





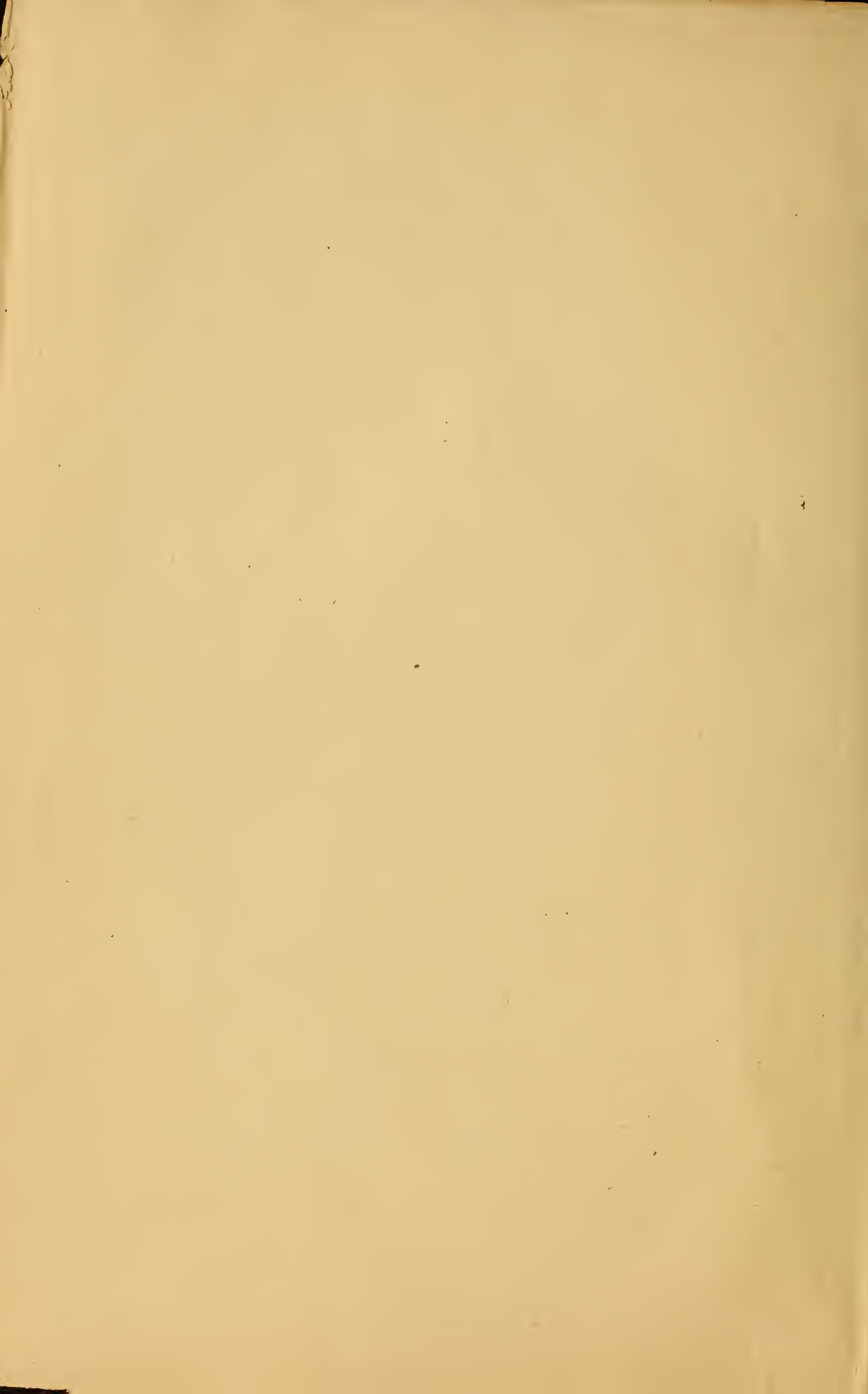
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**Nervous and Mental Disease Monograph Series No. 26**

# **The Technique of Psychoanalysis**

**By**

**SMITH ELY JELLIFFE, M.D.**

**Nervous and Mental Disease Publishing Company  
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## PREFACE

“Not in his goals but in his transitions man is great, and the truest state of mind rested in, becomes false.” [Chinese Proverb.]

The traveller in a foreign land who keeps to the main highway needs no guide. He does not even have to know the language of the country for a judiciously distributed *pour boire* will put him in touch with all the more common requirements of his surroundings.

With his Baedeker in hand, he may even wander about in strange surroundings oblivious to the unknown claue about him and return to his haven of safety with an outline of the topography of the city, its bricks and mortar, and possibly its trolley cars. But were he to go into the by-ways, were he to reach out for an understanding of the rich life that is actually being lived about him, he is more or less shut off, and deaf and dumb must needs grope about if without knowledge of the language of the country.

The doctor of medicine is in some such a position—his unexplored countries come to him, however, he does not go to them. His Baedekers—Gray, Osler, and perhaps a rich library, furnishing the details of many complicated structures—lead him through the more frequented paths of disease processes, but, like the real traveller he not infrequently finds himself lost in unexplored territory. A new language strikes his ear at every specialistic frontier that he would pass; a rich and apparently hopeless terminology has to be mastered if he would travel in new fields, and if he would know what is going on over the boundary he must make it a part of himself.

It is of no service to him to rationalize his indolence by calling this speech new-fangled, absurd or unnecessary. To shut his eyes and ears to these new languages, refusing to learn them, only hampers himself, and the stream of active intelligence goes on, leaving him in an eddy of his own isolation.

Words are only tools to be used to cut into the facts of nature, so that fellow workers, through mutual understanding, can make a concerted effort and clear a pathway into the secrets of life. The simplest act of reflection will show that the more complex the situation, the greater will be the confusion of new tongues and the greater will be the need for the construction of new

tools—words—to aid the explorer. This is why the problems connected with the study of mental activities have so rich a terminology and one constantly undergoing evolution.

Bones, tendons, muscles, intestines, hearts, lungs, have been much alike for countless centuries, and have modified little in their structures, but the nervous system, an active, changing master-spirit in evolution, is constantly reaching out in its attempt to grasp the infinite.

Even the simplest aboriginal inhabitants of an Australian village are giants in mental development when compared to the earliest products of the age of man. Historical retrospect can but imperfectly reconstruct the stages of primitive culture, but the connecting links between aboriginal and modern races are there. The ethnologist, the archeologist, the anthropologist, the student of language, of customs, of laws, of religions has a rich material, and already the data available for the understanding of the development of civilization and of culture surrounds the student of human nature in bewildering profusion.

The races of the twentieth century are partakers in this heritage of a bountiful past and the individual of to-day is its product. To completely understand him entails a knowledge of the principal gifts of this inheritance, and he who would grasp the innermost causes that sway the human mind must be able to reconstruct the stages through which that mind has come in its development from primitive culture to modern conditions. "What are we," queries Bergson, "in fact what is our *character* if not the condensation of the history that we have lived from our birth—nay even before our birth, since we bring with us prenatal dispositions?" "Doubtless we think with only a small part of our past, but it is with our entire past, including the original bent of our soul, that we desire, will, and act."

These "prenatal dispositions," this "original bent of our soul" are a part of the inheritance of which we speak. Everything in human life, individual as well as social, has then its historical background, its origin, its life history and thus its adequate working interpretation. Nothing is trivial, nothing is fortuitous.

Psychoanalysis outlines the task of interpreting human motives from this point of view. How; it will be my privilege to more fully set forth.

"While we sit still we are never the wiser; but going into the river, and moving up and down, is the way to discover its depths and its shallows."

BACON.

## INTRODUCTION

The present series of articles is planned for the beginner in psychoanalysis. They therefore will contain little that the trained analyst does not already know. If because of their simplistic character they prove of service to the neophyte my purpose will have been accomplished.

At the outset it seems desirable to give a general outline of what psychoanalysis is. For this a bare definition will not suffice. The word itself is almost as indicative as such a definition might reasonably hope to be. Psychoanalysis is primarily to be considered as a method. As such, it seeks to establish a knowledge of the development of individual human motives. Just as a chemical analysis serves to determine the ultimate composition of this or that substance present in nature, so psychoanalysis has for its task the unravelling of the ultimate causes of this or that manifestation of human conduct. Psychoanalysis then is merely a tool, just as chemical analysis is a tool—both are methodological disciplines working with different facts of nature, each seeking to determine ultimates in their respective spheres; the former dealing with data of that portion of the nervous system functioning to adapt the individual and the race to reality, the latter working with the inorganic and organic substances making up a large portion of that reality.

Not to extend this particular analogy too unduly, it may be added that inasmuch as chemical analysis is restricted only in its choice of material, so psychoanalysis need have no barrier for its activities. It is not a method limited solely to the solution of problems of psychopathology any more than chemical analysis is confined to the study of pathological human substances. All of the questions arising in relation to psychological activities may be investigated by the psychoanalytic method.

It seems to me desirable in this place to clearly emphasize the fact that in psychoanalysis we are dealing solely with a method for gaining data since one frequently hears the statement that psychoanalysis is nonsense. A method, or a tool, is not nonsense. Chemical analysis is not nonsense, although bad quantitative or qualitative chemical methods may lead to false or nonsensical results. The individual chemist may be badly trained in his

methods and be a poor chemist. This does not invalidate the methods of chemistry. Again certain substances may be so complex in their structure as to defy even the best chemical methods at separation and identification; this argues only for the comparative crudity of the known analytic resources. It can readily be conceded in an analogous sense that the psychoanalytic methods now developed may be comparatively crude, but this only supplies a motive for their betterment rather than an argument as to their falsity.

The crudities of those social instruments, the law and medicine, are known to all men, but only the sick egoist argues to do away with all law and all medicine. Those healthy nervous systems capable of adaptation to the realities of nature are endeavoring to improve law and medicine. They seek to minimize their crudities and make them better instruments for the obtaining of human happiness. In this, as well as in many another task, the methods of psychoanalysis are destined to play an enormous rôle in the near future.

In this place, I can only indicate some of the fields of activity in which psychoanalysis, as a method, has already rendered important service, leaving for future consideration, when I hope to present a summary of the development of the method, the more complete statement of its spheres of operation.

It is chiefly in the realms of psychopathology that psychoanalysis first showed its value; those chapters in medicine devoted to the study of the neuroses and psychoneuroses having been entirely remodelled by its application. In a similar manner the understanding of certain of the psychoses, particularly schizophrenia (*dementia præcox*), paranoia, and the manic-depressive group, is undergoing marked transformations as a result of the psychoanalytic methods. That large chapter of alcoholism which is not an object of interest to medicine alone, but enters into almost every sphere of human life, is having most penetrating and far-reaching light thrown upon it by the students of the psychoanalytic school.

A new science and application of pedagogy are being reared upon the data obtained by psychoanalysis, as witness the masterly work of Pfister recently published and made the forerunner of an important series of works on pedagogy under the leadership of Meumann and Messmer.

The students of history, anthropology, ethics, religion, philos-



ophy and art are beginning to feel the value of the material obtained by the methods of psychoanalysis, and already a shift of position with better generalizations is making itself apparent.<sup>1</sup>

It is not my purpose, however, to sketch any such ambitious program in these pages. I shall content myself with the rudiments, and shall deal more particularly with simple medical problems; with such as are met with by the average practitioner, or those that come more directly to the student of nervous diseases.

I believe that every sincere practitioner can practise psychoanalysis just as he can practise surgery. In the latter case, with a fundamental knowledge of bacteriology he may cut just as far as his anatomical knowledge and experience permit him. He may limit himself to minor surgery, or he may attempt more difficult and complicated operations. So with the methods of psychoanalysis, if the practitioner will make an earnest attempt to understand them, he will be enabled to be of enormous service even when only using the simplest fundamentals. There are numerous sick individuals who do not need a complex analysis, because they have not developed a complex neurosis. Such can be relieved or cured by the application of the rudiments of psychoanalysis. This is particularly true in the pedagogic field working with developing children. On the other hand, it is important for the general practitioner to know that the complicated cases need a more complete grasp of the methods, just as an operation upon the brain requires more than a general knowledge of the principles of minor surgery.

The statement that we are dealing solely with a method, however, is incomplete—it is necessary to ask what is the method intended to do? and furthermore why is a special method needed?

It has already been said that by psychoanalysis one seeks to establish a knowledge of the causes for human behavior, that all of the psychical activities may be investigated by its means, and that it deals with data of the psychic life in its function of adaptation to reality. It thus seeks to establish a basis for the understanding of human conduct.

Such broad statements, however, are entirely too general, especially for the purposes I have in mind in these pages. We shall limit them here more particularly to the individual principles of human behavior, especially in their application to definite med-

<sup>1</sup> The Significance of Psychoanalysis for the Mental Sciences. Nervous and Mental Disease Monograph Series, No. 23, edited by White and Jelliffe, New York and Washington.

ical situations. The psychoanalytic methods which will be here outlined then will bear solely upon practical medical problems confined within comparatively narrow bounds. We intend to learn by them why certain symptoms of disease come into being, and what the meaning of these symptoms is for the individual's adaptation. We may then be in a position to properly estimate the *modus operandi* of the disorders under discussion and may possibly eliminate or modify them for the benefit of the sick individual.

And why is a special method needed? This latter question can only be answered completely after a more extended review of the situations which are to be analyzed. It can be stated here broadly that medicine had not been able to satisfactorily explain the import of many so-called nervous symptoms. The hypotheses were inadequate. Many, in fact most of them, proceeded along lines of chemical analogy.

Pituita, black humors, perverted chemism, faulty metabolism, auto-intoxication, indicanuria, etc., these are links in a long historical chain of such interpretations, the incompleteness and unsatisfactoriness of which have been demonstrated for thousands of years. Such interpretative formulae might attempt to explain why an individual with an incipient schizophrenia, for instance, should believe that it was absolutely necessary for her when going up a pair of stairs "to go three steps and then stop or else suffer from constipation." They would say that it was due to gastro-intestinal fermentation, possibly a parathyroid hyperactivity, or a deficiency of hypophysis secretion. For the sake of discussion it may be admitted that possibly such a disease as schizophrenia may arise from one or other of these or analogous metabolic disturbances, but even so wherein does this knowledge aid in an understanding of the "three steps or constipation" symptom?

Perhaps the symptom is meaningless and neither needs nor can obtain an explanation. This attitude of mind can be understood. It is very old. It has fostered the type of organic explanation just mentioned. On the basis of the nonsense of the symptom a still more nonsensical interpretation is given. But let it be assumed that the symptom means something, that it is as real as a dyspnea, and arises from necessary psychical antecedents, then at once it becomes apparent that "auto-intoxication, perverted metabolism," etc., are of no value as explanations; they must be abandoned.

This is all preparatory to saying that the content of an idea, a psychological fact, can never be explained on the basis of perverted chemism, and that every idea, for we shall deal with ideas—mental facts—has a basis which is as absolutely determined as any other reality of nature.

This fundamental postulate that every psychological fact is a bit of nature with definite laws is the reason why a new method of investigation had to be found. The chemical, bacteriological, pathological laboratories had shown their sterility in this particular field of enquiry.

Even recognizing this bankruptcy, so to speak, of organic explanations for psychological phenomena it may be further recalled that academic psychology has been far from being a promising guiding principle. There have been a number of reasons for this, but two psychological tendencies, which had received the official sanction of the schools, may be touched upon since the psychoanalytic method has shown their inadequacy for its particular problems.

For many years official psychology was limited to the so-called physiological psychology. This was practically little more than a detailed physiology of the special sense organs. Its study developed a mass of information relative to the receptors and the conducting mechanisms of the special sense organs, facts of great importance, but of little applicability in getting at explanations for human conduct.

Another important attitude of psychology was its insistence upon what it was pleased to call its "norms." The famous dictum that the abnormal in mental life could only be understood from a study of the normal has been one of the chief obstacles to progress. Such an attitude of mind could only have come from the laboratory worker unacquainted with the progress made in the empirical biological sciences. For here the great advances in knowledge have come from the pathological side. The normal has been built up out of the pathological. Hence, when Freud, rejecting all of the dicta of the official and reigning schools of thought, constructed his psychoanalytic method upon pathological data, he followed the path of experience in the other biological sciences, and by avoiding the sterile psychology of that fatuous nonentity the "normal mind" founded a method of great value.

No previously existing system of thought could properly form a working hypothesis to explain why for this or that individual

it was necessary for the patient to "go up three steps or else be constipated," or other analogous symptoms which will occur to the reader and which are found in abundance in all pathological cases, be they hysterias, or compulsion neuroses, phobias, schizophrenias, or what not.

The medical historian, acquainted with the various hypotheses, can see the thread of truth that runs through all of them. Each new century has brought better and better explanations, but it was only when, towards the Charcot era, a definite parting with structural concepts took place, that psychopathology gained a definite right to state to the student of academic psychology that it had to be reckoned with, and that previously existing systems of thought, even philosophies, would prove inadequate if the pathological data of medical science in the psychological sphere were neglected.

A method, therefore, which would bring together and unite into a genetic or dynamic concept these data of psychopathology was much to be desired. It saw its earliest systematic beginning in the days of Charcot but it remained for Freud to forge the tools of psychoanalysis, and make them of value for every student of psychical phenomena.

That same historian viewing human endeavor in its search of the absolute must realize that psychoanalysis, like other tools that *homo faber* has constructed, will undergo changes and developments. The very facts of nature that it reveals will cause it to be modified, and if it remain sufficiently plastic, it too can evolve.

It is no part of the present program to follow any dogmatic presentation, but I would remind the reader that a simple statement of the outlines of the psychoanalytic methods inclines towards a certain amount of positivism which I would gladly avoid if it were possible.

# THE TECHNIQUE OF PSYCHOANALYSIS.

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## CHAPTER I

### THE MATERIAL TO BE ANALYZED. WHAT PATIENTS NOT TO ANALYZE

*"There is no vice," says Rochefoucault, "that is not better than the means taken to conceal it."*

A change of heart has taken place in many quarters of the medical profession with reference to the so-called functional manifestations of the nervous system. The neurotic is no longer to be jeered at and made fun of. "Truth from (their) lips prevails with double sway, and fools who come to mock remain to pray." That multitude of patients who "have nothing the matter with them" has commenced to be seen in its true colors. The members of that much greater multitude who have "so many things the matter with them," and who, as Dejerine very pointedly remarks, make up at least half of the practice of most physicians, will soon be seen, not in the light of sufferers in this or that organic realm, but as having psychogenic illness, which make them sufferers just as truly as those with "nothing the matter with them." When these truths become the universal heritage of the profession then the medical iconoclasts and jeerers, such as the likes of Pliny, Molière and Bernard Shaw, will have lost an attribute of their vocation and can devote their energies to constructive rather than destructive criticism. At the present time, however, medicine needs the quips of Shaw to accent its many fads and foibles.

The first requirement of the analyst then is a sympathetic attitude towards his material. To pooh-pooh a symptom as "nonsense," as "imagination," as "silly," as "make believe," or "malingering" is an assumption which has no value from the standpoint of the understanding of the symptom. Such an approach to mental problems is rather an index of the naïveté and indolence of the assumer. These universal human attributes must be reckoned with and overcome. Thus the analyst becomes a

good listener. This listening does not mean the turning of an indulgent ear to the complaints of the sufferer, but a comprehending and grasping curiosity that counts "nothing as trivial, nothing as fortuitous." The analyst must hunger for information about the patient's ills, being ever on guard against formulating interpretations before the returns are all in.

All this takes time!

In an opening Dialogue between Philopiro, a physician, and Misomedon, his patient, written by a Dr. B. Mandeville<sup>1</sup> some two hundred and fifty years ago, I find the following.

*Misomedon:* I have sent for you, Doctor, to consult you about a distemper, of which I am well assured I shall never be cured.

*Philopiro:* Whatever your case may be, Sir, it is a great Misfortune you entertain so ill an Opinion of it; but I hope, your Disease may prove less desperate than your Fears represent it.

*Misomedon:* It is neither better nor worse than I tell you, and what I say, is what I am convinced of by Reason, and not a suggestion of my Fears: But you think, perhaps, I'm a Madman, to send for a Physician, when I know beforehand that he can do me no good. Truly, Doctor, I am not far from it: But first of all are you in haste, pray?

*Philopiro:* Not in great haste, Sir.

*Misomedon:* I am glad of that, for most of your Profession either are, or at least pretend to be in a great hurry, But tho' you are at leisure, Can you hear a Man talk for half an hour together, and, perhaps, not always to the purpose, without interrupting him? For I have a great deal to say to you, several Questions to ask you, and know I shall be very tedious; but if you can bear with me I'll consider your Trouble, and pay you for your Time, and Patience both. Can you stay an Hour?

*Philopiro:* Yes, Sir, or longer, if there be occasion."

From which it may be seen that in 1685 as well as today, the physician has failed to understand these patients, and has neglected to give *time* to their study. If the physician is unwilling to utilize a great deal of time he can never make an analysis.

Sympathetic insight, intense work in obtaining many statements of what are facts to the patient, oftentimes with innumerable apparently trivial and unimportant details, and time are the primary factors in the opening of an analysis.

<sup>1</sup>"A Treatise of the Hypochondriack and Hysterick Diseases in Three Dialogues." London, 1685.

This outline is a commonplace to the trained analyst, but I am here writing for the beginner, who wishes to obtain a working knowledge of a method. No other attitude of mind will bring any useful results. A beginner in chemistry who does not believe there is anything in the atomic theory, that  $H_2SO_4$  as a symbol for something is nonsense, and that the two sides of a chemical equation convey no information as to what is going on in a chemical reaction is not likely to become a chemist and much less a competent authority on chemical problems.

Still another situation is in need of emphasis before we approach the patient. This is the subject of diagnosis. The young student is prone to pin his faith to names. They seem very definite to him. Hence he always seeks the diagnosis, and can then "consult an authority" or "read it in a book." He is prone to shut the book before him, the patient, and read what somebody else says about something he knows nothing about, *i. e.*, this particular problem. The diagnosis of the mental side of the problem is an absolutely negligible matter for the opening of an analysis. One's object is to find out what is going on in the patient's mind. The interest should be concentrated on the correct ascertaining of the symptoms and on *processes*, not on *names*. All diagnoses, it hardly seems necessary to say, are purely artificial creations for social purposes. They represent useful generalizations for subsequent comparison and discussion with *others* later on in one's investigations. The attitude of mind that feels that its task has been accomplished when the patient is labelled—hysteria, compulsion neurosis, neurasthenia, etc.—will never grasp nor comprehend the living process going on within the patient. All enquiry stops when one dogmatizes at a diagnosis. The beginning student, therefore, should thrust the idea of the mental diagnosis aside for the more vital problems of getting the facts. Naturally the physical diagnosis, if there is one, is another question which will be taken up.

*Mental Facts.*—In obtaining the initial history of a patient, one's attitude should be an absolutely impartial and uncritical one. One should avoid all leading questions, and, in the words of Misomedon, one must be willing, yes anxious, "to hear a man talk for half an hour together, and, perhaps not always to the purpose, without interrupting him."

This "talk" may be hastily jotted down, or written in shorthand, or an effort made to remember it as one sees fit, which detail will be discussed later.

If one is not certain regarding a detail, the patient should be asked to repeat, or explain further, or try to make it absolutely certain just what he means by the statement made. Thus, a patient says "everything must be clear."

(Just what do you mean; give me an example.)<sup>2</sup> "Why under the bed must be clear; the bed must be clear; the closet must be clear."

(How?) "Why I must spread newspapers under the bed, then I can see that it is clear. I must roll up the sheets, and the mattress, and then I am sure that it is clear. I put white papers in the closet and am sure it is clear."

(Why?) "Because I must make it clear that there is nothing there. No Boeey (negro) element there."

This may be as far as such a line of enquiry will take one for the time being, or one goes on to another symptom. In a very short time the analyst experiences the pleasant sensation that the patient feels that some one is really trying to understand what is going on in his mind.<sup>3</sup>

It should be the analyst's endeavor, in getting the preliminary history, to listen with great care to the patient's own explanation and not endeavor to correct it. Usually the explanation is a correct one, but it is expressed in terms other than those which the non-analytically trained physician usually employs. If the analyzer does not understand what the patient means, it will be pretty certain that the patient will not understand what the analyzer means should he attempt to explain the symptoms. Until the analyzer has grasped the exact significance of the situation, as the patient sees it, it is nonsense for him to offer an explanation. It is of the highest importance not to explain too much to the patient about his neurosis in the beginning. The detailed reasons for this will appear later. It is, up to this point, only necessary for the analyzer to believe that the patient's explanations *must* have some truth in them.

I am speaking here of mental explanations, not of the banal

<sup>2</sup> Parentheses indicate the analyst's enquiries; the patient's answer follows.

<sup>3</sup> Thus recently while listening very attentively for an hour to the "ravings" (?) of a lunatic, the patient suddenly grasped her ear and repeated "rubber ear, rubber ear, rubber ear." This turned out to mean: (1) You are listening to what I am saying, (2) I am listening to what you are saying, and (3) some one else is listening at the keyhole. The patient's husband was listening at the keyhole.



interpretations which include "too much uric acid," "a bit of nerve tire," "an acid stomach," "floating kidney," "eye strain," etc., which have been suggested. Even the medical explanations—given by the patient—bits of misconstrued physiology and the like, these also should be carefully listened to, not with incredulity and impatience, for the patient has accepted them in good faith usually from a former physician in whom there once was confidence.

After the first unburdening of the patient's mind takes place the real work of history taking begins. This may have occupied one or two visits. The first task now involves a rigid sorting process. A complete physical examination is usually necessary. The symptomatology will often determine just how minute the examination must be.

It must never be overlooked that physical disturbances may exist side by side with psychical ones. It is not my purpose to discuss the relation of the one to the other in just this place, but I hope to make it clear where a practical division may be made so far as psychoanalysis is concerned. Anybody may be analyzed to his advantage. A patient may be greatly benefited even if his headache be due to a brain tumor, but to take the position that such a procedure would be justifiable for the treatment of the tumor is naturally farcical. It would be on a par with the hypnotist's treatment of a mild emotional excitement due to a syphilitic arteriosclerotic cerebral softening by the metronome, or the internist's treatment of the same by valerian, asafetida or bromides; for forsooth was it not hysterical?

Complicated emotional states due to or accompanied by physical disorder are constantly being met with, and the beginning analyst must be on guard not to overlook such a somatic disorder. On the other hand entirely too much stress may be laid upon the latter and the needs for a mental house cleaning overlooked. Even so profound a disturbance as the ataxia of tabes, with its well-known anatomical substratum, contains, according to as good an observer as Maloney,<sup>4</sup> a very large psychogenic factor in fear, which reinforces the ataxia and makes many bedridden who could otherwise walk with but little difficulty.

In the domain of gastro-intestinal disturbances one constantly meets with this interrelationship of the physical and psychical. In the great majority of cases, the analyst sees the patient only

<sup>4</sup> *Journal of Nervous and Mental Disease*, November, 1913.

after many months of ineffectual gastro-enteric therapy. Under such circumstances the need for analysis is obvious. Gastrointestinal references are the most frequent in the psychoneuroses.

"Man lives to eat" and probably more interest enters into the average man's gastronomic ceremonials than into any other form of expression. It is not to be wondered at, therefore, that the "stomach" should play such a large part in the neuroses and that such a mass of ignorance and superstition should still be found in all classes of society relative to the nutritive instinct. Extremely primitive and animistic notions concerning the food function and the processes of digestion still hold sway even among physicians. The dietary fads of the latter have been subjects for ridicule and satire for years and not without a certain measure of justification. Concerning these and the general subject of the nutritive instinct more will be said later.

Before passing to the consideration of the detailed history of the patient which is necessary from the psychoanalytic standpoint, attention should first be directed to those types of patients who should not be analyzed.

#### WHAT PATIENTS NOT TO ANALYZE

Perhaps the most important thing for the beginner *to know* is *what not to analyze*. Even the trained analyst may find to his distress that he has unwisely started a psychoanalytic procedure to learn later that the method in general will not bring about the hoped for result, *i. e.*, the betterment of the patient. For some patients psychoanalysis is not the method to employ. The psychoanalytic viewpoint however should be held to nevertheless.

Experience is rapidly accumulating relative to this matter and it is my purpose to discuss some of the bearings of this experience in the following paragraphs.

The *what not* to analyze is intimately related to the *why not* analyze and hence they must be discussed at the same time.

In most respects there are no rules pertaining to psychoanalytic methods which do not apply to other methods of investigation utilized in medicine in the large. Being methods dealing more particularly with psychical activities going on in the human organism, which activities are plastic and variable, at first sight the material obtained seems more intangible than that obtained by the use of methods which investigate the workings of nature at other levels, *i. e.*, the reflex and the physico-chemical. To illus-

trate: let it be assumed that certain tests are made to determine the sensory and motor functions of a limb. These modes of examination have revealed paralysis with flaccidity, hypotonus, diminution in electrical response, defect in epicritic discrimination, painful nerve trunks, swollen, boggy skin, mild cyanosis, etc. These results lead one to conclude that the peripheral sensory and motor neurons in the affected area are undergoing certain alterations. These the science of neurological medicine summarizes under the broad symbol "neuritis." The *facts* are tangible, one says, because the *symbol*, neuritis, can group them and handle them as an entity. Intelligence puts the facts—apparently quite definite and determined—together, and draws what it calls a logical conclusion.

The beginner in neurology, it is true, may assume that only one *thing* is represented by the *term* neuritis, and his query may be how to "*treat*" *neuritis*, *i. e.*, a symbol, not a thing. The more experienced neurologist is aware that after all there is no dynamic conception behind the term neuritis—the word only symbolizes a series of results and contains only indirect references to causes—*i. e.*, changes induced in nerve impulse conducting structures (nerves—muscles) by various agents, toxic and mechanical. Enquiry should reach out for a genetic conception, and finds it either in alcoholic, diabetic, typhoid, influenza or other type of poisoning, or in mechanical factors due to a syphilitic meningitis in the cervical cord, dura, a spinal cord tumor, an osteoarthritis of the cervical spine, a cervical rib, etc. Determinism now stands revealed; ignorance is dislodged, and intelligence applies the best possible means, chemical or surgical, to overcome the difficulty. This is called logical. The whole chain of events is based on determinism of facts seen at reflex, *i. e.*, sensorimotor levels of the nervous system. One might find illustration after illustration which on final analysis would be reducible to the single thesis of determinism in the facts of nature at least so far as physico-chemico-vital combinations of phenomena are concerned.

As we have seen, the psychoanalytic method assumes the same postulate, namely determinism, for that category of facts which, so far as we are now able to see, may adequately be grouped under the symbol psychical. The very criteria to be applied in solving the "neuritis" problem, here used as an illustration, are pertinent for psychical situations. If the facts obtained seem intangible,

incomprehensible—such terms denote simply our ignorance of the many determinants, *i. e.*, the dynamic factors. There can be no intangibility resident in the facts. To say the facts are incomprehensible is a rationalization of individual ignorance.

Ignorance, however, may be no fault. It becomes so only when the individual permits himself to rationalize it, *i. e.*, give it a disguise, which effectually blocks him in the utilization of his intelligence, which might otherwise solve the problem in hand. Rationalization, therefore, becomes a Janus faced servant of both ignorance and indolence, permitting neither to recognize the other and thus it proves an aid to inertia, that fundamental property of matter which in our school days was defined as “that property by which a body at rest tends to stay at rest until set in motion.”

Fortunately, however, for human evolution, Newton’s theorem goes on to say that “when set in motion it tends to remain in motion until stopped.” Therefore, if one is able to recognize ignorance frankly—is able to avoid rationalizing it, such an individual may be free to choose his pathway.

But then, why do we say there are patients who should not be analyzed? Is this a rationalization of ignorance?

Let us examine into this? Is it *impossible*, or is it *unwise* to analyze them? If impossible, why? and is such a permanent or a temporary condition? If unwise, is it (a) Because it will be of no service to them; (b) Are there advantages and disadvantages; (c) Do the disadvantages work (c, 1) against the patient, (c, 2) the social body, (c, 3) oneself; (d) Would psychoanalysis be distinctly *harmful* to patient, to society, to self?

Stated in tabular form, we have the following general scheme for discussion.

- I. Impossible to use psychoanalysis.
  - (a) Always.
  - (b) Temporarily.
- II. Unwise to use psychoanalysis.
  - (a) No service, neither good nor harm; never, or just then.
  - (b) Advantages of psychoanalytic treatment less than its disadvantages.
    1. Disadvantages to patient.
    2. Disadvantages to society.
    3. Disadvantages to analyst.
  - (c) Do harm
    1. To patient.

2. To society.

3. To analyst.

I. *The Impossible Cases.*—The first type of patient that cannot be analyzed is the ignorant one. Under this heading a great variety of patients pass in review. In the first place are the idiot and imbecile. Many despairing parents hear of the new discovery, "psychoanalysis" and they bring their idiot or imbecile children to be "cured" by the psychoanalyst. A neurological examination may reveal the dynamic factor; either an hereditary defect of transmission, a birth injury, an infantile encephalitis, a congenital syphilis, etc. A Binet-Simon test affords a rough and ready means of obtaining the patient's intellectual status; a careful pedagogic enquiry estimates the grade of the chances of educability.

The problem now arises, just what series of criteria will determine the character of the advice to the parents, so far as psychoanalysis is concerned? If study of the dynamic factors of the defects should reveal that there is a hope of relief, *i. e.*, one can remove a working cause such as possibly in congenital syphilis, in cretinism, in a number of defective states due to definite sensory losses (bad eyes, ears, lymphatic constitution, dysthyroidism, dysgenitalism, etc.)—then the advice to the parents should be that at the present time the patient should be treated for the causative factor. Psychoanalysis can be of no service until later possibly. Afterwards the question may come up as determined by the results of surgical or specific opotherapy.

