Cases of Jewish anti-Semitism, therefore, most readily reveal genetic specificity. The basic conflicts, however, are identical for the Jewish and the Gentile anti-Semite. By way of illustration, two cases will be presented at some length—one of a Jewish patient, the other of a Gentile.

(Case 25): The patient, forty years old, is a wealthy businessman who came to analysis because of selective sexual impotence; he was impotent in his marriage but not in extramarital affairs. He was born a Jew, but during his adolescence his father converted to the Episcopalian religion, and the patient now considers himself Episcopalian. He had a morbid fear of being revealed as a Jew. His anti-Semitism takes the form of hatred of all Jews. He considers them overbearing, aggressive, money-mad, and untrustworthy. He would dream of his Jewish analyst as a huge, bearded, eastern Jew, ready to strike someone down. When the psychoanalyst gave this patient an appointment on a Jewish holiday, the patient felt that the doctor did not take the holiday because, being a Jew, he wanted to earn money so intensely. In a period of positive transference to the analyst, the patient expressed pleasure because the doctor did not speak with a Jewish accent.

In his business activities the patient was openly anti-Semitic. He refused to hire Jewish help, and he once got into a heated argument with a non-Jewish business associate who had a Jewish secretary. So strong were his anti-Semitic feelings that he endangered a business deal with this associate rather than refrain from making anti-Semitic remarks about his secretary. Once the patient struck a girl friend because she had called him a Jew. He was for a long time on the verge of contributing to the Christian Front movement but finally decided against it. At one time he contributed money to an organization which worked to defeat the election of a Jew.

The patient ended the analysis when his sexual impotence was cured. His attitudes towards Jews were still hostile, but less violent, and he had developed some guilt feelings about his anti-Semitism. He even contributed money to a college which did not bar Jews, something he would probably not have done before analysis.

The patient's father was born abroad and came to this country as a young man. He developed a business which was virtually a monopoly so that the family was wealthy when the patient, the oldest of three brothers, was born. His father was extremely severe, remote, and harsh in his discipline, feared by the entire household, including his wife. It was customary for everyone to stand up when his father walked into the room.

His father demonstrated the qualities which the patient later attributes to all Jews: he was overbearing, money-mad, and aggressive. He would "rob him" of his allowance by way of punishment ("the money-mad Jew"). For violating the father's standards of good behavior, the children were often locked in a room and given bread and water for days on end. His mother and the servants would sneak food to the boys, always in great fear of being caught by
his father. The significance of this aspect of the relationship between the
parents is self-evident. It involves a weak mother and a domineering father,
each with entirely different values and attitudes, and constitutes a union based
on fear and domination. From early childhood on, the patient must have been
aware of the rift between his parents and the absence of understanding and
affection in their relationship.

In retrospect, and by comparison with his father, his mother appeared to the
patient as a kind person, but she was obviously too weak and vulnerable for
the patient to identify with her safely. She was also born Jewish, and in con-
trast to his father identified herself as such, contributing to Jewish charities.
The patient claims that he was closer to his mother than the other children
were. He recalls that when he was little, his father once went away on a busi-
ness trip and he slept in his mother’s bed. He hoped his father would go away
often. His childhood was dominated by excessive fear of rejection by his re-
 mote, domineering father, whom he nevertheless wished to emulate, as his
behavior in later life shows.

The mother died when the patient was thirteen. The patient interpreted her
death as a virtual desertion of him; she, too, was “untrustworthy.” Soon after
this, the patient, his father, and brothers were converted to Christianity. The
patient states that his mother would not have approved of this at all. Thus the
last accusation against the Jews as a group—they are untrustworthy and
treachery—is exemplified in his father’s conversion soon after his mother’s
death. After the conversion his father gave large contributions to the church.
Even before the change in religion, the family had not maintained any personal
contacts with Jews, and neither in childhood nor throughout his school and
college life did the patient become friendly with Jewish young men.

After the conversion—which doubtless contributed to the patient’s confusion
about his own identity, and to the corresponding conflict of values—his father
married a wealthy Christian woman who enjoyed great social prestige. The
patient did not like his stepmother. He recalls that when she was angry at his
father she would say “Stop being a Jew.” The patient, however, had little
contact with his stepmother because he was sent to a boarding school.

Most of his hostility was directed against his father. At that time he often
daydreamed that he would go to his father’s office to denounce him as a Jew.
Apparently by that time the anti-Semitic pattern must already have been
firmly established. What he hated in his father, he also hated in Jews as a
group. Nevertheless, he shared much with his father. Being anti-Semitic served
the purpose of a half-hearted attempt to deny part of his own self, the weaker,
more vulnerable part (mother), and to substitute identification with the
stronger enemy (father).

Although the patient was very successful in college and business, he derived
from his success no real pleasure or satisfaction. It was extremely important
for him to be accepted in socially high, non-Jewish circles in college. Later on,
to gain prestige and affiliate himself with a group representing superior power,
he joined a rich men's club. On the whole, his social life was dull and empty;
he spent most of his life at his work. He led a shut-in existence, accumulating
money and “counting gold,” for he was niggardly about his wealth. With subordinates he was strict, exacting, and occasionally abusive. In this, too, he imitated his father’s behavior. This confirms his anti-Semitism as being not only a rejection of his father, but also of elements of his own self, since he accused the Jews of qualities that both he and his father possessed.

The patient was impotent in his marriage, but he attributed this to his wife’s lack of sex appeal and beauty, thus demonstrating his tendency to repress awareness of his own weakness and to shift blame to others. He was openly sadistic toward her. Throughout his marriage he had affairs with many women, each lasting for only a short period because of his fear of becoming attached to any one of them. With these women, whom he regarded as prostitutes, he was sexually potent, and in his sexual relations there was always a considerable display of sadism. Yet he never really enjoyed sexual intercourse, being constantly fearful of discovery and the resulting loss of prestige.

The patient’s main conflict is thus his unresolved Oedipal conflict, characterized by his open hatred for his father (the Jews), coupled with a tendency to be like him. His anti-Semitism reinforces, and is reinforced by, the attempt to deny parts of his own self and in so doing to project onto a group the essence of his own weakness and immorality.

The second illustrative case, a Gentile (Case 29), is a client of a family service agency, a white collar worker aged thirty. He is married and has one stepdaughter. He originally approached the agency for financial assistance, after having been discharged from the army as psychoneurotic. He manifested a host of psychosomatic symptoms, such as aching joints, difficulty in breathing, and a numb foot.

The client has repeatedly expressed hostility against Jews. He blames his low wages in the small concern for which he works on the fact of Jewish ownership. He has described his employers as being very “tight,” and yet he considers them clever and expresses admiration for their ability to make money, to remain loyal to their families and helpful to their “race.” But the Jews, he feels, are out for what they can get—and they get it. When they succeed in business they move to better living quarters, buy fur coats for their wives, and patronize the finest of restaurants. They stick by one another, and make good husbands and fathers.

He knows a number of Jews, with whom he continually quarrels. This includes his stepdaughter’s employer, some neighbors, and the doctors of a hospital which he attends as an out-patient. The doctors, he complains, do not really understand his illness—he calls them “refugees and quacks”—and he often temporarily interrupts his relationship with them by discontinuing his hospital attendance. After a while, however, he resumes contact but gets into quarrels once again.

He was born abroad. His parents died when he was an infant, so that he has no memory of them, but is genuinely anxious to discover something about them and their background. He was brought up by foster parents who immigrated when the client was about twelve years old. His foster parents were supposed to have been good friends of his real parents, but he is uncertain of the motives
which inspired them to adopt him. On the one hand, he thinks it was due to their inability to have children of their own. He suggests that because they were "cheated" out of having this experience they treated him so miserably. On the other hand, he has a deep suspicion that he was an illegitimate child, and that his foster father is actually his real father. (Here again we note the confusion about origin and identity.) He never felt loved or wanted by his foster parents.

He believed his foster father was sexually potent and indulged in numerous extramarital affairs. The client suspects the same of his foster mother. He always was, and is even now, deeply terrified of his foster mother. He fears seeing her again because he says he might kill her. As a child he hated his foster mother fiercely but repressed this hatred. She used to punish him severely and when angry she would tell him: "You are no good, just like your mother." On one occasion, after she had been nagging and chastizing him for some time, he jumped at her and started choking her. It was only the intervention of his foster father, he believes, that prevented him from killing her.

When he was fifteen the miserable treatment reached a climax. After a particularly difficult day with his foster mother he found himself unable to eat and went off into a long crying spell. A doctor was consulted, and while the client is not sure of the exact diagnosis, he believes that the doctor said something of "an illness of the mind." About this time, finding himself no longer capable of drawing and painting, he was forced to discontinue his high school studies in art.

Later he obtained a job as an usher in a theater, and with hard work he was able to rise to the position of assistant manager. A minor infraction of rules, however, cost him his job. He had enjoyed his position as assistant manager because, as he says, he liked being a boss and pushing people around, and for much the same reason he later enjoyed being a sergeant in the army. It is both interesting and significant that whenever something goes wrong he says like a child, "I didn't do it, he did."

