

# ARCHAIC BEHAVIOR AND THE COMMUNICATIVE ACT

The Meaning of Stretching, Yawning, Rocking and Other Fetal Behavior in Therapy

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## 1. INTRODUCTION

In a former study on archaic communication (1949) the author found a relation between the communicative act and a more general biological adaptive phenomenon connected with separation and individualization, both of which increase the need to transfer inner occurrences and the need to bridge the space between entities. If no direct physiologic conduction of stimuli is possible, alarm signals have to be used. In therapy, the fact is experienced that a person makes use of a varied combination of communicative means, of innate, biological, and archaic signs and of cultural, acquired ones: symbols, myths, verbalizations, and so forth. On special occasions, the hidden archaic signs and responses come to the fore as, for instance, in impending danger; in an increased mating urge; after broken interhuman relationships; in a difficult transference relationship; in the re-establishment of broken contact.

Eisenbud, Ehrenwald and others have proved and particularly emphasized-following Freud's suggestion-a direct unconscious exchange as experienced in the phenomenon of telepathy. One may look upon this as a part of a usually repressed, archaic instinct of communication. Everything that lives communicates, often along mysterious pathways, unexplored as yet by physical science.

This paper aims to call attention to another group of archaic responses, an innate signal code not so hidden and repressed, more directly observable, yet related to the former phenomenon. In psychotherapeutic sessions, various movements and gestures come through, part of which must be explained as originating in an earlier-archaic or even intrauterine-existence of man. Up to this time not much clinical attention has been given to these involuntary signals. Yet, knowledge of fetal behavior and its adaptive responses is of importance for the knowledge of later patterns of behavior.

This discussion will be clinical, surveying the known symptoms. Further research will bring

deeper insight into these manifestations of early human existence. Increased attention will provoke better observation of phenomena that are so easily overlooked.

## 2. FETAL BEHAVIOR

The simple adaptive responses in fetal life have been called to attention in particular through the work of Minkowski, Christoffel and collaborators. Fodor's intuition and observations added psychological data to this new field of exploration. Physiological observations of abortions and prematurely born babies, and study of the normal infant during the first days of life have increased our knowledge.

In short, we may now say that, from the eighth intrauterine week, the embryonal organism lives in a total rhythmic behavior, and reactive and protective movements are noted. The rhythmic heartbeats of both mother and child dominate all other motions with their rhythmic movements. This may be of importance because some schizophrenics in analysis or hypnosis spontaneously show these forms of rhythmic movements. Gradually however, other non-co-ordinated movements, as responses to external stimuli, come to the fore, such as general mass action, a bending of the axis and a folding together. In respect to this, one may already speak of an early adaptive response and a primitive intelligence.

In the second half of intrauterine life, it is possible to speak of spontaneous behavior-there is active rotation, flexion, and stretching. Every mother knows about this lively life of her child within. There is skin sensitivity, especially around the mouth and nose, drinking of amniotic fluid, hunger and thirst. Bowel movement and defecation of meconium can take place before birth.

Minkowski in particular indicated that various sensory activities are going on before birth. The skin is sensitive, there is a localizing response to touch, the limbs move in the direction of the cutaneous stimulus. There is mnemonic function

and a primitive pain sense in the fetus, a moving away of a limb after too strong stimulation. There are labyrinthic responses, the olfactory function is ready-very vivid olfactory impressions are present early, as is known from dream analysis. The fetus reacts to loud noises and before birth there is a well-developed auditory receptor (Carmichael, 1951). From analysis of dreams, it must also be concluded that there are various intrauterine sound reminiscences; this means that there have been general auditory impressions without the means of putting them in a verbal mnemonic pattern. Strictly speaking, man's daily return to sleep and the fetal attitude belong to this chapter on fetal behavior. However, that subject would require a more elaborate neuropsychiatric investigation.

Another future subject for study is the manner in which these archaic responses may be used in the sum total of innate, acquired adaptive behavior of the individual.