Should no such possibly alterable dynamic factor be revealed, and should the real causes for the defects stand out as unsurmountable, and a Binet-Simon or other series of intelligence tests show inability by the patient to grasp abstract ideas, *i. e.*, mental age of five to seven,<sup>5</sup> then one must tell the parents that psychoanalysis, while it may prove of great value in clearing up certain scientific facts which may be of some service to the mass of science, and hence indirectly valuable to society at large, so far as this particular problem is concerned offers no adequate return to the individual patient. The condition is not treatable by the psychoanalytic method. The still further question of advice as to treatment in general does not lie within the province of these remarks.

But should the analyst, either as general practitioner, or neu-

<sup>5</sup> See Colvin and Goddard in White and Jelliffe, *Modern Treatment of Nervous and Mental Disease*, Vol. I.

rologist, undertake the treatment of the patient, although he may have attempted to make it very clear to the parents and friends that psychoanalysis is of no service and that he cannot use it, nevertheless he must be prepared to hear the criticism that "psychoanalysis is of no service, because Dr. so-and-so (himself or other physician) treated so-and-so (said idiot or imbecile) by it, and he did him no good," all based upon his particular "failure" in the type of patient just discussed.

To show that this is no phantasy, I shall state that I received a letter from a parent in a Western town relative to treatment by psychoanalysis of an imbecile daughter—apparently determined by an epidemic cerebrospinal meningitis at the age of 4-5. In short, I declined to treat the patient, and gave the names of a few schools where feebleminded children are cared for and trained, and there the matter ended so far as I knew. I do not know how to characterize my reactions when, from a neurologist of reputed attainments, I learned a year or so later of the bad results of psychoanalysis at my hands, in this individual case.

This is an extreme type of misrepresentation that has caused "the evil things said of physicians," not outside of their ranks, but even within them, from the Roman Pliny's first characterization of the Greek physician Asclepiades of Bythnia to Bernard Shaw's skit in the "Doctor's Dilemma." A liberal dose of humor will aid the beginner to digest such misrepresentations in his early attempts to do the right thing.

What should be the advice if the patient be shown to be able to use abstract ideas, and yet be a high grade imbecile or moron?

Here it is imperative to recognize that for the beginner at least, and especially for the young beginner, psychoanalysis is of little or no service.

Many of these patients slip over into the group where possible harm can result. The harm can result if the analysis is clumsy—as it is apt to be by the beginner, and secondly, results, in reality due to the imbecility, feeblemindedness, etc.—chiefly in the field of sexual delinquencies—will be attributed to the analysis. Furthermore if a positive transference is set up matters may be then rendered very difficult and even dangerous (socially) for the analyst because of the patient's abundant sexual phantasies. This feature will be discussed more fully under a later section.

In general then all somatic feebleminded types are inapplicable

to psychoanalysis so far as therapeutic aims are in view. Psycho-genic types are particularly fit for psychoanalytic therapy.

The contrasting or *demented* types form another large group. Here "dementia" is used as a broad and loose conception similar to "feble-mindedness." Yet the same criteria may be applied to them. If the deterioration of a once fairly average intelligence is a result of irreparable factors, and the grade of deterioration is such, as outlined by intelligence tests (Sommer, Ziehen, Kraepelin, etc.), that intellectual plasticity is gone and new concepts cannot be grasped, then psychoanalysis is impossible.

There are a number of older patients who by reason of emotional upsets (loss of wife, husband, or money) appear far more deteriorated than they really are. Here a partial analysis may clear up the emotional disturbance and render the patient much better able to handle his conflicts. As a rule a complete analysis is unnecessary—often impossible. There may be enough plasticity for these patients to grasp the chief mechanisms at fault. They are not growing old gracefully, one might say, but they are not plastic enough to be made over and the analyst is unwise who would attempt it.

General paresis is not to be analyzed save from the standpoint of scientific interest. Inasmuch as cyto-biological tests should make it impossible to confuse the early "neurasthenic" signs of paresis with a psychoneurosis, there is now little justification for the loss of valuable time entailed by the use of *any* other form of treatment than that for the syphilis.

Patients with other dementing processes, alcoholic, presenile, tumor, etc., are likewise impossible and should be rejected. Very valuable psychoanalytic material may be obtained from the "ramblings" of a senile dement, or a paretic, but such apply to the interpretative art which may be of service for other patients rather than of value in the treatment of the producer of the symptoms.

Acute maniacal states are manifestly unapproachable—*i. e.*, so far as the present outlook is concerned. The productivity of such patients is often readily analyzable, and one's psychoanalytic comprehension obtains invaluable illumination from them; one may obtain a complete picture of the entire conflict as it is bursting like a Gatling gun.<sup>6</sup> Such an interpretative analysis may be of great service later on when the patient has made a spontaneous recovery but practically all attempts to modify the course of an

<sup>6</sup> McCurdy, State Hospital Bulletin, 1913.

acute excitement in a manic-depressive psychosis by analytic procedures have proved unavailing.

Similar conditions rule in other acute excitements. Acute and subacute deliria may be impossible to analyze if very acute. The subacute delirium of alcoholic hallucinosis in an intelligent individual may give surprisingly good results by modified analytic treatment, however, and also lead to the uncovering of the motives for the alcoholism.

Acute katatonic excitement is unapproachable. If a positive transference becomes established the patient may be controlled somewhat, but there are few analysts who have worked enough with katatonics to enable them to establish a working transference. Severe depressed states are very difficult or impossible for the beginner. They are nearly all potentially suicidal and all of the precautions of the older methods, especially in guarding against self-destruction, must be held in mind<sup>7</sup> in approaching these cases. Psychoanalysis reveals suicidal ideas earlier and more definitely than any other procedure and hence is justifiable for a short time. Mild depressed states in the young are very amenable to psychoanalytic treatment.

Mute patients are unapproachable, but it should be remembered that there may be patients who while verbally mute yet speak in every movement of the body. Only the trained psychiatrist with analytic tendencies can interpret these, however, and they should offer only opportunity for observation and study rather than hope for therapy in the hands of a beginner. I have sat by a mute katatonic for an hour attempting a variety of openings with all the zest which in my younger days had been given to a game of chess. One must be anxious to do just that sort of thing if one hopes to surprise nature into giving up a psychical fact.

Certain homosexual types are to be approached with considerable caution. Negative transference may readily be set up and then such patients babble and gossip about the analyst and malign and slander him most amusingly. They go about calling this or that reputable and painstaking neurologist a fakir or a quack—two epithets too frequently bandied about by careless narcissists.

II. The groups for which psychoanalysis would be *unwise* are naturally less capable of clear formulation. Wisdom and lack of wisdom being comparative terms their use as guides to conduct imply that the problems are open.

<sup>7</sup> See Farrar, White and Jelliffe, l. c.



(a) There is a group of patients which does not come within any clinical classification so far as neurology and psychiatry are concerned for whom psychoanalysis is not impossible but for whom we can expect little from its application. Its application is not going to cure the patient. Some help may be hoped for, but in general the patient has established a fairly good working basis for himself and does not really intend to be disturbed.

It is highly important to recognize this group with its sub-groups for there are many individuals in them, and as it is the habit of such individuals to go from doctor to doctor they are the chief factors in carrying gossip, and in giving the usually very tenuous basis for the misinterpretations which result, not directed to psychoanalysis alone, but in all branches of medicine. I call them the "little bird" group. They are all types of personalities, but most of them have little interest in anything, are somewhat introverted, but are capable of establishing a superficial rapport with great ease, and fall away quickly to seek a new attachment. One cannot escape them. Whether one treats them or not they will say things to the next claimant for their favor which conscious as well as unconscious rivalry seizes upon to augment bad feeling among us. They are not infrequently superficially clever. There is an active and passive subgroup. The women are chiefly in the former, the men in the latter. The former are more malicious in their comments on the other doctors. They seem to like to set each other by the ears. They give, if one allows them, the petty gossip of the households. They know all the "backstairs gossip." "Dr. So-and-so treated them for this, but Dr. So-and-so said it was that, and now you are the only one to understand." They are interesting semi-invalids, at times even "kittenish."

Many of these patients do not care to get well. They use their neurosis to keep up a type of "peeping." They will not see themselves, and have little courage to do any real work. Parasitism is a marked unconscious factor. They are molluscs, either dependent upon a mother, a father or brother, or a rich uncle, or some benefit society. The doctor is a vicarious ever-changing substitute, and they give him the little tittle-tattle about his fellow practitioners that he not infrequently though often unwittingly likes.

When once embarked on an analytic treatment with these patients they hang on and on so long as their small vanities and foibles are undisturbed. When the analytic probe bears heavily

upon these they pout and fall away. A strong insistence upon having "backbone" and "standing up to their task" causes a further flight, this time perhaps to the gastro-enterologist, or the gynecologist, or what not, and the analyst wakes up to find that his work has only contributed to the patient's auto-erotic phantasies, usually of an infantile or adolescent type. Only a wide experience will make one acquainted with all the variants of this type. Essentially they do not wish to get well. To do so would make them have to *work*, and this is impossible.

A further small series of this group is found frequently among the well-to-do. They are not parasites in the sense of the word just used. They may be independent financially, but are encrusted by the usages of their social milieu and are analyzed with great difficulty. The democratic attitude of psychoanalysis, its pragmatic and humanistic tendencies run counter to their aristocratic, rationalistic and individualistic mode of education. They are very indolent. Novel reading, drug taking, alcoholism and social fussing constitute their most frequently used pathways to escape from being bored to death; while auto-erotic fantasy, sexual tittle-tattle, definite liaisons or perversions may be the chief excitements that apparently give value to life.

They buy attention with their money; look for flattery and self indulgence, and utilize the physician as a blind for the carrying out of their desires. They expect to be told to do the proper thing in "cures." If their set goes to Carlsbad or Hot Springs they expect their medical advisor to know the present styles in sanitarium, health resorts, etc., and use his prescription as a lever to move obstacles, if such exist. Psychoanalysis is far too serious and circuitous a method to interest them beyond that which may have previously stimulated their curiosity regarding its so-called "sexual sniffing." Since in actual psychoanalytic practice no such thing exists such patients as a rule lose interest and move on to a "new" medical interest that will amuse them. Gastro-intestinal lavage has great vogue with this group, contributing as it does to satisfy their anal erotic trends.

(b) The group of patients for whom psychoanalysis would be more disadvantageous than advantageous is difficult to outline; yet for the beginner certain patients are best let alone. The advantages to be gained are doubtful.

I would place in this series those individuals who do not seriously take up the subject. They may be somewhat sick but out

of motives chiefly of curiosity, they begin on a psychoanalytic procedure, but soon fall by the wayside by reason of the time needed, the cost, or the mental application. They may start in all sincerity but they are more or less superficial natures who tire readily and "do not see the use." They are unwilling to go through the process of mentally dissolving themselves in order to obtain a sometimes unflattering likeness of themselves.

Many narcissistic individuals belong to this group.

(c) One may read in the form of general statements made by a number of critics of the *harm* that psychoanalysis may do. These critics are all in accord in denying to the sexual any etiological significance, yet strangely enough psychoanalysis, thought of by them as dealing solely with sex matters, can do the very thing that they say is impossible for sexual ideas to produce. Exact details are not available, and one awaits the analysis of Hoche's<sup>8</sup> anti-psychoanalytic questionnaire, which was launched in 1913 with all of the signs of an active partisanship. The three histories quoted by him are ludicrously inadequate. This is not the place chosen to discuss the various objections to the psychoanalytic procedures, or to the hypothetical concepts that underly them. Psychoanalysis is not a subject for general debate. It is too intimate a thing to permit discussion. One may say what one has observed and leave the matter at that.

It may readily be admitted that bad psychoanalysis exists, and that such can do harm; but there is much bad medicine and bad surgery evident wherever one may wish to turn. Meddlesome surgery is a by-word—so may meddlesome psychoanalysis become one. Freud has already fully discussed what is well termed "Wild Psychoanalysis,"<sup>9</sup> a paper that all aspirants to psychoanalytic understanding should thoroughly know. Fictitious psychoanalysts will arise. They are already to be found on the board walk at Atlantic City, and other places, with the palmist, chiropractic, etc.

Even the harm done by "bad psychoanalysis" may not be as great as that done by a "good neurologist," who as a result of an examination of a patient with a neurosis gives a learned diagnosis, lays down minute rules as to diet, regimen, hydrotherapy, etc., and

<sup>8</sup> "Ueber den Wert der Psychoanalyse," *Archiv. f. Psychiatrie*, Vol. 51, 1913, p. 1055; "Eine psychische Epidemin unter Aerzten," *Med. Klink.*, 1910, No. 26.

<sup>9</sup> "Selected Papers on Hysteria and Other Psychoneuroses," *Nervous and Mental Disease Monograph Series*, No. 4, 2d ed., Chapter XI.

yet is oblivious to the dynamic factors of the disorder under consideration. The analyst may have set up a strong antipathy, yet, because it contains a real element of dynamic interpretation, it may ultimately work out to the patient's good unconsciously, whereas the learned diagnosis, which often is nothing more than the analysis of the *acquired meaning of a word*, may shut the door to a minute investigation of the *behavior of a thing*, and the patient, under rationalistic dogmas, is treated for one series of symbols after another, yesterday uric acid, today gastro-intestinal toxemia, tomorrow dental sepsis, and all without essential relief. This type of so-called orthodox medical treatment may go on for years and the final chronic nervous breakdown has to be patched up in some way if possible.

Beginning analysts should avoid working with hysterical young people; they should not attempt a compulsion neurosis without some experience, and only after considerable work will an analysis of a beginning dementia præcox fail to perhaps temporarily increase the patient's excitement. Most harm may come to the analyst himself. With paranoid præcox, or certain of Kraepelin's paraphrenic group<sup>10</sup> the untrained analyst is liable to establish a negative transference and later actual violence may be attempted upon him. He may be assured that malicious gossip will be directed against him.

A similar state of affairs may result from the analysis of certain compulsive states, and the analysis of homosexual situations is best let alone by the beginner for closely related reasons.

With reference to compulsion neuroses, the beginner should be on his guard against taking on free cases. These patients are analyzed with great difficulty; they take an immense amount of time, spread over many months, and unless the analyst is prepared to make a complete analysis independent of personal sacrifice, he is wiser not to embark upon one. If he is compelled by stress of economically more important work to neglect the patient, especially if he be a male—usually all with strong homosexual components in their libido,—he is liable to set up negative transferences, and the patient is apt to curse the analyst right royally. One trained in psychoanalysis recognizes that after all behind this vituperation in the unconscious their lies a very great regard for the analyst so inveighed against, but such patients' utterances

<sup>10</sup> See Singer, "Kraepelin's Concept of Dementia Præcox," *Journal Nervous and Mental Disease*, June, 1914; Kraepelin, "Lehrbuch," 8th ed., Endogene Verblödung, 1913.

when heard by others constitute a large part of the as yet detailed evidence against the value of psychoanalysis. Still the analyst who has committed this fault out of his sympathy for one in great distress, should know that he is liable to harm himself the most. He rarely harms his patient, although the stupid outsider is apt to take it as a great faux-pas on the part of the analyst.

Particular caution should attend the analysis of young girls suffering from hysterical attacks, especially when such represent distorted erotic fantasies, or when the hysterical symptom serves as a direct sexual (in the narrow sense) gratification, and represents a part of the sexual life of the individual. Here a very strong transference is apt to result which often contributes new symptoms to the neurosis. The development of such new symptoms serves to emphasize the necessity for not continuing an analysis, or for putting it in the hands of a woman physician trained in analysis.

Psychoanalysis, even of a most careful kind, at times does harm to the analyst as well in many such cases. The almost pathological transference causes the patient to interfere with the analyst's time, and when she is rebuffed, strong resistances develop and the hysterical patient becomes an active enemy to the physician. She talks about him continuously; discusses all his affairs, particularly how he tried to misuse her (her own non-realized wish-fulfilment). She carries gossip and scandal wherever she can get an opportunity, and may be able to place the analyst in a very unpleasant position.

In justice to many hysterical patients however it should be said that bad psychoanalysis cannot hide behind even this well recognized situation. In the majority of instances, the analyst has been partly at fault in creating such a condition. He may fail in his duty, and succumbing to his own weaknesses, redouble the patient's erotic fantasies by excessive tenderness. He thus creates new situations which involve him as well as his patient in the greatest difficulties. (See chapter on Transference.)

One not infrequently finds that a certain group of patients unconsciously start out with the idea of getting the analyst "interested" in them. They then slowly or rapidly substitute one group of symptom symbols, usually at first highly resistive by their opposites, namely great solicitude and interest in the analyst and his work. They unconsciously flatter the analyst and finally may succeed in getting the upper hand. The psychoanalytic probe

can no longer do its work. The analyst is powerless. He has perhaps succumbed to his own (auto-erotic, money) complexes, and his usefulness is seriously hampered.

This type is seen particularly in daughters where the father is somewhat of a tyrant. Notwithstanding a violent conscious anti-pathology on the part of the daughter to the father, the dreams are apt to show definite father image phantasies and the "prostitution complex" is fairly well marked. The girl is usually willful and spoiled; usually gets a poor education and thus with but few libido channels open usually turns to social forms of exhibitionism, oftentimes very ingeniously masked, and becomes an accomplished breaker of hearts. Those with strong father fixation phantasies are very inconstant. They are the Kipling Vampires. Psychoanalysis makes them even more dangerous since they learn better to conceal their "cat and mouse" game. When beauty, wealth and social position are combined the analyst who establishes strong transferences must be specially on his guard.

If the analyst will realize that every transference also contains a strong resistance, and that he, the analyst, is only a surrogate for the father or brother image of the infantile libido of the patient, it should serve to keep him from losing sight of the main object of a psychoanalytic cure, *i. e.*, the making of the patient free and independent of his infantile fixations.

It must always be borne in mind by the analyst that the psychoanalytic method develops special means by which strong transferences are set up, just as in hypnosis similar transferences may be seen, but in a much more limited group of cases. It also should provide the analyst who is conscientious in his work with special means for handling these usually very strong transferences which are seen in all types of neurotics. (See chapter on Transference.)

That which is true of hysterical states is doubly so with manic-depressive psychoses. These are dynamite bombs and may cause much anxiety to patient as well as analyst. In a number of instances the results of even a few talks are very promising; occasionally this promise holds good, but more often the transference becomes unmanageable to the patient and is apt to cause much discomfort unless handled with great skill. A thorough psychoanalysis is best avoided. Stekel has called attention to this and as a result of his experience warns against the analytic treatment of manic-depressive states.<sup>11</sup>

My own experience confirms his and shows how the transference may become violent, passing over to most persistent lovmaking. On repulsing these patients, a thing which cannot be avoided, although it must be done very carefully, they reject the idea that their love is only a transference, a father-image phantasy; they threaten to make away with themselves, unconsciously to arouse the analyst's sympathy, and gain tenderness and physical contact. They "will not leave the office," "they are only just so many patients," "they are numbers." They are very jealous of the other patients and soon make it impossible for the analyst to carry on his work. Much will depend upon the cultural type as to just how one can avoid these unpleasant cases. With individuals of fairly well-grounded intelligence one can avoid their falling into states of great depression where they threaten to kill themselves or kill the analyst. Stekel advises a course of Dubois'<sup>12</sup> reëducation dialectics for these patients rather than a true analysis in the Freudian sense. It is better to deal with more superficial structures and leave the deeper motives untouched.

With some very intelligent individuals with mild attacks, or in free intervals, a very definite gain may be made by a complete analysis.

It is the analyst's duty in these cases to explain the situation to the relatives or friends clearly before offering any relief.

Another very important chapter in psychoanalysis where harm may come to the analyst is that of consultations. At times one is called in by a colleague to see a patient who has a psychoneurosis or a mild psychosis. It may be evident from the start what particular complex situations are at the basis of the situation. To even start an analysis is bad technique, for it is surprising to see how rapidly a transference may be set up in these patients by one trained in psychoanalysis. To permit this transference to start will endanger the analyst's standing with his colleague. He may tell him, if he has the courage, that his enemas, his arsenic, his this and that, are of no service for this particular patient, who needs mental therapy. The colleague will rarely respect the analyst's point of view, nor call him again in consultation. The

<sup>11</sup> Stekel, "Die Ausgänge der psychoanalytischen Kuren," *Centralbl. f. Psa.*, Vol. III, p. 300 in particular.

<sup>12</sup> P. Dubois, "Psychic Treatment of Nervous Disorders." Tr. by Jelliffe and White. Funk and Wagnalls, N. Y.

colleague may ask the analyst to give the patient a "few" psychoanalytic treatments, as if psychoanalysis were like the "laying on of hands," or he may suggest that a coöperative type of treatment be undertaken; he to take care of the physical ills, the analyst to care for the mental ones. This is also a delicate situation since, as a rule, there are "no physical ills" to be treated. The gastropotosis, enteropotosis, dental sepsis, colon stagnation, etc., etc., so far as that particular case under consideration is concerned, are gross animistic superstitions; the psychical factors are the important ones. It is far better for the analyst to say that the thing is impossible; that the internist should continue to do what he can do, avoid meddlesome surgery, and, after a certain length of time, if nothing is accomplished, turn the case over to the analyst, who will take his try at it, promising to return the patient to his colleague, after a mutually agreed upon reasonable time for treatment. This ideal needs no elaboration. A stage of intellectual culture which permits so many animistic notions to control the thinking of the great majority of the population is not one sufficiently enlightened however to carry out such an ideal.

It is highly important to remember that psychoanalytic explanations are rarely understood by the laity, hence in one's talks with the parents one should avoid all interpretations. The least said to anxious mothers, fathers, other relatives and friends the better. One can only insist that the best possible will be done and results will be the criterion of the treatments. It is highly advisable for the analyst to point out that his treatment is exclusively medical, and that it is not metaphysical or mental healing, nor anything of that ilk. It is medical sense applied to particular types of problems. It is imperative that one who would practice psychoanalysis should have a medical training, or work in close touch with a physician. The independent non-medical psychoanalyst who pretends to really practice medicine is a doubtful asset to the community. Properly trained psychoanalysts are needed greatly in medicine and the serious one's are willing to work under medical guidance.



## CHAPTER II

### THE LITERATURE, SOURCE AND HISTORY OF PSYCHOANALYSIS

There is no royal road in psychoanalysis, for every analysis is after all a highly individualized problem. At the same time there are general principles, else a technique could not be evolved. In actual practice a number of different approaches may be utilized, and just as in the royal game of chess there are recognized opening, mid game and end problems, so in psychoanalysis one's method of application of fairly well understood and accredited principles must be carefully chosen with special reference to the character of the case in hand.

Among those of considerable experience it is not infrequent to find marked diversity of opinion regarding the chief factors and the most useful methods to be employed in analysis. The beginner is often overwhelmed with "*ex cathedra*" statements "never do this," and "always do that"; Freud says this and Jung says something else; Adler advises so and so, Ferenczi the opposite. One will say, "I always begin this way," another says, "No, begin this way."

This is to be expected in view of the comparative newness of the present methods, and the highly complicated nature of the material to be studied. The analyst himself should recognize, however, that psychological analysis is by no means new, even if that special brand of it, psychoanalysis, has been given a new name, and is without doubt a more concrete and adequate group of working hypotheses than those heretofore utilized.

The interest taken in the mental life is very old. From the earliest times different aspects have been carefully observed. Of modern students of these Dessoir<sup>1</sup> has given us a very useful summary. In this summary the development of the religious ideas, of the vital, natural and scientific processes involved, and of the practical and artistic knowledge of human life are termed psychosophy, psychology and psychognosia respectively. These are three view points, three objective modes of approach to the prob-

<sup>1</sup> "Outlines of the History of Psychology," Max Dessoir, The Macmillan Co., New York, 1912.

lem of the psychical. In this scheme of things it is clear that psychoanalysis would more clearly be grouped with the third, *i. e.*, with psychognosia.

Early attempts at knowledge of human nature as deposited in maxims and aphorisms are well crystallized in the sayings of the gnomic poets of the tenth to the fourth centuries B. C. The Bible and Greek philosophies contain most of these. Aristotle's studies of the temperaments are full of psychognostic (psychoanalytic) wisdom. From the days of antiquity there are rich collections of autobiographies, tales, lyrics, soliloquies, and day books all having in common the effort of the individual to express himself, to gain self-knowledge. As Dessoir states, schemes of pedagogic moral self-examinations are abundant from the Golden Verses ascribed to Pythagoras of the Pre-Christian era, through Augustine's Confessions (400 A. D.), to those of Rousseau, and the moderns. Even in most recent times the value of such material is most strikingly set forth in Freud's masterly analysis of the Schreber autobiography.<sup>2</sup>

French characterology was a compact mass of rich psychognostic material in which the works of Madame de Guyon, La Chambre, La Rochefoucauld, La Bruyère, and Chamfort stand out as monuments of serious attempts at practical psychology. La Chambre made use of dream, chiromantic and astrological material, and if one will take the trouble to read behind the words it will be seen that he might have been termed a psychoanalyst. Thomasius who used a French version of an early work by Gracian, also a psychognostic of note, as early as 1687, offered the Elector Frederick III the knowledge of the "new invention," by which it is possible "to know what is hidden in the hearts of men, even against their will, from their daily conversation." Thomasius gave a series of rules and regulations by which the characteristics of a man and his conduct might be deduced. Many of these are matters of lay knowledge to-day. Even as early as 1783 P. H. Moritz started a psychological magazine for psychognostic observations. Its program as sketched by Dessoir is illuminating. It showed the following characteristics: suspension of moral judgment, collection and comparison of facts, special attention to half pathological phenomena which lie outside of the ordinary course of mental life, cultivation of child psychology and the psychology of language.

<sup>2</sup> See "Freudian Contributions to Paranoia Problem," by C. R. Payne, Vol. I, No. 1, *Psychoanalytic Review*, p. 77.

During the 19th century, however, scientific discussion of psychognostic problems stagnated, and were superseded by the novel, which took possession of all the practical knowledge of human nature. It was gradually forgotten that concrete as well as abstract problems of the human soul were accessible to scientific treatment. The psychoanalytic movement is therefore a revival of these earlier psychognostic attitudes towards the understanding of human conduct.

The beginner in psychoanalysis will get a better perspective towards his own work should he review some of this early psychognostic literature. The many "ipse dixits" of his surroundings will find a better placement in the general scheme of things. Some acquaintance with the general development of the history of philosophic systems<sup>3</sup> will also be of considerable aid in understanding the general scope of his patients' special philosophies of life, while a bird's eye view of the intellectual history of mankind is invaluable.<sup>4</sup>

I do not believe that a sound psychoanalytic technique can be built up unless one has a fairly accurate placement of anthropological data. More will be said regarding this material in discussing symbolism, but here it may be noted that the Old Testament and Frazer's volumes on the Golden Bough (Macmillan Co.) are almost indispensable.

I am presupposing, all along, that the aspirant for psychoanalytic knowledge is trained in neurology and psychiatry. An intimate practical knowledge of the latter is essential.

Of the more strictly psychoanalytic literature itself the major part is in German, but a number of the more fundamental studies have been translated, chiefly by American workers. I purpose suggesting some of the more important psychoanalytic papers which the beginner in psychoanalysis should read. It may be emphasized here that *patients* should *not* read them. The works of Freud stand out as most essential. A complete bibliography (1893-1909) of Freud's contributions to psychoanalysis may be found in the *Jahrbuch für psychoanalytische und psychopatholo-*

<sup>3</sup> Putnam, "A Plea for the Study of Philosophic Methods in Preparation for Psychoanalytic Work," *Journal of Abnormal Psychology*, Oct.-Nov., 1911, p. 249.

<sup>4</sup> J. H. Robinson's "Outlines of the History of the Intellectual Class in Western Europe," Columbia University, 2d edition, 1914, will prove the best guide available for one's general historical reading along these proposed lines.

*gische Forschungen*, vol. I, p. 546. Some of his shorter papers are collected in his *Sammlung kleiner Schriften*, 1, 2, and 3d series [Deuticke, Vienna]. A translation of some of these is to be found in volume 4 of the *Nervous and Mental Disease Monograph Series*, "Selected Papers on Hysteria and Other Psycho-neuroses" [2d ed.]. Freud's "Three Contributions to the Sexual Theory" (Vol. 7 of the same series in translation) is highly important, also his "Psychopathology of Every Day Life," and his "Interpretation of Dreams." Both of these have been well translated by A. A. Brill (The Macmillan Co., New York). A highly important series of lectures on psychoanalysis given by Freud at Clark University in 1909 is to be found in the *American Journal of Psychology* for 1909, 1910. In the same series of the *American Journal of Psychology* there are important papers by C. G. Jung and S. Ferenczi, neither of which should be overlooked by the beginner. Further translations of Freud are available in his *Wit*, and Leonardo da Vinci and his beautiful little classic on *Jensens, Gradiva* ("Delusion and Dreams") all published by Moffatt, Yard & Co., New York. In a series of monographs entitled "*Schriften zur angewandten Seelenkunde*" [Deuticke, Vienna], edited by Freud, a number of valuable studies have appeared. Those by Abraham, Rank and Riklin are noticed hereafter. Two volumes on Psychoanalysis, both by pupils of Freud, are in English. They are not systematic presentations but collections of miscellaneous papers, but are of great value to the student. They are by A. A. Brill (W. B. Saunders & Co.) and Ernest Jones (Wm. Wood and Co.). A comprehensive and precise outline of the Freudian postulates is given by Hitschmann in "Freud's Theories of the Neuroses" (Vol. 17, *Nervous and Mental Disease Monograph Series*, in translation by C. R. Payne). This is the most valuable single volume outline of the development of the psychoanalytic hypotheses.

One highly valuable general work on methods is that of Oskar Pfister, "*Die psychoanalytische Methode*" (J. Klinkhardt, Leipzig). This is a work of 500 pages, written by a teacher and minister, and is especially valuable to the beginner. A translation is obtainable. It contains copious bibliographical references. One other monograph along modified psychoanalytic lines which is of great value is that of Ludwig Frank, "*Affektstörungen*" (Julius Springer, Berlin). Furthermore L. Kaplan's *Grundzüge d. Psychoanalyse*, and specially Jung, "*Wandlungen und Symbole der*

Libido" (translated by Dr. B. Hinkle (Moffatt, Yard & Co., Boston)) are to be recommended. More general approaches may be obtained in Wm. A. White's "Mental Mechanisms, Foundation of Character Formation, and Mental Hygiene." W. Lay has written a short work on "Man's Unconscious Conflict" which may be recommended. Jelliffe's chapter on Hysteria in Osler's "Modern Medicine" contains a discussion on psychoanalysis, and Jelliffe and White, "Diseases of the Nervous System," 1917, is a work setting forth the dynamic concept for all problems of nervous pathology.

It is surprising that the French literature upon psychoanalysis should have been very tardy. Up to the present time the only noteworthy résumé of Freud's writings in French are contained in a volume by Regis and Hesnard—"La Psychoanalyse des Neuroses et des Psychoses." This volume contains a complete, though slightly one-sided, digest of the chief psychoanalytic researches. It is worth having, since it also presents some suggestive bibliography from French and Russian sources.

The periodical literature bearing on psychoanalysis is very extensive. Fortunately it can be more or less readily followed. In 1909 the *Jahrbuch für psychoanalytische und psychopathologische Forschungen* (bi-annual) (Deuticke, Vienna) was begun by Bleuler and Freud and edited by Jung. In this first volume (p. 546) the chief psychoanalytic literature to 1910 is given. In Vol. II of the *Jahrbuch* (p. 316) Jones gives a complete list of all the available English and American work, some 192 titles, much of which, however, is not strictly analytic. Neiditsch (p. 347) gives a short note on the Russian literature, Assagioli (p. 349) one on the Italian literature, while (p. 356) Jung gives a complete summary of the chief contributions of Swiss authors to 1910. The *Jahrbuch* is now in its seventh volume and contains much lengthy and thorough analytical material. Complete abstracts are appearing in the *Psychoanalytic Review*.

The need for a more frequent publication which would present a more ready coordination was met in 1911 by the establishment of the monthly *Zentralblatt für Psychoanalyse*, edited by W. Stekel (Bergmann, Wiesbaden). This contains shorter articles, copious abstracts and literature citations, and was for a time the official organ of the International Society of Psychoanalysts. It is a highly valuable publication for the analyst. For the more general needs of philosophical, historical, ethical and general prob-

lems which might receive illumination from the psychoanalytic hypotheses, Freud began the publication of *Imago* in 1912 (Heller, Vienna). It is bi-monthly edited by O. Rank and H. Sachs. Among many stimulating and valuable papers there appear extensive bibliographies (Vol. I, p. 91, Vol. II, pp. 97, 609) of the studies on the application of psychoanalysis to the mental sciences, chiefly on Individual Psychology, Sexual Psychology, Dream Psychology, Occult Psychology, Child Psychology, Pedagogy, Biography, Æsthetics, Mythology, Philology, Religion, and Criminology. These bibliographies are available to the end of 1913.

In January, 1913, the *Internationale Zeitschrift für Aertzliche Psychoanalyse* was founded by Freud with Drs. S. Ferenczi and O. Rank as editors as the official organ of the International Psychoanalytic Society (Heller, Vienna). It is a bi-monthly and covers the same ground as the *Zentralblatt*, which latter has discontinued publication.<sup>5</sup> A. Adler and C. Furtmüller founded the *Zeitschrift für individual Psychologie* (Reinhardt, Munich) in 1913 which contains psychoanalytic material. In the *Journal of Abnormal Psychology* (Badger, Boston), psychoanalytic material will also be found.