In general, he thinks that the only way to get anywhere in the world is to know the right people—this is one of his favorite themes. In a recent election he worked for a radical politician, not because of any particular political conviction but because he felt that by doing so he would be able to make the "right contacts" and get somewhere.

Paradoxically enough, the client’s ideology is conservative and anti-union. He dislikes Negroes, believing that they are dirty and given to violence.

His anxiety is chronic and generalized; it is particularly evident in human relations. He complains that people are talking about him when really he is talking about them. He frets over the red tape involved in his being awarded army compensation, feeling that he is being pushed around, that the army is "against him," and that they now want to rob him of his rights. He considers himself friendless and victimized by people whom he had considered his friends. While he likes to brag about being chased by women, he is, in reality, fearful of them. When his wife left him for a short period, taking most of the household goods with her, he felt terribly hurt because, he explained, it
was so important for him to have a home. He is continuously frightened by his instructors and superiors, whom he always accuses of not being sufficiently understanding. He feels that he is not fulfilling his obligations as a husband and father. His wife, ten years his senior, complains about his stinginess. Apparently, he wants a wife to be a loving, affectionate mother-figure, as a contrast to his foster mother. Fear of failure, insatiable desire for power and "success," conflict with superiors, a chronically unfulfilled longing for warmth and affection, are the driving factors in this man’s life, and they are also the basis for his deep envy of the Jews, whom he sees as possessing everything he himself lacks.

C. ANTI-SEMITISM IN THE SERVICE OF DEFENSE MECHANISMS

Thus far we have described the genesis of the conflicts which predispose a person to developing anti-Semitic attitudes. We wish now to show how such persons try to deal with these conflicts, in attempts to minimize their anxiety.

The syndrome of emotional predispositions and character tendencies that we have described cannot of course be considered unique in the anti-Semite. It exists in many persons and there is no reason to believe that all who share such characteristics will necessarily manifest anti-Semitic attitudes. But the fact still remains that where anti-Semitism is demonstrated in the patient’s cultural environment, individuals with this specific syndrome will utilize this handy prejudice for their own irrational purposes.

Such persons suffer, as has been revealed, from a sense of loneliness, emptiness and privation. Their needs tend to be insatiable; they crave intensely for that which they do not possess, and reject whatever is within their grasp. Basically they reject themselves and envy others. To find a semblance of balance in spite of their frustrations, they mobilize against their anxiety and self-hate a variety of defense mechanisms. In the interlocking pattern of these defenses, anti-Semitism seems to fulfill a functionally well-defined role. It represents an effort to displace the self-destroying trends in the personality. At the psychic level, anti-Semitic hostility can be viewed as a profound though irrational and futile defensive effort to restore a crippled self. At the social level, it can be regarded as a device for achieving secondary emotional and material gain.

The anti-Semite, unable to resolve or reconcile the conflicts of his
emotionally parasitic self, flees from his painful, insoluble dilemma into a preoccupation with the outside world. He attempts to externalize his inner conflicts. He does this in the hope of forestalling progressive destruction of valued parts of his ambiguous self—a vain hope, because ultimately the anti-Semitism to which he turns in an attempt to find a way out of his conflicts only intensifies and makes more obvious the frustrations from which he seeks escape. Such a defensive response results inevitably in significant shifts in the equilibrium of unconscious forces.

In utilizing anti-Semitic hostility as an emotional defense, the anti-Semite employs a series of psychological mechanisms. Some of these defenses, such as projection, denial, substitution of aggression for anxiety, and rationalization, are inevitably brought into play, while others, such as avoidance, opposition, displacement, reaction formation, and compensation, play an auxiliary role and do not necessarily constitute a part of the anti-Semitic reaction.

In the discussion which follows, the mechanism of rationalization is integrated with the treatment of the other defenses, since rationalization is so frequently used to implement these other mechanisms.

1. PROJECTION. The mechanism of projection permeates the entire personality of the anti-Semite. From the psychoanalytic point of view, the character pattern in such persons favors “acting out,” seeking the relief of emotional tension through impulsive expression, as an attempted solution of inner conflict. This basic tendency to externalize inner conflict tends to reinforce all those patterns of defense, in addition to projection, which lend themselves to exploitation in this direction. There is extensive interplay between projection and the auxiliary defenses upon which the anti-Semite relies. The need to attribute to other persons or groups qualities and emotions belonging to the self arises when one cannot face in oneself the conflict created by the existence of these very same qualities and emotions. These accusations against the other person or group are then reinforced by the process of rationalization, a psychic device which provides a plausible justification for an act arising from unconscious motivation.

The original ritualistic model for the concept of projection—the scapegoat—sharply dramatizes the relationship between inner conflict and projection. At the height of pagan ritualistic ceremonies a goat, or some other animal, was consigned the sins of those participating in the ceremony and driven off into the wilderness to perish, together with its
burden of evil. In one particular respect, however, projection as a defense mechanism differs from this symbolic act. It excludes by definition any clear awareness of the relationship between one's own conflict and the qualities one attributes to other people. The anti-Semites here under review use a great variety of rationalizations for their unconscious projections, the most common of which are the host of pseudo-rational arguments about Jewish "national character" and the alleged position of the Jews in society.

But notice that the concept of projection does not involve the element of truth or falsity of the content of the projection. If a man who is accused of dirtiness is not in reality dirty, one may conclude with reasonable confidence that the accusation serves, and is motivated by, the psychological need of the accuser. He projects upon the accused his own repressed attitude toward dirt. But even if, in a given instance, the accused person is actually dirty, that fact does not exclude the possibility that the accuser is nevertheless attributing to the accused a condition which he himself possesses but denies, rather than passing an objective judgment on that other person. It is, therefore, not the objective truth or falsity of the accusation, but the psychological motivation of the accuser which defines the mechanism of projection. This means that the actual qualities of the Jews as a group or as individuals are not relevant to a discussion of the protective nature of anti-Semitism. Even if there were a basis in fact for the accusations made against the Jews, such accusations might, notwithstanding, constitute a projection on the part of the accusers.

Generally speaking, however, the nature of the accusations against Jews is such as to make obvious their projective character. The very inconsistency of the accusations reveals the irrational character of the projection. Not only will different people attribute different and mutually contradictory characteristics to "the Jews" as a whole, but the very accusations made against them by a single individual are often entirely inconsistent. This is illustrated in the following examples:

One man (Case 2) accuses Jews of being a powerful, international cohesive group, and at the same time petty, contemptible, and small-time crooks. Another man (Case 10) regards Jews simultaneously as being degraded robbers and too ethical. A woman (Case 21) contends that the Jews are the incarnation of vulgarity; simultaneously, however, they are the symbol of a God-figure.

Even such blatantly inconsistent accusations are rationalized by these patients, at least to their own satisfaction. Anti-Semites appear com-
pletely blind to the logical flaw in the statement that Jews are at one and the same time tremendously powerful and petty crooks. Not only does their irrational need for projection make them impervious to logical reasoning, but they receive support for their warped ideas by a powerful force—the culturally conditioned stereotype of the Jew.

The negative stereotype of the Jew, which has been developed in the Christian era and passed on from one generation to the next, is highly elaborated and highly inconsistent. Culturally the Jew is seen both as "successful" and as "low class"; as "capitalist" and as "communist"; as "clannish" and as "intruder into other people's society"; as "the personification of high moral and spiritual standards" and as given to "low, primitive drives like greed and dirt"; as "oversexed" and as "impotent"; as "male" and as "female"; as "strong" and as "weak"; as "magically omnipotent and omniscient, possessing uncanny demoniacal powers" and as being "incredibly helpless, defenseless, and therefore readily attacked and destroyed."

Whatever the original cause of this inconsistent cultural stereotype—it may well have been influenced by the complexities of Jewish history, for throughout the centuries Jewish groups were forced to perform different social roles in different cultural settings while adhering to traditional and apparently strange customs—it is this historic feature that makes the Jews a particularly suitable projection screen for modern man's conflicts. For the anti-Semite, the Jew is a living Rorschach inkblot. His alleged and sometimes actual qualities are so manifold and so inconsistent, so ambiguous and indeterminate, that the anti-Semite sees whatever he needs to see in the Jew.14 The symbolism of other minority groups, more consistent and narrower in scope—for example, the Negroes or Mexicans—cannot be psychologically exploited in quite the same manner.