Psychopathology has already taught that these functions may be used variously by the individual, depending on his personal history. They may be causes of unconscious reminiscence, as is often seen in psychotherapy. They may be used as defense against maturation, they may be displaced toward other functions, physiologically and psychologically; they may be employed to deny that a person is functioning adequately. However, to keep the subject as simple as possible, the present paper will stress only the reminiscing and communicative action of the regression to archaic functions.

### 3. RHYTHMIC RESPONSES

#### *Archaic Rhythmization*

In the course of psychotherapy, one finds several forms of rhythmic expressions which may be related to the total rhythm behavior of early fetal life. In deep hypnosis or in periods of deep compulsive silence in schizophrenics and borderline cases, rhythmic movements of muscles or part of the extremities may be seen. This rhythm has a higher frequency than the active heartbeat, and in all these cases it represents a deep regression. The writer would call this not so infrequently observed phenomenon reminiscent of the archaic rhythmization of the body.

One schizophrenic patient who came to the writer for therapy after he had been in analysis with others, was himself very much aware of such rhythmic muscle contractions. He indicated that these also occurred after periods of furious and excessive masturbation.

Because of her unbroken silence, another patient, a woman, had gone through several ana-

lytic treatments with various therapists at irregular intervals. The only observable evidence of communication, besides a cataleptic attitude on the couch, was a rhythmic contraction of her foot with a frequency of 130 contractions a minute. When this was interpreted as a sign of communication, she became furious, but actually started to be more communicative.

#### *Head-Banging, Jactatio Nocturna*

Night-time head-banging often makes a frightening impression on the mother. It is done with a compulsive excitement, the head banging rhythmically against the pillow or the wall. It looks like a myoclonic attack, but even more like a reproduction of an infantile situation. The conscious aim of children who act in this way is to fall asleep, to "bang" themselves into sleep. In their regressive frenzy, they increase the frequency of their banging until they fall asleep exhausted. One may sometimes observe an "arc de cercle" and erection in such children.

Fitzherbert explains head-banging or head-rolling as an ambivalent return to the bliss of being nursed in mother's left arm, when mother's heartbeat is heard and felt by the child. He found this often in children who suffered early deprivation.

The writer himself has found this symptom in quite normal children, but also in two cases of borderline psychosis where the regressive tendency went further back. Both patients associated to it: an aggressive banging through mother's "wall" in order to go back to nirvana (sleep).

In one patient with jactatio nocturna, there were memories of hearing his own heartbeat when his head was on the pillow as a child. With them were associated primal scene memories and ecstatic orgasmic feelings that came every time after a period of head banging.

#### *Rocking and Dancing*

It is the innate wisdom of every mother that leads her to put her child to sleep by rhythmic rocking movements. In doing this, she is but repeating the oceanic memory of the child, when it was floating around in the amniotic fluid, when it had no weight and was lighter than air. Later in life, we grown-ups seek to repeat the same rhythmic contentment in our rocking chairs. The awareness that many of these archaic feelings and womb memories are involved in dancing was expressed to the writer by two patients. One was a male dancer, a schizophrenic, who tried in his dancing to arrive at the archaic feeling of being lighter than air. He rebelled against the force of gravity. The other patient was a jazz player, a drug addict, who some-

times needed only the increased rhythmic excitement of the jazz music in order to provoke the nirvanic, ecstatic bliss that otherwise only the drug could give him. Even in our social dancing, the collective ecstasy of nirvanic reminiscences comes back. The dance is an identificatory movement used by primitive man for an identification with animals and a magic defense against them.

This is only a short and superficial survey of the impact that rhythm has on our deepest emotions and responses. In a former paper (1948) the author showed how part of our concept of time is related to it, also how our deepest communications are influenced by rhythmic phenomena (music, poetry, verbal inflection). Rhythm and dancing are universal forms of communication, as we can observe in bees. Rhythm expresses a magical talng part in the various rhythms of the world; it increases participation still further. For the present purpose, it is enough to show that during the therapeutic sessions rhythmic phenomena may have a deep communicative meaning indicating some tendency to seek prenatal bliss.