The only journal in English is the *Psychoanalytic Review* (Nervous and Mental Disease Publishing Co., Washington) which aims to be catholic in its tendencies, a faithful mirror of the psychoanalytic movement, and to represent no schisms or schools but a free forum for all. It is now entering its fifth year and contains original articles and very extensive and complete abstracts of all of the periodical literature.

The *Journal of Nervous and Mental Disease*, and the *Nervous and Mental Disease Monograph Series* have also contributed several psychoanalytic studies. The most important of these in addition to those already mentioned are the translations of Jung's *Psychology of Dementia Præcox*, Bleuler's *Schizophrenic Negativism*, a short but highly suggestive study, Abraham's *Dreams and Myths*, No. 15, Rank's *Myth of the Birth of the Hero*, No. 18, and Riklin's *Wish Fulfillment and Symbolism in Fairy Tales*, No. 21. The History of the Psychoanalytic Movement by Freud, No. 24: Silberer's Problems of Mysticism and its Symbolism, Translated by Jelliffe.

With these sources the beginner will be able to put himself in touch with the current literature on any problem. Special bibliographies will appear in these pages from time to time.

<sup>5</sup> Discontinued October, 1914.

Since these pages appeared in serial form a number of additional works have appeared to which attention should be drawn. One of the most satisfying is White's "Mechanisms of Character Formation," Macmillan Co., 1916. Wilfrid Lay has also written an excellent small work, entitled "Man's Unconscious Conflict," Dodd Mead & Co. This will be found useful to the lay reader who is desirous of learning of the general principles of psychoanalysis. Dr. I. Coriat has written a primer of psychoanalysis under the title "What is Psychoanalysis?" in a series of questions and answers. It is useful for those who need to have definitions made for them in simple and concise form. As a primer it is useful. E. B. Holt's *The Freudian Wish* is a valuable work from the psychological school.

Complete or abbreviated studies are obtainable in the *Psychoanalytic Review* which presents the entire range of the psychoanalytic movement.

## CHAPTER III

### OPENING OF THE ANALYSIS. THE GENERAL SITUATION AND PRELIMINARY FORMULATIONS

The best preparation is a complete analysis by an experienced psychoanalyst. This is difficult to obtain since so few physicians are willing to give up the time. Continual self analysis is requisite during the course of analytic work. The analysis of a resistance always shows psychoanalytic scotomata on the part of the analyst. It is through the resolving of these unconscious blindspots of his own that the analyst is able to free his patient. The would-be analyst should work resolutely with his own dreams, if possible with the aid of some one versed in psychoanalysis. A few passing remarks at a street corner or at a chance meeting are worse than useless.

#### THE BEGINNINGS

The first meeting with the patient is of great importance. One should observe every little sign, for many neurotics have "suffered much of many physicians" and are usually supersensitive and highly critical. Little occurrences should be carefully noted, sudden reddening, twitching of the fingers, tapping of the hand or foot, restlessness, looking about, gestures, dryness of the mouth, changes in expression, variations in pupils, perseverations, repetitions, circumstantiality in narration, apparently irrelevant and quick jumps from one subject to another, gaps, mispronunciations, retardations, and slowness in places. Note carefully, *but avoid mentioning*, small contradictions, also observe over-scrupulousness in details, attempts to be very precise and exact and all small things. They are of importance in psychoanalysis. Adler and Freud<sup>1</sup> were the first to call attention to the fact that at times the very first sentence uttered by the patient contains the clue to their whole general situation. The analyst should also recall that he is under a close scrutiny as well and should hold himself as impassive as possible, yet be appreciative, anxious to learn and genuinely receptive. Neurotics are for the most part unusually sharp and intuitively penetrating. They cannot be deceived very long.

<sup>1</sup> *Bemergungen u. e. Fall v. Zwangsneurosen, Jahrbuch, 1, p. 366.*



The patient will usually tell why he or she has come and what the symptoms are. If patients come with parents, relatives, etc., it is wisest if possible to get the patient's story alone and first. At times this is not possible. Often it may be advisable to get the parent's story first, when one can say to the patient "You tell me your own story. I have heard what some one else thinks, but you are the sick person and your story is what I really wish to understand. I wish to learn from you at first hand." The first hour should be wisely used to gain as much confidence as possible.<sup>2</sup> Such confidence is gained largely through the patient observing that the analyst is really listening and understanding. For patients who have had many physicians this is highly important.

The history of the development of the difficulty, as the patient sees it, is usually a much distorted product, yet it is entitled to first place in credence, and it is bad psychoanalysis to attempt to break down the patient's attitude towards the disorder and its causes in the opening as well as at any time during an analysis. For this as well as a number of reasons, the analyst should explain little or nothing, least of all attempt to do away with the symptoms by explaining them until the entire situation is grasped and the analyst has a fairly accurate knowledge of the disorder.

It is usually impossible to prevent the outpouring of all of the symptoms. This freedom of expression is encouraged by some analysts, discouraged by others. It is usually true that the symptoms are repeated over and over again and many patients have them all written down, in order that they may not forget them. A certain amount of this repetition should not be prevented; it not infrequently contains important variants, yet the analyst soon must tell the patient that such a repetition is often beside the question. It is frequently a ruse on the part of the unconscious to divert the attention away from the real difficulties. It is as if the physician's regard should be constantly directed to let us say, a pitting edema of the legs to the neglect of a leaky heart valve. It is like the reaction of the flushed partridge that rises many yards away from its nest.

One may take the history systematically, guiding the patient along certain points, history of the family, etc., but it is preferable to say to the patient, "Tell me all about yourself, and I shall listen. If I am not quite clear as to what you mean I shall ask you in detail, but tell me everything that comes to your mind."

<sup>2</sup> Stekel, "Nervöse Angstzustände."

Some patients are reticent, however, under such instructions, and may not tell anything. For such, a gradual drawing out is necessary. One may follow any scheme, but it is often a good one to go over more or less systematically the family history, first with reference to their diseases, then with reference to the patient's relations to his family, his parents, the brothers and sisters, their ages, etc. The early relations to teachers, nurses, governesses, tutors, etc., is of equal importance.

The family units must be firmly grasped by the analyst in all the small details, for out of these the family neurotic romance has been constructed by the patient.<sup>3</sup> Herein will be found the early character lineaments which later on become the subject matter of the analysis.

It is not over advisable to take up the numerous details of the history of the patient chronologically since the emotional development is not arranged by years, yet major events which will serve as definite dates in the life history should be jotted down.

It is a striking fact that most neurotic disorders, using the term in its broad sense, have a fairly definite starting point. For the most part the patients are able to say just when the symptoms began. The exact hour or day must be noted. It is not accidental. "The trouble began exactly three months ago after the death of my mother," says one patient. Another recalls that her "fifteenth birthday was forgotten by her parents; she saw her physician on the fifth of the month; made an hysterical suicidal attempt on the twenty-fifth." Still another tells that she "had a bad cold, she had used up all of her handkerchiefs, when she used a piece of paper to wipe her nose. It was at this instant that she felt that her nose began to grow larger." Another felt that "he had a mission in life as he saw that the seat of the President's daughter in the theater, No. 9, tenth row, corresponded to the birthday of his brother, the ninth of October" [x, 9].

As one gathers these histories one finds similar precise details. Such should be gone over carefully, as they almost invariably have some very definite relationship to the symptomatology of the neurotic disorder. At times they flash the diagnostic signal and the chief unconscious complex difficulties.

Great care should be taken to have the patient go over in considerable detail every little incident of the onset of the difficulty.

<sup>3</sup> Rank, "Myth of the Birth of the Hero," *Nervous and Mental Disease Monograph Series*, No. 18.

One will rarely find an adequate explanation in the usually highly rationalized account given by the patient, yet the correct dynamic situation is usually contained within it and will stand revealed later on in the course of the analysis. It is often by reason of a patient's persistent reiteration of a statement that one gets very important clues. Thus a patient suffering from an hysterical anxiety depression—termed a melancholia—during an hour's consultation repeated at least half a dozen times "how good her husband was, how true he was, and how much she loved him." It was not at all surprising to hear later of his very open use of almost enormous sums of money to keep up an extra marital establishment, ostensibly for his "out of town customers." That which a patient so frequently asseverates consciously often conceals a directly opposite unconscious trend.

A psychoanalytic history differs in many respects from an ordinary medical history. It is largely built around the patient's story. Some analysts have constructed elaborate questionnaires. These are often of a great deal of service. Thus Hoch and Amsden have published a highly elaborate "Guide to the Descriptive Study of the Personality With Special Reference to the Taking of Anamneses of Cases of Psychoses."<sup>4</sup>

The personal constitution is difficult to define and schemes of this nature are often very useful in indicating to the beginner what groups of facts are liable to prove of value. It is for the same reason that reference has already been made to the Binet-Simon tests as of value in excluding various forms of the feebleminded as not being proper subjects for psychoanalysis. Inasmuch as in all analytic work great accent falls upon the affective life of the individual, the questionnaire of Hoch and Amsden is particularly useful since it devotes much attention to the affective reactions of the individual. The questionnaire cannot be repeated here, only its general features are indicated. I. Traits relating essentially to the intelligence, the capacity for acquiring knowledge, the judgment, etc. II. Traits relating essentially to the output of energy. These factors of work and of play are of much value in the first survey of the patient, in sizing up his adaptability for analysis. III. Traits relating to the subject's estimate of himself. IV. Adaptability to the environment: (*a*) traits which on the abnormal side interfere in a general and striking way with environ-

<sup>4</sup> *Review of Neurology and Psychiatry*, Vol. XI, 1913, p. 577. [Schulze, Edinburgh.]

mental contacts; (*b*) traits which in a more specific, but in a less obvious way, interfere with contact with the environment; (*c*) traits which show to what extent the subject lays bare to others his real self; (*d*) traits which in normal proportions are useful, but which in exaggeration interfere with efficiency; (*e*) traits which show a tendency to active shaping of situations, or the reverse; (*f*) traits showing attitudes towards reality. V. Mood. VI. Instinctive demands, or those traits more or less closely related to the sexuality: (*a*) friendships; (*b*) attachment to members of the family; (*c*) attitude towards the sexes, general, specific and related thereto, as for instance idiosyncracies, or story telling, niceties, etc. VII. General Interests. VIII. Distinctly pathological traits.

A formal psychognostic appraisal such as this just outlined is of great value from a descriptive standpoint. It is almost imperative in cataloging and classifying human types, but a too strict application of it will usually defeat the purpose of a psychoanalysis. It is of descriptive not therapeutic value, and yet practically all of the material must be covered in a psychoanalytic history. But it should be reached by a much more casual and natural method.

It being assumed that the patient has had at least two visits during which a fairly complete history has been obtained, the next step is to determine whether the individual should be analyzed at all. A consideration of the types already spoken of should be made and if the patient is not to be analyzed, the situation should be so stated, if there is any occasion for it. The treatment of the patient will then go on on general lines as determined by the needs of the case. A neurologist or psychiatrist is not necessarily only a psychoanalyst, any more than an internist is committed to the exclusive use of quinine for every ailment.

If it seems that the patient has the right qualifications, and has a disorder for which analysis is adapted, it is in general good technique to say that as you see the condition it seems advisable to begin a psychoanalytic procedure, *but* you would prefer to see the patient for a week or two weeks, from perhaps five to eight times, before you are willing to say exactly what is wrong, what can be done, what the program will be, and what it will cost. This preliminary program is highly advisable. In the first place, it may soon develop that the patient is not analyzable. He comes within one of the classes outlined in the previous chapter. He

may not be serious about it, or possess the necessary intelligence. There may develop definite social reasons why one analyst should not do the work whereas another might. It may be that the necessary rapport cannot be set up. These patients must not be dangled along. One must analyze them or not. There are no half-way steps—unless one is open and frank about it and not call bumble-puppy an analysis. The critics of psychoanalysis are mostly recruited from this group of patients who coming a few times are usually told that they are not wanted. They say many evil things of the physician. Or it may develop that the patient is an incipient schizophrenic, or, utilizing Kraepelin's conception, a paraphrenic. Should the diagnosis of schizophrenia develop out of the preliminary treatment, and it often takes longer than two weeks to feel out a schizophrenic or an hysterical trend, it becomes a question of judgment whether to attempt an analysis. For myself, I have seen a great many early schizophrenics. It has been my custom to tell the parents or friends that I consider the illness very grave, and that it is as yet an open question whether psychoanalytic procedures will prove of any service. So much is known, however, that no other mode of approach has even offered any attempt at an understanding of what is going on in the patient's mind. The results are problematical. One will do all that one can do, accept the responsibility, but make no promise of curing the patient. One is in the same situation as an internist with a typhoid, or as a surgeon with a fairly diffuse carcinomatous process. Only the charlatan promises a cure under such circumstances. Special problems arising from special groups will develop later in these pages.

The preliminary work of treatment should begin as a real psychoanalysis, but the analyst will have said very little to the patient about the general scheme, or what he is attempting to do, beyond asking the patient to do most of the talking, and entering into the proper unfolding of the unconscious only as it comes up. It is frequently of service to get a dream or dreams which have been dreamed before coming for treatment and it is of much value in guiding one's self, to obtain the first dream that the patient has after starting treatment. No special stress should be laid upon these in the beginning, but they should be written down, and put aside for future reference.

A great many patients who are in need of psychoanalysis cannot afford it. It seems costly to the patient, while not partic-

ularly remunerative to the analyst, because of the great amount of time necessary. It is not only this however which makes it necessary to get the money question out of the way, but it is as Freud has well pointed out<sup>5</sup> that money as a complex is as difficult to deal with as sexuality. It follows the same general trends and needs to be handled openly and frankly. The analyst asks concerning the patient's circumstances and makes his agreement. Inasmuch as one will see the patient four or five times a week, sometimes daily, excluding Sunday, many patients prefer to pay a monthly amount. This usually settles all questions, conscious or unconscious, as to the cost of such treatment.

It is highly undesirable to treat patients for nothing. Strong transferences are set up which interfere with the getting well of the patient.

Naturally the patient desires to know how long it will take. On this point one cannot be positive as so much depends on what develops in the treatment. One can in general say that patients who really need a psychoanalysis—who are not indulging in a luxury so to speak—need at least two to three months treatment. Most severe hysterias need from five to eight months, and patients with compulsion neuroses usually need more time. One can often aid a compulsion neurosis to such an extent that they are very much relieved after four or five months or even in a shorter time, but to cure them takes often a year, or more. Naturally there are some patients who cannot be cured. They *will not* be cured.

Patients themselves will vary a great deal. At times they even continue to be sick longer than seems necessary, as will later be developed. This is a problem of a somewhat mismanaged transference. In general it is often helpful to work for a definite point. The goal is to be reached in a certain time.

It is by no means infrequent that the analyst will be expected to work marvels. All new movements in medicine have their "wonder periods" and patients who have been sick ten, fifteen, twenty years, have visited literally hundreds of physicians and spent all of their own and other people's means, expect to be made well by coming into an analyst's office. Psychoanalysis has resolved some very obstinate cases, but it is not yet in the miracle working category.

<sup>5</sup>"Weitere Ratschläge zur Technik der Psychoanalyse," *Int. Zeitschrift f. Psa.*, I, 1913, p. 1. See p. 225, *Psychoanalytic Review*, Vol. I, No. 2.

In reviewing the very large literature which has appeared up to the present time (over a thousand titles) it may readily be seen that the claims made by those who have been practicing psychoanalysis have been very conservative,—in fact, such conservatism appears in inverse ratio to the vituperation heaped upon the psychoanalyst and the analytical methods by stupid critics.

It is important to tell the patient not to discuss the question with any one until they have had enough experience to do so intelligently,—when of their own accord they have it borne in upon them that it is usually hopeless to attempt to make those who do not wish to see any the wiser. The would-be critic is usually in the position of one who, unable to decipher his own Chinese laundry check, immediately feels competent to discuss the whole subject of Oriental languages, history and culture.

It is very rare that one is not expected to give some explanation of what one is going to do: This calls for some form of preliminary statement. No two individuals can be approached in the same way, but it is not bad technique to tell the patient, after the general history may have begun, that the chief work of analysis is to enable the patient to see his or her unconscious. That it is in this form of mental activity that the chief causes for the disturbances will be found. This will probably lead to an inquiry as to “what is the unconscious?” The unconscious is after all a way of looking at things—an hypothesis like all other mental concepts—and it will vary with each analyst’s previous training, and each patient’s intellectual status as to how the idea can be developed.<sup>6</sup>

White has well said that the unconscious is our historical past. Bergson’s idea of the unconscious is often a useful one to use. He states it somewhat as follows:<sup>7</sup> “For our duration is not merely one instant replacing another; if it were there would never be anything but the present—no prolonging of the past into the actual, no evolution, no concrete duration. Duration is the *continuous progress* of the past, which gnaws into the future, and which swells as it advances. And as the past grows without ceasing, so also there is no limit to its preservation. Memory is not a faculty of putting away recollections in a drawer or of

<sup>6</sup> See White: The Unconscious, Vol. 2, No. 1, *Psychoanalytic Review*.  
REVIEW.

<sup>7</sup> Bergson: *Creative Evolution*. Tr. by Mitchell. H. Holt Co., N. Y., 1911. An important work for psychoanalytic insight.

inscribing them in a register. There is no register, no drawer, there is not even, properly speaking, a faculty, for a faculty works intermittently, when it will or when it can, whilst the piling up of the past upon the past goes on without relaxation. In reality, the past is preserved by itself automatically. In its entirety, probably, it follows us at every instant; all that we have felt, thought, and willed from our earliest infancy is there, leaning over the present which is about to join it, pressing against the portals of consciousness that would fain leave it outside."

And then follows a masterly sentence which epitomizes a very important aspect of the Freudian doctrine of the unconscious which is followed by an extremely clever formula, which can be applied to the entire psychology of the unconscious. Coming as it does from an entirely different source and from a different angle it is worth calling special attention to and to advise the young analyst to "get it." "The cerebral mechanism is arranged just so as to drive back into the unconscious almost the whole of this past, and to admit beyond the threshold only that which can cast light on the present situation or further the action now being prepared—in short, only that which can give *useful work*. *At the most, a few superfluous recollections may succeed in smuggling themselves through the half-open door. These memories, messengers from the unconscious, remind us dimly of what we are dragging behind us unawares.*" Herein may be seen the Bergsonian formula, which Freud has so well analyzed, and to which the latter applies the concept, *mismanaged repressions*, which, smuggling themselves through the half-open door, become modified in ways to be discussed later, and show themselves as the "symptoms" of the neurosis.

Many a wise aphorism has touched upon this situation for what is called the normal, among them that of Rochefoucauld who says, "There is no vice that is not better than the means we take to conceal it." But we are not through with Bergson. He continues, "But even though we may have no distinct *idea* of it, we *feel* vaguely that our past remains present to us. What are we in fact, what is our *character*, if not the condensation of the history we have lived from our birth,—nay even before our birth, since we bring with us prenatal dispositions? Doubtless we *think* with only a *small* part of our past, but it is with our *entire* past, *including the original bent of our soul*, that we *desire, will, and act*. Our past, then, as a whole, is made manifest to us in its



impulse; it is *felt* in the form of *tendency*, although a small part of it only is *known* in the form of the *idea*."

Lyell, in his celebrated essay on the antiquity of man, carried human beings back many thousands of years as to their origin, but the psychoanalyst teaches that the unconscious started much further back than the coming of man, and really the "tendency," the "impulse" began with the coming of life itself. This was many millions of years ago. In building up the notion, therefore, of the unconscious for the patient it must be emphasized that human beings have not come to be what they are according to the conception of Topsy, who "specks she jus' growed up," but that for many, many million years the piling up of the past upon the past has resulted in this the last and most highly complicated model-man,—which analysis seeks to partially pick apart to see what is not going advantageously, *i. e.*, not doing *useful* work.

In my own discussions of this problem I have found it advantageous to impress upon patients the immense importance of this time element in the slow elaboration of instinctive reactions, which are so highly conservative and protective, and I insist upon the fact that the neurosis is in line with the whole process. It also is a bit of conservation,—something compensatory and protective, and I call to the attention of such patients similar mechanisms in the life activities of lower levels of the body. Hypertrophies compensate for some insufficiency. Rapid breathing in pneumonia, for instance, compensates for diminished lung capacity, etc.

In further explanation of the scheme I picture to the patient three periods of growth: From conception to birth; from birth to five years of age; and from five years to adulthood. Each of these represents a wonderfully elaborate scheme of reliving the past, through a masterful *recapitulation*. The nine (9) months, forty (40) weeks, two hundred and eighty (280) days of pregnancy (these numbers are here accented as it will be seen how constantly they come up in symbolisms of all kinds) reënact all of the successful experiments of over a hundred million years. The babe at birth already has more than it shall ever acquire. It is a complete machine for self running. It has practically completed its biochemical machinery. Its entire vegetative neurological mechanisms are integrated and functioning. It is ready to pass into the realm of *feeling*. It is to know pleasure and pain, and to build up a sense of the *ego*. Heretofore it has

led a purely vegetative existence; all of its needs have been attended to within the mother. From the standpoint of individual effort it has been omnipotently indolent. From the organic memory of this stage of the child's existence probably comes the truth of Rochefoucauld's celebrated saying: "Indolence is the most sublime and the most malign of all passions." All of the prenatal influences are laid down; the hereditary, constitutional factors, which eugenic studies are analyzing, are all there. All of Adler's constitutional inferiorities are there. This is a period usually thought of by students of mental phenomena as of the least importance, but from the standpoint of the unconscious, and for the purposes of instinct analysis, it may readily be seen that it is a period of great importance, although maybe it escapes, and will for some time, most attempts to be analyzed. Most of our medicine at the present day occupies itself with the consideration and study of this, the biochemical, level, the simplest level of the human organism. We shall see that hysterical conversions, compulsion substitutions and psychotic projections can create definite disturbances in the functionings of this level. The great loss of weight in the depressions with marked eosinophilia being only one of many examples, to which attention may be called.

With birth the new element of an enormous branching out of the sensori-motor mechanisms takes place, and from this time on to, arbitrarily say five, a new recapitulation period is traversed. This time the path is shorter; from anthropoidal ape let us say to man of the agricultural period—or highest savage. This is a living over of some several hundred thousand years.<sup>8</sup> It passes through the period of the development of ego consciousness; it develops through the phantasy of pleasure-pain to reality and to the beginning of social consciousness. This is the period of the polymorphous perverse of Freud. This is the most important training period of the child. It is the period during which he will gradually thrust into his unconscious much of the repressed material which analysis will be called upon to interpret.

From whence comes this repressed material upon which the Freudian hypotheses lay so much stress, and which seems such an anathema to those who do not care to see that psychoanalysis contains a constructive program? Psychosynthesis takes place coincidentally with psychoanalysis, and man, after all, is the measure of all things. Psychoanalysis deals with factors of

<sup>8</sup> Compare E. Smith: Age of Man, Smithsonian Reports, 1912.

human experience simply as facts. What a fact is will be left aside for the moment, save that as Protagoras has well said, we build up our truths as we perceive them, each for himself, and each differently. We think alike, *i. e.*, "we agree concerning those things it is necessary to agree about in order to live at all; we vary concerning the things which are not needed for bare existence, even though they may conduce to a life that is beautiful and good. *But it is only when we do not act at all that we are able to live our own private life apart, and to differ utterly from all others.*"<sup>9</sup>

It is this desire to "differ utterly from all others" that has to be brought into line with the facts of reality. This period of infancy is the one during which this conformity to sense experience must take place if the child is to live at all. Here "impulse" makes reaching out a constant exercise, with increased activity if pleasure is obtained, and withdrawal if pain results.

Already the biochemical levels have evolved their tropisms; action and reaction are going on automatically through the mediation of the vegetative nervous system. The anatomical structures which subserve these functions need not now concern us, but it is assumed that the psychoanalyst has some fundamental knowledge of the nervous system; without it he will never rise to the highest levels in psychoanalysis.<sup>10</sup>

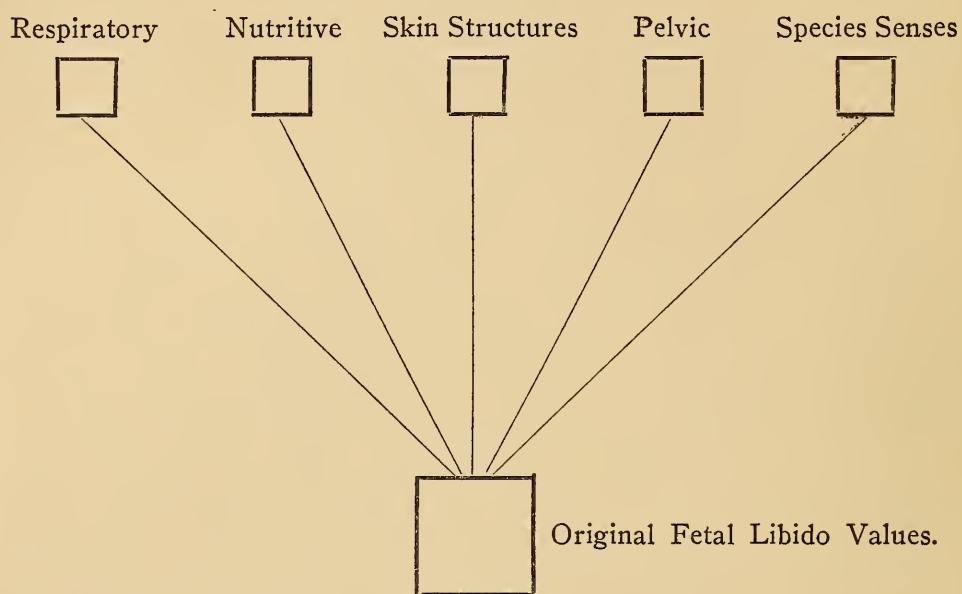
But the child has now passed into the realm of more complete sense experience. A further evolution of what ultimately will be handled as consciousness has commenced; many million receptors, sensory receiving organs (six million in the eye alone), suddenly commence to have energy thrust upon them, which has to be handled. Each group of receptors builds up values for itself and for the purpose of its own cell groups. At first there is a marked rivalry among the sensory areas, which through repression later develop coördinations between the various strivings.

<sup>9</sup> Dialogues of Protagoras. See F. C. W. Schiller, *Studies in Humanism*, Macmillan. An excellent picture of dementia præcox.

<sup>10</sup> For a full discussion of the anatomy and functions of the vegetative nervous system consult Higier, *Monograph Series*, No. 27, also English text-books of the physiology of the vegetative nervous system. See Eppinger and Hess, "Vagotonia, A Clinical Study in Vegetative Neurology," *Nervous and Mental Disease Monograph Series*, No. 20; Cannon, "Bodily Changes in Pain, Hunger, Fear and Rage," D. Appleton & Co.; Falta, "The Ductless Glands," Blakiston.

To illustrate this early developmental phase of energy rivalry I have often made use of a diagram which I here reproduce in the rough.

This diagram is meant to illustrate only in a general manner the initial distribution of the sensory areas, which through evolu-



This illustration is purely diagrammatic. It aims to show the first steps in libido distribution following birth. Each and every libido area here represented is a compound which analysis endeavors to resolve.

tion, in response to the principle of pleasure and pain, will ultimately permit of the chief forms of energy distribution which we call human conduct. The world and its values will be built up by the child through these sensory channels.

At birth the entire energy is concentrated on the respiratory act. One hundred per cent., one might say, of the child's striving is expressed in the first cry made in response to the organic need for oxidation (biochemical level). The respiratory nucleus starts its reflex activities and the human mechanism is now working independently.

It is at this point that Freud introduces a new term, *libido*. In this particular instance it signifies the energy of seeking for the organic satisfaction of oxidation activities. Respiratory libido, therefore, constitutes the first libido striving of the child. Crying brings its satisfaction, therefore, *crying* becomes an initial *symbolic act* through which desire, *i. e.*, a renewal of the pleasure, will be *satisfied*.

I need only call attention here in passing to the marvellous evolution which this respiratory libido undergoes, and which as one of its chief end-products is the complex human speech. Originally, a broad, explosive, non-discriminative cry, a vast conglomerate, the respiratory libido develops little by little an intricate mechanism of highly discriminative acts (speech) of the richest symbolic significance.

The gastro-intestinal libido now clamors for its instinctive (biochemical) satisfactions. The skin must be kept warm (reproducing the amniotic water bath) else the same vigorous protest, as yet non-discriminative, will howl for skin libido satisfaction. Through the combined action of rolling neck motions and smell the nipple is found, and purposeful sucking movements begin, until the incoming stimuli, esophageal, gastric,—through chemical receptors, mount up to a fatigue threshold and sleep intervenes.

Then follow other organic need satisfactions; pleasure is obtained by doing things essential to life. The bladder is emptied, the bowels are evacuated, the eyes look about, the ears hear, etc. The important factor to be recognized and insisted upon is that in the initial phases each libido area is egoistic, self-seeking to the exclusion of all others; the child stops breathing in the early attempts at feeding: all other forms of libido energy wait in abeyance until that one demanding the moment satisfaction is appeased.

It may be recalled that many years ago, Hansemann, a present professor of pathology in Berlin, spoke of "die Anaplasie, die Individualität und der Altruismus der Zellen." He tried to show then how a failure on the part of the cell striving (biochemical level) produced various developmental failures in this or that organ of the body; that even before birth a principle of anarchy among the organs of the body might prevail, and that the best organisms were those in which the subordination of the claims of one cell group (liver, kidney, lung) to the others, was best practiced.

After birth, a similar adjustment in libido values at the sensori-motor level is necessary, and here is where repression commences to be operative. In terms of conscious psychology the process by which this repression is in part furthered is called training or education.

The chief sensori-motor corrective is *pain*. Later we shall see

that at psychical levels we shall call it *fear*. Wherever fear commences to enter, then the training for social values commences to be manifest. It becomes the corrective for desire.

Positive and negative tropisms, pleasure and pain, desire and fear, these are the chief stages in this evolutionary progression which ultimately brings about adjustment of conduct at highest social values; at ultimate pragmatic realities; *i. e.*, those lines of conduct, which under experimental conditions will permit the best suited individual and the best group to continue to survive.

Repression, therefore, consists in the subordination of certain libido values at lower levels in order that a utilization of identically the same energy may take place at higher levels in the process termed *sublimation*.

In the infantile period, the pleasure principle seeks the continuance of the satisfaction. The term, erotic satisfaction, is used by Freud to signify this in the general sense, by which is meant the gratification of the pleasure sense of the area involved. Thus, there can be respiratory, lip, stomach, urethral, anal, skin, retinal, cochlear, vestibular, muscular, gustatory, and olfactory eroticism. To assume that only one area of the body is capable of receiving sense gratification, and hence that the word, auto-erotism, has reference only to one area, *i. e.*, the genital area, is unutterably stupid, and yet this is the usual implication given to the word by critics. There is ample justification for applying the term, auto-erotic, to each receptor group already indicated, since it has been seen how the interest (libido) may be transferred from one area to another that becomes the center of striving. The very structure of the nervous system through its synaptic integrations shows just how this switching can take place, and Cajal's ingenious hypothesis of avalanche action enables one to see how summations of energy can occur, so that cumulative effects may result. The study of the repressions in the developing psyche shows that these follow precisely similar laws to those which physiologists are working with in reflex blockings, etc.<sup>11</sup>

It is because in the early stages of the infant, each libido area seeks its own satisfactions in interchangeable fashion and anything stands for anything without discrimination, that Freud has used the term, polymorphous perverse. The child has no consciousness of any perverseness: There is no perverseness at this

<sup>11</sup> See Kempf, *Psychoanalytic Review*, Vol. 2, No. 2, 1915.

period. One can only say there is an eager seeking for richness of sensory satisfaction, and an active exploration of every source of joy and gratification; but, and here reality commences to assert itself, if such seeking is continued at its primitive values, pain, fear, reproach and finally exclusion from the herd result. For if certain of these activities continue into adult life one may speak of them as perverse. Perversion is the conscious end of a long chain of links in which unconscious, auto-erotic satisfaction, *i. e.*, pleasure gratification of an area, is a predecessor and the origin of which is the very life impulse itself.

Steckel has used the phrase, "infantile criminal," to express this same period of the infantile development. The analyst should bear in mind both of these expressions, "infantile perversions" and "infantile criminal," but he should not voice them. It does very little service in the initial stages of an analysis to tell the patient about his "perverse" or "criminal" tendencies. He will not understand, because in the early stages of analysis the patient is constantly thinking in conscious terms. He is as yet unacquainted with unconscious logic. It is only when the significance of unconscious activities get firmly fixed in the patient's mind that the analyst can utilize these terms to advantage. For this reason, and also because perhaps it represents a better mode of approach, it has been my habit to dwell less upon the "perversion" and more upon the evolution of the *sense of power* that goes on in the patient as he builds up values on the basis of his primary pleasure-receiving areas. After all the infantile criminal is only seeking for an expression of power. He is not a criminal until that power impulse forces him to a conflict with reality.

The striving for power is the most important symbol to keep in mind, because it will be seen that practically all the symbolizations which are pictured by the unconscious are being utilized in this way. Protagoras in the dialogue already quoted said that "we think alike concerning those things which are necessary for life." He is speaking of conscious thinking. This uniformity in unconscious impulse is even more striking. Inasmuch as breathing has satisfied oxygen needs, which oxygen-need satisfaction enables the body to live, breathing and all of the necessary muscular adaptations (respiratory libido in the psychoanalytic sense) become symbols of obtaining power in the psyche. Be-

cause the muscular adaptations for expulsion of the urine from the bladder succeed in keeping the individual alive, therefore these muscular adaptations (bladder erotic, bladder libido) also become symbols of power. Similarly, the need for the expulsion of wind or the expulsion of feces from the intestines may become an expression of power in unconscious symbolization. These acts are all necessary for living. Ergo they represent power. In psychoanalytic terms they represent the several *partial libido trends*. Each trend has its own king and kingdom. It is only when one king strives to usurp the rights of all the others that we can apply the term "perverse" or "infantile criminal."