What do the patients project onto the Jews? The material contains evidence for establishing two theoretically distinct types of projection. First, there is the type of projection which selects for its content a few specific qualities from the culturally offered variety of accusations. Second, there is the type of projection which is less discriminating, in which the anti-Semite dislikes the Jews because they are Jews, rather than

14 Adolf Hitler, in one of his notorious speeches, exploited the ambiguity of the Jewish stereotype in a clever attempt to make the Jewish "inkblot" so all-embracing that it could fit the needs of everyone in his audience. He spoke about two brothers, one called Moische, the other Isidor: "Moische was a banker; Isidor a Communist..."
because of this or that alleged quality. The former type may be distinguished by its higher degree of rationalization. But a more important distinction is the contrast of basic motivation. The motivational source for anti-Semitic hostility in general derives both from specific personality disturbance and nonspecific group pressures. But the “selective” anti-Semite appears to be motivated more by his individual emotional distortions; the “unselective” more by group pressures. It must be emphasized here that actual cases of anti-Semitism do not demonstrate one or the other motivation, but rather a fusion in varying degrees of both levels of motivation.

a. The “Selective” Anti-Semite. An outstanding example of projection of specific qualities onto the Jews has already been quoted. One patient (Case 11), as will be remembered, hated the Jews because they managed to be both “good and happy,” while his own personality conflict represented an unsuccessful attempt to renounce the search for happiness for the sake of “goodness.” For him it would have made little psychological sense to rationalize his anti-Semitism by accusing the Jews of being either capitalists, communists, “low class,” or exploiters. Neither would it have made sense to hate the Negroes or the Catholics, because the very combination of qualities that was meaningful to him as a projection target is not contained in the cultural stereotype of either of these groups.

This case clearly illustrates the usual futility of a neurotic defense pattern. Projection represents in one aspect an attempt to externalize a conflict and thus escape from it. What this man achieved was a projection onto the Jews of paradoxical qualities which functioned as a constant irritation, an incessant reminder of what was wrong in himself.

The same failure of the defense goal of projection is demonstrated in a number of other cases, as for example, in that of the woman patient (Case 3) who accused the Jews of being shams and fakers, capable of attaining grand positions by unfair means. She herself was engaged in a highly successful business career. Analysis revealed that this woman continuously accused herself of having achieved her business success without any real merit, of being a “faker” who “bluffed” her way into a position of prestige.

The dramatic irrationality of these projections becomes especially clear when the alleged characteristics, as applied to a Jew, are disparaging, but as applied to a Gentile are a measure of achievement in this culture. This is illustrated by a man (Case 6) who accused the Jews of being
successful, sexually potent, and clever—qualities ordinarily admired in this culture. The personality conflicts of this young man can almost be deduced from these accusations without further information. Analysis, however, provided the information needed to bear out such speculation. This man was a failure in his work and a failure with women; he feared sexual impotence, and he considered himself incapable of competing with his father.

Similar examples can be found with ease. Perhaps it is not superfluous here to add that in no case were the patients conscious of the link between their own conflicts and the content of their anti-Semitic accusation, however obvious the link may appear in the examples given. At the beginning of analysis, all these persons were convinced that their anti-Semitism, if they were aware of it at all, was justified by objective observation.

b. The “Unselective" Anti-Semite. “Unselective" anti-Semitism is expressed either in name-calling alone—“dirty Jew” or “kike” are typical examples—or in an almost unlimited number of accusations. In these cases, projection is used to externalize diffuse hostility.

A sixteen year old Irish boy (Case 33) is a client of a social-service agency. His anti-Semitism was revealed in a conversation with his psychiatric social worker, in the course of which he asked about her religion. When she told him that she was Jewish, he was taken aback. Until that time he had had a fairly good relationship with her. He then stated that the Jews really “are not bad," and wondered why they call themselves Jews. To him, calling a person a Jew was tantamount to an insult. When the worker inquired about the basis for his objections to Jews, he found it difficult to express himself. After a pause, the thought occurred to him that they are smart, conniving, and get the best of things because they are so smart.

This boy had had virtually no contact with Jews. As an active member of a neighborhood gang, he had apparently accepted uncritically the anti-Semitism of his cultural subgroup. He had given the matter so little thought that he actually considered the word “Jew” to be merely a bad word, without specific meaning, which no one in his right mind would apply to himself.

Reference to his life history reveals that he was beset by deep anxieties. Although his conflicts became manifest through behavior disorders in school, they actually centered around his ambivalent and severely disturbed relationship to his mother, which aroused deep hostility toward—and rejection of—himself. When his gang offered anti-Semitism as an acceptable and well-established outlet for his need to project his self-hatred, he accepted it wholeheartedly.

Presumably, this boy’s self-rejection could have been equally well projected onto Negroes or any other underprivileged group. This un-
selective form of projection, employed as a defense against anxiety and self-hatred, is as futile and insatiable as selective projection. No gang fight against Jewish boys, no amount of name-calling, will succeed in achieving more than a momentary relief from inner tension.

In one man (Case 5) the unselective form of projection is manifested through his accusing the Jews of virtually everything. This patient is a complete misfit—being an alcoholic, an overt homosexual, and incapable of earning his own living. In order to support his urge for compensatory self-aggrandizement, he projects his profound self-rejection onto the "lower" people. He finds little to choose between Jews and Negroes. He firmly believes that mankind has been permanently arranged in an unalterable hierarchy, and that Jews and Negroes, unlike himself, are at the bottom.

As is to be expected, cases of unselective projection of "badness" onto an outside group express very clearly the pretense of conformity and its correlate, the rejection of the "different."

An adolescent girl (Case 34) unwittingly became friendly with a Jewish girl. When she discovered that her friend was Jewish, she could not get over her surprise. "But she is exactly like all the other girls!" Her anti-Semitism, motivated by her wish to conform, had consisted in regarding all Jews as "different" simply by definition.

This is not the place to discuss the weight and sequence of the historical events that have resulted in an image of the Jew so multicolored that it makes him eminently suitable as a universal projection screen for the personal conflicts of modern man. Earlier religious connotations of what the Jew stands for—the "Christ killer," the forces symbolized in the devil, the ritual murderer, and yet God's "chosen people"—have changed in name in accordance with the secularization of our culture, but not in substance. Today, often devoid of religious connotations, the Jew nevertheless remains the symbol of what man fears: his own weakness, his own dark impulses, and his own conscience.

2. Denial. A neurotic defense against anxiety constitutes a vicious cycle. Projection, as has been shown, never fully achieves its aim of relieving guilt and anxiety. Hence other auxiliary defense mechanisms are mobilized. Their application, similarly unsuccessful, produces effects which make further support necessary, thus reinforcing once again the need for projection. This interplay of defense mechanisms is particularly marked between projection on the one hand and denial on the other.

The term denial is here reserved for attempts to rid the self of those of
its constituent parts which are unwanted. Such attempts may be character-
ized by any degree of consciousness or lack of it. When unconscious
denial (repression) fails, the manifestations of this failure penetrate into
consciousness. When this happens, the person must expend con-
scious effort in disowning the unwelcome qualities (suppression). The
differential levels of consciousness at which the process of self-negation
takes place have important secondary effects in the whole defense
system.

In a previously discussed case (Case 11) the sexual and emotional
components of the self were denied. Impotence and anxiety were the
conscious manifestations of this unsuccessful attempt to rid the self of
unwanted parts. The patient then had recourse to the mechanism of
conscious denial, as a means of dealing with his anxiety. He denied
being concerned with his symptoms and pretended to seek a cure only
out of consideration for his wife. His simultaneous effort to escape his
conflict by projecting the "bad" qualities onto the Jews failed. On the
contrary, the Jews represented a hated reminder of his own conflict. In
such cases, recourse to the mechanism of denial must always be in-
creased to compensate for this failing result of projection. In this vicious
cycle the inevitable damage to the integrity of the self—in this case,
impotence—becomes progressively greater. The means chosen for lessen-
ning anxiety ultimately creates more anxiety.15

Anti-Semitism appears to serve the purpose of fortifying every step
in the defense pattern. A denial sounds more convincing when it is sub-
stantiated by the rejection of an external group which is alleged to have
those qualities which the anti-Semite wishes to renounce or deny in
himself. The patient (Case 11), who accuses the Jews of being emo-
tional, hopes to divert suspicion from the fact that he himself yearns for
the freedom to express his own emotions. He is like the thief pointing
his finger at an innocent bystander and shouting "Stop thief!"

The link between these defenses against anxiety and anti-Semitism can
be demonstrated even more convincingly. In many cases, there is evi-
dence of an identification with the qualities of the Jewish group even
before or at the very moment the urge to deny them arises. One man,
for example, once witnessed a scene in which a Jewish man was threat-
ened with a beating. At that moment, he felt as if he were himself

15 This description of interaction between several mechanisms is not meant to
imply a temporal sequence. Projection, on the one hand, and denial, on the other,
have their own causes. Their manifestations reveal different trends in the personality.
Unconscious denial is one instance of the general process of repression.
Jewish. But the identification with the victim—for which there were good reasons in his psychological history—was too painful for him to endure. Thus, he shifted to an identification with the aggressor. From that incident stems the violent anti-Semitism that he later displayed. Basically, he felt as weak and helpless as the Jewish victim. For fear of being a victim, he attempted to deny his weakness. This denial, he hoped, would be convincing if he stood on the side of the aggressor. Nobody would dare to accuse him of being as weak as a Jew—which is actually the way he saw himself—if he joined the ranks of anti-Semites.

Often the motivation for denial reflects a wish to conform. This implies a passive submissiveness to externally imposed rules in order to win acceptance. Having submissively denied parts of their own individuality, such persons feel deep resentment against anyone who does not do likewise. They demand that other persons should conform to the same restrictions. The demand for conformity of others is thus a result of partial self-denial.