#### 4. ARCHAIC ORAL BEHAVIOR

Through postnatal psychology, we have become familiar with the concept of the mouth as an organ of reality testing. The outside world is brought into the mouth to be tested and swallowed. From the fourth intrauterine month, a slow muscle contraction, comparable to those found in mollusks, is going on. From time to time, the fetus opens its mouth and swallows amniotic fluid. This has been repeatedly observed, through the abdominal wall of the pregnant mother, as a slow-frequency, rhythmic contraction of the oral end of the fetus. This archaic process is not in the service of accumulation of food; some explain it as a primary wet inhalation, perhaps a reaction to some discomfort. Remnants of this oral wet inhalation, however, are found also in the yawning reflex.

Breathing in general is perhaps our most archaic active contact with others—we all breathe the same air. The child in utero breathes in a fetal way; in the meantime, it is yawning, stretching, drinking the amniotic fluid, which means drinking the mother. In any later form of contact, breathing, pneumatic union, absorbing the other one, drinking from the same air plays a role, especially in fantasy life. Pathological variations of this pneumatic contact are found in asthma where we may sometimes speak of the fantasy of pneumatic incest.

##### *Oral Incorporation*

Oral incorporation is mentioned here only

because its impact on the psyche is well known, as described in an elaborate psychoanalytic literature.

##### *Yawning*

Psychologically we know that yawning has to do with reminiscences of sleep; but, beyond that, it may indicate also hunger and boredom and even pleasurable leisure. It is a very contagious movement. One person is easily induced by another's yawning to yawn himself. Sometimes compulsive yawning is indulged in with pleasure-organic pleasure. Some people yawn when they glide in their rapidly speeding cars, behind the wheel, through the landscape. The word "yawning" is direct onomatopoeia; this makes us aware that it is part of a deeply-founded body function. Yawning pleasure is seen in the infant, not only when he is sleepy but also when he is satisfied.

Yawning represents yearning for something archaic; it is a remnant of a fetal response. The reflex may last for many seconds, with deep inspiration and expiration. It may be nearly unexpressed behind the hand before the mouth.

Clinically, the writer found yawning in one patient to be an initial sign preceding an epileptic fit. In the analysis it was associated with a yearning for the breast, or for something even more deeply nirvanic, and was then followed by a furious epileptic attack because of the denial.

How deeply yawning and yearning are related came to the fore in a manic-depressive patient who went through twilight states in which he experienced complete union with the prenatal mother. Consciously, this was a frightening experience for him. However, it always announced itself by periods of compulsive yawning, making it possible for him to go home and surrender more freely to his reminiscences. In such a twilight state, the patient had all kinds of telepathic experiences, described in a former publication (Meerlo, 1949). Yawning plays a greater role in the therapeutic situation than is often realized. The therapist also yawns. One cannot always interpret this as a form of negative transference, because the increased communication in the therapeutic situation may easily lead to a common archaic fantasy.

##### *Sighing*

Ordinary sighing and compulsive sighing are reminiscences of early infantile escape reactions in which birth panic plays a role. Sighing in analysis means a reminiscence of an escape from fear.

### *Thumbsucking*

Thumbsucking is found in fetal life and compulsive sucking may, in its mnemonic roots, go back even earlier than the breast-infant relation. The same is true for sneezing.

### *Smiling*

Smiling is generally recognized as an automatic transmitter of an infantile mood. It is related to the infant's satisfaction after being fed, when it withdraws its lips from the breast and falls asleep.

### *Coughing and Defecating and "Breaking Wind"*

Coughing, defecating and "breaking wind" are observed as fetal rejection and evacuation of intrusion into the body. We know that some mothers describe such sounds as made by their unborn babies. This is interpreted as fetal crying. The simplest explanation is that it is fetal evacuation.

A schizophrenic explained his compulsive passing of flatus as an omnipotent destruction of the outside world. For him it was a throwing out and a soiling at the same time-and an imitation of the omnipotent voice of father.

In these matters, one finds again that the archaic reminiscence has a tremendous power of contagion. Listen, for instance, during the intermission of a concert. One person coughs, and this archaic sign starts others coughing.

Christoffel traces the smoking compulsion back, not only to reminiscence of infantile smiling after oral satisfaction, but also to a repetition of infantile wet-breathing.