*Analysis, therefore, is to be utilized to trace the evolution of the individual from these infantile sources of power belief, or as we have already expressed it, to reconstruct the pattern of these partial libidos or partial strivings in their building up of the combined libido, which determines the individual's conduct.*

Each and every one of these partial strivings must contain a portion of its initial energy concentrated on the primitive exhibition of its power.

It always remains necessary for the bladder to act, as well as the rectum, as well as all of the other parts of the body, and effectually—but in the gradual synthesis of the individual as a whole, and more particularly in his adaptation to society as a whole, the partial libidos, or the sense of power resident in an organic satisfaction must be able to be withdrawn from the area involved and concentrated upon some other object, which other object, from the standpoint of the evolution of social consciousness, means the adaptation of the individual to his surroundings i. e., to reality. The mode by which these changes of direction of the libido take place is the central problem of what is designated repression. Repression therefore has for its function the locking up of energy—of libido—until such time as it may be used at a higher i. e., socially permitted level. It serves as a basis for phantasy.

It cannot be too strongly insisted upon that this process of repression is going on all the time below the levels of consciousness in the developing child; and that by the age of five, which age limit as has already been expressed is purely arbitrary, the work of repression, so far as these primitive ego strivings are concerned, has resulted in creating a social animal. That is,



antisocial trends can be satisfied in fantasy, rather than in reality. As Heraclitus has well said of the night dream, "*Is it not because we lie still and do not act, that we can indulge our fancy?*"

We shall see that the main work of analysis will ultimately center about the way in which the individual in his evolved actions, that is to say in his everyday conduct, still endeavors to follow out in an infantile manner, this fantasy method of obtaining power, i. e., satisfaction. To illustrate—it should be remembered that illustrations in the early part of an exposition of this kind are rather dangerous, just as too comprehensive an explanation of the unconscious mechanisms given to the patient is disadvantageous in the beginning of an analysis. A certain patient was discussing with me, after four or five months of analysis, the reasons why she persistently wore certain colors. Several dreams had revealed the infantile method of obtaining power chiefly through what we shall later discuss under the heading of the "prostitution phantasy." In the actual discussion of the prostitution fantasy it was brought out how for centuries the social organism has endeavored to exclude the actual prostitute as dangerous. In the illustration I was further called upon to elaborate upon the various disguises which unconscious prostitution had elaborated in higher and lower walks of life, and various trends were shown illustrating the various ingenious protective devices by which the high grade prostitute, so to speak, was still excluded from the social group in many subtle ways. This led to the statement on the part of the patient, that she failed to see wherein she was excluded in any way because of her unconscious fantasy. We were not dealing in any sense with conscious prostitution nor conscious exclusion (I need hardly add that the patient was of the highest social and ethical development), but we were directing our attention to the analysis of the color sensations (eye erotic) as a means for obtaining power and were endeavoring to show how, by the evolution of color sensation satisfactions, as shown in dress, this particular individual strove unconsciously for a sense of power. She strove not to be excluded from the attention of the community. In other words she utilized very striking colors to force herself upon the attention of her surroundings. The unconscious made sure that no one would fail to notice her. This we saw, in the discussion, was an unconscious attempt to insure the sense of power, which

because of the likewise unconscious prostitution phantasy had resulted in a loss of power (i. e., unconscious sense of exclusion). The development of the color sense and the striking use of certain color combinations was therefore a protest on the part of the individual against the unexpressed and unconscious will of the community (reality principle of Freud), and the analysis resulted in showing to the patient how in her infantile period of development she had associated certain colors as representatives of the expression of power. We shall return to this later in the discussion of the dream.

Before dismissing the illustration entirely, however, I shall suggest that the use of "brown" by this particular patient was her present day esthetic evolution, which in the infantile one-to-five-year-old period had its origin in a fecal fantasy. The analysis was able to show step by step the evolution from the infantile sense of power obtained through the gastro-intestinal satisfactions to the present day use of a certain color.

When the patient thoroughly comprehends what one means by the libido, which is attached to the various parts of the body, just referred to; when there is conviction that practically all of our present activities have originated from these primitive sources, the next point to take up is the tracing of the mechanisms by which the present evolutions have come to be. In other words they are ready to ask if there are any guiding principles which will enable them to trace the pathway taken in the evolution of these infantile libido strivings?

This part of the outlining of the principles of psychoanalysis is not so difficult for the patient to comprehend, nor is one liable to be met with any opposition, because there is very little difference of opinion among educated people that the chief goal of living may be reduced to the carrying out of two principles, i. e., that of self-preservation and of race perpetuation. There may be some difficulty in showing the individual that notwithstanding our firmly grounded belief that these are the two important principles underlying all manifestations of conduct, that there is a very definite conflict between them going on in the individual, and it also becomes an extremely fascinating part of the psychoanalytic doctrine to develop how the male and female act somewhat differently in this unconscious controversy.

For purposes of illustration, one can, in thought, carry oneself

back many millions of years, when one might say it was decided which principle should obtain the ascendancy, i. e., that of self-preservation or that of race perpetuation; whether the individual should live for himself alone, or whether in the language of the Scriptures "he who would gain his life must lose it." In other words individual death was conquered by the process of reproduction. Immortality was gained by sacrifice. Biologists can explain why it is that the individual cell could not keep on growing indefinitely; that if life was to survive in any organic form, it could not do so solely by getting bigger. Notwithstanding all the expediencies that an organic thing could build up, so that the food supply would be carried to all parts of the organism, bigness as a principle reached its limit. Bigness was not the principle which would insure perpetuation. The geologist, who looks back over the record of the earth's long-career, sees rise before him pictures of enormous animals and enormous plants. Size, however, as a form of power, gave way to other principles. In the sea today there float enormous *Laminarias*, single-celled plants, hundreds of feet long. They are mute survivals of an old biological principle; but it was not through this principle of "individuality" that the higher forms of life came to be. The principle of individual loss, or death, was only overcome by the principle of reproduction, and hence one may reason that of the two principles, i. e., self-preservation or race perpetuation, speaking from the unconscious point of view, that of race perpetuation was much more imperative than that of self preservation, and it conquered.

In the course of analysis this conflict between self-satisfaction, from a purely auto-erotic infantile point of view, and the larger one of race perpetuation, is constantly being presented. Auto-erotic symbolizations, be they epileptic fits, tics, hysterical conversions, or what not, are often the outward signs of the struggle and the effort to adjust these antagonistic claims.

Having settled this question for a patient, as to the meaning of these two principles, especially in their unconscious bearings rather than in their conscious ones, it now becomes important to show, or to trace how each principle is handled by each libido striving, or each partial libido trend; because it is highly important to have in mind that these partial trends are constantly working with both of these principles. For the sake of illustration let me put it in the form of questions. How does respira-

tory libido handle the food question? How does skin libido handle the problem of feeding? How is hunger satisfied by the urethral libido? Wherein does muscular libido obtain its nutritive gratification, etc.? If each striving had its own way, the child would not live, because after all only one libido area receives any actual power (satisfaction) from food, i. e., the gastrointestinal, speaking broadly. Auto-erotic satisfaction in the other areas must be repressed, and their individual libidos expressed in an attempt to obtain food through a transfer of their striving to some other area. Thus eye libido must learn that such and such an object is food; the muscle libido must be trained to know that such and such movements will obtain food; the ear libido must bend its energies to bargaining or to forms of adaptations that will make the others adaptive. If in the course of bargaining, for instance, there is urgent need for bladder or other form of auto-erotic satisfaction, the same must be suppressed for the main goal, and the gastro-intestinal power symbol satisfied.

The analysis of the various modes of repression of partial libido trends to bring about an adaptation to the self-preservation combined libido is very incomplete in psychoanalytic literature. Much attention has been devoted to what we have already seen is really the more important of the combined libido trends, i. e., race perpetuation or what might more narrowly be termed the sexual impulse. It is for this reason that one should pay particular attention to the development of the idea of the nutritive instinct in man, notwithstanding its secondary importance, for a great many of the resistances concerning money lie in this field.

We have therefore chosen to pass immediately to the consideration of the mode of analysis of the reproductive instinct. The first formulation of general principles here is what has been termed by Freud, the Œdipus Complex.

## CHAPTER IV

### THE ŒDIPUS HYPOTHESIS AS A PSYCHOLOGICAL MEASURING UNIT. ITS EVOLUTION AND FINAL STABILIZATION AS A SOCIAL FORCE

It has been my experience to be frequently asked by physicians, "What do you mean by the Œdipus Complex?" For a long time I was unable to answer the question, largely because it was asked in jest, but further by reason of the fact that it was impossible for me to phrase a reply in a way which I felt would be satisfactory to my questioner. When asked partly in jest I would frequently reply, "What is the Ehrlich side-chain theory?" This is an apparent evasion. To others I have said, "It is a mode of explaining why any individual finds it difficult to break away from old ways of doing things in order to acquire new and better ones." Again to others, my reply has been, "It is a restatement of the world-old struggle of conservatism versus progressivism." Such a method of handling what Freud has termed the "root-complex" of the neurosis will hardly suffice. Yet after all the answers just enumerated may be found satisfactory if elaborated.

In the first place the Œdipus Complex is solely an hypothesis, just as the Ehrlich side-chain theory is an hypothesis. It is a formulation to be used to handle the facts. Instead of terming it only the "root-complex" of the neurosis, however, I purpose giving it a much broader basis. It can be used as a unit of measurement for all psychological situations, not only for those "variations which are only perceived when they become great or inconvenient," and hence called abnormal, but for every so-called normal psychical activity as well. Even the tyro in science knows that the idea "normal" is a pure bugaboo. Normal means average if it means anything.

Just as we use a foot-rule to measure all space relations; a unit of time for all time relations, so the Œdipus hypothesis can be used as a unit for the comprehending of psychical situations. It is the only unit which has proved itself valid for all psychical phenomena, be they what intellectualists call normal or abnormal.

I think I may say that practically every philosophical hypothesis, save pragmatism, has neglected what are called pathological data, overlooking the fact that pathological does not mean of a different, qualitative, nature, but simply a variant which must be measured by the same standards as that which is called normal.

In this connection one may again turn to that ancient sophist Protagoras for the first statement of a sound pragmatism. In his dialogue with Morosophus on the perception of truth, Protagoras closes an eloquent peroration with the question: "Do you know Xanthias the son of Glaucus?"

*Morosophus*: Yes, but he seemed to me a very *ordinary* man and quite unfit to aid in such inquiries.

*Protagoras*: To me he seemed quite wonderful and a great proof of the truth I have maintained. For the wretch was actually unable to distinguish red from green, the color of the grass from that of blood! You may imagine how he dressed, and how his taste was derided. But it was his eye, and not his taste, that was at fault. I questioned him closely and am sure he could not help it. He simply saw colors differently. How and why I was not able to make out. But it was from his case and others like it, but less startling, that I learned that truth and reality are to each man what appears to him. For the differences, I am sure, exist, even though they are not noticed unless they are very great and inconvenient.

*Morosophus*: But surely Xanthias was diseased, and his judgments about colors are of no more importance than those of a madman.

*Protagoras*: You do not get rid of the difficulty by calling it madness and disease. And how would you define the essential nature of madness and disease?

*Morosophus*: I am sure I do not know. You should ask Asklepios.

To which Protagoras remarks: "Ah! he is one of those gods I have never been able to meet."

One does not get rid of difficulties by calling them abnormal. Giving them this appellation does not explain them. Hence the Oedipus hypothesis may be utilized to analyze everybody's activities, not those of the neurotic alone. To say that only the neurotic has to deal with an Oedipus fantasy is absurd; everybody does: but how? The way the individual handles his Oedipus fantasy; how far it has evolved away from its infantile stages,

this is what determines whether he shall be termed neurotic or not, normal or abnormal.

What then is the Œdipus hypothesis? For the sake of historical completeness it may be recalled that it received its name from the drama of Œdipus Rex, a mythological theme in great favor among the Greeks of the Epic period. The psychoanalyst should read the various renderings of it. It is fully treated psychoanalytically in "The Myth of the Birth of the Hero"<sup>1</sup> by Rank, also in the same author's "Incest Motive," both of which works have been mentioned.

To the philistine the story simply means that Œdipus killed his father and married his mother; but it implies infinitely more than this. It is the psychical elaboration of an enormously important part of a biological instinct. It is the conversion of energy into symbolic activities that at lower social stages was expended at physical levels.

How this evolution towards the conversion of energy into symbolic form took place cannot be entered into fully here.

Freud has shown in his "Three Contributions to the Theory of Sex"<sup>2</sup> that on rigid analysis the instinct of reproduction reduces itself to the choice of a proper *object*—the object choice; and of the proper *aim*, i. e., the reproductive act. To satisfy the first requirement an individual of the opposite sex must be the libido object. This sounds so trite as to hardly require stating, yet the merest superficial acquaintance with human as well as infrahuman activities reveals how much variation of attraction exists in a direction away from the consciously obvious heterosexual object.

The second requirement is successfully met with when the partial libido trends already discussed on page 40, become united to successfully establish the primacy of the genital zone. The variations from this equally obvious goal are also so frequent that the observant inquirer is struck with amazement at the various faulty adjustments of what is so frequently considered a "natural" function.

We are now speaking solely of mechanisms which have been laid down for many million years and which are instinctively and unconsciously forming, but, it must be recalled, they are extremely variable in their external modifications when it comes

<sup>1</sup> Monograph Series, No. 18.

<sup>2</sup> Second English edition from third German edition, 1916.

to their permitted socially-controlled and consciously-guided activities.

It is to this broad reproductive instinct, in all of its conscious and unconscious manifestations, that Freud has applied the term sexual. In this present volume on the Technique of Psychoanalysis, *sexual* means any human contact actual or symbolic by means of any sensory area with the object of the same or of the opposite sex, which has *productive creation* for its *purpose*, be it concretely in the form of a child, or symbolically as an invention, artistic production, or other type of mutually creative product. It does not apply to those contacts which have purely nutritive or self-preservation instinct behind it. And it does not apply solely to genital contacts.

Thus it might be stated, though such a statement might seem to be paradoxical, that prostitution is not really sexual. It has come to be stigmatized because it utilizes the love principle for purposes of gain, and stands as a symbol of the destruction of society rather than that of its upbuilding. If in biblical phrases, "the love of money is the root of all evil" then prostitution symbolizes that root, and as later will be pointed out it represents in its pure type chiefly an infantile anal erotic complex. It is a satisfaction of unconscious hate rather than of love in terms of the Œdipus hypothesis.

The Œdipus hypothesis then attempts to establish some criterion, or group of criteria, by which human conduct may be valued as it looks forward to ultimate social or pragmatic truth, or goodness. It first directs attention to the biological trend of getting away from the type represented by the parent of the same sex, to a getting toward the type represented by the parent of the opposite sex. Without this biological direction of libido, no concrete social structure is possible. It is not father hate and mother love for the boy, and vice versa for the girl, in terms of conscious psychology, as is so often said by the critics. The Œdipus hypothesis has nothing whatever to do with conscious psychology, any more than the chemical formulæ of the fats in butter have to do with milking a cow. A knowledge of these formulæ for fats may prove the ultimate basis for the valuation of a herd of cows, just as the application of the Œdipus formulæ will permit of the comprehension of the acts of a family and thus determine their social value.



So-called shrewd practical observers may make excellent estimates of cows as well as of citizens, but when it comes to correcting the mistakes, in order to get shrewder and more practical observations, some measuring instruments are needed. Hence psychoanalysis utilizes the Œdipus instrument of precision.

In obtaining the full family history the analyst is getting the material from which a proper estimate of the evolution of the patient's psyche may be gathered. This it must be remembered is the conscious estimate of the patient's relations to the members of his family.

These conscious attitudes to the members of the family group are not, however, invariable criteria of his more fundamental unconscious ones, yet they are of great importance in affording clues to early infantile repressions. The family is the first training camp, as it were, for the child's activities in gaining his social bearings. His later attitude toward men, women and things is patterned largely after his infantile models. We can here trace the workings of the Œdipus formula in its gradual evolution away from phantasy to reality.

This formula has shown that the boy must have certain attitudes toward others of the same sex, mostly antagonisms, from the primitive wellspring of energy, and attractions toward all others of an opposite sex.

A young woman to whom, in the early days of my psychoanalytic work, I had announced the Œdipus principle rather crudely, responded with much heat, "But I have always loved my mother, and we three sisters are devotedly attached to one another. The idea of rivalry among us sisters is impossible."

"Yes, yes," I said, "that is true, but you are speaking of your conscious attitudes. We will not comprehend the pain between your shoulder blades by accepting the conscious attitude as the whole story, we must see what is on the other side of the picture."

It did not take long, by the study of the unconscious processes, to find that the pain between the shoulder blades was the symbol of a "stab in the back" from her, consciously, most loved sister. Behind it lay concealed a very intense rivalry, a rivalry which, as will be seen, is a necessary part of the working out of the Œdipus idea, and one which, it may be maintained, is a necessary aspect of a comprehensive biological scheme for social

evolution. The sister was really trying to steal her sweetheart. She was "stabbing her in the back."

This biological scheme has been stressed particularly by Rank in his study on the "Myth of the Birth of the Hero" and he has called it the "family neurotic romance."<sup>3</sup> It is a universal phenomenon, and must be worked out with each patient. They must see for themselves how they have evolved their own dream of power in opposition to all the other members of the family.

I am assuming that Rank's fundamental study will be read by one interested in mastering the technique of psychoanalysis, yet it belongs in this place in the development of the Œdipus hypothesis and a short résumé of the chief principles involved is desirable.

Every child is an egoist. It has been seen why this must be so in order that he may live at all. It is equally obvious that if social adaptation is to take place, he cannot remain one, at least not at an infantile level. Every child, in his egocentric fashion, constructs for himself therefore his little hero-myth. The will for power, in danger, thrusts in a phantasy substitute and thus aids the work of repression, as we have already discussed. Inasmuch as the stages through which any one individual child may go are usually much abbreviated, and difficult of interpretation by himself, of himself most of all—that is why most of us deny we have ever had such fancies—Rank turned to a study of the hero myths of the world, and by a comparative study of these ancient sagas, was able to reconstruct what goes on in every child probably, although, for many, such processes are hidden. The evolutionary principle of recapitulation again does service in the understanding of these psychical structures.

The standard principle for these ancient hero-myths is formulated as follows: "The hero is the child of most distinguished parents; usually the son of a king (with us some important personage, governor, millionaire, or what not). His origin is preceded by difficulties, such as continence, or prolonged barrenness, or secret union of the parents, due to external prohibitions or obstacles. During the pregnancy, or antedating the same, there is a prophecy, in form of a dream, or an oracle, cautioning against his birth, and usually threatening danger to the father or to his representative. As a rule he is surrendered to the water, in a box. He is then saved by animals, or by lowly people (shep-

<sup>3</sup> Monograph Series, No. 18.

herds), and is suckled by a female animal, or by a humble woman. After he has grown up he finds his distinguished parents, in a highly versatile manner, takes his revenge upon his father, on the one hand, is acknowledged on the other, and finally achieves rank and honors."

This is the child phantasy of the race, in highly condensed form. Even in the mythological stories themselves, this ground pattern, as it were, is departed from, and it is therefore conceivable that one rarely finds it in pure form at the present time, save in some psychotics, particularly in the group which, as defined by Bleuler and Jung, is termed schizophrenia, or dementia præcox. Here the ancient formula is repeated true to type. In minor degrees and in the greatest variety of disguises the psychoneurotic follows out parts of the program. As Freud has pointed out these individuals remain children or infantile in certain aspects of their strivings; they are close to the unconscious. As Rank has put it, "The fancies of neurotics are, as it were, the uniformly exaggerated reproductions of the childish imaginings." But as we have so often remarked, these are closed to the ordinary modes of investigation and the psychoanalytic method has become the best method of reaching them at the present time.

Rank has sketched the chief outlines of the biological need for getting away from the parents. "Except ye leave father and mother, ye shall not enter the kingdom of heaven," I conceive to be a much earlier statement of the same situation. In the realm of plant life Darwin's penetrating studies that showed the values of cross-fertilization is collateral evidence in a realm of biological activities far below man, and the whole biological scheme of things reveals the ceaseless experiments that nature goes through with in the hope that advanced types may result. Just what particular evolutionary formula will appeal to the analyst or analyzed, should one be invoked at all, whether it smacks of Neodarwinism, Neolamarckianism, or follows out the Mendelian principle, or De Vries's Mutation hypothesis, not to mention others, is absolutely immaterial in the development of the general idea. If the patient should be an out and out opponent to any evolutionary hypothesis at all, then the whole psychoanalytic scheme will have little value to him. In general, I assume that the analyst has a working knowledge of the general biological hypotheses concerning evolution and heredity.

In the human family, psychoanalysis emphasizes, as Rank

has phrased it, "the detachment of the growing individual from the authority of the parents is one of the most necessary, but also one of the most painful achievements of evolution. It is absolutely necessary for this detachment to take place." Analysis shows how the psychoneurotic is endeavoring to accomplish the task and also indicates how the healthier individual has really accomplished it in various ways. The manner of cure, or the rationale of psychoanalysis, how it acts, may be very definitely demonstrated in the tracing of the individual's growing independence from his parental complexes.

To still further illustrate this absolutely essential separation I not infrequently use a simple illustration. Putting the problem of the apple tree, I ask, "What would happen if all the seeds should attempt to grow under the parent tree?" It is an easy step from this illustration to a discussion of the thousands of devices which plants and animals have elaborated to make sure of the dispersal of their seeds or offspring. The ingenious clinging seeds that fasten to one's clothes or to the fur of animals, the various winged seeds that fly like the thistledown, or dandelion, those that float, or those that pass through the intestines of animals, the devices are legion and the ingenuity marvellous.<sup>4</sup> Parent and child must be separated.

"Social progress—speaking now of higher forms—is essentially based upon this opposition of the two generations," writes Rank, who then points out how the failure to get away from the parent is paramount to a neurosis.

"For the young child, the parents are in the first place the sole authority, and the source of all faith. To resemble them, *i. e.*, the progenitor of the same sex; to grow up like father or mother, this is the most intense and portentous wish of the child's early years. Progressive intellectual development naturally brings it about that the child gradually becomes acquainted with the category to which the parents belong. Other parents become known to the child, who compares these with his own, and thereby becomes justified in doubting the incomparability and uniqueness with which he had invested them. Trifling occurrences in the life of the child, which induce a mood of dissatisfaction, lead up to a criticism of the parents, and the gathering conviction that other parents are preferable in certain ways, is utilized for this

<sup>4</sup> Consult Koerner von Marilaun, *Natural History of Plants*; Fabre, *Souvenirs Entomologiques*.

attitude of the child toward the parents. From the psychology of the neuroses, we have learned that very intense emotions of sexual rivalry are also involved in this connection. The causative factor evidently is the feeling of being neglected. Opportunities arise only too frequently when the child is neglected, or at least feels himself neglected, when he misses the entire love of the parents, or at least regrets having to share the same with the other children of the family. The feeling that one's own inclinations are not entirely reciprocated seeks its relief in the idea—often consciously remembered from very early years—of being a stepchild, or an adopted child. Many persons who have not become neurotics, very frequently remember occasions of this kind, when the hostile behavior of parents was interpreted and reciprocated by them in this fashion, usually under the influence of story books. The influence of sex is already evident, in so far as the boy shows a far greater tendency to harbor hostile feelings against his father than his mother, with a much stronger inclination to emancipate himself from the father than from the mother. The imaginative faculty of girls is possibly much less active in this respect. These consciously remembered psychic emotions of the years of childhood supply the factor which permits the interpretation of the myth. What is not often consciously remembered, but can almost invariably be demonstrated through psychoanalysis, is the next stage in the development of this incipient alienation from the parents, which may be designated by the term *Family Romance of Neurotics*. The essence of neurosis, and of all higher mental qualifications, comprises a special activity of the imagination which is primarily manifested in the play of the child, and which from about the period preceding puberty takes hold of the theme of the family relations. A characteristic example of this special imaginative faculty is represented by the familiar day dreams, which are continued until long after puberty. Accurate observation of these day dreams shows that they serve for fulfilment of wishes, for the righting of life, and that they have two essential objects, one erotic, the other of an ambitious nature (usually with the erotic factor concealed therein). About the time in question the child's imagination is engaged upon the task of getting rid of the parents, who are now despised and are as a rule to be supplanted by others of a higher social rank. The child utilizes an accidental coincidence of actual happenings (meetings with the lord of the

manor, or the proprietor of the estate, in the country; with the reigning prince, in the city; in the United States with some great statesman, millionaire). Accidental occurrences of this kind arouse the child's envy, and this finds its expression in fancy fabrics<sup>3</sup> which replace the two parents by others of a higher rank. The technical elaboration of these two imaginings, which, of course, by this time have become conscious, depends upon the child's adroitness, and also upon the material at his disposal. It likewise enters into consideration, if these fancies are elaborated with more or less claim to plausibility. This stage is reached at a time when the child is still lacking all knowledge of the sexual conditions of descent. With the added knowledge of the manifold sexual relations of father and mother; with the child's realization of the fact that the father is always uncertain, whereas the mother is very certain—the family romance undergoes a peculiar restriction; it is satisfied with ennobling the father, while the descent from the mother is no longer questioned, but accepted as an unalterable fact. The second (or sexual) stage of the family romance is moreover supported by another motive, which did not exist in the first or asexual stage. Knowledge of sexual matters gives rise to the tendency of picturing erotic situations and relations, impelled by the pleasurable emotion of placing the mother, or the subject of the greatest sexual curiosity, in the situation of secret unfaithfulness and clandestine love affairs. In this way the primary or asexual fantasies are raised to the standard of the improved later understanding.

“The motive of revenge and retaliation, which was originally in the front, is again evident. These neurotic children are mostly those who were punished by the parents, to break them of bad sexual habits, and they take their revenge upon their parents by their imaginings. The younger children of a family are particularly inclined to deprive their predecessors of their advantage by fables of this kind (exactly as in the intrigues of history). Frequently they do not hesitate in crediting the mother with as many love affairs as there are rivals. An interesting variation of this family romance restores the legitimacy of the plotting hero himself, while the other children are disposed

<sup>3</sup> Compare Freud, *Hysterical Fancies, and Their Relation to Bisexuality*, with references to the literature on this subject. This contribution is contained in the second series of the *Collection of Short Articles on the Neurosis Doctrine*, Vienna and Leipsig, 1909.

of in this way as illegitimate. The family romance may be governed besides by a special interest, all sorts of inclinations being met by its adaptability and variegated character. The little romancer gets rid in this fashion, for example, of the kinship of a sister, who may have attracted him sexually.

“Those who turn aside with horror from this corruption of the child mind, or perhaps actually contest the possibility of such matters, should note that all these apparently hostile imaginings have not such a very bad significance after all, and that the original affection of the child for his parents is still preserved under their thin disguise. The faithlessness and ingratitude on the part of the child are only apparent, for on investigating in detail the most common of these romantic fancies, namely the substitution of both parents, or of the father alone, by more exalted personages—the discovery will be made that these new and highborn parents are invested throughout with the qualities which are derived from real memories of the true lowly parents, so that the child does not actually remove his father but exalts him. *The entire endeavor to replace the real father by a more distinguished one is merely the expression of the child's longing for the vanished happy time, when his father still appeared to be the strongest and greatest man, and the mother seemed the dearest and most beautiful woman.*

“The child turns away from the father, as he now knows him, to the father in whom he believed in his earlier years, his imagination being in truth only the expression of regret for this happy time having passed away. Thus the over-valuation of the earliest years of childhood again claims its own in these fancies.<sup>6</sup> An interesting contribution to this subject is furnished by the study of the dreams. Dream interpretation teaches that even in later years, in the dreams of the emperor or the empress, these princely persons stand for the father and mother. Thus the infantile over-valuation of the parents is still preserved in the dream of the normal adult.

“As we proceed to fit the preceding features into our scheme, we feel justified in analogizing the ego of the child with the hero of the myth, in view of the unanimous tendency of family romances and hero myths; keeping in mind that the myth throughout reveals an endeavor to get rid of the parents, and that the same wish arises in the phantasies of the individual child at the time when it is trying to establish its personal independence.

The ego in the child behaves in this respect like the hero of the myth, and as a matter of fact, the hero should always be interpreted merely as a collective ego, which is equipped with all the excellences. In a similar manner, the hero in personal poetic fiction usually represents the poet himself, or at least one side of his character."

The beginner who, for the first time, approaches these mechanisms of getting away from the parents, has really only the faintest conception how the scheme works in everyday life. I must reiterate to him that he constantly keep in mind all of the partial libido trends. Each must be followed out in its most minute series of transformations, and the patient gradually sees for himself, in some special form of conduct, such as love for certain forms of play, nutrition customs, likes and dislikes of all kinds, just how successful or not his getting away from his infantile attachments has been. Every infantile attachment means locked-up energy, which cannot be used for useful work. They are the "messengers from the unconscious," which Bergson speaks of, "which escaping through the half open door, remind us of what we are dragging behind us unawares."

I wish to illustrate these points by a partial statement of an actual history and by means of a diagram:

This patient was a young man of 28 years of age, of good family. His father was a successful business man. He had two brothers, older than himself, and two sisters living; one sister had died. He began to drink at sixteen, smoked since he was ten. His father was a drinking man, at times excessively so, also one brother. He went through school and entered college but did not persist, as his gradually increased drinking bouts interrupted the discipline, of which there was little at home. He went into business but did not apply himself particularly. He was a charming, good-looking, "gentleman's" son with plenty of money.

His drinking bouts were becoming more or less continuous. He would be feeling perfectly well, would take a drink, usually of whiskey, then another, and from that time nothing short of a strait-jacket could hold him; he was suave and courteous and convincing if he had his own way, but he would be a very rough

<sup>6</sup> For the idealizing of the parents by the children, compare Maeder's comments (*Jahr. f. Psychoanalyse*, p. 152, and *Centralblatt f. Psychoanalyse*, 1, p. 51), on Varendonk's essay, *Les idéals d'enfant*, Tome VII, 1908.



customer if opposed. After twelve, twenty-four, thirty-six or sometimes seventy-two hours or more of this he would be a wreck and would have to be taken care of. Sometimes the bout would last two or three weeks. They were becoming frequent, and his last bout, before I saw him, was attended with meningeal symptoms and signs of general toxemia, mild jaundice, etc.

The picture is familiar to many. I do not intend to detail the analysis, I shall only utilize some of the facts revealed to show, in part, what the whole thing meant, in terms of the working out of the Œdipus hypothesis, the family neurotic romance, and the later phase of this same situation, namely narcissism.

Analysis uncovered a great deal of material, but I wish only to direct attention to this patient's eating habits by way of illustrating the meaning of what this chapter seeks to emphasize, namely the failure to develop away from the infantile manner of handling the Œdipus phantasy.

Asking him one day what he ate for breakfast he said, "Sausages, waffles and maple syrup," and for supper? "I don't remember."

And yesterday for breakfast? "Sausages, waffles and maple syrup." He could not remember what else he had eaten. Every morning he ate the same breakfast, and had done so for fifteen years or more. He ate no vegetables, except potatoes; he ate a variety of meats.

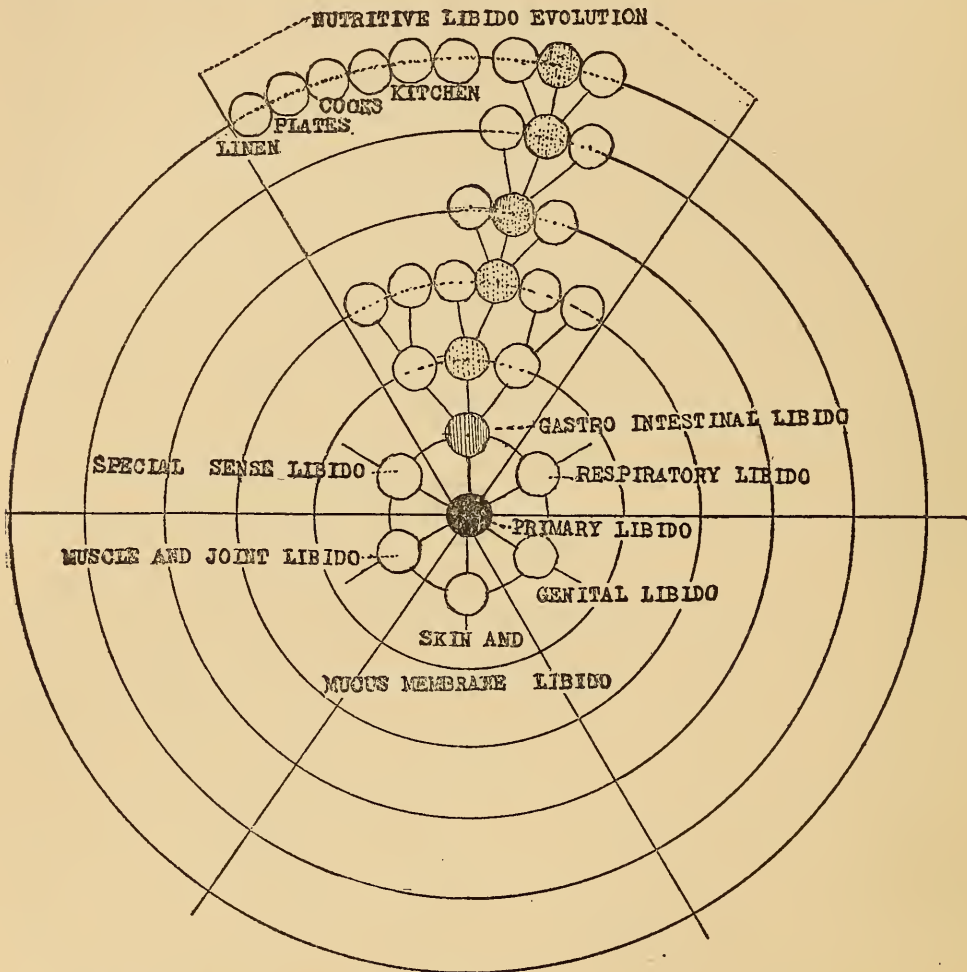
Now what has this to do with the Œdipus hypothesis?