From this point of view, the fanaticism with which some anti-Semites try to convert others to their point of view becomes understandable. They are afflicted with the compulsion to convert lest they themselves be converted; that is, admit to themselves their submissive position, their passivity which entails danger, their fundamental identification with the Jew. For such conversion would expose their weakness, leaving them defenseless and open to attack.

3. Social Aggression Substituted for Anxiety. The anxiety which sets off the whole chain of interdependent mechanisms of self-defense continues unabated. It derives from an inner feeling of weakness in dealing with the dangers of the outer world. As has been shown, the patients' insight into the actual basis for this anxiety is negligible. Although they do not admit their fears, they nevertheless organize themselves instantly and continually to attack the imaginary, externalized dangers. Their anxiety drives them into aggression. Aggression represents an effort to shift from a passive to an active position. For at least that limited time, during which they try to intimidate others, they may escape the need to face their own anxiety.

We have already discussed a social-service agency client (Case 29), who suffered from a pervasive anxiety, a deep feeling of unworthiness and unlovableness. Wherever he was, he felt unwanted. Even where he was qualified, he feared competition. Jews he regarded as being "out for
whatever they can get; economically successful, clever; they stick to one another, are good husbands and fathers”: in short, they possessed exactly those attributes he longed to have himself. His anxiety was sharply heightened by seeing others who seemed to possess what he lacked. Hence he resorted to attacks against Jews. Some of his neighbors were Jewish; so were his wife’s employer and the medical staff at the hospital where he went for treatment. At every occasion of contact he would get into quarrels with these Jews. He called the doctors “refugee quacks”; whenever in the presence of Jews, he seemed driven to assert himself through attack and argument.

Another social-agency client (Case 30) suffered from a deep conflict about her own identity. During her life she had risen from her origin in a semi-criminal milieu in a slum area to an executive position in business. Her first attempt to deal with her problems expressed itself in excessive drinking; here her aggression was turned inward against herself. During a period of hospitalization for alcoholism, the addiction was cured, but her deep unresolved conflict and anxiety persisted. After she left the hospital, she became overtly anti-Semitic. Now her aggression had turned outward. She resorted to social aggression in an attempt to relieve her anxiety. The Jews were “exploitors”; the Jews “wanted to humiliate her.”

The manner in which such persons handle their aggression is consistent with their overall weakness. Only in psychopathic personalities or borderline psychoses (in this culture) is there a complete lack of restraint in implementing anti-Semitic aggression. Otherwise, there exists a pattern of control which is, nevertheless, incomplete and erratic. Thus one finds in most cases a labile pattern, in which social aggression alternates with overt anxiety manifestations and a tendency to retreat.

Avoidance of Contact. The former client (Case 29), for example, illustrates the interdependence of social aggression with secondary defense reactions. After suffering a competitive defeat, he would cease all contact with Jews, thus resorting to the mechanism of avoidance (withdrawal). Soon, however, the mounting pressure of anxiety would compel him once again to seek an action outlet, so that after a while he would set aside his trend toward avoidance and return to open attack.

It appears that such persons, with their “parasitic ego,” waver in their orientation to reality between two conflicting trends, either to attack the
Jews, or avoid contact with them. Like straws in the wind, these anti-Semites are tossed about because of their inability to make a clear-cut distinction between their own selves and the surrounding world. This puts them at the mercy of inconsistencies which stamp their culture, inconsistencies which are ultimately reflected in their own behavior. Lacking well-established internalized standards, they are likely to affiliate themselves with groups which give them pseudo-strength by providing outlets for their hostilities. Consequently, they feel attracted to available anti-Semitic organizations, but in spite of their need for such hostility-determined group membership, their insecure dependent nature is also influenced by the broader, more idealistic American culture pattern which condemns aggression against minority groups. Whether they indulge in open attacks upon the Jews, or whether they resort to avoidance, is a matter which depends upon circumstances rather than on their personal values. Since both sets of reaction to Jews seem to offer the immediate advantage of protection from exposure to potentially dangerous situations, situations in which their weakness might be revealed, both types of defense are alternatively exploited for concealment of their essential isolation.

In one instance the tendency toward avoidance was displayed prominently. This patient (Case 10) reduced contact with others to a minimum, for he despised not only himself but all symbols of contemporary life as well, and, consequently, retreated into an idealization of a previous era. His tendency to withdraw, however, was masked by a superficial manifestation of interest in a variety of subjects.

No such camouflage was utilized by the highly successful broker (Case 11), who had one consuming wish: to withdraw—he intended to retire as soon as possible—from relationships with all people. Many other patients shun personal contacts with Jews in every conceivable way. One such patient (Case 2) gave vent to his violent anti-Semitic feelings only during analysis, because he dreaded the vengeance of the Jews.

OPPOSITION. The tendency to withdraw is closely associated with the tendency to oppose. These people are not only against the Jew—they are against themselves and everyone else. This reliance on attitudes both of avoidance and opposition serves to strengthen the primary defense pattern of substituting aggression for anxiety. The relief of tension, however, is less satisfactory where avoidance or opposition are employed.
Overt social aggression will therefore tend to appear whenever the culture permits it without painful consequences, particularly if it is displaced from its original target. The opportunistic vacillation between aggression and avoidance in the expression of anti-Semitism was explained by a number of patients as “good manners.” They unloosed their social aggression when Jews were not present but otherwise avoided the subject. The application of their “good manners” was undoubtedly facilitated by the desire to avoid the possible unpleasant consequences of overt aggression.

4. Displacement. A clear example of the defense mechanism of displacement is provided by the only colored person among our cases (Case 28). This woman, born in the deep South, was filled with animosity against the white culture, and when she approached the social-service agency for financial help, she anticipated even more humiliation than that which she had already endured. But to admit her hostility against all whites was realistically too dangerous, particularly since she was being advised by a white psychiatric social worker. She, therefore, displaced her hostility onto the Jews.

When the agency did not provide her immediately with all the funds she needed, she snapped back: “Things would be different, I’m sure, if my baby were Jewish. The Jews get everything.” Her resentment of the agency’s probing into the details of her personal history was also displaced onto the Jews; she expressed her conviction that a Gentile investigator would never have asked as many questions as the Jewish social worker did. All Jews in New York, she said, were “nosey, bad, mean and sly,” and the fact that she had received a baby carriage from a Jewish woman did not alter her views. This is understandable in view of the function of such a displacement.

5. Reaction Formation and Compensation. Depending on the standards of the group by which these patients want to be accepted, social aggression as well as avoidance may sometimes turn out to be inopportune. They may be asked to attend a party or to work in a situation where Jews have positions of prestige. As an alternative to avoidance or aggression, they may then resort to a reaction formation which, according to circumstances, may become more or less a permanent pattern in their attitude towards Jews. A reaction formation is a tendency to express overtly the exact opposite of the original attitude. Like all other defense
mechanisms, it gives itself away by its lack of completeness or by irrational exaggerations.

One patient (Case 18) was a militant champion of the Jews, except when under the influence of drink or in analysis, and then he found himself, to his own consternation, using terms like "dirty Jew" and "kike." This man had suffered a crippling accident in his early childhood. In spite of good surface adjustment, he had never been able to accept his crippled state. On the basis of his own handicap he identified with the weak underdog, the Jew; but basically he rejected both the Jew and himself. In order to escape the self-rejection inherent in his anti-Semitism, he resorted to reaction formation and became a militant champion of the Jews.

While this case reveals the nature of a reaction formation, it is almost unique in our material because of the near success of the defense pattern. In most other cases the futility of the effort is much more obvious because of its limitation to specific occasions. By way of denying their hostility, these patients frequently display outwardly submissive and ingratiating behavior, and, in fact, may even be submissive and ingratiating toward Jews if their social security is thereby enhanced.

One patient, who had expressed anti-Negro feelings as violently as anti-Jewish feelings, referred, during his analytic treatment, to the pianist Hazel Scott as "Hazel," although he had never met her. This was definitely done not in a contemptuous but in an urbane way. He wished to impress the analyst with his "broadmindedness." However, such "tolerance" was apparent only where persons of prestige were concerned, a prestige he hoped to share vicariously by pretended familiarity.

The alternation of defense mechanisms is clearly shown by the man (Case 2) who had once felt identified with a Jewish victim. At two different places of work, this man had had Jewish superiors and in both cases he started the relationship with excessive submission and ingratiation. When this did not result in "reward"—money, social prestige, or love—his anti-Semitism broke through with renewed violence and fresh rationalizations.

As is to be expected in cases of such quickly shifting patterns, the wish to remain in good favor with a particular Jew in no way interfered with the general tendency to castigate Jews as a group.

Closely linked with reaction formation is the compensatory mechanism. The link between the two consists in the identity of their immediate goals: the achievement of power, status, money, social advantages, and privileges of all sorts. A compensatory mechanism is the attempt to achieve in special spheres gratifications which outweigh the frustrations of inherent deficiencies. Since this is a neurotic defense mechanism, its goal
is never achieved. The shallow pseudo-quality of the compensations these patients seek to achieve is related to the relative emptiness of their essential selves.