## 5. ARCHAIC MOTORIC RESPONSE AND CONTAGIOUS MOVEMENTS

In the motoric field, there is tremendous fetal activity. Massbehavior that is comparable to tantrums and epileptic fits in postuterine life has already been mentioned.

Stretching by the fetus is observed as early as the second month of fetal life. It is generally interpreted as an infantile joy, a being free of fear, a pleasant reaction, a similar feeling to the one we have when we stretch as adults.

One of the writer's patients - a case of anxiety hysteria-started to stretch himself repeatedly during the analytic hour, exclaiming with feelings of joy and pleasure. In the course of the analysis this stretching was related to feelings of liberation from the maternal domination, to an experience of new activity, to stretching and going out of the womb. Later on he experienced sponta-

neous new associations in which the stretched body represented the erect penis.

Peculiarly enough, the unconscious sexual meaning of stretching, of this pleasant orgasmic manifestation of the body, is kept alive in social taboos. The German word for it, "rekeinen," the Dutch word "rekel," and the English word "rascal" are all derived from a similar origin (Christoffel, 1951). Stretching, erection, hypnotic catalepsy (as seen in Yogi), belong to a common regressive womb-fantasy.

Bending and huddling up represent the opposite fetal reaction. A remnant of this hiding position may be found in the background of many a fright reaction, and it is seen in the usual "fetal" hiding position under the blankets in bed. In some catatonies, this attitude is even continual.

One sees, on the couch, from time to time, the same defensive, regressive attitude of patients, especially in borderline cases.

The stereotyping of movements, the remembering of rhythmic archaic responses can also be seen in frustrated animals, as one observes them for example in the zoo.

### *Laughter*

The sudden relief brought by laughter has to do with the intrauterine defensive mass-reaction already mentioned, and is psychologically related to epileptic fits. It is an ambivalent response to a stimulus in which something is conquered (a traumatic experience) and in which one originally let go of something-aggression, urine, stools. In special neurologic conditions, laughter comes to the fore as sham-mirth, as one sees in cerebral paralysis or in narcolepsy when hypothalamic centers are affected. This is an example of the way disinhibition of mental functions may simply provoke motoric outbursts and fits of laughter.

It may seem strange to consider unexpected laughter (to be distinguished from laughter expressing comedy and humor) as part of an intrauterine defense reaction. However, in pathology, one experiences this type of laughter as a tremendously contagious bodily reaction. Primitives, listening to a phonograph recording of roaring laughter, begin to laugh themselves and cannot stop. We all sometimes experience the way in which sudden laughter causes a feeling of paralysis-we are put "hors concours."

In psychotherapeutic treatment, fits of laughter play a peculiar role.

One patient, a manic-depressive, got laughing fits when he was tired and warm. Once, as a result, he had an epileptic fit, but mostly he laughed himself into a paralytic state.

A schizophrenic girl started to laugh purely as a defense mechanism; her laughter was mocking and hiding at the same time, although in her movements it was also converted to more orgasmic satisfaction.

For the present purpose, it is sufficient to know that part of the basis of laughter is a regressive reminiscence, and it is this that makes it so tremendously contagious. The joke that calls forth an outburst of laughter relieves deeply repressed feelings suddenly. One of the writer's friends could not stop laughing after a joke which concerned anthropic tendencies.

## 6. ARCHAIC SKIN BEHAVIOR

The skin, as our first physical boundary and organ of reception and defense, plays a tremendous role in psychosomatic afflictions. Here are experienced many defensive reactions which may be compared with intrauterine skin reaction, all on an archaic, rudimentary basis.

The skin has its rudimentary motoric defenses-like the skin of horses in which rudimentary muscles play a role (platysma, pilomotoric reflex). In utero, the skin is not yet exposed; it moves in the warm amniotic fluid. There is no shivering and shuddering, no creeping feelings are felt. These begin at birth. And many later shiver-reactions in therapy mean a protest against exposure.

In popular mythology, such archaic skin reactions play a role. When you get gooseflesh, somebody is "walking over your grave." Unconsciously, the reminiscence of prenatal reaction to danger is revealed in such popular sayings.