Before we go further with the discussion let me put in a diagrammatic form what is the general scheme I am after. I shall again utilize the diagram (modified in circular form) that has already been used to show the first steps in libido distribution following birth.<sup>7</sup> It is not meant to show every detail in the evolution of the partial libido trends—it is, as was the preceding diagram, only suggestive.

All of our present-day activities, which manifest themselves in the various life contacts, may for our purpose be represented by a circle. At the periphery we may arrange the conscious acts of daily life. In this diagram the libido area distributions are arbitrarily represented by six sectors, showing the first distributions, *i. e.*, the partial libido trends, already discussed (see p. 40). I have only partially elaborated one sector, *i. e.*, the nutritive sector, since I am engaged in placing the dietary habits of the

<sup>7</sup> Page 40.

patient under discussion somewhere in the scheme. If the discussion should have turned on why a patient ended his sentences in a little giggle, or another toyed with a button on his coat most of the time, the particular evolution might have been shown in



Diagrammatic suggestion of the evolution of the libido trends. The path taken by the patient's nutritive interests, and hence his sympathetic contacts (social evolution particularly of his sociability) have become narrowed to a persistent restricted and narrow diet, the meaning for which, in his individual case, meant failure to get away from the parents, *i. e.*, in the unconscious sense of the Œdipus formula. The diagram suggests the line taken by this in the slightly shaded circles.

the respiratory, or the skin sectors, which for the purposes of this illustration are here left blank. I am engaged in placing this particular patient's partial libido trends, as far as one particular series of acts are concerned, in relation to the Œdipus concept.

This boy's first nutritive libido concerned itself with his mother's breast. Milk was his sole food. This is diagram-

matically shown on the first circle, in which the initial partial libido trends are represented. From here on, it may be inferred, the evolution of man's nutritive interests becomes more and more complex, until at the stage of evolved manhood, the nutritive libido occupies a large part of man's interests. In the U. S. Census for 1900, it is estimated that one third of the adult population of the U. S., some twenty million at least, make their living in pursuits which contribute directly to the nutritive libido. Here we see man's interests, into which active energy goes, concerning itself with pots and pans, agricultural instruments, crops, etc. I need not complete the picture. It is so obvious. Yet when we come to discuss the patient's nutritive libido we find a very striking fact, that of its monotony. It has not evolved. He has eaten the same breakfast for the past sixteen years, eats no vegetables save potatoes and several meats. He has no interest in foods outside of this limited dietary. If I should attempt to place his nutritive libido stage of evolution I would place it at an infantile level, say arbitrarily on the second circle, which is here represented. From this point on to the present it has not undergone any modification, as has been schematically shown. I might say all sociability, so far as these nutritive interests are concerned, is thus restricted.

Now, turning to the mother-father relationships, the first fact that strikes one is its failure to branch out. It remains closer to a monotonous infantile food—milk—and fails to show a wider, richer dietary. I am not generalizing about the significance of a limited dietary for all people. Every tub stands on its own bottom. Here I am simply taking a particular case and seeing what it means for this particular individual. It represents, in terms of the Oedipus concept, an infantile attachment to the mother. It is a way by which he unconsciously and symbolically hangs on to the mother. Let me now add that milk is also taken instead of coffee, tea or cocoa. Free associations, with milk, concerning which we shall speak, brings the patient directly to his mother. Interesting also free associations on sausages show that he prefers small ones, thin ones, and mother's "nipple" turns up in his associations, as well as the word "penis."

Associations to "waffles," also, brings us to "nipples," "teats," to the "irons in which they are cooked"—"colored woman's breasts," "pigs' tits," were some of the free associations.

I shall not give further details to show unconscious associa-

tions establishing the relationships between the infantile mother phantasy and the dietary customs making up this monotonous breakfast.

We have seen, however, that the Œdipus hypothesis involves two contrasting situations, one of unconscious attachment to the parent image of the opposite sex, the other connoted by the unconscious antagonism to the father-brother image. There is plenty of evidence to show the unconscious desire to get rid of his father and brother in his drinking bouts. It is further extremely valuable to note that this diet also represents a "castration motive," meaning symbolically the overcoming of the father. Furthermore, the only other feature of his diet, namely his free choice of meats, has an intricate motivation. For him, as for many children, meats and vegetables fall into the strong and weak group respectively. Animism so regards them, and the young human passes through this psychological animistic phase. Many people, as we know, never get away from their crude animistic notions regarding foods, and a study of these makes many dietary faddisms comprehensible and fascinating. Meats are to make him strong and powerful. They therefore will help him in overcoming his father, or his representative, his older brother.

I have very rapidly sketched some of the salient points in the elucidation of the food habits of this patient and wish to stress more particularly their failure to evolve and therefore the gap in this individual's interests which is the center of endeavor for 25 per cent. of all of the people he meets. I might say for purposes of illustration, that he thus cuts himself out of sympathetic contact and interest from one quarter of his entire social environment by this simple failure of development—by this unconscious utilization of the Œdipus fantasy as seen in his dietary customs. He limits thereby a very important factor in the freeing himself from the limited family group to enter the larger social groups, namely the factor of sociability as it is termed.

I need not go on to say that a similar failure to develop along a number of other libido channels has contracted his sympathetic social contacts, i. e., his sociability, down to a minimum. This is a part of the motivation for his drinking. It aids him to get away from the consciousness of his inferiority. But I only started out to give a concrete example of how the Œdipus hypothesis is applicable to a specific bit of conduct.

I shall only add that every bit of conduct, every taste, or inclination, like or dislike, is capable of a similar analysis, and the analytic technique aids the patient to see how his everyday acts have come to have the value and significance that they have.

When the subject of the utilization of the dream is taken up we shall see that the evidence is overwhelming with reference to the constant activity of the Œdipus phantasy.

We then return to the point from which we started, that the Œdipus hypothesis is utilized as a sort of measuring rod to determine the grade of evolution of psychological activities, looking forward to ultimate social values. The analysis of one's acts shows, schematically speaking, how far on the circles of evolution the particular act may be placed, whether it remains an infantile fantasy way of obtaining satisfaction from the mother-father attachment or rejection (according to sex) or a grown up sublimation way which is socially, and hence also individually valuable. Identically the same energy is utilized, but "by their fruits shall ye know them."

## CHAPTER V

### TRANSFERENCE AND ITS DYNAMICS, THE BASIS OF SOCIAL INTEGRATION AND THE LEVER IN PSYCHOANALYSIS

The dynamics of the entire psychoanalytic situation and the possibilities of cure by its application lie in the correct management of the transference. Inasmuch as these notes have been planned for the beginner in psychoanalysis it is desirable to have a fairly clear idea of what is meant by transference.

There is no adequate definition of transference. In fact the whole attitude of this series of articles is one distinctly opposed to the utilization of definitions. Definitions are too apt to be sterile condensations of the meaning of *words* rather than dynamic principles for the understanding of *things*. Hence I shall not try to define transference, I shall attempt to describe it.

In order to do this I must again remind the beginning analyst what we have considered to be the chief goal in the libido striving. Libido is considered in this series of articles as the living vital energy, which, flowing into various forms, as Bergson has so well expressed it, may be compared to a string of pearls. The organized living forms of plants and animals are comparable to condensations at different points along the string. We term the latest crystallization man, the next, possibly, shall we say, the superman, not that of Nietzsche, but the true superman, the futuristic, socialistic ideal, more closely allied to the symbolic Christian ideal than any as yet reached. In its endeavor to make the superman, this libido utilizes the principle of reproduction. It may thus possibly reach its goal, physical immortality. We are considering human problems for human beings and are not interested in questions that have no human interests. Hence whether there *is* a life after death, or *not* we shall not discuss. Why man *wishes* one however we shall take up. The presence or absence of the *fact* is of little significance. For humans it has no solution; but the *wish* is essentially human and occupies the very focus of the problem we have set out to comprehend in this chapter.

Our formulations have taken us thus far to posit the instincts of reproduction and self-preservation as the essential and fundamental symbols underlying the process of living. From this point of view

all other so-called instincts are only combinations, amplifications or partial elaborations of these. In their last analysis they are reducible to these. In many recent works on character traits, etc., a number of instincts have been described. Thus in Macdougall's interesting Introduction to Social Psychology and in Shand's Foundations of Character, one finds that there are the instincts of fear, repulsion, pugnacity, curiosity, self-abasement, self-assertion tenderness, reproduction, gregariousness, acquisitiveness, constructiveness, hunger, sympathy, suggestion, play and imitation. While it may be thoroughly practical to use these instinct definitions in those settings for which they are adapted, yet for the psychoanalyst they are compounds, capable of reduction to the fundamentals which have been recognized for centuries. Of all recent writers Adler in his Nervous Character has resolved them nearer their original well-spring than any others.

If then concrete immortality is the goal of the libido striving, which is reached either directly and foremostly through the birth of children and secondarily through building up of social structures and all that goes to make life worth living, then it is extremely simple to comprehend that the symbol of power to bring this about should be expressed, for the adult, in terms of the primacy of the genital zones. Potency becomes the guiding ideal. The direct opposite of personal immortality is death. Desire as a constructive forward push of the libido is therefore symbolized as potency. Fear becomes the opposing symbol of impotency and is likened to death.

In this sense then one says that through the study of desire and fear one can arrive at a complete comprehension of the motives of life. This we do not believe to be true, because as we have already seen, desire and fear are evolutions out of simpler components. It has been shown particularly by Jung that before the period of the development of the ego consciousness of the child—arbitrarily here considered as occurring about the age of 5—there is no desire goal as a whole. This is the period of the partial libido trends, discussed on page 40.

If this is true for desire, it is probably true for fear. This attitude is completely set forth by Stanley Hall,<sup>1</sup> who says, "Fear is the anticipation of pain. For those forms of life capable of fear this anticipation is not prevision but only a highly generalized fore-

<sup>1</sup> Synthetic Genetic Study of Fear, Am. Jour. Psychology, April, 1914, XXV, pp. 149-200.

feeling, itself unpleasant, that a yet more painful state impends. The will to live, the *élan vital*, is more or less checked in its momentum or narrowed in its range by some kind of intimation that it may be still further held up. This protensive or futuristic attitude or orientation toward a pejorative state is the specific quale of the psychic condition called fear. Psychoanalytically it is a primitive *Anlage* of futurity and it is the most stimulating and vivid of all its forms of presentation. In fear the future dominates the present and gives it a new significance in addition to its own, and but for fear pain could do but little of its prodigious educative work in the animal world. Fear is thus the chief paradigm of psychic prolepsis as well as the chief spur of psychic evolution. The *Einstellung* it motivates to the 'what next' and the 'about to be' may become, second only to present pain, the most intense of all psychic experiences. This power to fore-feel pain, although not unanalyzable genetically, is nevertheless primary, unitary and unique enough to be considered practically, if not scientifically, as indeed it always has been popularly, as a primary category of the emotional or affective life. In its most generic form it is identical in all stages of animal life, for the function of pain-anticipation is common to and underlies all its innumerable differentiations as to objects, its degrees, physiological concomitants and modes of expression.

"Fear has only one genetic presupposition and that is some experience, individual or racial, up and down the algedonic scale. There must have been suffering and this must have left some trace. Here, then, we have germs of both memory and recollection, however rudimentary and unconscious. From this point of view we may further define fear as revived traces or engrams of past pains in prospect of passing over into re-realization which latter is normally more intense than its merely reproduced forms. If pain had not been felt it could not be anticipated, hence the condition precedent of fear is some kind of registration (whether transmissible by heredity from forbears or individually acquired we shall discuss later) and some degree of revival of these vestings. Thus fear involves the past as we have seen it does the future. Without conservation of past experiences there could be no fear, nor could there be if the phosphorescence of the traces left by the past were more painful than their dreaded reinstatement itself, which latter case indeed occurs, but only in certain psychalgias in which the pain of the present moment is so excruciating that any presentiment of a greater one is impossible. In a general sense, then, and subject



to many specific limitations, we may say that both the intensity and variety of fear depend on the intensity and variety of the pains that have before been felt. Too much suffering tends to timidity, too little exposes to avoidable dangers without either warnings or defenses, and the optimum between these extremes, which varies greatly with individuals, will some day be an attainable and perhaps individually prescribed goal of orthogenesis as it already is of psychotherapy. Not only are herbivora and all creatures being preyed upon timid and carnivora relatively fearless, but many phobias are the direct result of shocks and we may say in general that the first fear in the world could only come after a preceding pain."

"In fact fear is intensely dynamogenic and also inhibitive. The prospect of actual pain puts to life the question of its very survival or extinction, complete or partial. Something bad has begun which is prelude of something worse, but this worse must if possible be avoided. So feeling must pass over into doing. The narrowing of the pleasure field, or its conversion into its opposite, makes the strongest of all appeals to the efferent tracts to energize to their uttermost. Much conduct, behavior, many habits and even motility itself throughout the animal world might be described as more or less organized pain-fugues which are correlates of the pleasure-tropisms. Here belong all, perhaps even physiological, protective and defensive phenomena and methods of escape from enemies or the perils of the environment which are essential for survival and are precious because wrought out at great cost and through countless generations. In the life of the individual, and still more in that of the race, the way of orthogenesis is relatively straight and narrow and is the result of more failures than successes in the trial and error processes of evolution."

Thus there arises that thanatophobia, that fear of death, which in the course of thousands of years of evolution has given rise to the physician—to medicine in the large.

We may without thinking say that the physician's function is to cure the sick, prevent sickness, etc., etc. This is the naïve conception of the conscious. The physician is much more than this in the unconscious life of the community. If it were not so there would be no problem of transference, and no need for any comprehension for the whys and wherefores of the misery and suffering found in an as yet very imperfect world.

The physician is a projected wish of the individual's own un-

conscious. The physician becomes the agent whereby individual immortality may possibly be accomplished. Medicine, in its broadest bearings, is the projected wish of the community to ensure its continuance.

I have stated this in a slightly different form as follows:<sup>2</sup> "The physician, viewed as a functional unit in society, represents for the individuals in that society, that portion of themselves given over to the protection of their bodies from the forces of disease. Each patient therefore identifies the physician as a part of himself, a special part, and psychically speaking, identical, if like the rest of himself, *i. e.*, if there is sympathetic insight. This sympathetic insight, this identification with self, or if you will, stating it in other terms, this taking up of the father-image, the mother-image, the brother-image, is one of the fundamental causes for the transference given to the physician. Without it, the physician lies without the pale, and so far as the psychical life is concerned, can be of little or of no service."

The patient's relation to the physician in the treatment of psychogenic disorders—and all human ailments have mental components—is therefore a much more fundamental and human affair than most physicians realize. The intensity of the unconscious feeling is known to but few, or felt by the many only at certain more vital moments in life, and that often but for a moment. The physician is from the unconscious point of view constantly involved as a symbol to afford that sense of security which in the unconscious is to exclude the fear of death—physical, financial or social.

I desire before going further to call attention to another study by Stanley Hall which is a most masterly presentation of this *fear of death*, without a comprehension of which there can be little understanding of the principles of psychoanalysis. He says relative to the present theme,<sup>3</sup> epitomizing very roughly, (1) that fear of corpses is quite primitive, although found in infants only in the form of a nervous shudder set off by coldness, immobility, pallor, sunken and partly closed eyes, etc., on a background of strange surroundings with the social contagion of grief. The death-fears of generations of human forbears are inherited in the form of neural predispositions to shudder, but with no intelligence and little or no consciousness. This is more reflex than instinctive but in it is the

<sup>2</sup> Some Notes on Transference, *Journ. Abn. Psychology*, 1914.

<sup>3</sup> Stanley Hall, *Thanatophobia and Immortality*, *Am. Jour. Psychol.*, Vol. 26, No. 4, October, 1915, pp. 566-569.

promise and potency of a mass of later and higher reactions. Here the analogy with sex is close for *ludeln* and *lüttschen* and infantile anal and other isolated preclusions of sex are on the same level. They are fragmentary partial impulses (*Triebe*) with no awareness of sex but are only the first ontogenetic expressions of a long phyletic experience with sex. As the first naïve infantile curiosity about sex is soon powerfully repressed, so the first interest in death suffers multifarious repressions. So effectively have shame and modesty stamped themselves upon our organism that we have many cases in which the first envisagements of sex cause a painful and normal repulsion, as in the case of the servant girl who laid an infant on the floor to make the bed, and by stepping over it aroused in the babe an aversion for all girls that lasted well on to puberty, or as in Ernest Poole's "The Harbor" the boy of seven saw on a forbidden street a gross scene between a drunken sailor and a vile woman, which killed for a long time the great previous charm of that general locality, and again in the early teens when he saw the red garter that had accidentally slipped down over the ankle of his favorite girl playmate of twelve, he felt an aversion that sent him suddenly away from her for years, unconscious as it all was on the part of them both. Such cases illustrate how effectively nature arms the normal soul against sex precocity. In the same way she would shield the young child from the premature realization of death and allow it to linger in the animal plane before it was known. That necrophilism has its germs in infantile experience as truly as does anal eroticism there can be little doubt, although we have as yet few analyzed data on the subject. It of course goes with the fact that death is not known for what it really is.<sup>4</sup>

(2) "The instinct to deck out, to beautify and perpetuate the corpse, occasionally to photograph and in Egypt to mummify it, is less analogous to the impulse to purify the exhibition of the nude body in art or to sacramentalize the sex act in phallic cults. Both tendencies developed in the teeth of a strong contravalent trend. Erotism toward corpses in the sense of Krafft-Ebing and Tarnowski might stand for the extremest form of the negation of death just as a truly immaculate conception, with suppression of all passionate lust in the interests of the offspring, would be the ambivalent pole, while mummification would be more like the ritualization of coitus: but in an article like this one can hardly dwell upon the details which to my mind validate this thesis.

<sup>4</sup> See the literature already quoted for these psychoanalytic studies in nekrophilism.

(3) "Diversion is plainer. From the fig leaf or breech cloth up to the wedding dress, flowers, gifts, nuptial ceremonies and customs, we have displacement from the acts and organs in which wedlock is consummated to hair, face, arms, movements, ritual, music, dot, honeymoon, etc., in ever-widening irradiation. So in death and funerals, attention is directed to grave clothes, the coffin and its trimmings, flowers, perhaps incense, chants, solemn religious ceremonials, feasts before and after, wakes, vigils, ending in a formal commitment of the body to the natural forces of disintegration. Of the bride and groom, as of the dead, we speak only good, and we would almost as soon speak ill of one lover to another as of the dead to surviving friends and mourners. As death of one mate often revives love where it had begun to languish so separation may fan the flame of affection and make for idealization. Death beautifies and perhaps beatifies, and also awakens the conscience of the survivor at the memory of real or fancied mistreatment.

(4) "One of the chief causes that first suggested and then made man cling with such persistence to the belief in souls was the far greater difficulty in grasping death as annihilation. The passing of the body cannot mean the end of all. Something must survive, for the mind like nature abhors a vacuum, and hence we have to postulate something in place of the vanished body. The dead thus are not quite dead and from this faint suggestion slowly evolved the primitive ghost cults and finally fully panoplied heavens and hells, with the conception that the body was a mere husk or shell which, when it was sloughed off, liberated a far more glorious and enduring soul. Thus belief in the immortality of the soul arose partly as a compensation which man's artistic nature evolved to make up for the realization of the mortality of the body. It was a consolation-prize, precious because it atoned for the supremest of all calamities. So love, at first purely animal and selfish, slowly came to realize that it was not a finality but that it was for the sake of offspring. Love that is only physical and personal satisfaction means for fallen man the gradual extinction of his stirp, while eugenics, which is a new religion of life, regards chiefly the immortality of the germ plasm. It compensates for a love that is only scortatory, supplying another object than the mate, viz., the child, in which not only does passion find a vicariate but which gives an object on which those unmated can lavish all their affection. Especially parents live on in their well-begotten and well-bred children, and when senescence has sapped the roots of mere

amorousness, love for offspring is distinctly reinforced, as we often see in the assiduity and indulgence of grandparents, which so exceed that of parents. Thus love provides for itself in the aged and in the unwed a normative surrogate for posterity. We have been told that the most prolific races and social classes in the Occident are those that believe in the immortality of the individual soul, and conversely that the least so are those that doubt it. If this be true, we have yet to find the mechanism of this correlation, but the fact, if it be such, is of the utmost psychogenetic as well as pragmatic importance.

(5) "Another great product of the fear of death and its agent, disease, is medicine and hygiene, to say nothing of all forms of life and health insurance, etc. Man's deepest impulse is to live as long, intensively and richly as possible, that is, to attain macro-biotism. Everything that checks this maximum is lethal, for both life and death are of all degrees, death being only the zero on the life scale. Fear is not merely the will to be immortal as Stekel<sup>5</sup> defines it, but the will to live out completely all that is in us. We realize every possibility and expand every dimension of our nature. We long to be just as well, strong, happy and vital as possible, and strive against everything that impedes this wish or will, while we imprecate even our parents if through their fault we are born short or handicapped with disease. We love life supremely and cannot have too much of it, and foods, drugs and regimen are precious just so far as they minister to this end, while we dread all that interferes with it. This lust for extreme individuation, however, has at once its consummation and its reversal in love. It is at once the acme of self-affirmation and of self-renunciation, for it is no less kenotic or self-emptying, since subordination also begins in love, which must serve. Just as what we know as anger consists of only partial and almost erratic outcrops of the generic aggressiveness of man by which he has conquered nature and his enemies, and has explored, investigated, and accomplished all his active achievements in the world, so what we see as fears and phobias are only the remnants and almost random residua of man's passivity and plasticity, which have from the beginning made him receptive and docile, which have culminated in the development of memory and science, and which began in adjustments to the ways of nature and of the social environment. This change is one of the most pregnant of all the insights of genetic psychology, and shows us how

<sup>5</sup> *Nervöse Angstzustände, zweite Aufgabe, 1912.*

knowledge is itself so largely a product of fears (which culminate in the fear of death) and their correlate, the love of life. Each of them has innumerable degrees and of these art and religion, no less than hygiene and science, are the results, for all of them are but progressive realizations of the ever more patent possibilities of human nature with all its still slumbering and yet to be evolved latencies."

This is not yet the place to go more fully into those mechanisms which Freud has termed hypochondriacal anxiety, social anxiety and religious anxiety, sense of shame, etc., nor to show how they are pragmatic hypotheses to explain how the sense of individuality, ego-consciousness, is moulded—nor how the great work of repressing the infantile partial libido trends into the unconscious is accomplished.

The infantile mind has little comprehension of death. Hall<sup>6</sup> has compressed the psychoanalytic results when he writes "The psychology of death has very much in common with that of love, especially from the new genetic and psychoanalytic viewpoint. Each has an unenvisagable fact at its core as a point of departure, the one a putrefying corpse, the sight of which started Buddha on his career, the other the sex act; the one the most horrid, the other the most ecstatic of all human experiences. The inutterable psychalgia of the one and the shame and modesty that veil the other have in both cases made and used the same mechanisms, such as fetishisms, diversion, repression, over-determination, sublimation, etc., and by their action from each of these cores have evolved the most manifold and elaborated superstructures that have played a tremendous rôle in human culture. There is a sense in which all fears and phobias are at bottom fears of death or of the abatement or arrest of vitality, and also a sense in which all desires and wishes are for the gratification of love. The one is the great negation, and the other the supreme affirmation of the will to live. Orientation toward these two poles of experience is not innate in the sense of being finished and operative at first but is quite gradually acquired. The real meaning of death is not understood until puberty but both death and love show fragmentary and generally at first automatic outcrops from early infancy on. Freudians have shown how love has its artistic expressions in the forms of infantile reflexes, almost from the first, and we will first attempt to point out how far analogous preresentations occur in children with respect

<sup>6</sup> Loc. cit.

to death. Fear of death is only the obverse of the love for life and together they constitute the struggle to survive."

"The development of the fear of death or thanatophobia in children is a striking case of recapitulation. The infant, like the animal, neither knows nor dreads death. The death-feigning instinct in animals is only catalepsy, and the horror of blood that some herbivora feel is not related to death. From Scott's 226 cases and Hall's own 299 returns to questionnaires, it appears that the first impression of death often comes from a sensation of coldness in touching the face or hands of the corpse of a relative, and the reaction is a nervous start at the contrast with the warmth which cuddling and hugging were wont to bring. The child's exquisite temperature sense feels a chill where it formerly found heat. Then comes the immobility of face and body, where it used to find prompt movements of response. There is no answering kiss, hug, pat or smile. In this respect sleep seems strange but its brother, death, is still more strange. Often the half-opened eyes are noticed with awe. The pallor, shroud, and especially coffin are often focused on fetishistically, the latter being a strange bed. The friends are silent and tearful, and the infant who has been permitted such scenes often turns away, perhaps almost convulsively, to whomever holds it, as if in fright. The crying, however, seems more reflex than ideational. Older children of from two to five also are very prone to fixate the accessories of death, often remembering the corpse but nothing else of a dead member of their family. But our data suggest that funerals and burials are even more vividly and often remembered. Sometimes these scenes are the very earliest recollections of adults. The memory-pictures of these happenings may be preserved while their meaning and their mood have completely vanished, and but for the testimony of their elders children would not recall later who was the center of it all. Henceforth the dead is simply an absentee, and curious questions are asked as to where the departed has gone, when will he return, why cannot the child go to or with him. The infantile mind often makes strange mixtures of its own naïve constructions and adult answers. The distinction between psyche and soma, of which death is often the first teacher, is hard for the realistic mind of children to make. Told that Papa or Mamma sleep or rest in the ground, they ask why there, where it is so cold and dark, why they do not wake, what they eat, and who feeds them, impulsions that primitive burial customs often elaborately answer by preparing bodies for re-animation,

leaving food, and utensils, with the corpse, etc. When told of Heaven above children have strange crass fancies, perhaps that the body is shot up to Heaven, the grave dug open by angels, or the body passed down through the earth and then around up; the body generally gets out of the grave and goes up to Heaven by night, etc. As the idea of soul begins to be grasped, it is conceived as a tenuous replica of the body hovering about, sometimes seen, though rarely felt. It may be talked to or fancied as present though unseen. Children's dreams of the dead are vivid but rarely dreadful. In general the child thinks little or nothing but good of the dead, and the processes of idealization, aided by relatives, may almost reach the pitch of canonization. The memory of a dead parent barely recalled may become a power shaping the entire subsequent life of sentiment, as if all the instincts of ancestor worship could focus on an individual parent. Some adults maintain quiet sacred hours of ideal communion in thought with their departed loved ones, and their yearnings make a favorable soil for the ghost cult of spiritism. This component of our very complex attitude to dead friends is also the stratum which crops out in the holy communion sacrament of the ghost-dances of our American Indians, in which the souls of all the great dead of the tribe are supposed to come back and commune with their living descendants. Just in proportion as the dead are loved does death work its charm of sublimation and idealization, and just as a child of either sex has loved the parent of the other sex, will he or she idealize a chosen mate snatched away by death. Thus, too, one factor in the belief in immortality is love, that must conserve its object though deceased, this factor being quite distinct from the transcendental selfishness that would conserve one's own ego."

"On the other hand, young children often seem rather to rejoice at than to fear death. The excitement of all its ceremonies is intensely impressive and new. Some children naïvely express the wish, after a funeral is over, that someone else would die. They play funeral, striving with each other who should assume the central rôle of the corpse, which they feign well. One four-year-old tried to kill a younger mate and several abnormal children have actually done so, in order to enjoy again the excitement of the death, funeral and burial. A sweet young girl was found dancing on the grave of her baby sister, chanting, 'I am so glad she is dead and I am alive,' suggesting, not the ancient days of famine when every death left more food for those who survived, so much as jealousy



at the diversion of parental attention and care to the younger child. Neurotic children often play with unusual abandon, as if to compensate for the depression, when they have just left the room where parents, brothers or sisters have breathed their last. Small boys who lose their fathers say, 'Now I will milk, cut wood, bring up coal' and sometimes they put on the father's hat or shoes, and in many ways assume his rôle, while little girls whose mothers die become more tender to their fathers and the other children, feeling themselves in some degree the surrogate of the mother. Just as children of tender age far more often fear the death of others they love than they do their own, so they vastly more often wish the death of others they hate than they feel any suicidal impulses. The death-wish, once fully felt and realized in consciousness, may, in neuropathic children, set up a prolonged and morbid corrective process to strangle it, and psychoanalysis has given us many cases where over-tenderness to a parent or relative, so insistent as to become troublesome, was motivated by the impulse to atone for a vivid wish of death, which the child may have made toward the object of anger. Only relatively late is the death-wish generally directed towards enemies and the ambivalent life-wish reserved for friends. Even in the most highly evolved emotional lives this is only a question of preponderance, for if our analysis is not mistaken, there never was a death, even of a lover, that did not bring some joy to the survivor, swallowed up though this component be in grief. Were this not so, comforters and consolations would be no resources. We strive to think our dear ones are happier and more at peace, console ourselves first with precious memories, and then ascribe superior powers of transcendental enjoyment to the dead. Conversely, no savage ever killed the bitterest foe of his tribe without elements of pity and efforts to atone to the soul of the victim or his friends by saying propitiatory words or performing placatory rites. Even Hell and devils never kill the soul and there are spots and spells of remission of torment so that surcease and nepenthe are not unknown even in the inferno."

"When children are realizing at the most rapid rate what adulthood means, they often have very serious struggles with a more or less intermittent but at times overpowering sense of their own *Minderwertigkeit*, insufficiency, or incompleteness, in the sense of Janet and Adler. Tolstoi has given us a vivid characterization of this impulse in a record of his own boyhood. His tutor flogged him, and he reacted as the only way in which he could "get even"

by not merely the thought of suicide but the vivid imagination, well set in scene, of himself dead and his father dragging the terrified tutor before the beautiful corpse, and accusing him of having been his murderer, while the friends around bemoaned him as so brilliant yet so tragically driven to death."

We are getting nearer to a comprehension of what transference means as a very strong unconscious libido flow to afford to the individual a sense of security; to drive away any fear that is related to death (impotency in the large sense).

We shall come to see that transference starts very deep in the unconscious. It grips from the most primitive libido foundations, but I think it worth while as a practical issue to follow it at a more superficial stage; *i. e.*, a stage to which it evolves after the infantile period. If the mode of expression of the libido of the individual at this stage is grasped we can later push it further back.

Adler<sup>7</sup> has made a special study of this phase of the problem. No complete presentation of his views is as yet available in English, hence a very brief summary may be considered worth while as bearing on the general problem of psychoanalysis and on the comprehension of transference. I myself found that certain features of the transference and resistance of patients' dreams were incomprehensible until Adler's views were better known to me.

Adler was dissatisfied, as many others have been, with the current conceptions of disease of all kinds. They were beautifully descriptive but not at all genetic. He was anxious to get away from the benumbed and thwarted conceptions of disease and to be able to observe human pathology in the making.

The reading of any work on pathology, so far as the etiology of disease is concerned, consists of a short collection of truisms. Such terms as chill, predisposition, poisons, infections, disturbance of circulation, appear and reappear. Nowhere is there any real comprehension of these causal factors themselves. Nowhere does any pathology say, why for instance, in scarlet fever, this patient or that has implications of the middle ear ~~or~~ the kidneys. Why do certain things evolve in certain organs and not in others. Adler casts himself loose from the ordinary static positions and endeavors, by a study of a number of cases with defective urinary apparatus, to show that in the first place there is an effort on the

<sup>7</sup> Adler, Studie über die Minderwertigkeit der Organen, 1907, now available in translation, Monograph Series No. 23, 1916. Nervöse Charaktere, 1913. English translation by Glück and Lind, Moffatt, Yard & Co., New York.

part of the individual to evolve to a higher form and each one does it by some supreme effort to physically compensate for the organic inferiority. He thus gets at a genetic view of human evolution through its phylogenetically inferior organs. So he regards constitutional organic anomalies at the basis of most diseases. This inferiority is registered in the unconscious and evolves to a feeling of psychical inferiority. Incidentally I take it that Southard in his extensive series of studies on human brains is endeavoring to show that such organ-system inferiority may actually be registered in brain structure as determined by macroscopical and microscopical methods. He thus is approaching the problem from another angle.

This unconscious psychical inferiority gives rise to unconscious compensatory phenomena. These are character traits—so often explained on a conscious basis, but which are vast constellations and in need of individual analysis. Yet they have been of sufficient symbolic value to have caused that immortal line “O wad some power, the Gift to gie us,” etc., to have found universal credence.