A truly successful defense would be expected to lead to genuine sublimation, a result which (perhaps with exception of Case 18) never appeared within our material.

Perhaps one expression of these compensatory drives is the economic success of most of these patients, testifying to their quasi-strength, self-sufficiency, maturity, and superiority. Frequent in our evidence are compensations in the direction of external appearance and class snobbery. The patients pay exaggerated attention to clothing; the women long for glamour, hoping to belong to the “best society” and trying to excel others in conspicuous consumption. Here again they overtly assert complete agreement with dominant cultural trends. Whether they achieve their goal in reality, or have to restrict themselves to vicarious experiences and reflected glory by attempts to associate with those who are successful, is not too important. In one way or another their striving for success is based on an attempt to get away from their essential selves.

6. INTROJECTION. What compensatory mechanisms aim to achieve in the sphere of social status, introjection attempts on the psychic level. Introjection, the reverse of projection, is an attempt to take into oneself what appears to be desirable in other persons. To whatever extent introjection is incomplete these patients pretend to possess the desired qualities. In this manner, partly by introjection, but perhaps mainly by imitation, they build up a borrowed identity. The tendency to self-aggrandizement, of which numerous examples have already been quoted, is based on such mechanisms. The identity which these people want to borrow is generally that of a popular, well-liked superior person who seems acceptable to any group. Imitation and introjection, therefore, are most noticeable where these patients strive to affiliate with dominant groups.

The weaker the capacity for real human ties, the weaker the individual identity, the more intense is the effort to achieve compensatory group identity. Because of their basically weak power of identification, this effort to belong is uneasy, unstable, and continuously fraught with the threat of failure. Often there is simply a pretense at belonging, a pseudo-identification mediated on an “as if” level. Such patients over-strongly protest their membership in the “social elite” or their acceptance by dominant groups.
The mechanism of building up a borrowed identity is particularly noticeable in those anti-Semites whose attitudes appear to be the result of conformity to group pressures. If anti-Semitic remarks in the country-club atmosphere help to make a person part of the social clique, they obviously provide an easy ticket-of-admission for the individual whose main desire is for acceptance.

In a pathetic and futile attempt at genuine acceptance by other human beings, these persons are often driven into a slavish imitation of habits and ideologies manifested by those who represent cohesive power in their community. Much of the anti-Semitism in Jewish patients and clients results from an attempt to introject Gentile qualities. One Jewish patient, in spite of the occasional humiliation to which he was exposed, lived in an area where Jews were restricted. Another Jewish woman made desperate efforts to be on good terms with members of the French and British aristocracy. A Jewish boy who had first been a member of the Communist party, and was later expelled and joined the Trotskyite movement, regarded Jews as the despised petit bourgeois par excellence. A Jewish adolescent joined an Italian gang and completely adopted their attitude that Jewish boys were not as tough, and Jewish girls were not as sexually desirable, as Italians.17

For the non-Jew who seeks to establish a borrowed identity by affiliation with dominant groups, the imitation of anti-Semitic tendencies, if prevalent in the particular group, offers a highly suitable outlet for compensatory aggression. To such persons all symbols of position, power, and prestige—accepted, as they are, as attributes of the members of the “elite”—become eminently important. The pseudo-identification with dominant groups helps them in their attempt to deny anxiety and basic feelings of unworthiness. After all, they cannot be so bad if they think and act like the successful people around them. Thus, there is in this pseudo-identification with dominant groups also a denial of their own disadvantageous position. It is this need for the denial of the anti-Semite’s lack of privilege and his desire to introject the symbols of superiority and power which is so frequently exploited by political demagogues.18 By dividing the world simply into Jews and Jew-haters they pretend to erase all social and economic inequalities within the monolithic anti-Semitic group. In this manner all non-Jews have the promise, if not the realization,

17 James Farrell described a similar situation in Studs Lonigan. There a Jewish boy becomes a member of a Catholic gang which beats up Jewish boys.
18 Lowenthal and Guterman: The Prophets of Deceit, Vol. 5 in this series.
of being members of the ruling set. The anti-Semitic rabble-rouser is not satisfied with hurling specific accusations against the Jews. He wishes to create a caste concept implying that contact between the two groups, and transition from one to the other, is taboo. The need of his audience to belong to an unequivocal "elite" group plays into his hands.

Two cases will be presented as illustrations of the relationship of anti-Semitism to defense mechanisms:

*Case 4:* The patient is a professional woman in her middle thirties. She consulted the analyst because she was unhappy about being unmarried, and because of generally unsatisfactory relations with men. She also complained about her difficulties in keeping a position, although she never had any trouble in getting a job.

The patient was prejudiced against Jews, Negroes, and all people in the lower economic stratum. She feared being attacked and having her handbag stolen by workers and poor people when going home late. She regarded every stranger as dangerous. She also had a deep-seated hostility to men, for they "have the best of things." She accused the Jews of being low and inferior persons, of being aggressive with bad, loud manners—"they push in the subway." The Jews are also shrewd and exploit others whenever they can, so that one has to be particularly careful in business dealings with them.

The patient stated that she would rather stay unmarried than marry a Jew. In non-Jewish company she indulged in anti-Semitic comments and jokes, refraining from this in mixed company because to hurt another person's feelings would indicate bad manners. Since she was prepared to make exceptions for individual Jews, she considered herself unprejudiced. Her attitude towards Jews, or for that matter towards any of the other groups against whom she felt hostile, appeared to her to be quite rational and did not in any way consciously bother her, when she began her psychoanalytic treatment.

The patient's sexual drives, diverted from their natural aims, were spent in punitive measures against lovers whom she would seduce only in order to be able to refuse herself at the last moment. She consciously enjoyed such situations. Otherwise she was very conventional in her standards and highly respectful of authority. She over-identified in her work with her superiors and became involved in their problems to an extent that impeded the efficiency of her own work.

The patient was a Protestant, but her religious affiliation was purely formal and social. She led a superficial social life, not participating in any group activities. Although she was a member of her professional organization, her interest in her profession ended at the close of each working day. She had no interest in politics, but voted Republican regularly. While she was extremely neat and orderly in housekeeping and in the way she dressed, she was not so in her work.
Analysis revealed that the patient’s main conflict centered around a deep feeling of inadequacy which was linked to her rejection of being a woman.

This case reveals many of the character trends outlined in the previous chapter: the diffuse anxiety, not tied to specific symptoms; the fear and anticipation of injury; the confusion of her self-image, most obvious in the confusion concerning her sexual role; the tendency to self-aggrandizement manifested in her arrogance towards the economically underprivileged; her isolation and incapacity to achieve real human contacts, either on a person-to-person or on a group level; her lack of interest and lack of relationship to the external world; her fundamental weakness in dealing with reality; and the deep rebellion hidden beneath her attempts at external conformity.

The task confronting us now is to show how this patient, in dealing with her anxieties, utilizes anti-Semitism in the elaboration of her emotional defenses. This woman attributes to Jews and others what she hates in herself—namely, the inferiority she considers identical with not being a man. Thus, the chief mechanism she employs is the projection of her destructive self-hatred, specifically, hatred of her femininity. Linked to this attempt at denial of her femininity is the unconscious identification of Jewishness with femininity and weakness. If she openly hates the low and inferior, she cannot be as bad as they. Anti-Semitism thus not only helps her deny her weakness but, by way of compensation, it also helps restore her self-esteem. The attempt to renounce her femaleness is most obvious in her sexual relations. In other human contacts she resorts to exaggerated conformity with dominant groups and dominant mores. Her attempts to identify with those in authority give her a vicarious experience of strength, of masculinity, and make her accept uncritically any group-prejudice voiced by those whom she wishes to emulate. This permits her to be consciously free of conflict or guilt feeling with respect to her prejudice.

In this context, it is interesting to note that after some time in analysis, and before any fundamental change in her prejudicial attitudes had taken place, she identified so much with the authority of the law that she protested against the discriminatory practices of the company she was working for. She was quite frank about her motivation: while sympathizing with the feelings that prompted discrimination, she could not possibly conceive of any extralegal action. Her basic passivity and subservience on the one hand, and her identification with masculine authority
on the other, induced her to respect unquestioningly whatever "the law said."  

Case 18: The patient was a man in his early thirties, Protestant, and engaged in a successful career. He had a slight limp as the result of an accident that occurred when he was four years old. He came to analysis because of a sexual conflict between himself and his wife, complaining that he could not achieve genuine sexual satisfaction. He also complained of a general feeling of failure to fulfill himself.  

He was a militant champion of the Jews and an active liberal, having fought for the "underdog" all through his life. However, when intensely aroused emotionally he manifested a deep underlying hostility to the Jews which shocked him deeply and which, at the beginning of his analysis, was entirely incomprehensible to him. In an argument when slightly drunk, he found himself calling a man a "dirty Jew." During the negative transference period in treatment he also called his psychoanalyst a "dirty Jew" who allegedly took advantage of him. He thought that his underlying anti-Semitism arose only when seriously provoked by someone he disliked, especially by a Jew who he thought concealed his Jewishness.  