A patient who has been described elsewhere (Meerloo, 1949) told how he, while walking along the street, suddenly felt a shiver reaction, together with panicky feelings. When he later on sought to find out why this sudden panic had come up, he learned that a good friend had died and that his panic represented telepathic apprehension of that fact.

### *Camouflage Reactions (Chameleon Reactions)*

Camouflage reactions are often observed. They play a role in many unexplained dermatological manifestations, such as neurodermatitis, rosacea, melanosis. Melanosis was observed particularly as a fear reaction in the trenches of World War I. The skin is an organ of display; of weeping in eczema, of flushing in rosacea, of mimicry in gooseflesh, of infantile sexual dependency-also expressed in eczema. Many dermatoses symbolize the need for continual skin contact, such as the infant

experienced in utero; or symbolize the rejection of contact. One finds them especially in rejected children.

A patient, an alcoholic addict, got eczema only when he was "dried up." Under the influence of his drugs he was easily able to bring himself into the nirvanic state of the womb. In periods of abstention, he acted his dependency needs out with his skin. He showed the analyst that he wanted to be "wet" again, but also that he wanted more skin attention.

Often the skin is used as a substitution in masturbation, especially in itching dermatoses. The underlying fantasy is that of a shedding off of the skin, or a tearing away in the service of fusion with the mother. This suggests the desire to be in guiltless contact. Some dermatoses may also be a defense against the wish to be touched, as the writer has observed in some latent homosexuals. There is the wish to fuse, conThined with the fear of being eaten, swallowed up by the stomach. The Bible fantasy of Jonah in the whale is repeatedly reproduced by patients in conjunction with skin rash.

Rash and skin eruptions may often be interpreted as symptoms of deprivation, of not enough attention. But this situation is always ambivalent: It expresses a wish for contact-the retrogressive intrauterine incest fantasy-and at the same time, the rejection of contact because of fear of contamination.

A schizophrenic patient was always picking her skin. This caused her secondary trouble through inflammation. The picking was explained as doing away with the place of possible contact with other people.

In schizophrenic symptomatology, archaic skin behavior and archaic skin language play a paradoxical role. By calling attention to some skin reaction (through the acting out of some deeper regressive wishes?) the patient is often able to establish better contact with the therapist. In the case of one of the writer's patients, there was only verbal contact as long as the skin disease lasted. It was as if the analyst were allowed to communicate only through the open pores of the skin. As soon as the skin was healed the psyche was closed off.

For the present purpose it is important to be aware of how contagious these archaic expressions are. We all itch and get a "kitzel" reflex when patients or friends mention the foregoing symptoms. Many people cannot see eczema without becoming itchy themselves. Scratching is a contagious movement.

## 7. ARCHAIC REACTION OF THE SENSES

As was pointed out in the introduction, our senses are ready for function at birth, and we have learned from dreams that there are archaic memories of sensory responses originating in the prebirth and birth period. Because of a lack of ego and of verbal images, these mnemonic imprints have to be translated later on into postnatal verbal symbols-which makes acceptance of these early impressions highly hypothetical. Nevertheless, spontaneous associations of patients in dream analysis tell us that there is an early sound-world, that there are reminiscences of an early musical world, a world of splashing sounds (birth), related to archaic, auditive fears. It is known that the fetus reacts to sounds; and, from analysis of musicians, we know that there are very early reminiscences of a nirvanic musical world, a sound-nirvana.

Some eye impressions, especially those of color, are perhaps related to very early experiences in childhood. The color dream often takes one back to very early reminiscences.

Smell is usually developed more highly in the infant than in grown-ups. Our smell world gradually becomes repressed-partly as a result of cleaning compulsions and a smell taboo. O-rodeck has directed attention to the fact that archaic smells play a role in the mother-infant relationship and in the child's experiences during the act of birth. One of the present writer's patients lost his sense of smell very early in life as an act of defense against aggressive fantasies toward his mother.