This work of compensation, as Adler outlines it, is well summarized by Hall.<sup>8</sup> “Every subnormal [minderwertige] organ is more plastic and adaptable than normal organs or functions. Under the stimulus and protection of the central nervous system when it has taken the helm they may become not only the more variable in other ways but may even become supernormal. What is more important, they may be compensated by other organs or functions with which they are correlated. Moreover, superstructures are built which vicariate for them, supplementing their deficiencies. Thus recalling that man is a congeries of many organs in various stages of evolution and decline, the nervous system when it comes to power establishes a set of interrelations between those that are essential under the will to live. Leaving some to decline and powerfully stimulating others to unfold and develop, by keeping them sufficiently but not too much in exercise, it reinforces both atrophy and hypertrophy. In the effort of the psyche to foster the important organs and functions which it selects for its special care, organic defect may be compensated by excess of nervous activity. Indeed, most compensations are in the psychic though not necessarily in the conscious field. No one is perfect, and hence compensation is necessary for all. It makes for, if indeed it does not make, consciousness itself. Those organs and functions which the psyche cannot directly or indirectly control decay or become stigmata. Where the

<sup>8</sup> Hall, 1. c.

brain fails to establish a compensatory system we have all the hosts of neuroses and psychoses. The existence of sub- or abnormal organs or functions always brings Janet's sense of incompleteness or insufficiency, and this arouses a countervailing impulsion to be complete and efficient which those to whom nature gave lives of balanced harmony do not feel. The ideal goal is always to be a whole man or woman in mind or body, and this may crop out in the childish wishes that are sometimes fulfilled in dreams, in the ambition of the boy who aches to be a man, and in general in the desire to overcome all defects and to evolve a full-rounded, mature, powerful and well-balanced personality. To illustrate, each bilateral organ compensates for defect in the other, one sense for another like touch for sight in the blind. Mozart had an imperfectly developed ear; Beethoven had otosclerosis; Demosthenes stammered and, as if mythology had recognized this law, many of the ancient gods were defective. Odin had but one eye; Tyr, one hand; Vulcan was lame; Vidar dumb. So, too, the ugly Socrates made himself a beautiful soul. A man with a weak digestion becomes a dietetic expert in battling with fate. Little men walk straight; tall men stoop. Handsome men are superficial. A subnormal eye intensifies the visual psyche. In the effort to control enuresis due to renal insufficiency over-compensation may predispose to even dreams of water. Sex weakness is supplemented by fancies of superpotence. Many diseases have compensating forms with which they alternate or for which they vicariate and the very principle of immunization is involved. Weak parts and functions draw attention and are invigorated thereby. Fear of an object excites interest in it and this brings the knowledge that casts out fear. Very much of the total energy of all of us and still more of that of neurotics and psychotics is spent in developing and using devices of concealment [Deckphenomene] of diseases and defects. Thus often the higher protective and defensive mechanisms come to do the work of the subnormal function even better than it would do it. Conversely compensation has its limits and when it breaks down we have anxiety, the most comprehensive of all fears and the alpha and omega of psychiatry, the degree of which is inversely as the ability to realize the life-wish of self-maximization. It involves a sense of inferiority, inadequacy and greater tension. The goal may be the humble one of self-support, normality, merely absence of actual pain, or deformity, but the prospect of failure to attain it brings a distress probably equalled by no other form of suffering and every

fear is a special form or degree of it. If the good, strong, healthy, higher components can neither improve nor atone for the bad, weak, low or morbid elements, anxiety, conscious or unconscious, supervenes, values lose their worth, we tend to take refuge from reality in fancies, and innate momenta are arrested and we suffer we know not what, perhaps fear itself."

All this and more is going on in the unconscious. The patient with a neurosis is searching for a sense of security—"Sicherheit" as Adler terms it. Here is where the Œdipus formula comes in. They find it in the parental images—in the unconscious. Hence they seek in the physician the same parental image in order to get the sense of security. It is much disguised, it is true, but nevertheless there. It is an unconscious attachment (positive transference), or denial (negative transference), with many currents and counter-currents.

Dynamically this transference is at the basis of all psychotherapy—and much pharmacotherapy. As Osler put it for the latter "Without faith in our pills they would avail the patient little, apart from the bare half dozen known specifics."

The first fundamental studies of transference were given us by Freud<sup>9</sup> and by Ferenczi.<sup>10</sup>

Freud here discusses how the use of the dream can help the analyst to watch the transference, the barometer of the patient's unconscious hopes and discouragements, his desire to get security, his disapproval if he thinks he fails.

The first dream of the patient is extremely important. As Freud says if this is neglected one may have to retrace one's steps very definitely in order to catch up the patient's interest.

Let me illustrate. The following dream was that of a young woman of 32 who was suffering from a mild depression, a sense of unworthiness and of failure. "*I was in a room and on a balcony, to my left was a man dressed in a Roman toga, talking Chinese, and preaching a Hebrew religion.*" The ideas which free association brought out of this dream were very diverse but from them I learned, for myself at any rate, that the patient did not understand what I was talking about, that her unconscious was commenting on the choice of my words and of my ideas. She had learned a little concerning the nationality of Freud and the whole discussion of the

<sup>9</sup> Zur Dynamik der Uebertragung, Zentralblatt für Psychoanalyse, Vol. II, p. 167.

<sup>10</sup> Introjektion und Uebertragung, Jahrbuch I, 1913.

subject was Chinese to her. I had evidently set forth too much in explanation. The analysis of my own resistances taught me to come down from the balcony and try to understand her better.

Another first dream is related by a woman of forty. This dream took place after the second interview. The patient had previously stated that she never dreamed and on the second visit she laughingly said "Well, I did dream, but I only recall a fragment of it." "*Apparently I was on a golf course and Dr. X. was hit on the side of the head with a golf ball.*" Her first association saying in answer to my question, Did the dream convey any idea to you? was that it meant nothing, but Dr. X., her brother-in-law, married to a younger sister, was one of those *new golfers that always wanted to get ahead so fast* and did not wait until the players had all driven.

From this I learned very quickly that among other things she gave me a sharp rap on the knuckles for going so fast. The resistance was analyzed on the spot, and matters went along slower but more securely.

Freud has called these "announcement dreams."<sup>11</sup> They often serve to tell the analyst what the patient's first unconscious impressions are concerning him, and they also often announce the whole character of the conflict. This is true particularly for those patients whose conflicts are often half grasped (foreconscious). The following is an illustration:

The patient, twenty-eight years of age, whose chief complaints were persistent headaches at the back of the head, a sense of great tenseness, a marked trend to suffusion of the face, pathological blushing, with a host of transient gastro-intestinal and other phenomena, at the second interview related: "*I am on a bleak hillside, there is a threatening cloud coming up from the valley. I am with a little girl; I am anxious to get seven or eight little books into the house where they will not be destroyed, and we bring them in and put them on the washstand.*"

My first question was (Why "or eight?") To which the reply was "I do not understand." I then said: "What are books to you?" Books, stories, life histories, life experiences. These were the associations. (And washstands?) Something to clean, to wash. And I replied, "You wish to tell me [the threatening cloud] about seven life experiences which you have had in order to cleanse them and be cleansed by the telling of them [confessional motive], and the eighth is just formative, and that is why you said *or eight.*" To

<sup>11</sup> Maeder, Jahrbuch, Vol. IV, page 692.

which a reply was made. "Yes, I think that I have made up my mind that you can help me, and it seems necessary that I should be able to find some one to trust and to tell what is constantly in my mind, and which keeps me distressed all the time."

Here the transference put me in the place of a father confessor and announced at the same time, even in the upper level of the dream, there were seven or eight unworthy experiences which had to be gotten rid of to get at the deeper levels of the conflict. This dream, also by reason of its compactness—overdeterminism—announced epochal periods of the patient's life with reference to conflicts occurring at the age of 7, at 8, at the age of the little girl in the dream 15 ( $7 + 8 = 15$ ) and I was also able to make a shrewd inference of the nature of the "*or eight*" experience ( $5 \times 3 = 15$ ), mutual masturbation symbol. This had occurred at 7, 8, and at 15, and was the stage of the "*or eight*" experience. Concerning these numbers in dreams, however, I shall delay saying anything until I discuss the question of the technique of dream interpretation.

Thus even with no great technical elaboration it may be seen how an early dream will announce the whole situation, and also indicate where the analyst stands in the patient's wish to get well (cleansing symbol = wish for ethical rehabilitation).

Another illustration may also indicate this early announcement of the conflict and the patient's formulation as to how the unconscious portrays the analyst. It may be said here, as a preliminary, that it is very frequent to find that the dream very soon pictures the analyst by some characteristic feature. I myself am large and stout—5° 10', 200 pounds, clean shaven, with a roundish face. Hence it is clear why I should appear with great regularity, especially in the early stages of an analysis—before the patients perceive how they are telling their innermost thoughts—as a policeman, a motorman, a chauffeur, a priest. The simpler the type of mind the less am I disguised. Each analyst will by a careful review of himself soon learn to recognize the more obvious symbols of himself. Later on the analyst goes deeper and deeper into the patient's conflicts with the infantile pleasure principle and as the analysis threatens to reveal these to the patient in uncomplimentary forms, the disguises become more or less subtle and often not at all flattering to the analyst. The analysis of the patient consists, however, in the comprehension of these resistances which frequently hide behind these unflattering pictures the peculiarities of the analyst himself. Thus the transference becomes an exquisite sensitizer, which rightly used

compels the analyst to search his own complexes and resistances and forces him to keep the goal in view—that is the patient's best interests and not his own gratification or glorification, financial or otherwise.<sup>12</sup>

The next example, fragmentarily presented, is taken from the history of a young married woman, twenty-six years of age, who had had two miscarriages, and who, much reduced in weight, had lost all interests in everything, had a number of hysterical conversion signs, among them an intense acne around the mouth and chin and left cheek, insomnia, vomiting, etc. She dreamed:

*"I am all alone on a desert island [wish for lack of conformity to social demands] Hawaii, Honolulu, or what not [wild infantile libido]. I was told that I would meet every one I loved on the Island [early wish source]. I met my mother [first nutrition object and first determiner for mouth location of wish=acne] and she was very sad [identification of own state]. Her husband did not love her any more [detachment of patient's own libido from husband—for nutritive and other defects]. I met a cousin of mine with two lovely children [own missed opportunities] and she was very happy. She asked me why I was so sad, and I said because my father did not love my mother any more and she said [sad self vs. happy self]: if you believed in Yogi, as I do, you would be happy [transfer symbol and wish for recovery].* The dream then went on to a discussion of the relative values of God in whom patient believed, and Yogi in whom cousin believed.

As the dream is being used solely to illustrate one point, namely that of the beginning of the transfer situation and the announcing of the conflict, I shall not go into it deeply. The discussion meant that the patient was trying to decide to tell Yogi [myself=the wise man, new religion] what lay between her and God, *i. e.*, what only God and she knew. This was that she no longer loved her husband. There had occurred therefore a deep regression of the libido, back to the wild, infantile wishes which would supply her sexual and nutritive instincts and how was she to get away from what seemed to her an intolerable position. She therefore was preparing herself to see if there was not some—even occult—way of getting well, and that possibly psychoanalysis, concerning which she had some crude ideas that it might have some mystical leanings which—she did not even consciously know there was such a word

<sup>12</sup> Jelliffe, Some Notes on Transference, *Journal of Abnormal Psychology*, Vol. VIII, No. 5, p. 302. Also see discussion, page 346.



as Yogi—would help her. I had said nothing to her of psychoanalysis, but in the first visit I had gone very thoroughly into all the minutiae of her case. Following this dream she wrote out a detailed history of the entire surface features of the conflict, describing all her aspirations concerning marriage, its keen disappointments, an earlier engagement with a vigorous, energetic individual (Hawaii, Honolulu—his name began with H), the direct antithesis of a “good and worthy” husband.

The favorable attitude of the unconscious wish (*if you believed in Yogi you would be happy*) showed an early desire to follow the therapeutic ideas which were more rapidly developed after this initial tender of confidence.

I shall not go further into the dream, but I may say that if it seems desirable almost any dream will contain the entire conflict of the individual.

As Steckel has well said: “The dream is a microscopic world, which reproduces in miniature the whole psychic world.”<sup>13</sup>

These few examples offer some illustrations concerning the more positive side of the beginning of an advantageous position for the analyst. A few of the negative types in the beginning of an analysis may be equally of service, as indicating wherein one is not making ground. It must be borne in mind by any one who is working with psychical material, that fundamentally people are much alike; the unconscious, containing a racial recapitulation (inheritance) of one hundred million years is very much on a par all around.

I frequently illustrate this to my patients by saying that the entire active life of the individual may be represented by a fraction, the numerator of which is any particular moment, the denominator is the rich inheritance of the past. Psychology and most reasoning has heretofore concentrated its attention on the numerator, and has made it appear to be the active life. Conscious knowledge has been made the criterion of man's entire activity. The denominator, which is infinitely more extensive and more important is either neglected entirely, or vaguely spoken of as intuition, instinct, temperament, personality, feeling, and the individual who thinks he or she is different is spoken of as “psychic” or by some other such term. Behind these phrases, however, there lies the whole of the unconscious material that has been accumulating since cosmic forces first began their careers. It is the “As it was in the

<sup>13</sup> Steckel, *Die Sprache des Traumes*, 1911, Bergmann.

beginning, is now and ever shall be, world without end, Amen." This is the material, the soul, or desire or wish<sup>14</sup> part of action with which psychoanalysis deals. It is interested in denominators, and the analyst only listens to numerators for the purpose of reading behind the scenes since he knows that every consciously expressed opinion is always a compromise, a resultant of forces in a polygon of forces. It never is the entire truth. Perhaps the psalmist was not so far wrong when he said "All men are liars."

<sup>14</sup> Consult E. B. Holt, *The Freudian Wish*, H. Holt & Co., N. Y.

## CHAPTER VI

### TRANSFERENCE AND RESISTANCE. OPPOSING YET IDENTICAL MECHANISMS. PRACTICAL SIGNS

It is to be remembered that a neurosis, no matter how slight—and no one is absolutely free of some minor neurotic symptom—is an indication of a failure to get some energy (libido) released for the socially valuable use of the individual, hence every neurotic has what Freud has so well termed *floating libido*—a libido that fails to attach itself to a reality motive and thus fails to satisfy the individual (sense of power). They are, so to speak, always looking for something. This is frequently spoken of as the ideal part of the neurosis, the essentially moral or ethical urge that, finding it difficult to accept the inflexibility of the environment of the individual setting (herd) tends to regressively accept, often with extreme reluctance, an earlier stage of adaptation.

In every individual's growing up these definite stages of satisfaction of the wish life, the love life, are reached and passed for others; as Tennyson puts it, "We rise on stepping stones of our dead selves to higher things." The stepping stones, however, have always the aspect of stopping places. Those who do rise, do so by fitting into reality, those who do not, remain in fantasy, and the mosaic of character is a fascinating and intricate patchwork of these dynamic factors, conscious and unconscious.

Thus in any form of therapy, for it is not confined to psychotherapy, the patients turn expectantly to every new person (physician, healer or what not) for the floating libido hopes to find in the new object its satisfaction, conscious (small numerator) as well as unconscious (large denominator).

In the previous discussion of the family neurotic romance, p. 54, et seq., I have described some of the types of ideals that have been formulated. Hence in the new situation the physician is fitted into any one of the psychic series. The unconscious fear situation elaborated in the last series of remarks, immediately involves the physician with immensely over-dynamized protective capacity. He becomes father image, brother image, mother image, etc.

Freud in his "Dynamics of the Transference" calls attention to a point that might be considered here. He points out two unexplained

features of the transference which are of especial interest to the psychoanalyst: First, whether in the analysis of neurotics the transference is found to be much stronger than with those unanalyzed, and second, why the transference appears as a strong resistance to the treatment. As to the first question it is not true that in psychoanalysis the transference is more intense and unrestrained than in other forms of therapy. One observes in institutions, where nervous diseases are treated without analysis, the highest intensity and the most unworthy forms of transference amounting even to subjection and also the most downright erotic coloring of the same. These features of the transference are not to be ascribed to psychoanalysis but to the neurosis or psychosis itself.

In my own studies in the history of psychiatry I find abundant proof of this from the earliest Homeric descriptions to the present. This renders stupid the contentions of many authors that psychoanalysis creates the symptoms. One might just as well argue that seeing a nude created the instinct of reproduction. While I am writing this I have been telephoned to by a fellow physician (a Janus-faced Freudian) who has seen a patient I had seen for five times the month previous. For perfectly well understood economic reasons I could not treat the patient. He started to tell me that psychoanalysis (which had never been started) was responsible for the pseudo-erotic coloring of her symptoms. I dryly suggested to him to inform himself from Dr. X (a general practitioner) who had treated the patient six years previously, at which time she was actively elaborating highly erotic situations. It is by no means infrequent that a patient who is going into a psychosis is seen by the analyst at just this period. The acute breakdown which soon becomes evident is frequently attributed, and often by those who ought to know better, to analysis. It is just as sensible to say that the giving of a pill by an internist to a patient just starting a typhoid, caused or precipitated the typhoid.

With reference to the second problem, why the transference should appear in the psychoanalysis as a resistance—which is an intensely vital subject—Freud calls attention to the fact that a regular and indispensable previous condition in every case of psychoneurosis is the condition which Jung has well named the introversion of the libido, that is to say, the portion of the libido capable of consciousness and turning toward reality is diminished. That portion of it turned away from reality, unconscious, which may perchance still feed the phantasy of the individual, but belongs to the

unconscious, is so much the more increased. The libido because of some definite relation to the external world (in general, failure of satisfaction) has given itself over entirely or in part to regression and reanimated the infantile images. Upon this follows the analytic treatment which searches out the libido to make it again accessible to consciousness and serviceable to reality. Where the analytic search strikes upon the libido withdrawn into hiding, a conflict must break out, all the forces which have caused the regression of the libido will rouse themselves as "resistance" against the work, in order to preserve the existing condition of affairs.

The resistances of this origin are not the only ones nor by any means the strongest. The libido at the disposal of the personality has always stood under the attraction of the unconscious—more correctly of those portions of the complex belonging to the unconscious—and it found its way into the unconscious because the attraction of reality had abated. In order to free it this attraction of the unconscious must be overcome, also the repression of the unconscious instincts and their productions hitherto existing in the individual must be released. This furnishes by far the greater part of the resistance, which so frequently allows the disease to continue even if the turning away from reality no longer has the same foundation. The analysis has to struggle with the resistance from both sources, resistance that accompanies the treatment at every step. If one follows up a pathogenic complex from its representation in consciousness to its root in the unconscious one soon comes to a region where the resistance makes itself so clearly felt that the next step must reckon with it and appear as a compromise between its claims and the investigation into it.

If perhaps something of the material (content) of the complex is suitable to be transferred to the person of the physician, there the transference arises, furnishes the next idea and announces itself through the symptoms of the resistance, perhaps through an obstruction. It may be concluded from this experience that this idea of the transference has therefore succeeded before all other possible ideas in consciousness because it has also satisfied the resistance. Repeatedly if one touches upon a pathogenic complex the part of the complex prepared for the transference will be pushed into consciousness and defended most stubbornly.

After overcoming this the conquest of the other factors of the complex gives but little difficulty. The longer analytic treatment lasts and the more clearly the patient recognizes that the distortion

of the pathogenic material offers no protection against its uncovering, so much the more self-importantly he avails himself of the one mode of distortion which plainly brings him the greatest advantage, the distortion through transference. These relations take the direction of the situation in which all conflicts must be fought out in the territory of the transference, and the transference appears to be the strongest weapon of the resistance, while the intensity and persistence of the transference are effects and expressions of the resistance. The mechanism of the transference is adjusted through leading it back to the preparedness of the libido which has remained in possession of infantile images; the explanation of its rôle in the treatment is successful only if one enters into its relations to the resistance.

How does it happen that the transference is so preëminently adapted as a means for the resistance? It is clear that the confession of every forbidden wish impulse is made more difficult if made before the person who himself is the incitor of the wish. On the other hand a relationship of tender, self-surrendering dependence can help over all the difficulties. The transference to the physician may just as well serve for the discharge of the confession and not increase the difficulty.

The answer to these questions will not come through further deliberation but through experience acquired in the research into individual transference and resistance. The utilization of the transference for the resistance cannot be understood so long as one thinks merely of the "transference." One must decide to separate a "positive" from a "negative" transference, that of an affectionate feeling from a hostile one, and to treat both kinds of transference upon the physician separately. The positive transference separates itself into such friendly or tender feelings, which are capable of consciousness, and into the continuation of them into the unconscious. Of the latter the analysis furnishes proof that they regularly go back to infantile sources, so that the insight is obtained that all our worthy relational feelings are genetically bound up with the generative instinct, that the merely cherished or honored person of our reality can be for our *unconscious* always a love object.

The solution of the problem is also that the transference to the physician adapts itself to the resistance in the treatment only in so far as it is negative or positive transference from repressed erotic impulses. If we "raise" the transference by bringing it to conscious-

ness only these two components of the emotions are detached from the person of the physician. The other component capable of consciousness and harmless remains and is the bearer of the result in psychoanalysis as in other therapies. So far it is freely admitted the results of psychoanalysis may be compared to suggestion; only under suggestion must be understood what Ferenczi<sup>1</sup> finds in it, the influencing of a person through the transference phenomena possible with him. We are careful while using suggestion for the final self-understanding of the sick to allow it to complete a psychical work which has for its necessary result the lasting improvement of his psychical situation. Suggestion and hypnotism then are simply crude and more or less empirical ways of utilizing the dynamic principle of transference. This I shall develop later.

It may yet be asked why the resistance phenomena of the transference appear only in psychoanalysis and not as well with indifferent modes of treatment in institutions. The answer is that they manifest themselves there also, only they have not been valued as such. The breaking out of a negative transference is frequent in institutions as it is in all medical circles. The constant changing of physicians in ordinary practise is due to resistances. The patient leaves an institution or a physician, unchanged or subject to relapse, as soon as he falls under the sway of the negative transference. The erotic transference works less obstructively in institutions since there, as in ordinary life, it is attenuated and extenuated instead of uncovered. But it manifests itself quite clearly as resistance against healing, not because it drives the patients from the institution—it keeps back part of them—but in this, that they keep it. It is immaterial for the cure whether the patient in the institution overcomes this or that anxiety or hindrance, it is much more important that he becomes free from it in the reality of his life.

In the forms of psychoneuroses amenable to treatment the negative transference is found close to an affectionate transference directed often at the same time toward the same person, for which Bleuler has coined the excellent expression, ambivalence.<sup>2</sup> In a certain measure such ambivalence of feeling is normal, but extreme degrees are certainly characteristic of the neurotic or psychotic. With compulsion neurosis an "early separation of the opposites" seems to be characteristic for the instinct life and to represent one of its fundamental conditions.

<sup>1</sup> Ferenczi, *Introjektion und Übertragung*, *Jahrbuch für Psychoanalyse*, Vol. I, 1909.

<sup>2</sup> See Bleuler, *Schizophrenic Negativism*. Monograph Series No. 11.

This is however but one side of the transference phenomenon. Another aspect must be considered. Whoever has received the right impression from these discussions, how the patient analyzed is hurled out of his real relations to the physician as soon as he comes under the dominion of the fertile transference-resistance, how he assumes his freedom then to neglect the fundamental rule of psychoanalysis that one shall tell everything without criticism that comes to his mind, how he forgets the purpose with which he entered upon treatment and how now logical connections and conclusions are indifferent to him, which shortly before made the greatest impression upon him, such an one will need to explain the impression by other causes than those given here, and such are in fact not far to seek. They are furnished by the psychological situation in which the treatment has placed the one analyzed.

In the tracing out of the libido lost to consciousness one is driven into the territory of the unconscious. The reactions which an individual carries out throws much light on the character of the unconscious occurrences, as is learned from the study of the dream. The unconscious impulses do not want to be recalled as the treatment would have them, but strive to reproduce themselves in accordance with the timelessness and hallucinatory ability of the unconscious. The patient reacts to the present and reality similarly as in the dream, to the results of the awakening of unconscious impulses; he would act out his passions without taking account of the real situation. The physician will urge him to enlist these feeling impulses with the treatment and in his life history, to bring them in order under careful consideration and recognize them according to their psychic value.

This struggle between physician and patient, between intellect and instinct life, between knowledge and desire for action, plays itself out almost exclusively in the transference phenomena. On this field must the victory, whose expression is the permanent cure of the neurosis, be won. It is undeniable that the subduing of the transference phenomena presents the greatest difficulties to the psychoanalyst, but one must not forget that just this demonstrates the invaluable service in making actual and manifest the hidden and forgotten love impulses of the patient, for no enemy can be slain in absentia or in effigy.

Before taking up the subject of negative transference there is one problem of positive transference which the beginning analyst *must* fully comprehend. *It is a subject met with in all fields of medi-*



*cine and is not unique in psychoanalysis*, but psychoanalysis attempts to deal with it and inasmuch as it has its special application in the psychoneuroses by reason of the "floating libido," of which mention has been made, it should be understood. This type of transference is almost universally capitalized by the average physician. The situation is usually lightly alluded to under the euphemism "the grateful patient."

Here, again, as in so many other psychoanalytic problems, Freud has had the courage of his convictions and dealt with it.

This situation, which *it must be emphasized is only one of many*, develops not infrequently. It is the situation in which the patient betrays through minute or unmistakable signs or directly confesses that like any other mortal woman she has fallen in love with the physician who is analyzing her. As Freud has well said this situation has its distressing as well as its ludicrous side and it may also be said to have its serious side as well. It is at times extremely involved, depends on a number of different conditions, is occasionally unavoidable and always is difficult of solution. Its discussion is necessary in psychoanalytic technique.

First let me illustrate how a strong positive transference may almost forecast that this situation is going to arise. After all, the best technique endeavors to avoid it, and hence it must be handled early.

This patient, a young unmarried woman of twenty-five, was referred to me by a physician who told me "he did not know what was the matter with her. She was one of those nervous creatures who always made him tired." She had a timid shrinking manner, very quiet and furtive, low voice and gentle. She complained of palpitation and flushing, a sense of faintness, and had several ill-defined phobias with anxiety symptoms, chief of which was a sense of strangeness. She was much in need of analysis, was clever and intelligent and was very anxious to get well, in order not to be dependent upon relatives. She had been to many physicians.

I had seen her four or five times when she brought me a dream showing an implied criticism of a relative. It was a typical "mistress situation." On touching upon a certain aspect, which revealed concealment, she said: "Oh, I did not tell you a dream I had the first night after I met you. It was this:

*"I thought I saw a picture of a man performing artificial respiration on an Egyptian mummy."*

Associations soon revealed that I was the man; the mummy was

a woman and she soon identified the mummy with herself, "her feeling of being all dead inside," "her feeling of strangeness." She wanted to be brought to life and the method of artificial respiration was not far removed in its motive from that which wakened Brunnhilde from her sleep.

It was apparent that this patient was revealing a strong early attachment, as yet unconscious, and, as in the position just outlined, What is one going to do about it?

To the laymen as well as the outside physician the affairs of love occupy a rôle above all others. Freud writes:<sup>3</sup>

"If the patient has fallen in love with the physician there might seem to be three courses open. A permanent, legitimate relationship might come to pass, though this would be unusual. Or physician and patient should at once separate and give up the work they had begun. The third course might not seem incompatible with the success of the treatment, namely a temporary illegitimate love relationship.

"The last is at once ruled out by general morality no less than by professional propriety, although there have been reports of such physicians who create such a situation by at once inviting the patient to fall in love for the sake of the treatment."

This is such a silly procedure as to be recognized as bad technique at once.

"The pursuance of the second named course merely necessitates a second analysis with another physician and a further repetition of the same situation. This course might appeal to interested relatives who neither recognize the necessity of the transference as a means toward the final cure nor realize that it is as certainly present in any sort of therapy, somatic or purely psychical, but concealed and unanalyzed in the former and therefore not contributing to recovery as psychoanalysis compels it to be. Such a breaking away from the analysis on the part of the patient would effectually reveal to the physician that the transference arose out of the neurosis and its analysis and was not based upon any personal superiority on his part.

"The physician, however, must see another course than either of these two mentioned possibilities. He must guide the patient to accept the falling in love as an inevitable fact. There is an important point, however, at which the erotic situation due to this cer-

<sup>3</sup> Bemerkungen u. d. Uebertragungsliebe, *Int. Zeit. f. Aertz. Psa.*, Vol. III, No. 1, 1915.

tainly does not appear conducive to recovery. The love situation seeks to occupy all the patient's thought and attention. Interest in the symptoms is neglected. The patient suddenly even considers herself well, and the physician may be deceived as well until he comes to appreciate the condition that has arisen as in reality a manifestation of resistance. The former compliance of the patient, acquiescence in the explanations of the analysis, the understanding and intelligence, all are swept away while the patient is absorbed in her eroticism. The feeling of love, which has all along been present, is now being utilized to draw the analyst from the work of investigation. For this state of things arises just when a particularly painful repressed bit of life history needs to be confessed or recalled.

"The interplay of erotic feeling and resistances is very intricate. The unconscious would be satisfied by erotically overcoming the physician and would break his authority through his degradation. It cleverly intensifies the love and willingness to surrender in order to make this in turn something to be guarded against, therefore to justify the repression.

"A simple way out might seem to be for the analyst to place now before the patient the ethical demand with its necessity for renunciation and exaltation of the ego to the higher planes. Such a demand is however too great for the patient at this time. It would simply add to the former repression and create in the patient a feeling of scorn and desire for revenge.

"Yet neither can the analyst set himself upon a middle course of a moderated affection toward the patient without physical activities, until the patient can be brought to a higher plane. No one is sufficiently master of himself and of circumstances for such an uncertain course. The educational effect and ethical value of the psychoanalytic treatment is rather built upon absolute truthfulness toward the patient, which can therefore permit of no such temporary deviation from the true state of the case.

"The patient could not on the other hand bear an absolute and complete denial of all desires. The need and desire constitute the driving force for the work of analysis and transformation, and the physician must exercise care that these are appeased, though through a substitute. Actual satisfaction has long been impossible from the very nature of the malady.

"Any return of tenderness on the part of the analyst toward the patient would grant her what she demands, but destroy his authority

over her in the problem of treatment and control of the neurosis, and so completely overthrow the success of the treatment. The goal of the neurotic would be attained, namely to make actual in life the phantasies and desires, which should have been reproduced only psychically for the analytical work. The hindrances and pathological reactions would accompany the love as it proceeded, but only to strengthen the repression finally without any correction of the same. Thus the granting of the love desires is as fatal for the analysis as their suppression.

“The analyst’s course must be still another, a unique one. He must neither drive away the transference nor must he return it. He must firmly grasp the phenomenon as a temporary manifestation belonging only to the period of treatment, which must be led back to its unconscious sources, an instrument which will thus serve to bring into consciousness the most hidden part of the patient’s love life in order to obtain mastery over it. There must be enough permission granted to the love to allow the patient to feel herself sufficiently secure to produce all the stipulations, phantasies and characteristics of her erotic desires, which lead the way into their infantile sources.

“There is of course a class of patients whose transference can never be lifted above the erotic demand and who can therefore acquire no interest in the treatment that will lead to success. From such the analyst can only withdraw.

“A true love leads to the endeavor to solve the problems of the neurosis because the analyst, the loved object, desires it. The patient wishes to complete the cure in order that she may become of value to the physician and also secure the reality in which the love may find constructive activity. The resistance, in contrast to such manifestation of love, makes the patient self-willed and refractory without interest in the treatment or regard for the earnest convictions of the physician. The erotic manifestation in which the resistance hides feels itself condemned under the conscientious behavior of the analyst, and the patient withdraws in hatred and burns for revenge.

“A necessary measure of forbearance, nevertheless, helps one to master the difficult situation and to utilize the eroticism to discover the infantile love objects with the phantasies built up about them.

“This love is moreover a real love and not a subterfuge on the part of the physician. The resistance has found it ready at hand and exaggerated its manifestations. But this makes it none the

less a genuine love. Its infantile conditioning constitutes its compulsive character, which causes it to differ from so-called normal love. That too arises out of the infantile but has freed itself from dependence upon the original model and is therefore more pliable and capable of modification. The genuineness of the transference love must find its proof in the ability of performance, its value in reaching the goal.

"Its abnormal character was just as apparent before psychoanalysis was undertaken. The analytic situation merely shows it in action, while the resistances that arise force it into prominence. It is characterized by a disregard for reality, a thoughtlessness, an irresponsibility, and an overestimation of the love object, all of which appear in a greater degree than in ordinary love.

"The situation as far as the physician is concerned is simply an inevitable part of the treatment for which he must assume the responsibility as for any other professional confidence and trust, a responsibility that is only increased by the ready willingness of the patient. Technical as well as ethical motives determine his responsibility and strengthen his appreciation of the therapeutic value of this situation. The love is to be freed from its infantile fixations, not in order to be expended in the course of the treatment but to be preserved for the demands of real life for which the treatment is preparing the patient.

"All this is by no means easy of accomplishment. It cannot be denied that sexual love is one of the chief constituents of life and the successful combination of psychical and physical satisfaction a culminating point. Moreover, the higher love impulses acknowledged and manifested by a refined woman naturally attract and tempt the physician. But he may never forget that he is helping the patient over a critical period to a renunciation of the pleasure principle in favor of a higher goal of attainment, one psychologically as well as socially irreproachable. The transference is the instrument that leads her through the understanding of her early psychical history to that increase of psychic freedom which shall express itself in conscious productive activity."

The psychoanalyst deals with conditions that are not then without dangers. So also does the chemist handle explosive forces. I have seen surgeons cut into the brain tissue as if it were a piece of cheese. Such forces demand the utmost caution and conscientiousness. But psychoanalysis accomplishes a work that cannot be performed by mean of the paltry and not harmless means which it

displaces such as so-called "rest in bed," diet, etc. It dares to handle the most dangerous psychic impulses in order to master them for the healing of those who are sick.