The patient had many Jewish friends. In his early youth when he was confined to a wheel chair and had been somewhat neglected by his own family, he had enjoyed the friendship of a Jewish family who had cheered him in his loneliness. His own parents, especially his mother, were somewhat anti-Semitic. Although the patient had a variety of outside interests and good human relationships with individuals and groups, he nevertheless suffered from a feeling of detachment. In his fantasy, a complete union with a woman was identical with death.  

Analysis revealed as his central personality conflict an inner confusion about his own personal identity, and about his adequacy as a man. From early childhood on, this conflict had centered around his obvious physical handicap, which had excluded him from the usual boyhood games. But the accident was exploited emotionally as a rationalization for a deeper castration anxiety, manifested in considerable guilt about masturbation and in his fear of being discovered by his father.  

In this case, although the character traits are less obvious than in the previous one, there is much general vague anxiety, and a deep rift in the self-image, together with a feeling of ultimate loneliness. Nevertheless the adjustment to reality in many spheres is satisfactory. The motivation for this patient's anti-Semitism stems from the identification of his own crippled state with Jewish qualities. Despite an outward appearance of adjustment to his handicap, he deeply rejects it and, therefore, also rejects  

This attitude to the law has interesting implications for organized efforts to combat discrimination.
the Jews with whom the physically injured state equates him. The patient's unstable sense of personal identity creates a similarly unstable pattern in his attitude to Jews, whom he occasionally rejects while simultaneously identifying with them in a positive manner. The main mechanism in this case is projection onto the Jews of his own handicap and identification with the underdog, a defensive attempt to deny and conceal his rejection of himself as a defective, injured person.

Anxiety about the self is turned into social anxiety and is replaced by an aggression characterized by missionary zeal. There are signs of hostility present in his effort to force people to accept his surface attitude toward Jews, which means accepting him at his lowest. Championing Jews thus stands for an effort to feel superior and to deny his own crippled state.

D. GROUP PRESSURES AND INTRAPSYCHIC NEEDS

From the outset it has been maintained that anti-Semitism must be understood as both a social and as a psychological phenomenon. Every attempt to seek its determinants at one level while neglecting the other must fall short of a sufficient explanation. All forms of interpersonal behavior—including anti-Semitism—are the result of a continuous interaction between intrapsychic needs and social factors (excepting only those components of behavior that are clearly produced by an organic disturbance of the brain).

So far our discussion has emphasized intrapsychic factors. Emotional predispositions to anti-Semitism and their development have been offered as necessary, but not sufficient, determinants of anti-Semitism. The mobilization of defense mechanisms has been described as the direct outcome of these predispositions.

The focus must now be shifted to the external determinants of anti-Semitism. We shall attempt to describe what Heinz Hartmann has called "social compliance"—those factors in the social structure that make it convenient and easy to express personality disturbances through anti-Semitism.

Two main questions arise: First, which factors in our society foster the development of the emotional predispositions which are essential for the organization of hostility in intergroup relationships? Discussion of this

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point must be reserved for the last section of this report, since it transcend the issue of anti-Semitism.

More appropriate here is the second question: How, and to what extent, do social factors in our society shape anti-Semitic reactions?

1. THE SOCIAL DETERMINATION OF THE STEREOTYPE. In a previous section we discussed the intrapsychic determinants of the content of anti-Semitic accusations. A distinction was drawn between the level of reaction in which persons are driven to externalize a specific unconscious conflict, and the level of reaction in which they are driven to externalize merely their-diffuse hostility. In most anti-Semites, both levels of reaction can be discerned, but in varying proportion. We have characterized these as the "selective" and "unselective" forms of anti-Semitic projection. It is the unselective level of reaction which is characterized by an even stronger intrapsychic need for conformity to group pressures than that which externalizes specific individual conflicts. This distinction arises from a differential use of defense mechanisms. But social determinants, more or less visible, operate equally on both types.

The Jew as a culturally provided projection screen (the Jewish "inkblot") generally has a negative quality. The power of this negative feeling-tone—a culturally derived product—becomes most impressive when one examines those accusations which in other contexts would have positive values. Consider some of the accusations brought out in our material: the Jews are successful, powerful, superior, energetic, clever, intelligent, capable, industrious, persistent, bright, ethical, good family men, loyal to their people, seek the best in life, are sexually potent. Part of the negative emotional tone attached to these "good" qualities is provided by the intrapsychic need of the anti-Semite to attack a "goodness" which he cannot equal. In this particular sense, the Jew personifies the anti-Semite's conscience. His attitude toward these alleged qualities of the Jew is ambivalent. On the one hand, he admires and envies these qualities; on the other hand, he ambivalently rejects them.

The cultural emphasis on these qualities has the effect of marking off the Jewish group as "different." We have already demonstrated what 21 Robert K. Merton, in a study, The Self-Fulfilling Prophecy, enumerates a brief inventory of Abraham Lincoln's virtues as presented by some of his biographers: "... this selective list reminds us that he was thrifty, hard-working, eager for knowledge, ambitious, devoted to the rights of the average man and eminently successful in climbing the ladder of opportunity from the lowermost rung of laborer to the respectable heights of merchant and lawyer." Merton points out that these very same qualities which are used in eulogies of Lincoln are used as justification for the dislike of Jews.
such “difference” implies for weak and immature personalities. Thus the first, and perhaps most important, cultural contribution to the existence of anti-Semitism is the perpetuation of a stereotyped image of the Jew. It is as if the anti-Semite were placing a curse on the Jew that transforms even the “good” qualities into a basis for condemnation.

The dichotomy between ingroup and outgroup is inherent in the process of group formation. Nevertheless, while some groups provide positive content for their organization, in terms of a specific group purpose, others are satisfied merely with the distinction between “we” and “they,” a distinction which they tacitly equate with superiority and inferiority. Whether or not a concrete group purpose is defined, the “we” and “they” dichotomy usually represents a powerful emotional incentive for individual group members. It is to be expected that when anti-Semitism is expressed in groups whose main reason for existence is the strengthening of the ingroup—outgroup distinction, prejudice will tend to be expressed through unselective projection. In this connection, it will be recalled that a boy of sixteen saw Jews so consistently as “they” that he could not understand why anyone would voluntarily call himself a Jew.

Another illustration can be found in the adolescent Jewish girl (Case 58) who denied her religion to her gang. She was quite ready to give her reasons. First, she said, everybody knows that Jewish girls are looked down upon by others. And secondly, she had repeatedly heard members of her gang say: “There is a Jewish boy—let’s beat him up.”

In groups with a more objectively defined purpose, the conformity pressure frequently operates on a less obvious level. An indication of this pressure is apparent in the selection of stereotypes which are in keeping with broad cultural trends. The fact that stereotypes with religious connotation hardly occur in the case material, while there is considerable emphasis on ambition and socioeconomic status, illustrates the point. Regardless of their own position, patients belonging to the upper income stratum of the population tend to see the Jew either as a social climber endangering their position in a competitive world, or as a member of a low class with inferior status, since they themselves are driven by continuous pressure to assert their economic superiority.

Those who belong to lower income strata—mainly the social-agency cases—see the Jew as successful, as an exploiter, as socially and economically superior, thus manifesting the social pressure that makes them strive to obtain a higher status.

The multiform, richly variegated, and self-contradictory stereotype of
the "Jew" is itself a social, and cultural product—in a sense, a collective projection. But the specific components of the stereotype which will predominate in a given culture are selected and determined by social pressure and the social relations between groups, which together constitute the social tensions of a culture.

2. THE SOCIAL DETERMINATION OF ANTI-SEMITIC MANIFESTATIONS. Social pressures are, to a large extent, responsible for shaping the manifestations of anti-Semitic attitudes. The psychodynamic basis for such submission to cultural norms and codes has already been discussed: the parasitic self of these patients induces them to live as though their immediate surroundings were part of their selves or they a part of their surroundings. In the choice of their defense mechanisms, their dependence on the external world induces them to shift continually between aggression and avoidance. The question to be considered here is, then: What social determinants are responsible for sanctioning or encouraging specific anti-Semitic manifestations?

In order to answer this question, the manifestations of anti-Semitism as they occur in the material must first be described. Most of the cases express anti-Semitism only verbally, and even then often in narrowly confined situations. Only psychopathic personalities and borderline psychotic persons (e.g., Case 5) fail to place sufficient restraint on these manifestations. In the instance of the above patient the severity of his psychiatric illness and symptoms of homosexuality and alcoholism make him so much of an outcast that group pressures are of little importance to him as a restraining factor.

Most of the others do not act out their anti-Semitism. They merely talk, but they do so with unabated intensity of feeling. There is the example of the patient who subscribed whole-heartedly to Hitler's treatment of Jews, though he was so frightened of possible Jewish vengeance that he did not even dare to agree with anti-Semitic remarks made in his presence, except in the privacy of the analytic situation. From a study of those cases where such intensity of feeling occurs, it would appear that the tendency to "act out" anti-Semitism is related less to individual motivation than to the accepted norms in a particular group. The following illustrations indicate the social restrictions to which these persons submit:

Case 1: This woman regards herself as too "well-mannered" to voice anti-Semitism when there is a possibility of Jews being present. When anti-Semitic remarks are made in her presence, however, she agrees with them, regarding this an another expression of "good manners." Case 4 shows a similar pattern.
Case 23: This man indulges in anti-Semitic talk inside the family (the rest of the family is not anti-Semitic), although he never does so with outsiders.