## 8. INTRAUTERINE ORGASM

As already seen, the fetus must have all kinds of mnemonic impressions as a result of rhythm, adaptive mass-reaction and defensive movements. Yawning and stretching are reactions combined with feelings of lust. The question arises as to how far we may be justified in speaking of a fetal play with the fetus' own body. In the treatment of schizophrenics, one is very much aware that for them the masturbatory act relates not only to sexual fantasies, but serves more often to revive nirvanic ecstatic feelings. Masturbation is for them a means of retreat to early orgasmic experience; it is a yearning for the womb.

In one catatonic patient who had lived for years in an institution without mental contact with the outside world, the writer could observe that during masturbation, he brought himself into a stretching *à la* de cercle, and both big toes came into a Babinski extension. Neurologic examination later on was completely negative.

Masturbatory play is too often interpreted as a compulsion combined with sexual fantasies. In therapy, one sees that it is often related to escape fantasies from primary danger-from birth trauma; it is related to going back to infantile bliss, to reaching out for mother's breast. Parental taboo increases the feeling of danger, and the compulsion to escape leads to new masturbation-truly a vicious circle. Sex, as such, is a symbolic feeling, with a yearning for nirvana.

Some pains that are felt around the urachus and the umbilicus, and eczema around the navel also hark back to intrauterine lust impressions.

Of theoretical importance for us, is the fact that the drive toward communication is related to a sexual drive on the one hand, and to the fear of separation on the other (Meerloo, 1952). During the rutting period in animals, their communicative actions increase through exhibitionism and intensified smell communication. There are similar phenomena in man, but more repressed. Compulsive masturbation is in many borderline patients an expression of a desire to revert to archaic relationships.

## 9. CONTAGIOUS COMMON REGRESSION AND THE COMMUNICATIVE ACT

The more a human expression partakes of an undifferentiated infantile or archaic nature, the more unconscious is the communicative value which goes out from it. Laughter, crying, yawning, stretching, shivering, may evoke in us the same kind of archaic re-sponse. There is something in the observation of an archaic activity that pushes us back into our own pasts, so do music and smells and colors, dancing and artistic creation. The repetition of primary archaic expressions provokes, as it were, a deep resonance in everybody. The common regressive fantasy leads to more intense communication and direct identification. In a study of the transference function, the writer pointed to this communicative need as an important part of the therapeutic situation (Meerloo, 1952).

The clinical importance of all this is in the elaboration of clinical observation. Not always will one find out to what regressive fantasies the communicative acts of the patient are related; but the moment they are discovered-through a peculiar muscle rhythm during his silent resistance, for example, or through a tendency to assume the fetal position-the field of observation enlarges.

Other phenomena, too, may be throw-backs to archaic responses. For example, the echopraxy in schizophrenics may be compared with the

imitative latching symptoms in panicky primitives (Meerloo, 1950). Just as all of us are contagiously affected by yawning, these patients have, in a more extended field, the compulsion to imitate. As a reaction to danger and fear, they lose the differentiative distinction between the outside and the inside world. They feel, as it were, equalized with the therapist, as if living in a big womb. The same phenomenon—described in the literature as reactive depersonalization—is evident in people after escape from tremendous danger (bombing, concentration camp). If one observes them well, it will be seen that they behave like the unborn and that they show many fetal responses.

As the best example, I can give my own memories of such a day; they were repressed and only came back to memory years later. After I escaped from German imprisonment and certain death and, in disguise, had passed the enemy cordon safely, I roamed around in the Paris subway all day long. I hovered in a corner, jumped up sometimes, changed trains, yawned all day, did not eat and, only when night came, did I get out of this archaic hiding spell in Paris' womb. Very symbolically, I went to a barbershop and felt reborn after a shave and a haircut.

## RESUME

A survey has been presented of some fetal responses to stimuli and of how one may find them revived in more differentiated, mature behavior. The fetal response may be looked upon as one of the initial adaptive acts which are automatically transmitted to the unconscious. A person's archaic response provokes intensified communication through mutual identification with the pre-birth situation. As Bolk has explained, man in his biological retardation and fetalization remains dependent on his parents. That is the reason why he sticks to his unconscious identification with his Intrauterine existence. It is this common hidden fantasy that makes the communicative element so intensive. Mutual regression leads to the unconscious fantasy of unification and participation. The significance of these phenomena for an elaboration of clinical observation is emphasized.

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