As Silberer in his masterly work on *Mysticism*<sup>4</sup> says:

"Where do the Scotch masters dwell?"

"Near the sun!"

Why?"

"Because they can stand it."

#### TRANSFERENCE AND RESISTANCE SYMBOLS

A great deal might be said about signs of positive transference, but the analyst must always bear in mind the ambivalency of the unconscious as well as its egoism. A number of little indices may be recorded here. They are only suggestions.

There are literally thousands of apparently trivial things which show the internal workings of the patient's unconscious. Patients often come early. It usually indicates the positive side of the transference, just as persistent late coming points to the reverse. Sometimes the early coming is only a sign of extreme curiosity. It is frequent in the "little bird" type already discussed. Such patients often utilize the time spent in waiting to gain little impressions of the family life, assuming one's office to be in one's own home. These they will utilize as resistance symbols in the further analysis. In the office the patients will often move their chair closer to the analyst's desk. They frequently will tap with their foot an object in contact with the chair or person of the analyst. They will pick up objects which he is apt to use, play with the blotters, or toy with the office scissors or paper cutter. These small signs must not be unobserved, nor must too much weight be given to them.

Patients will constantly leave things after the hour, sometimes to come back immediately or as a sign of positive transference. Handkerchiefs, gloves, purse, books, papers, overcoat, cane, umbrella, glasses, etc. The type of object left is at times of special moment.

It is worth while observing the dress of the patients, particularly of the woman. It is at times plainly indicative of positive transference and may be the first indication of too strong a transference, which can be controlled, with the aid of the dreams, and hence the more difficult phases of the situation outlined on page 93

<sup>4</sup> Silberer, "Problems of Mysticism," translated by Smith Ely Jelliffe, Moffat, Yard & Co., 1917.

avoided. It can also very easily point to negative transference and to resistances.

After working with some patients one may get very useful clues from the facial musculature activities. It is a well-known generalization and probably a very valid one that, in the unconscious, left and right play a very large rôle. I have made careful notes of the emotional expression of the face as well as other bodily movements, such as rocking in the chair, drumming on the table or the arm of the chair, the movements of the hand to the face, the presence of scratching, of crossing the legs, folding the arms, crossing the fingers, etc. After continued observation one registers a group of habitual actions which soon become very readily interpreted. The facial innervation however is the richest field for observation of signs of transference and resistance.

With more than one patient it has soon become apparent that the drawing up of the right eyebrow, the pulling of the face around to the right, the looking to the right, etc., were domination impulses from the unconscious and were "*complex indicators*" intending to convey the idea of conflict and resistance. Similarly other movements indicate positive transference situations and acquiescence with the general trend of the analysis. It is highly desirable to watch the facial musculature particularly when one is dealing with the most difficult of cases, the paranoid forms of schizophrenia, and the cyclothymic excitements and depressions. In many males the latent homosexual conflicts are often exquisitely registered by the facial musculature. Only in late stages of analysis, as a rule, can these deeply rooted and very unconscious "*complex indicators*" be used. I am not now speaking of the large group of facial tics, compulsive in type, which constitute difficult problems of themselves.

It is well known by those who have studied Darwin's and Hughes' extensive observations on emotional expression how intrinsic these observations may be, and the practical man of the street is unconsciously in touch with his fellow man through these means, infinitely more than he imagines. This close scrutiny of these factors is largely what goes by the term intuition, particularly in women, who unconsciously are always more on guard than men by reason of her chiefly subordinate rôle in the present social scheme of things. Long letters, frequent telephone calls, getting other patients, much discussion of their physician, these again are transference phenomena.

This introduces us to a topic already spoken of but which needs reëmphasis. The advice not to talk about the analysis to other

people is quite essential. I repeat it here since it must often be reiterated to the patient. This is largely because the patient unconsciously will unload a great deal upon the confidant or person talked to, and comes to the analytic hour without a suggestion. On being asked, as it is usually the case that they are, What is uppermost in your mind to discuss? or What do you wish to talk about? or Are there any points to take up from the last analysis? such patients, who have been discussing analysis with their husbands or wives or friends, will answer, Nothing! In some subtle and unconscious way the important topics which will aid them to a valuable vision of the development of their conduct values have gone off in these side discussions. Hence the admonition to keep the discussion for the hour. This is particularly true in the early hours of the analysis. One should warn one's patients of course not to make any mystery of the situation. The rule is not one of the Medes and Persians and it can be broken, but on the whole it works better to have one's ammunition reserved for the psychoanalytic hour.

Certain resistance symbols also are classical. Coming late, as mentioned, is one. Delaying appointments and putting them off is another. The resistance is frequently converted into physical disabilities which make it difficult or impossible to keep the appointment. Dreams or other material written out are forgotten and left at home or are unaccountably mislaid or lost. Criticism and doubt of the physician appear not only in the dreams but are produced consciously in order to substitute an apparent distrust of his personal character, his sincerity of purpose or perhaps his financial uprightness in regard to the treatment for the unconscious unwillingness to acknowledge the sincerity and therefore the authority of psychoanalytic interpretation and the demands of its aim. Sometimes the finesse of the unconscious is extremely shrewd in manufacturing a host of little petty hindrances which successfully conceal the patient's resistances.

Another interesting type of resistance is the sudden cure. Stekel has called particular attention to this.<sup>5</sup> Another closely related type manifests a sincere doubt whether such fundamental treatment was best, whether it would not have been better after all to have remained at the level of compromise where the patient had had fair success before the analysis. Especially is this active with the typically

<sup>5</sup> Die Verschiedene Formen des Widerstandes in der Psychoanalyse, Centralblatt, IV, 1914, p. 610.



doubting compulsive neurotic, particularly if his early religious training or his metaphysical convictions are interfered with.

Excessive or voluble speech in the hour whereby the more important things may be hidden or swallowed up is a frequent form of resistance. This is particularly noteworthy with certain paranoid individuals who wish to go into a host of intricate theoretical discussions concerning the psychoanalytic doctrines. A profusion of dream material, either in the number or elaborate content of dreams, offers this same manner of resistance. The patient then would dissipate the analyst's attention upon all the dream material rather than have him center it intensively upon one dream or one point. These are only other illustrations of the school-day trick of getting the teacher to talk about something else and thus avoid questioning. It is often very ingeniously accomplished in psychoanalysis, and my experience has emphasized the fact that I have fallen down, and other analysts have also, on this very point. The analyst can too readily forget his quarry and go off on an exhibitionistic flight of his own. Especially when he attempts to tell of his analytic successes is this liable to happen.

Some patients are full of the small details of the day. They elaborate them by the hour. These are resistance symbols usually. Others are those of elaboration of scientific or artistic theories. Interesting enough in themselves, and often recounted or dwelt upon for professed analytic purposes, they nevertheless not infrequently hide unconscious material.

A not infrequent unconscious ruse on the part of the patient and one to which the beginning analyst is particularly prone to fall, and sometimes it is not a fall, is the attitude frequently urged that because of the uniqueness or the extreme rarity or complexity of the patient's individual situation the analyst cannot possibly comprehend. He is inexperienced in this or that particular. He has not the same temptations or the same surroundings. The patient unconsciously plays for intimate knowledge of the analyst's own difficulties. This is very clearly brought out by many patients, particularly the "little bird" type. This inquisitiveness and curiosity leads them to create family situations. They may remark how the maid at the door has been rather brusque with them that morning; or they notice that there is a little careless dusting in the waiting room, or they inquire concerning the arranging of the books on the reading table, complimenting, by inference, the wife or some other member of the household. All this is frequently an invitation of

one kind or another to get into a more intimate state of rapport. It is good technique to keep very quiet about one's self, to allow as little as possible of one's own surroundings to enter into any analytical situation. Occasionally the analyst is tempted to show, from his own dreams or situation, that he himself has had these conflicts, has made mistakes, has defects, and by entering into greater intimacy overcome some of the patient's resistances. Mutual trustworthiness is looked for, and Freud has well said:<sup>6</sup> "Where one seeks confidences one must be willing to show them." In some cases this may be desirable, but in my own experience it has nearly always proved costly. I have frequently to labor hard to regain ground lost. In general it is dangerous and one really gains nothing, since much more essential resistances develop to appear later and these tend to hold the whole procedure in abeyance. I think sooner or later I have regretted every personal confidence given. It is particularly in the unloosing of the transference that this technical error shows up to the greatest disadvantage. Freud calls attention to this in several of his papers, and points out how for some patients the analysis of the analyst becomes more interesting than their own. I have met with this in several cases. One hystero-paranoid type of patient was a marvel of ingenuity in her endeavor to get all of the small details of my home life and wherever she caught me napping I later suffered for my—even the slightest—indiscretion.

The ideal situation is to stick to the unconscious of the patients and simply reflect back to them what their unconscious shows. They must get to the point of faith in their own productions and be able to read themselves in the mirror that the analyst constantly keeps before them, as inscrutably as possible, and yet human.

In institutions where analytic therapy is used "it is not a serious fault, possibly, to admit some suggestive therapy admixture, but there should be no doubt in the mind of the physician that he is not practicing psychoanalysis when he utilizes suggestive therapy."<sup>7</sup>

Very frequently the patients will seek instruction from the analyst. They will bring their troubles and their cares, their disappointments, discontents, problems, dilemmas, jealousies and misunderstandings. They will wish to talk of them and expect advice or suggestion as to their solution. In the handling of this particular type of situation psychoanalysis occupies an entirely different rôle

<sup>6</sup> Ratschlage für den Arzt b. d. psychoanalytische Behandlung, Centralblatt, II, p. 487.

<sup>7</sup> Freud, l. c.

than most other types of psychotherapy. I can refer the analyst to a thorough study of this handling of the actual conflicts of the patient in a paper by Jones which is important.<sup>8</sup> The most successful mode of approach to this problem is to direct the patients' attention exclusively to the causes of their conflicts, not to advise how to handle them but to get the patients to comprehend how they arise. If the analyst gets into the exclusive rôle of the teacher and the adviser, his psychoanalysis is practically at an end and the patient will not have to have his resistances analyzed and will go on with his neurosis. The advantages of the psychoanalytic mode of approach are evident, as Jones points out. In the first place one is unable to point out the solution of a conflict until it has been analyzed. Either the patient already knows what he has to do, but is not in possession of the reasons why he is unable to do it, or he does not know at all what is the best solution of the problem. Possibly the physician can guess a correct solution of the conflict and give good advice, but what about the patient when a slight variant turns up? The position of a student who uses a pony with his translations is thus reproduced. He is unable to dig the thing out for himself and is helpless in a test. So it is with the patient who is advised what to do, and this constant seeking for advice is one of the most insistent cries that goes up day by day with neurotic patients. What am I to do? they ask. Give me something practical, they say, and the reply "Know thyself" is hard for the analyst to stick to.

While upon the subject of resistances, for the sake of completeness I would call the student's attention to a paper by Reik on this subject.<sup>9</sup>

Whoever has followed attentively the publication of the first analyses of hysteria,<sup>10</sup> from which psychoanalysis dates its existence, cannot overlook the significance of defense symptoms in the course of treatment. The theory of the resistance (and of the transference) which was developed from the observation of those signs of defense, showed itself even more clearly as one of the fundamentally

<sup>8</sup> Die Stellungnahme des psychoanalytisches Arztes zu den aktuellen Konflikten, Zeitschrift, II, p. 6, 1914.

<sup>9</sup> Einige Bemerkungen zur Lehre vom Widerstande, Zeitschrift, III, 1, p. 12, 1915.

<sup>10</sup> Freud's Hysteria Analyses. A complete hysteria analysis is lacking in the English language. The editors of the Nervous and Mental Disease Monograph Series purpose to remedy this defect by publishing the full analyses of Freud's most important cases, for the translation of which they are indebted to Dr. A. A. Brill.

recognized principles of psychoanalysis, and Freud first briefly stated<sup>11</sup> that this motive over and above the special results of the analytic work, has for him "remained decisive for his conviction concerning the etiology of the neuroses."

This factor of the resistance has received relatively little attention in psychoanalytic literature thus far, notwithstanding its great significance theoretically and practically. The following up of the rôle of the resistance during the course of treatment in addition to the symptom and dream analysis escapes a separate presentation, as every one will recognize who knows how many difficulties offer themselves in the description of a single completed analysis. The resistance drags itself through the analysis like a red strand as difficult to be separated from the whole structure as such a strand from a transatlantic cable.

The answer to the question how the resistance manifests itself may be read in all those obstacles which oppose themselves to the restoration of the patient's health and efficiency. This statement needs some qualification. For among the hindrances against reaching the goal mentioned there are also external ones, such as social and pecuniary circumstances, certain family relationships, definite conditions of external life. There is greater danger of overvaluing than undervaluing the significance of such circumstances alterable as they are only with difficulty, though they must not be overlooked.

✓ The physician, to whom the patient complains of these circumstances, must for their valuation keep the following in view: 1. The fact that much distress, which at first sight seems undeserved, was brought about by the patient's unconscious wish, or at least its breaking forth was not prevented, although that was possible objectively considered. It must not be forgotten that the patient who finds himself in such a position would unconsciously divert the physician's attention from the true cause of the illness and on that account represents as its fundamental *cause* what is in fact the *result* of his neurosis. The patient, who goes on living under these conditions, will often maintain the neurosis for the sake of a secondary advantage obtained from the illness, for an unconsciously voluntarily invoked possibility. Reik gives an example. One finds no opportunity to earn money, although he seeks it with apparent energy and suffers much from an oppressive poverty. It must be accepted in this case—not always of course, but frequently—that the individual con-

<sup>11</sup> Zur Geschichte der psychoanalytischen Bewegung, Jahrbuch der Psychoanalyse, 1914, p. 5 f. Translation published as Monograph Series No. 25.

cerned unconsciously overlooks many opportunities, indeed that he himself even with unconscious purpose spoils many opportunities. If one looks for the motive of such amazing behavior, one comes frequently upon the tendency towards self-chastisement, which flourishes upon an unconscious sense of guilt. It may be said that the over-valuation of such external conditions parallels the pre-psychoanalytic over-valuation of hereditary causes.

2. The psychoanalyst will cherish the expectation that the accomplishment of the analysis will clear away a large portion of these obstacles. The physician will without directly interfering by counsel or act in the circumstances under consideration patiently watch the time draw near when the patient, freed from his inner hindrances, himself takes the initiative and with insight and energy once more at his command brings about those changes which appear to him desirable.

3. The physician, to be sure, stands powerless before a portion of the external difficulties, objectively considered, yet he may console himself with the knowledge that their removal lies only in the sphere of influence of a higher instance, all-powerful fate.

Manifestations of resistance are to be found in all those obstacles which the patient opposes to his recovery. Attention has been directed to the most prominent difficulties of this sort, lack of associations, forgetting, and the like. The opposites, also, love of gossip and loquacity, as resistance symptoms, belong again to the question of the selection and censorship of associations. The physician, who at the beginning of the treatment bids the patient as the first and special condition of the psychoanalytic relationship, to tell everything and to allow no censor control of his associations, knows in advance that this condition will not be fulfilled by the patient. For rather the degree of departure from this ideal relationship becomes for the physician a sign of the greatness of the resistance. Over against the failure of associations stands oftentimes an excess of freely offered outspoken thought which would, like the first, lead the physician astray. The psychoanalyst must not allow himself to be taken thus unawares. He will suspect that such a wealth of association has the same purpose, to hide from him and keep from him just that which perhaps is necessary to the releasing of a symptom. He understands this just as he did the want of associations, which he knew served a purpose, representing the rising up of the resistance against painful confessions. The structure of the thought material in this case may be compared perhaps to a wide-meshed net, through

whose interstices the most valuable slips away. In many cases it can be ascertained that the patient had the day before or the same day made note of a great number of incidents in order to relate them to the physician. The latter will not overlook the fact, however, that such gifts spread out upon a tray seldom bring that which one had desired. Generosity on the one side merely hides niggardliness on the other. Where such eloquence has already appeared as a resistance symptom an unconscious motivation may with great probability be suspected behind such a readiness, that it to say, the wish to defy the physician to drag on the analysis. Indeed it is plain that there lies often in such a state of things an unconscious ridicule of the physician, the infantile character of which becomes clearer, if one thinks of the grotesque tales of children which they relate to their parents in regard to the ostensible origin of children and in which the ridicule of the stork fable and the persons concerned in it manifests itself. The unconscious homosexual is particularly prone to this feature of the ridicule of the physician through his gossip and free discussion of small scandals.

Form, intensity, as well as the point of time when the resistance enters in the course of treatment Reik points out, vary so much that a classification of patients on this basis suggests itself. It may be observed, for example, that a bitter and persistent resistance appears later with just those patients with whom the transference was established quickly and easily and who apparently manifested no symptoms of resistance, while most cases where intense resistances toward the physician allow at first sight a limited outlook permit a favorable prognosis. One should begin to mistrust when "all goes smoothly" in psychoanalysis, when no resistances of any sort manifest themselves. One must be suspicious likewise of all those modifications of analysis which may boast of having diminished the resistances or set them aside. Psychoanalysis may be compared to the work of a machine, for the efficiency of which the presence of friction is an indispensable condition.

Reik calls attention to more or less direct manifestations of resistance such as outbreaks of anger against the physician or a third person. The passage from one form of resistance over into another may be observed daily in the analysis. It happens indeed that the form of the resistance changes with the taking over of a patient into the treatment of another physician, a practice principally to be avoided. Thus a patient displayed his resistance against the physician who was treating him in continually complaining that the doctor

and his method did not interest him, that what he said was a matter of indifference and wearisome. He, the patient, stood toward him with a feeling of distant respect which frequently passed over into a feeling of superiority. After a visit on one occasion to the consultation room of another psychoanalyst the resistance prepared for itself an elementary path in which the patient characterized this second physician immediately on leaving his house, as a "disgusting Jew" and complained of his so-called hardness and heartlessness.

Concealed forms of resistance phenomena are however the more frequent. Thus Abraham reports a patient whose resistances had created a very interesting esthetic mask. The patient evinced frequently during the hours of analysis a strong displeasure in the objects in the consultation room. He found this piece of furniture out of place, that arrangement in poor taste and so on. Naturally the form and content of this, as of all resistances, is psychically determined and over-determined and an indicator to the analyst. The whole sum of the neurotic resistance is learned first of course through dream and symptom analysis; in these creations frequently there hides a flood of most malicious wishes and insults directed against the physician. This illustration of Abraham I have had repeated over and over again with my books, my rugs, my ornaments, my clothing, etc. One patient hides a frightful snobbery clothing complex behind a criticism of my clothes. Other infantile superiority motives are the rule in resistance situations.

Just as Abraham's patient found an opportunity for directing his resistance toward the physician in an exasperated criticism of the arrangement of his house, and others in the manner just mentioned, so also it happens that the resistances find their objects in the relatives and acquaintances of the physician. The parallel to the relation of primitive people thrusts itself forward here, as Reik emphasizes. The savage who wishes to injure some one possesses himself perhaps of a bit of property of the person under consideration and believes that through the medium of this object he will also have power over its owner (contagious magic).<sup>12</sup> If the savage believes himself injured or wronged the law of tribal revenge comes into play, to which not only the person who committed the deed but his relatives and friends as well must submit. The criticism of the physician's furniture and the ill-will toward his relatives is analogous to this state of things. Reik speaks of a patient where the dissatisfaction of the patient with his physician was manifested in this fashion, that he

<sup>12</sup> See Zenia, X., *Psychoanalytic Review*, Vol. II.

began the hour of analysis with railing against the incivility and stupidity of the maid servant. One difficult patient of mine always revealed his resistances by ringing the front door bell two and even three times in quick succession while waiting to be let in. His "Jehovah complex" admitted of no delay in letting so important a person in the house. I was never quite able to have him see his hatred—resistance—through this apparently trivial incident. Yet it was apparent in every detail of a busy and, commercially speaking, successful life. He had a very bankrupt soul, however.

Reik also emphasizes the analogous variations of the means of transference, such as great interest on the part of the patient in the members of the physician's family, inclination toward them and great respect, behind which often, especially with female patients, lurk unconscious death wishes. Reference must repeatedly be made to the fact that the patient creates for himself in his relations with the physician a return of infantile situations. The infantile Œdipus situation is thus completely reestablished—just as the physician appears as the revival of the father, so his wife is often the mother—when a strong love toward the wife or the daughter, whom the patient has perhaps never seen, joins itself to the neurotic's resistance against the physician. Moreover strong feelings of jealousy against the physician's sons may be looked upon as a return of childish impulses, brother jealousy. In one of Reik's cases the patient complained with strong affect of the behavior of another patient quite unknown to him, whom he had met in the physician's waiting room. This analysis revealed that behind these complaints were hidden reproaches against the physician, who seemed to give preference to the other patient as once the father had favored the brothers of the later neurotic patient. It often becomes clear in the analysis with what the resistance, which announces itself in the lack of associations or in the repression of their disclosure, concerns itself. There are at work besides the shrinking from the confession of unpleasant things and those which would wound the ego of the patient, definite hostile impulses against the physician. In certain cases the increasing silence in the analysis signifies directly the unconscious self-punishment for evil wishes against the physician. A very intellectual woman, suffering from a compulsive neurosis, once offered the information spontaneously that her becoming speechless really represented how she died.

In a preceding page of this book I spoke of the free patient in psychoanalysis. Reik also discusses it in the paper just referred to.



He regards it as deserving a special chapter. The refusal on principle of the free treatment which Freud recommends<sup>13</sup> rests also on this, that the free treatment under certain conditions produces a special heightening of the resistances. Gratitude prevents the patient from manifesting his resistances in the same form and with the same intensity as the other patients. The location of the resistance must then be sought out with difficulty by the physician and discovered. He meets then among other things the haughtiness of the young man who will allow so very little to be given him by the physician, as once by his father, and also the distrust toward the physician, which reveals itself in the anxiety that he will not be treated by him with the same care as other patients blessed with this world's goods.

Reik gives examples which may be duplicated in any psychoanalytic treatment. The physician is prevented some time from keeping the hour for analysis and writes to the patient to break the appointment. The next interview brings surprisingly great resistances not justified by the things which are discussed. The patient has understood the breaking of the engagement as a sign of unconscious depreciation and brings it into connection with the free treatment. His narcissism takes the occurrence as a humiliation and to this actual disturbance is to be ascribed the increase of resistances. Naturally the feeling of shamed love (unconscious homosexual) contributes essentially to this effect.

Reik speaks of one form of resistance phenomena. This is the "proofs" by which the patient will convince himself of the reality of psychoanalysis. Many patients after a significant explanation on the part of the physician immediately make proof of an example as it happened to that patient in Freud's "The Interpretation of Dreams" who reacted to the information given as to the theory of the general wish-fulfilling tendency with a negative wish dream. As an example we may suppose that the patient has just discovered a bit of the motivation of his chief symptom, psychic impotence. He hastens now to find the opportunity for sexual intercourse and suffers failure at coitus. He has through this merely given expression to his unconscious resistance against that explanation, to which he perhaps some hours before had heartily agreed and which he consciously received almost as his salvation. On the other hand the more favorable case may be adduced. Coitus succeeds and the full capacity for satisfaction is this time again established. There must

<sup>13</sup> Weitere Ratschläge zur Technik der Psychoanalyse, Internationale Zeitschrift für ärztliche Psychoanalyse, 1913, Heft 1, S. 8 f.

then be considered a transference result, which the first disturbance of transference again destroys.

E. Jones<sup>14</sup> has said all that is essential concerning the mistakes which the psychoanalyst would commit if he interfered in the actual conflicts of the patient through advice; for example: It might be taken for granted that the advice of the physician would be suited to solve an actual conflict, yet the wished-for result might not appear. Then the patient's resistances will again appear in the unconscious; he will perhaps meet with some misfortune in the carrying out of the advice, he will keep strictly to the letter of the advice and miss its intention or unconsciously perhaps he will prefer some modification, which complies with his secret wishes. The failure in outcome will then be utilized for the increase of the resistances while the blame will all be laid upon the physician. Often, moreover, a tertiary advantage enters in for the illness just through such giving of advice, for the transference becomes permanent, the patient will no more dispense with dependence upon the physician and remains sick in order to justify this relationship.

Then the phenomenon, well-known to psychoanalysis, of the "haughty obedience" comes to light. The patient slavishly follows the instruction of the physician but expects him to uphold, it may be, the manner of life created by the advice. Reik speaks of certain patients who behave in their "passive resistance" just as do the German railway officials. There exists in the regulation of the German as well as of other railways a number of instructions and commands, the invariable carrying out of which into practice would paralyze all traffic. There is therefore a tacit agreement between higher officials and subordinates to overlook these orders at times and to keep traffic going according to other more practical rules. If now the railway officials and workmen have cause for dissatisfaction with their wages, hours of duty, etc., they adopt a "passive resistance," that is, they maintain a strict adherence to the instructions of the rules in their work and bring about, through this grotesquely unjust kind of officially demanded strike, serious disturbances in the regular traffic, even not infrequently a complete standstill.

The last—often very difficult to overcome—resistance in the treatment is the final doing away with the transference. The patient strives by all means of defiance, yes, of hatred, against turning his love away from the physician and placing it upon others.

I must not neglect this opportunity to emphasize an important

<sup>14</sup> L. c.

notive to which Reik also refers. An actual obstacle to the setting up of the transference may present itself according to the manner in which the psychoanalyst takes note of the neurotic's complaints.

In Reik's own words: "Suppose that a nervously sick woman comes to a neurologist and complains that she is pursued by a compulsive thought, that she must poison the husband she tenderly loves. The conflict which this temptation toward feelings directed against her husband arouses, causes her constant suffering. What attitude would most neurologists take to such a case, a by no means rare one? They will listen to her tale with grave shakings of the head, and then attempt to talk the poor woman—supposedly she has shown herself mentally sound otherwise—out of her compulsive idea, while they would perhaps say: "But that is nonsense. Dismiss it from your mind. Try with all your might not to think of these things. Find distractions, go to the theater, to concerts, travel, and the like."<sup>15</sup>

It needs only to be mentioned, through a reference to the impossibility of dismissing it from the mind, how such a therapy ridicules itself, and does not understand how. The psychoanalyst who has listened to the patient's complaint will express himself something like this: "Now, that is very interesting. Tell me, please, when this idea first appeared to you, in what connection, and so on." In a word, he will not shove the compulsive idea to one side as unpleasant and senseless, but take it for granted, on the contrary, that a definite meaning belongs to it in the patient's mental life, that it has some connection with her experiences, wishes and conflicts and that the problem will be to ascertain the psychic motivation and the latent meaning of the idea.

The comparison of the psychotherapeutic effectiveness of the two methods is not now under discussion, hence for the moment the stress will only be laid upon the effect upon the patient herself of the taking up of what she has imparted. While the telling of her idea heretofore has always met with a depreciation of it, at the very least with an ironic or slight smile on the part of the physician, on the part of the psychoanalyst she finds understanding as he accepts the idea quite earnestly, believes in its meaning and its significance and occupies himself with its origin and development. Here, however, with

<sup>15</sup> Other methods will direct their measures to this end, that the idea be recognized as completely foolish. It may be desired to set it aside by hypnosis and Dubois would not leave out the ethical stimulus and strengthening of self-confidence.

this serious acceptance, the first actual possibility of the transference arises. The patient is wounded in her narcissism through the slighting or depreciation of her idea, yet the attention which the psychoanalyst bestows upon all her manifestations and symptoms, even the most absurd and bizarre, works beneficially although it flatters her self love. It must not be forgotten that patients can consciously observe and curse their ideas and symptoms as foreign to them or comprehend them unconsciously as products of their own personalities and care for them perhaps with the love with which a mother devotes herself to a crippled child. The neglect or the depreciation of a symptom or anything brought by the patient, which perhaps announces itself in the relinquishing of the usual amount of attention, would therefore mean a two-fold technical error on the part of the physician. The result would be not only a loss of psychological knowledge but also an increase of resistance due to the wounding of the patient's narcissism. This neurotic narcissism shows itself in a certain valuation of the patient's own illness, by which he grants to his own illness an exalted position, will not see the typical character of his neurosis in connection with other cases, but considers his as a distinctive special case which demands increased attention.

A factor of the greatest importance and one that is well known to all physicians who practice analysis concerns itself with the analyst's own negative transferences. I have made special note of these as illustrated in the persons assisting me in psychoanalytic work. It is remarkable how in the course of an analysis one hears of the "difficult" patient. The use of such a concept usually means an opposing force on the part of the analyst. It is only all too deeply grounded in the human soul as Reik well says, that a feeling of impatience and anger takes possession of the physician especially at that point when the severe resistances rouse themselves against him. The danger is particularly at hand when the treatment through the intensive resistance of the patient has reached a "dead lock," that the feeling of dissatisfaction over the temporary standstill and over the obstinacy of the patient strengthens itself even to a negative resistance, which manifests itself in a withdrawal of interest in the patient or even produces a change in the manner of treatment. The consequences of the existence of such a negative resistance upon the progress of the analysis would naturally be most unfavorable.

Freud tells us through what psychic mechanisms resistances arise. It might be pointed out on what basis they rear themselves and to what instinctive impulses they owe their strength. Reik speaks of

three chief components that work together to constitute the resistance; narcissistic, hostile and closely bound with them, homosexual currents and anal erotic tendencies.

1. The beginning analyst will soon commence to appreciate the significance of the narcissistic attitude and its disturbances for the question of the resistance. A partial derivation of the resistance from narcissism becomes clearer when the inner relation between repression and resistance is understood. Primary narcissism contributes to the ideal ego structure. This becomes the condition of the repression on the part of the ego.<sup>16</sup> Through analysis, however, the comparison between the actual and the ideal, always present in the unconscious, is transplanted to the soil of the conscious. The conflict between the tendencies directed toward and against the ego is again, under changed circumstances, taken up, whereas before through the compromise formation of the neurosis it had come to a truce, which was however repeatedly disturbed. The physician becomes to the patient the unconscious incarnation of that censor which is in conscious phraseology called "conscience." This deduction can also be supported genetically, since conscience is primarily based on parental criticism and guidance and the physician comes to be for the patient the revival of the authority—father or what not. The patient naturally strives against the constant comparison between the actual and the real, to the conscious carrying out of which the analysis compels him, while it shows him how his conscious intentions and deeds measured to the ego ideal are continually disturbed through the unconscious events belonging to his actual ego.

Those numerous cases of neurosis in which the "castration complex" appears in the pathogenesis, hold a special position. The resistance of the patient assumes a character as if the physician represented the father in his part as sexual meddler and intimidator. This fear may find support in the unconscious memory of the father's threat of castration for infantile over-interest in the child's own member. If one follows further the castration anxiety directed toward the physician, forbidden (for example, incestuous) wishes come regularly to light. The child has unconsciously incorporated the characteristics of the father in his ideal ego in so far as the comparison of the child oppressed by his dark instinctive forces with the father offers an obstacle to the formation of his ego ideal. So the physician as the father representative (social necessity, etc.) comes

<sup>16</sup> Cf. Freud, *Zur Einführung des Narzismus*, *Jahrbuch der Psychoanalyse*, 1914, p. 17 f.

to be the external ego ideal. A great part of the transference situation must find its explanation here. The resistance, considered from this point of view, may be described as the striving against the discharge of homosexual libido values.

2. Hostile currents against the physician in the form of resistance are conditioned through the revival of those feelings once belonging to the father. The typical attitude of the individual toward the father however is ambivalent, so the hostile tendency has continually to strive with the tender one, the unconscious continuance of which produces homosexual feelings. The intensity of the hostile feelings directed against the physician is reactively strengthened through the defense on the side of his own homosexual onset of libido. The resistance presupposes also properly a portion of the result of that psychic mechanism, which Freud's analysis uncovered especially in the paranoic forms of disease,<sup>17</sup> the reaction to the endopsychic perception of one's own homosexual tendencies. Resistances here therefore become defense measures which arise from the fear of temptation. Their purpose is to assure the male patient against his homosexual, the female patient against her own heterosexual impulses.

The fact that the resistance grows in more than one point directly out of the transference and its psychic resulting phenomena has been stressed again and again. Reik also speaks of it. Thus, he says, the patient seeks, after an extensive transference has been set up, to win the unconsciously loved physician to himself, he will impress him, show him his best side. The analysis hinders him in this, because it compels him to confess just those things through which, according to his opinion, he will fall in the estimation of the physician. Resistances, as they manifest themselves perhaps in suppressing of incidents, may often be interpreted definitely as signs of homosexual and narcissistic tendencies of the libido. The relationship of this to consciousness of guilt can be easily established, thanks to Freud's explanations:<sup>18</sup> The want of satisfaction through the non-fulfilment of the narcissistic ego ideal frees homosexual libido, which is changed into consciousness of guilt. "The consciousness of guilt was originally fear of the parental punishment, more correctly of the love desire associated with the parents . . ." [Freud]. The neurotic shows in the form of resistance we have described regressively

<sup>17</sup> Cf. Freud, *Psychoanalytische Bemerkungen über ein autobiographisch beschriebenen Fall von Paranoia (Dementia Paranoides)*, Kleine Schriften zur Neurosenlehre, 3 Folge, p. 251 f.

<sup>18</sup> Zur Einführung des Narzismus, p. 24.

this psychogenesis of the consciousness of guilt, since he is unconsciously afraid that his confessions may have as a result with the physician the desire for love.<sup>19</sup>

3. The third feature to which Reik calls attention, and only touches upon, concerns residual phenomena, regressive revivals or reaction formations of the infantile anal erotic. Freud<sup>20</sup> and Jones<sup>21</sup> have vigorously drawn attention to the inner connection of anal erotic and hostile impulses. It seems that a certain relationship exists between the neurotic restraining and repressing of affect and the infantile pleasure in retaining the excrement.