Case 30: This patient refused a job because the employer is “nice, but Jewish.” But she gives a specious reason for her refusal, thereby indicating her awareness of obedience to social norms.

Some of the patients confine their anti-Semitic remarks only to the analytic situation. But there is one individual whose “acting out” of anti-Semitism is uninhibited when Jews of no social prestige and standing are concerned, although he goes out of his way to be ingratiating and obliging to Jews in a superior position.

In view of the fact that most of these analytic cases belonged to the upper economic stratum, the emphasis on “polite” anti-Semitism is not surprising. The notorious second-line defense of anti-Semites—“Some of my best friends are Jews . . .”—fits in well with the surface politeness demanded by “good” society.

The relationship of group sanctions to anti-Semitic action is further illustrated by a closer examination of those who have “acted out” their anti-Semitism in the past or are doing so now. Two such individuals belonged to anti-Semitic movements in Europe at a time when such membership was the fashion there. Both of them are, of course, aware that they could become members of similar organizations even in this country, but the group pressure in the circles in which these patients move in the United States is against membership in such movements. While “good” society had become actively anti-Semitic in Germany, “good” society here is not involved in organized anti-Semitism. The difference in the behavior of these patients in the two situations seems largely due to the difference in cultural climates to which they blindly conformed, although basically this difference in behavior (belonging or not belonging to anti-Semitic movements) does not seem to involve any change in the intensity of their hostile feelings.

Yet in this respect the cultural climate in the United States is not consistent. We have already cited the aggressive behavior of adolescent gangs, and the agency client who, in his cultural subgroup, was encouraged to seek fights with Jews in order to prove himself as a real “man.” Social-agency cases show more or less the same range of manifestations as private psychoanalytic cases; they are particularly interesting in so far as they provide further evidence for the lack of a correlation between intensity of anti-Semitic attitudes and propensity for action. Among the analytic patients there are cases of great violence of feeling
but complete obeisance to good manners, while among the social-agency cases there are some for whom violence and gang warfare are part of the accepted code of a group or neighborhood. Here one may find participation in fights against the Jews with no particularly strong feeling against them.

It would appear then, from our material, that anti-Semitic action is dependent on group pressures. Where anti-Semitic pressures are of a compelling nature, they may even involve individuals who have no conscious hostility against the Jews. The reverse effect is also possible. But where group pressures against prejudice are weak, or only in the process of development, that weakness can be exploited by those whose feelings of anti-Semitism are violent.

The inconsistency of the cultural climate has, in this respect, dangerous implications because of the ease with which persons predisposed to anti-Semitism can shift from adherence to one pattern of socially approved behavior to another. True, the broad idealistic pattern of American culture is still based on decency in interpersonal relationships. But there are, all over the country, many so-called “elite” groups which have deserted this idealistic pattern. Our case material shows that what some people call “normal” anti-Semitism and regard as harmless, may be anything but harmless. “Polite” and violent anti-Semitism are often hardly distinguishable. A shift in the cultural climate, or a shift by an individual from one cultural subgroup to another, may suffice to move a person with anti-Semitic attitudes from one category to the other, from “polite” to violent anti-Semitism.

A memorable demonstration of the utter dependence of anti-Semitic manifestations on social pressures was provided by the defendants at the Nuremberg trials of the Nazi war criminals. With the exception of the psychotic Julius Streicher, none of these criminals held completely to the crude anti-Semitism of the Nazi period. They had all turned into “polite” anti-Semites who did not like Jews particularly, but that was all. To regard this shift only as a defensive lie would be a gross oversimplification. People like Goering gave sufficient evidence that they were not so frightened that they would not admit continued adherence to the Nazi creed. But the society that demanded the extermination of Jews had broken down. Goering immediately absorbed the shift in social pressures.22 Such shifts can occur in both directions.

3. Jewish Anti-Semitism. Perhaps the most striking manifestation of the power of pervasive group pressures in shaping anti-Semitism is Jewish anti-Semitism. The intrapsychic determinants of Jewish and Gentile anti-Semitism seem to be essentially identical. The same emotional predispositions occur in both: the central personality conflict is a deep-seated self-rejection. However, some of the defense mechanisms available to such fundamentally "weak" persons are less easily utilized by Jews than by Gentiles. This is especially true for the mechanism of projection which serves the function of externalizing a conflict in the hope of escaping it, and the concomitant tendency to strive for absolute conformity to one's ingroup.

Both these tendencies would seem to be obstacles to Jewish anti-Semitism. For Jews, projection hits too near home to serve the purpose of externalization; and conformity to the ingroup might even imply a strengthening of Jewish loyalties. The very fact that these two apparent obstacles to the development of Jewish anti-Semitism are overcome by Jews who are emotionally predisposed to anti-Semitic prejudice bears witness to the power of social pressure. Under its influence, the Jewish anti-Semite becomes a chameleon. In flagrant contradiction of reality, his conflicted, confused concept of self permits him to pretend that he stands outside the Jewish group. Once this pretense is established he can project "bad" qualities onto Jews and conform to the dominant majority like Gentile anti-Semites. This explains why Jewish anti-Semites must expend so much energy in dissimulating their group membership.

One violent anti-Semite (Case 8) changed his Jewish-sounding name and adopted Christianity not because of religious conviction but in response to the desire to fortify the barrier between himself and the Jewish group. Several patients (Cases 35, 36, and 40) plan conversion to Catholicism, and one woman (Case 12) underwent a nose operation to alter her appearance so that she might pass as a Christian. To this end she also wears a cross. Although she wants very much to be married, this can never be with a Jew—"Who wants to be a 'Mrs. Cohen'?"

One patient, as a boy, avoided all contact with the few Jewish children in his class, and as an adult he has carried through this pattern by living in an area where Jews are barred, trying to achieve his main ambition in life—to be "as good as a Gentile." Other patients (Cases 20 and 25), simply changed their Jewish-sounding names.

Two interesting differences between Jewish and Gentile anti-Semitism emerge. First, in examining the content of the anti-Semitic projections of Jewish anti-Semites, the absence of "good" qualities is conspicuous. Here, there are no conscious claims that Jews are intelligent, powerful, successful,
sexually potent, or ethical. The reason for this probably lies in the precarious illusion of not belonging to the Jewish group, the even greater ambivalence stemming from a dread of discovery, and even more, "conversion" to their Jewishness. Their anti-Semitism seems better fortified by denying the "good" elements of the cultural stereotype. Knowing deep down that they are Jews—and failures, to boot—they cannot reconcile the culturally favorable aspects of the Jewish stereotype with their own state of being.

Second, it appears that while most Gentiles in our case material hate not only Jews but also other groups as well, the Jewish need for hatred is more exclusively directed against Jews. None of the Jewish patients and clients manifested significantly any other form of prejudice.23

The explanation for such exclusiveness, in spite of strong group pressures to hate other groups, too, lies probably in the genetic aspect of Jewish anti-Semitism. Anti-Semitism here has a specific personal origin. In such cases, the unresolved Oedipal situation is so closely linked with their prejudice that they appear to get maximum satisfaction out of anti-Semitism alone.

A confirmation of this explanation is provided, indirectly, by a non-Jewish girl (Case 24), who was anti-Semitic but did not manifest any other prejudice. The case is extraordinary because the girl had, for all practical purposes, two sets of parents, her own Gentile parents and Jewish foster parents. The patient was the second of four sisters of German parents. From early childhood on, she spent most of her time with a Jewish couple, neighbors of her parents who, having no children themselves, had formed a strong attachment to her. Later on they adopted her legally and brought her to this country. Therefore it is not surprising that Jewishness is for her as central a problem as for a Jewish person.

4. THE "LIBERAL" ANTI-SEMITE. Another form of anti-Semitism which seems to violate logical expectations is presented by the anti-Semite who is overtly committed to an ideology of political liberalism. "Liberals" are not supposed to hate minority-group members; nevertheless, some do. Here again, only the pervasive power of social pressures in this direction can explain the inconsistent exploitation of cultural opportunities—the utilization of anti-Semitism for the spurious defense of a weak self. The logical inconsistency between a liberal outlook and anti-Semitism is so strong that we shall call these people "pseudo-liberals."

Such obvious inconsistency and irrationality of approach is made pos-
sible because these views are maintained on different levels. On the action level, liberalism is dominant; on the attitude level, prejudice is dominant. The ambivalence in such “liberals” is frequently intense, and a change of environment might well lift prejudice onto the action level and put liberalism back on the attitude level.

About the existence of their anti-Semitic attitudes, there can be no doubt. The Jews are “greedy in their eating habits; greedy about money; promiscuous; inferior; low class; failures; dirty; alien; don’t belong but try to belong; uncultured; arrogant; moody; temperamental; melancholy; driving and pushing; outsiders; ugly; loud; too sensitive; self-conscious; insecure; weak; cheating.” They are also, “intelligent and superior.” Occasionally the anti-Semitism of these people is formulated without much content but rather on a name-calling level, as for example: “dirty Jew,” “kikes,” and “Jew bastard.”

There can be little doubt that on a purely rational level these patients are sufficiently intelligent to realize the incompatibility of their points of view. Only in analysis, however, did it occur to them to confront these two contradictory types of social motivation. Outside the analytic situation, such contradictory modes can and do exist side-by-side in watertight compartments.

In analysis, the discovery of the pseudo-nature of their liberalism came as a great shock to these patients. The patient (Case 18) who was a militant champion of the Jew and the underdog in general,\textsuperscript{24} was horrified by his own anti-Semitism. In discussing his reactions we have indicated why he was driven to an identification with the underdog. But that he should regard the Jew as an underdog is explicable only in terms of the cultural stereotyope he had absorbed, which in his case was against the evidence of his personal experience with Jews.

The situation is similar for a man (Case 7) who throughout his life maintained close personal friendships with Jews. One of his Jewish friends had been his lifelong protector and had often helped him out of a tight spot. With signs of conflict and distress this patient admitted to his psychoanalyst his anti-Semitism. He accused Jews of being “greedy, promiscuous and out for money”; and also of being “intelligent.” This man was a pseudo-liberal and an active member of various intercultural organizations of good will.

As in Case 18, his pseudo-liberalism was based on an identification with the underdog, which was one product of his self-rejection. His attitude was an indication of the weakness and confusion of his self-image as well as of the weakness of his defenses. That he included the Jews among those as weak as

\textsuperscript{24} The case has been quoted in some detail on page 72-73.
himself, was, again, the result of social forces that present the Jew in this special role.

5. CONTACT WITH JEWS. The belief in a simple and direct relationship between anti-Semitic attitudes and actual contact with Jews persists among at least two groups, people of goodwill and anti-Semites. Many people of goodwill attempt to solve the problem of prejudice by encouraging contact between non-Jews and Jews. On the other hand, many extreme anti-Semites are firmly convinced that their attitudes are the result of specific meetings and experiences with Jews, that sheer contact is all that is needed to turn a person into an anti-Semite.

Such oversimplified concepts are easy to refute. The mere reference to the anti-Semite, some of "whose best friends are Jews," ought to convince the person of good will as much as the extreme anti-Semite that neither can rely on contact experiences alone to implement their mutually exclusive purposes.

In fact, the impact of a contact experience on the anti-Semite's attitude is modified by factors of selective perception and cultural standards. A person tends to perceive those parts of reality which are selected in accordance with inner need. Such selective perception occurs in general, and not only with persons who are anti-Semitic. But in the light of what has been said earlier about the reality adaptation of persons showing emotional predispositions to anti-Semitism, it can be assumed that selective perception of reality influences their group adaptation considerably.26

A person also tends to subordinate his own perception (whether or not it is marked by a high degree of selectivity) to culturally imposed standards and value concepts.27

These two tendencies are in continuous interaction, sometimes supporting and sometimes counteracting each other. With the exception of psychotic cases, where selective perception is carried to the extreme, these tendencies must be understood as modifications of the actual

25 For a systematic approach to the investigation of contact between different ethnic groups by means of experimental variables introduced into the contact situation see: Cook, Stuart W., Harding, John, Selltitz, Claire: "Problems of Inter-Group Contacts: A Research Area" (publication pending).

26 Cooper, Eunice, and Jahoda, Marie: "The evasion of propaganda: How prejudiced people respond to anti-prejudice propaganda," Journal of Psychology 23:15-25, 1947; Cooper, Eunice, and Schneider, Helen: "Don't Be a Sucker" (publication pending).

contact experience. Their quality and intensity modify the whole range of such experiences from those which are completely overwhelming to those which are negligible in impact.

On the whole, the "good" and the "bad" contact experiences reported in our case material do not seem to have had an overpowering impact on the attitudes of the patients.

Two patients (Cases 18 and 7), both of whom have just been quoted as examples of pseudo-liberalism, have had "good," prolonged and relatively important contact experiences with Jews. The former, as a child, experienced a Jewish family's warmth and affection while he was suffering from a protracted illness. The latter had received generous help from a Jewish friend. The "good" quality of these contact experiences was perceived by both, and, if anything, selective perception worked in a pro-Semitic way, inducing and reinforcing their pseudo-liberalism. The quality of their experiences with Jews had a deep influence, and it may well have promoted the appearance of guilt feelings when their anti-Semitism broke out under conditions of relaxed emotional control. But in both cases there was a strong unconscious tendency to subordinate their own perception to culturally imposed values.

A somewhat different example of selective perception in the direction of sub-ordination to cultural pressures is to be seen with another patient (Case 31). One would suspect such subordination from noting that all contact experiences which he reports assume an almost identical pattern. This man had repeatedly worked for Jewish employers, had had various disputes and fights with them, and had reported three incidents as supporting evidence for his accusation against the Jew. According to his reports, at least, it was he rather than the Jewish employer who had emerged victorious in all three incidents. One employer apologized for a mistake and another yielded to the client's demands. Notwithstanding these facts the client continued to regard the incidents as "proof" of Jewish exploitation and of the successful power-position of Jews in society.

Much the same is true for a woman (Case 32) who went out of her way to seek work with Jewish employers because she claimed that from them she got better wages, better food, and better general treatment. This in no way interfered with her general anti-Semitic feelings: Jews were objectionable and Hitler was right in trying to get rid of them.

Perhaps even more surprising, at first glance, is the fact that even unpleasant contacts with Jews are not always carried over into the rationalization of anti-Semitism. One woman patient (Case 1), deserted by a Jewish lover, nevertheless continued to base her anti-Semitism on a problem that was more fundamental for her. She suffered from a deep confusion about her own self and her place in the world. She was filled with envy against everyone. Thus in spite of the experience with her Jewish lover she treated
this affair as if it had nothing to do with her attitudes toward Jews. Before, during, and after the period of personal contact with Jews, she found them "obnoxious because they got things" (which she didn't), "because they were social climbers, and vulgar enough to push themselves" (all this she craved but was unable to do).

In all these instances, individual contact experiences with Jews proved to be subordinated in their importance to specific personal irrational needs and to the cultural climate in the group to which the person belonged or wanted to belong. The impact of personal contact with Jews can, therefore, not be predicted without further information. The psychological needs and preconceived ideas of a person determine the use he is going to make of such an experience and how he will fit it into his personality structure. Such contacts, especially when early in life, may also have a highly beneficial effect, particularly when they take place in an atmosphere where broader group pressures can be enlisted to support the impact of the experience.

6. ANTI-SEMITISM IN THE FAMILY. Frequently the assertion is made in support of the "normalcy" hypothesis of anti-Semitism that this attitude is passed on from one generation to the next within the family, which is the main agent for transmission of culture. Just as the child is acculturated by his family to such things as the kinship system, the value of money, the respect for authority and law and the use of fork and knife, so, it is held, does he acquire anti-Semitism. The child supposedly absorbs these norms of behavior and attitude at an age when he is far too young to question their validity.

But this hypothesis of culturally imitated anti-Semitism tends to be disproved by our case material. In about half the cases where the attitude of the parents toward Jews is known, the parents were not anti-Semitic. Indeed some of them were active champions of the Jews. This is merely an indication that the development of anti-Semitic attitudes is not necessarily dependent on the existence of such attitudes in the family. Aside from our material, there is abundant evidence of lack of anti-Semitism in the younger generation where it existed in the previous generation. The relation between the parents' and the child's prejudice must be regarded as a function of the dynamic outcome of the Oedipal development and the vicissitudes of early identification attempts as well as of the receptivity to cultural pressures coming from inside and outside the family.

In contradiction to the hypothesis of prejudice being a family heir-
loom is the man (Case 10) whose later anti-Semitism was partly promoted by his mother’s preference for Jews. Furthermore, most Jewish cases in our material, though not all, develop their anti-Semitic attitudes in strict opposition to the attitude of their parents.

In those cases where parents and children are anti-Semitic it is more reasonable to assume that the emotional predispositions of the parents created a psychological atmosphere conducive to the development of similar emotional dispositions in the child, than to maintain the simple imitation hypothesis.

Where parental anti-Semitism exists, however, the factor of parental indoctrination is certainly not irrelevant. It might modify rationalizations, stereotypes, and manifestations of anti-Semitism; it might help to fixate the pattern at a relatively early age; under special circumstances it might even be the only social agent from which the child learns that Jews can be used as a projection target. Nevertheless, in American culture, parental indoctrination does not appear as a necessary element in the production of anti-Semitic attitudes.

Here, as elsewhere in this chapter, the evidence points against any one-sided attempt to explain anti-Semitism exclusively as a psychological phenomenon. Social and psychological determinants are inseparable, often indistinguishable, components in the production of the phenomenon of anti-Semitism.