Reik attempts to define the special form of this relationship and the finer mechanisms which bring these two processes together. It seems to him certain that those two characteristics, which Freud has noted as constantly bound with the anal erotic character,<sup>22</sup> avarice and obstinacy (as intensifications of frugality and self-will), must claim a place in the structure of resistance symptoms. Whoever has once carried through an analysis will have met during its course with those neurotic manifestations of obstinacy and had opportunity to observe the stinginess of the psychoneurotic in the form of a resistance to giving out the unconscious material.

The patient revives regressively in his resistance his strife against every person of his childhood who compelled him to renunciation of pleasure in infantile sexual activities and phantasies. Thus the analysis becomes a condensed recapitulation of the living through of those important inner conflicts which the patient would escape through flight into his illness.

It has frequently been noted that the neurotic resistance phenomena like other neurotic symptoms are fitted for the character of a compromise, as Reik happily illustrates. "In the production of their symptoms and of the resistances directed against their removal it happens to those who are neurotic just as with the hero of one of the unjustly forgotten parodies of Nestroy. His tenderly loved one

<sup>19</sup> The state of affairs with a compulsive neurotic patient of Freud furnishes a beautiful example of a resistance conditioned thus. Cf. Freud, *Bemerkungen über ein Fall von Zwangsneurose*, *Kleine Schriften zur Neurosenlehre*, 3 Folge, p. 159.

<sup>20</sup> *Die Disposition zur Zwangsneurose*, *Internationale Zeitschrift f. ärztl. Psychoanalyse*, 1913, Heft 6.

<sup>21</sup> *Hass und Analerotik in der Zwangsneurose*, *Int. Zeitschr. f. ärztl. Psychoanalyse*, 1913, Heft 5.

<sup>22</sup> *Charakter und Analerotik*, *Kleine Schriften zur Neurosenlehre*, 2 Folge, p. 132 f.

had once sent a beautiful walking stick as a gift to the young dreamer. The fickle maiden became untrue to him, and the poor fellow, crushed by this fate, wandered through the country as a destitute musician. Still as an aging, embittered man he always carried his staff along with him. Asked once what was the reason for this he answered: "I carry this stick in order to keep forever in mind a person whom I wish never more to remember."

I have previously spoken of Ferenczi's contribution to the subject of transference, and inasmuch as he discusses the highly important questions of suggestion and hypnotic rapport in this same paper his ideas properly belong here.

Numerous illustrations have already been given of the means taken, chiefly by the unconscious of the patient, by which they may escape insight into the various factors at work in their conflict. The transference-resistance (ambivalent hate and love) falls upon the physician who is carrying out the analysis. It must be repeatedly emphasized that these phenomena are not restricted to psychoanalysis, nor are they related necessarily to physicians. They are the results of fundamental mechanisms and thrust themselves into every situation in life. Practically every novel or play ever written, and which is a true work of art, as distinguished from the run of pot-boilers, is a clinical exposé of these factors, all the more penetrating in proportion to the genius of the artist. The works of George Eliot, Thackeray, Dickens, Meredith, not to mention hosts of others are replete with illustrations of the various points we have been discussing.

There comes to my mind now a pathetic picture of a New England school teacher, trivially wounded in the back, who has maintained a lifelong invalidism—and a most fascinating and charming invalid she is—in order (unconsciously, of course) to be cared for and supported by an equally charming and idealistic old bachelor. This unconscious love relation has existed now fifty years and neither of the principals has a ghost of a notion of the real situation. The neurosis has to be maintained. Similar situations are met with in everyday life on every hand.

Every one is familiar with the numerous food eccentricities of people, which in their more exaggerated forms we so frequently stigmatize as hysterical. The desire for indigestible things, or unusual things, for certain preferences and aversions which may be related to the form or consistency or the smell of food. Many of these are readily and sometimes quickly traced to their infantile be-



ginnings and usually run down to displacements of the repressed auto-erotic inclinations to the mouth—as has been illustrated by the “sausage” already mentioned. As Ferenczi aptly puts it, the treatment, by the gradual bringing of these repressed impulses to consciousness, offers a most favorable condition for transference of these unsatisfied values upon the physician.

“The analyst acts as a katalytic agent, which, in the decomposition that takes place, draws the separated affects upon himself. This is, however, only a decoy, as it were, to lead the patient’s interest back to the original buried sources and to establish a permanent connection with them.”

Ferenczi emphasizes the highly important point upon which I have dwelt at length earlier in these pages. A physician simply because of his being a physician stands in a specially favorable position for the transference. In the first place he stands for the protective factors in the patient’s unconscious and secondly, it is well recognized that the physician is regarded, from the standpoint of the infantile sexuality, as one who knows the forbidden and looks upon and touches what is concealed.

It is a singularly striking fact that the dream material is so rich in these transfer phenomena relative to physicians and the beginning analyst must be particularly careful in his judgments concerning this transference material which is constantly appearing as directed upon previous trusted general or special practitioners. The analyst finds himself frequently substituted for formerly employed laryngologists, rhinologists, gastro-enterologists, gynecologists, etc. These physicians have in their turn been objects of unconscious sexual impulses which have been, mostly, repressed. They are now revived in new phantasies attached to the analyst. The latter, who should understand these phenomena, should eliminate the ever present infantile tendency to wish to criticize his brother physicians on the basis of the evidence derived from these phantasies, and moreover, he should not get disturbed when his equally infantile but not so knowing brother physician roasts him on the spit by petty innuendoes or veiled slander.

It is particularly futile for the analyst even to revile in his heart, let us say, the gynecologist whose genital manipulations are recognized from the patient’s dreams to have been sources of auto-erotic gratification. It may be quite clear to the analyst why his gynecological confrere failed to effect a cure of the neurosis. But the gynecologist should not be blamed for doing something which, unconscious to

himself as well as to his patient, had been a means of continuing, not curing the neurosis, because from lack of psychological insight he was not aware of what was really going on. It is all the more a matter of extreme importance for the analyst, who is supposed to know what is going on in the unconscious, to avoid the very selfsame faulty treatment although the manipulations may be symbolic rather than manual.

The amazing ingenuity of the repression side of the unconscious to make plastic modifications of the symbols whereby secret gratification may still be retained is almost beyond belief. If the patient fails to get well or to radically improve, under the analyst's care, he must put it down as a fact, from which no amount of rationalization will let him escape, that he is failing to perceive his own infantile fixations and is committing, in minor or major degree, under different symbols, the selfsame faults, so far as recovery of the patient is concerned, as the reviled gynecologist, internist, gastro-enterologist, etc.

This selfsame lack of sympathetic insight into the difficulties leads to numerous futile recriminations between physicians, which are unmistakable indices of failure. They point to the fact that the libido is not being used to comprehend. The old aphorism that "negation is a sign of the small mind" has its inception in the recognition of these psychological events. In similar vein is Leibnitz's well-known attitude when he writes in his "Monadology" that "he read books to find out what he could get out of them rather than what he could find to criticize in them."

In this connection, we are led to the subject of the analyst's resistances, not only to brother practitioners, but more particularly to other analysts. The situation frequently arises when the analyst is asked to give his opinion relative to other analysts, as well as other physicians. I am in the habit of answering this question by prefacing it with the well-known statement of Protagoras already elaborated in these articles "That truth and reality are to each man as he perceives them." Any opinion of mine, therefore, would be of value solely to myself and as helpful in resolving my own conflicts with reality. They can have no specific value for any one else with different conflicts and different settings. I frequently illustrate my meaning by referring to some like or dislike, of my own, relative to some article of food, some work of art or some musical composition. My opinions concerning them are purely individual and personal. So it is with Dr. So-and-So. He is a purely personal ex-

perience for each individual. He will prove his own value and my own ideas concerning him are more a product of myself than they are a value of him for you. They are purely personal reactions and adjustments and have no particular value for other people and for other adjustments.

It must always be borne in mind by the analyst that one's criticisms of others is usually a revelation of one's own conflicts and weaknesses, which the unconscious of the patient will grasp, retain, and utilize as a resistance to the getting at their own conflicts.

Ferenczi still further calls attention to the hetero- and homosexual unconscious phantasies. If the physician is a man the unconscious heterosexual phantasies of the women patients are attached to him and serve to accentuate their repressed complexes. Every one has homosexual components as well and so he may positively arouse the male patients to sympathy and friendliness or, negatively, give rise in them to antipathies and dislikes. Feminine characteristics in the physician can stimulate the homosexual in the woman or heterosexual in the man and be a basis for transfer or resistance phenomena.

The neurotic is constantly in search of objects upon which to transfer his feelings, and for those particularly who can be *drawn into the circle of his interest*. Ferenczi utilizes a special term for this, *introjection*. He contrasts it with the typical paranoid mechanism of *projection*. As a result one finds the contrasting types. The broad-hearted, sympathetic, excitable neurotic, easily aroused to hate or love towards the whole world, and the narrowed, distrustful paranoid, thinking himself pursued or loved by every one. The psychoneurotic suffers, as Ferenczi puts it, in the expansion of his ego, the paranoid in the contraction of his. Both of these end results are obtained through exaggerations of perfectly normal mechanisms.

We have already spoken of the supposed dangers lurking in the transference. Possibly there are. I am not yet in a position to say. Ferenczi is one who denies any harm can come from the transference. I am disposed to agree with him, if one can be certain that the transfer is going to be rightly handled by a conscientious analyst.

There is danger in morphine and the surgeon's knife, but their use is not denied because of this. One must comprehend the agent in use. Without a proper handling of the transference successful therapy, although it may occur, is a hit or miss performance.

Ferenczi maintains that only the positive feeling towards the general physician is recognized, because as soon as an unfriendly transference arises the patient separates from the physician, the positive transfer is overlooked by the unsuspecting physician and the successful issue of the treatment is ascribed to mechanical means, to pharmacotherapy, to osteopathy, Christian Science, or to suggestion. Neurotics almost invariably treat themselves by psychotherapy—by transference. Introjection is a self-taught mode of healing. The patient uses the method if he comes to a well-disposed physician and attempts to transfer. If he succeeds improvement results.

This, the natural way, accounts for many of the successes, partial at least, which are undoubted under *every* form of therapy, one might say, *any* form of therapy from downright charlatanism to the most approved orthodox forms of medicine taught in the schools. It is not necessarily, however, the right way, or the best way, for as a rule the repression, displacement and transference, which the neurotic uses, do not *ultimately* succeed. Fully fifty per cent. of the neurotics and fully as many of the psychotic cases which I have investigated in the past eight or ten years were once "cured" by operations, by hydrotherapy, by Weir Mitchellism, etc. Their early conflicts were repressed through their early transferences to the many physicians who treated them, but the attempt at radical healing was essentially unsuccessful. They made very costly substitutions which, in later years, have destroyed them in part or totally.

Psychoanalysis, Ferenczi well says, must individualize what nature spurns. The natural way does not always succeed. Psychoanalysis seeks to make the individual capable of life and activity, whom nature, indifferent to the feeble individual, would, through the repression, summarily destroy.

It is not enough to displace a little further the repressed complexes by means of transferences to the physician; to relieve in part the affect tension, and to reach a temporary improvement. The patient must, by help of an analysis, come to the point where he will overcome resistances which prevent the sight of his own unadorned psychic physiognomy.

One hears much of the value of suggestion and hypnotism in psychotherapy. The real basis of their value consists in their relation to the phenomena of transference which we have been discussing, hence they might be taken up here.

On this point Ferenczi's studies are of much interest and value, and I purpose giving a full abstract of his important paper since it

clears up many of the phenomena known to the earlier stages of hypnotic psychotherapy and casts an illuminating light on psychotherapy in general.

The phenomena of hypnotism have not been sufficiently explained either by the Parisian school—Charcot—or by that of Nancy-Bernheim. The former considered peripheral and central stimuli, visual fixation of objects, stroking of the head, etc., as the chief factors. The latter considered such means as only the vehicle for the introduction of ideas, particularly of the idea of falling asleep, which would then permit a condition of dissociation of consciousness which would produce a susceptibility to further suggestions.

Though this was a decided advance in the scientific treatment of the question of hypnosis, it did not actually explain the process of hypnosis. The external means seem inadequate to produce such profound changes in the human mind as result in hypnosis, nor does the introduction of the idea of sleep into the mind of a waking person seem sufficient to cause the necessary condition without some further aid. Everything seems to point to the conclusion that in hypnosis and suggestion the chief actor is *not the hypnotist or the person offering the suggestion but the patient, himself*, who has hitherto been looked upon merely as the "object." The existence of autosuggestion and autohypnosis, as well as of limitations in each individual to the ability to be hypnotized, seems to point to the same conclusion.

Psychoanalytic research has, however, given an insight into the mental processes which take part in suggestion and hypnosis. It has confirmed the opinion that the hypnotist "is relieved of the trouble of calling forth the condition of dissociation," for this condition, the existence of different layers of the mind, has been discovered to exist even in the waking state. Besides this, psychoanalysis has given us undreamed of knowledge of the content of idea complexes and of the direction of the affect, which constitute the active, unconscious layers of the psyche in the process of hypnosis and suggestion. The instincts repressed in the course of development are stored up in the unconscious and their unsatisfied, stimulus-craving affects are ready to transfer to any persons or objects of the external world, and to bring these unconsciously into relation with the ego, that is to introject. With these facts in mind it can be readily seen that the unconscious psychic forces of the subject appear as the active agent, while the hypnotist, once considered all powerful, becomes only the object of the apparently unresisting subject.

The prominence of the parent complex among those that become fixed in the course of childhood and its fundamental importance in all psychoneuroses, is readily seen in the hypnotic phenomena.

But it has already been emphasized that there is merely a quantitative difference between normal and psychoneurotic psychic processes. Therefore a suggestion given by the hypnotist to another would set in motion the same complexes which are active in the neuroses. This is not simply an *a priori* hypothesis, but actual experiences in psychoanalysis prove it.

The resistances upon which one comes in the analysis, and which temporarily retard the work of analysis, are shown in time to be reactions to an unconscious feeling of sympathy, which properly belongs to other individuals but is in actuality directed toward the analyst.

Sometimes the feeling of the patient amounts almost to adoration of the physician, again hatred, fear, anxiety toward the analyst seriously disturb the analysis. These all, in the unconscious, refer to various personalities in the life of the patient, of whom the patient is not then thinking. Thus the physician represents the whole series of persons to whom these affects, positive and negative, properly belong, and in the course of the analysis the affects are gradually traced to their source. There come first, those related to individuals in the direct past of the patient, then unattached affects from the period of youth, phantasies concerning friends, teachers, heroes, and at last, after great resistance, those due to repressed thoughts of sexual, violent and anxious content, which are concerned with the nearest relatives, especially the parents.

These things establish the fact, Ferenczi says, that in every human being there lives again the love-craving, therefore fearful, timid child, and that all later love, hatred and fear are transferences, or as Freud says, new impressions of the feeling currents, which were acquired in early childhood (before the completion of the fourth year) and later were repressed.

This knowledge encourages one in the belief that the remarkable power, which the hypnotist exercises over the psychic and nervous resources of the subject, merely brings to light the repressed infantile, instinctive impulses.

It has long been recognized that sympathy and respect favorably influence the receptivity of the patient. But what was not recognized without the help of psychoanalysis is the fact that these unconscious affects play the chief rôle and also that in the last analysis

they are manifestations of unconscious erotic impulses, which are for the greater part transferred to the physician from the complexes arising out of the relations of the child and its parents.

The importance of sympathy and antipathy between hypnotist and subject has been generally recognized, but not the fact that they belong together and are psychic structures capable of further separation into their elements. Their analysis reveals primary, unconscious erotic wish-impulses as the substratum upon which an unconscious and fore-conscious psychic superstructure is built.

The earliest layer in psychical development is that of the pleasure-pain principle, the compulsion toward direct motor gratification of the libido. This, following Freud, in part, is here called auto-erotism. This can scarcely be reached in the adult by reproduction, it must be studied from its symptoms. The stage of object love, however, can be reproduced. The first love objects, moreover, are the parents.

All this leads to the assumption that an unconscious sexual attitude lies at the basis of every feeling of sympathy, and that when two individuals, of the same or of different sex, meet there is an attempt on the part of the unconscious toward a transference. If the unconscious succeeds in making this transference acceptable to consciousness, either in purely sexual form or in some socially permitted, *i. e.*, sublimated, form, the feeling of sympathy arises between the two. If the fore-conscious denies the unconscious positive pleasure, various degrees of antipathy will arise varying with the strength of both factors.

Ferenczi therefore states it plainly; an individual's susceptibility to hypnotic or suggestive influence depends upon the possibility of transference, or more frankly stated, the positive, though unconscious, sexual attitude of the person to be hypnotized toward the hypnotist; the transference, however, like every object love, has its ultimate root in the repressed parent complex.

Practical experience in hypnosis adds testimony to this view. Certain characteristics favor the hypnosis, such as an imposing mien, striking features, self-assurance, ability to command respect. Sometimes the commands are given with sternness, or "surprise hypnosis" is induced by means which startle the patient. On the other hand, sleep is produced by means of a half-darkened room, absolute quiet, and so on, with gentle stroking of the hair, the brow, the hands. Some charlatans use chloral and bromides, to dope their patients, and thus attempt to bring about a transfer.

These are two distinct methods at the disposal of hypnotism; the one rouses to involuntary obedience, the other induces to blind faith, the one uses fear, the other love. These two methods have been used by all professional hypnotists in the past, they have been used by parents for thousands of years.

For who is it but the father, who is represented by the imposing, terrifying manner of the hypnotist, the father whom every normal boy would believe in, obey and strive to emulate? The gentler method, on the other hand, reproduces those scenes of tenderness repeated numberless times at the bedside of the child, through the fondness of the mother.

Even such external aids as the ticking of a watch at the ear are such means as one would use to fasten a child's attention and do actually serve to recall infantile memories and emotions.

The requisite, then, for effectual suggestion, of hypnosis, is this, that the hypnotist must be "grown-up" in relation to the individual to be hypnotized, that is, able to awaken in him the same feeling of love or fear, the same conviction of his infallibility, with which he, as a child, regarded his parents.

Ferenczi insists here that this suggestibility is not a characteristic analogous to the psychical character of the child, but that the child in us still slumbers in the unconscious. Our childhood is constantly found in our dreams, and discovered in our infantile tendencies, performances, errors and in our wit. In our inmost soul we remain children throughout life. "Scratch the adult, and you will find the child."

Ferenczi is in the position to confirm his conclusions by reference to various patients whom he had first treated by hypnosis and later analyzed. The patient's own confession, but even more the further analysis, revealed the erotic character of the transference, which had given success to the hypnotic treatment, while the analysis went much further and plainly showed how the physician had taken the place of the parent, father or mother, in the parent complex, that in the ultimate analysis lay at the bottom of the disturbance, or had been at first a substitute for the later representative of the parent in the course of the patient's life.

There came to light in one case the compulsion of a "supplementary obedience," the compulsive heeding of the father's command given in childhood, which Ferenczi looks upon as an explanation of posthypnotic carrying out of commands. In both cases it is difficult to explain the actions carried out, for in the neurosis a



long repressed command is obeyed, in hypnosis, one given in a conscious state for which there is subsequent amnesia.

It is only in the earliest years of childhood, when the child is purely auto-erotic, that the child feels the demands of his parents as an outward compulsion, and that they cause him a feeling of displeasure. As soon as he reaches the stage of object love, the child identifies himself with his parents, he introjects the objects of his love, appropriates them to his Ego. He usually identifies himself with the parent of the same sex, and fancies himself in the same situations as that parent. Obedience is then pleasurable within certain limits. If the demands of the parent extend beyond the bonds of love, the libido is prematurely turned from the parent and psychic disturbance is the result.

The author introduces a striking example of this in the story of Peter the Great and his son Alexei. Here the father's extreme austerity, impressed upon the boy through many external characteristics and mingled with a passionate tenderness but rarely exhibited, exerted an overpowering influence on all the later life of the crown prince, driving him even to his death.

This feeling of respect for the parents and inclination toward obedience is the source in later life of the same feeling toward teachers, superiors, rulers and all those in authority.

Two cases difficult of treatment because of the strong fixation upon the father, who in each case was teacher, too, confirm Freud's conviction that hypnotic credulity and susceptibility are rooted in the masochistic components of the sexual instinct. Masochism is pleasurable obedience, which a child learns through his parents.

The case of an anxiety-neurotic shows the analogy between the neurotic symptoms and so-called "term suggestion." A young officer had entered service under pressure from his father. He had resolved, however, to leave the service at the end of ten years, when he might be pensioned. At the expiration of this time he had forgotten his resolution and for various reasons he continued in the service. But it was at this time that the neurosis broke out. Not only did the analysis discover the relationship of this term of years to the outbreak of the sickness, but it carried it back to the childish relation to the mother, particularly to infantile phantasies concerning the term of menstruation and of pregnancy in the mother. This case confirms Jung's statement that "the magic, which binds the children to the parents, is the sexuality on both sides."

Psychoanalysis can explain what seems to many as an absurdity,

namely that a large percentage of healthy people can be hypnotized and so a condition of "artificial hysteria" can be produced in them. For psychoanalysis has discovered that all struggle with the same complexes, and that there is in every one a bit of hysterical disposition, which favoring circumstances might develop into illness. The hypnotist can in fact produce no other phenomena than the neurosis produces spontaneously. In both, moreover, unconscious complexes determine the phenomena, and among these, the infantile and sexual, especially those related to the parents, play the greatest part.

We may readily assume an extensive relationship between the mechanism of autosuggestion and psychoneurotic symptoms, which are the realization of unconscious ideas. Yet this is no other than the relationship that exists between the neuroses and external suggestion, because according to the foregoing hypothesis, there is no such thing as hypnosis through the introduction of an idea from without. *What occurs is this, that the unconscious, preëxistent, autosuggestive mechanisms are set in motion.* The actual suggestion may be compared to the precipitating cause of the psychoneurosis.

The differences that may exist between hypnosis and neurosis form a problem for future investigation. It is sufficient to state here that the high percentage of individuals capable of hypnotism among normal people is an argument for the universal possibility of a psychoneurosis, rather than one against the similarity of hypnosis and neurosis.

It may seem paradoxical that the resistances against hypnotism and suggestion arise from the same complexes which are the source of the transference, hypnotism or suggestion. Yet Freud has discovered this and confirmed it in many cases. According to his conception the inability to be hypnotized is an unwillingness for the same. There are neurotics who do not want to be cured. They have come to terms with their symptoms in such a manner as to secure, without self-reproach, unconscious erotic pleasure or other advantage, though in a costly or impracticable way. The second sort of resistance is found in the patient's antipathy to the physician, the roots of which lie mostly in the unconscious infantile complexes, as has already been set forth.

Other resistances which are discovered in the course of psychoanalysis appear also with attempted hypnotism. There are feelings of sympathy that are unbearable. The cause of much failure in hypnosis has been given by Freud as the fear "of becoming too

familiar with the person of the physician, to lose one's independence toward him or to become sexually dependent upon him." Yet both the inclination toward hypnotism on the part of one patient, and the flight from being influenced in another, have their roots in the parent complex, especially in the manner of withdrawal of the libido from the parents.

Another convincing example from the author's analytic work illustrates how a marked haughtiness, which prevented hypnosis and made a psychoanalysis difficult, was finally led back through the analysis to an experience in girlhood, when this haughtiness served as the only weapon against the father, and how this was in turn rooted in early infantile sources, highly colored sexually.

Ferenczi states his conclusion tersely by saying that the subject is unconsciously in love with the hypnotist and the tendency for this is brought along from the nursery. Any ordinary love affair manifests the same phenomenon. A lover will perform almost involuntarily any act suggested by his loved one, even, it may be, a criminal one.

According, then, to his conception, suggestion and hypnosis are the deliberate establishment of conditions under which a tendency to blind belief and uncritical obedience (a remnant of infantile erotic love and fear toward the parents) present in every one, but usually repressed by the censor, can be unconsciously transferred to the person who performs the hypnotism or offers the suggestion.

## CHAPTER VII

### OVERCOMING THE CONFLICTS. SOCIALIZATION [INTEGRATION] OF THE PERSONALITY. THE USE OF THE DREAM IN HANDLING THE DYNAMICS OF THE TRANSFERENCE-RESISTANCE

We are ready now to draw together some of the threads of the previous discussions. The goal of the analysis has been broadly outlined as an effort towards socialization of the personality. This is accomplished by the taking away of libido, *i. e.*, releasing it, from infantile fixations, and by stepping it up, if one might use an electrical phrase, to more advanced adaptations in the reality world. It is a form of teaching the patient to grow up. But, as has been seen, it differs from the usual types of pedagogics in that the dynamic factor, transference, is utilized to have the patient realize the old dictum of "Know thyself." This "thyself" is interpreted in the light that the real thyself is "unconscious" to the patient, and this is the cause for the persistence in maladaptations through the conflict. This conflict on the one hand (regressive) contains the sum total of century-old accumulated wishes to remain at a lower level of adaptations with their physical constitutional organic structural stabilizations, and on the other hand contains the progressive urge of the spirit of life (spiritual some people term it) to bring about newer, better and more vitally valuable adaptations. These adaptations are preëminently social and make for the stabilization of the best values in society. The ideal of the true, the beautiful and the good is reached through a biological process of pragmatic racial wisdom equally as well as by means of an absolutistic fiat of a God.

We have spread out before us the different parts of the machinery and have attempted to group them into large units or classes for the sake of ease in handling. The utilization of the evolutionary concept has been the most feasible concept in pursuing this general schematization.

As the geological history of the earth has been patiently investigated, so too must the mental history of man be pushed further and further back. It will not suffice, as has been shown, to take the conscious as the criterion for this history. The conscious is, in a manner of speaking, only a recent crust—only that which the cerebral

mechanism permits to come out into the open to further the action now being performed. Behind it lie the vast accumulations of past biological experiences which have fashioned man as he is, and are contributing to his becoming.

In the language of geology, successive periods have their outcrops, their horizons. We speak of Paleozoic, Cenozoic, Mesozoic, and Psychozoic times, in each of which successive horizons are distinguished, from the primitive archaic rocks to the most recent times. The principles which have governed the terminology of these periods have varied, but each of the main divisions has been named after some striking feature. Thus Silurian, Devonian and Carboniferous, respectively, refer to reptiles, fishes and coal-plants. In certain places on the earth's crust almost the entire series of layers lie like a book opened to the observant eye. A "big hole" is all that some can see in the Grand Cañon of the Colorado. Almost the entire geological history of the North American continent lies there revealed to the geologist. The former yawns and wonders whether it is worth while to go to the bottom and see the muddy river. The latter thrills with excitement and could spend a lifetime in working on the evidence.

So it is with the cross sections of the human mind, of which one gets a glimpse in studying the unconscious. To the casual observer it is just a "big hole," but to the student of humanity it is an infinity of possibilities. It will be charted some day. As Adolf Meyer has well said, now that man has found the North Pole and the South Pole he may fit out an expedition to find out something about the human mind's possibilities.

Will it not be possible to express the advances in the mental integrations in some such manner as has the geologist? For the purposes of psychoanalysis I have suggested some such scheme for four chief periods. At the base lie all those trends with which the human being comes fully endowed into life; these are the inherited experiences of useful action, some as old as the beginning of life. To this level of the series the term Archaic may be applied. As yet no suggestions are offered as to a practical terminology of cultural horizons in this archaic period. In point of time it is the 100,000,000 year accumulation which has already been defined (p. 40). The next period, more recent, may best be termed Auto-erotic<sup>1</sup>—it is

<sup>1</sup> Dr. F. L. Wells has suggested autohedonic. Organerotic is a valuable term. It is the desire part which lies behind the "vital" action of an organic function.

the period of individual organ integration. The terminology of its horizons will best be sought from comparative anatomy, comparative philology, comparative anthropology, etc. In a recent study I have tried to outline a horizon in this period which I have termed the Ovidian. It represents the repression, for the race, of the bestiality motive. Animals as libido objects became libido symbols.<sup>2</sup> For the third period the term Narcissistic has been utilized. Its highest horizon marks the integration of the individual as a social being. Anthropology must offer the terminology for subdivisions of this period. In this connection Osborn's "Men of the Old Stone Age" is illuminating. The Social period is the final period of this series and represents the past 10,000 years of man's socialization, during which an integration of the herd instinct has become more and more valuable. In history, art, literature, religion, etc., are to be found the terms for the symbolic periods.

In a broad general way the unconscious will show outcrops—thought fossils—of all of these periods. The patient slowly and patiently learns what sort of a man he really is and wants to be in terms of his innermost striving. The dreamer who dreams *I am alone on a desert island, Hawaii, Honolulu*, etc., already quoted (see p. 84), is only turning up a thought fossil from the unconscious which lies in a stratum antedating her period of socialization. It is a narcissistic horizon, this desire for individual freedom, this wild desire to be free from any control, to play the game alone and according to her primitive desires. All the dreams will show in greater or less degree of moulding these thought fossil symbolizations. To integrate the personality by means of this incontrovertible evidence is the synthetic side of psychoanalysis. Analysis and synthesis proceed side by side.

In such a synthesis it may be of service to very briefly summarize the steps already traversed in detail. It may be assumed that a tentative sizing up of the situation has shown that the patient is suffering from a disorder which may properly be handled by a psychoanalytic procedure. (See chapters, What Not to Analyze.) The main resources of internal medicine have been utilized to guard against the mistake of attempting to do away with a definite somatic disease by psychotherapy, a mistake which, in passing it may be remarked, occurs much less frequently than the reverse—that of trying to treat a preponderatingly psychical product by surgery or internal medicine.

<sup>2</sup> "The Rôle of Animals in the Unconscious," by Smith Ely Jelliffe and Louise Brink, *Psychoanalytic Review*, Vol. IV, No. 3, 1917.

The patient has been encouraged to tell in detail the whole story in all of its social and personal ramifications. The significance of mental mechanisms in disease and particularly those in the unconscious has been told the patient and the method of using the dream as a road to the unconscious has been explained. The analysis then proceeds by the careful selection of those dream symbolisms which the transference features of the dream reveal as most acceptable to the patient's conscious point of view.

What Sidney Lanier, the poet, has called the "little leaven of dream-taught wisdom" is discussed by the analyst with the patient. In certain patients the advance is at first very rapid. Dream after dream will reveal in clear and unmistakable manner what practically lies in the foreconscious of the patient ready for reappraisal and readjustment. Self-revelations may then proceed with startling alacrity. In others on the other hand the progress is extremely slow. Particularly is this true with usually older individuals, and in those whose protective devices are well rationalized. In these the resistance features already outlined appear very early, and make a strong contrast with the other trend where positive transference signs are numerous.

One is comparatively soon in a position to attempt a graphic summary of the situation. This the analyst may do for himself or he may make it a matter of mutual study with his patient. In a manner analogous to a temperature chart he may attempt the infinitely more complicated procedure of putting on paper an appraisal of the psychical trends of the individual, a psychogram as it were. Fragmentary and incomplete as such a record must of necessity be, yet nevertheless it may help him to objectify his work and afford standards of comparison in the dynamic progress of the case. He may thus watch and possibly record the progress of the cure, and at the same time by analogy offer some light on the character of the disease mechanisms which are under consideration. Such graphic charts may help the patient, but at all events in an article on technique for beginners I feel they may be of help and therefore will phrase it somewhat as follows:

The ideal may be assumed to be what has been termed a well-rounded character, that is, that the individual who has full command of his libido in all situations in life is, psychically speaking, the best adapted. In these pages it has been expressed as "full socialization of the libido through the process of sublimation." Such a "character" may be represented by the accompanying circle

in which the outer circle represents complete social adaptation. Within this circle another is represented, embodying the grade of evolution to the narcissistic phase. Herein the individual's libido is taken up completely with self. *His* books, *his* money, *his* ideas, *his* clubs, *his* opinions, *his* family, etc., etc. Within this another circle represents the stage of organ values, the organerotic phases of evolution, while the central core of the graphic is taken up with the evolutionary period of the archaic.

Thus from within outward one may construct an arbitrary scale of gradually advancing evolution towards complete socialization of the libido through archaic, organerotic, narcissistic to social goals. Furthermore, dividing the whole figure into sectors, one can in a way partly indicate this evolutionary scale in terms of the partial libido trends.

A hypothetically ideally perfect character then would be represented in the graphic by a perfect circle. Failure of complete socialization of the libido (adaptation to reality) might be represented by indentation of the curve to such a phase as the individual character failure (fixation or regression) might indicate in any particular instance of conduct. The indentation is to be recorded in the particular partial libido sector in which the regressive or fixed factor was most prominent. As the analysis proceeds it becomes possible with increasing exactness to make an outline of the character and thereby to determine, much in the manner of speaking of military strategy, where the weak salient is to be found, that is, to determine focal points in conflict (complexes) where energy is being diverted (fixations) to useless phantasy ends.

A partial plotting of a few cases will illustrate the mode of working of such a scheme. As it takes may be months to get all the information, the purely schematic nature of these charts will be evident, but they are used to show what psychoanalysis tries to do. Leaving out of consideration a number of other neurotic signs, the patient first illustrated shows two very clear ones which in the diagram are presented in the partial libido sectors of the *eye* and the *bladder*. Thus in the eye sector one observes a definite dipping down of the graphic corresponding to a fixation of the libido at the narcissistic level. This corresponds to a definite symptom. Whenever this patient for instance is riding in her automobile, and another car seems to be coming too near, suggestive of colliding, the response is a compulsory shutting of the eyes. This means that a thing cannot happen if she cannot "see" it. That is what *she*



cannot "see." This is a typical narcissistic manifestation, which further results in her shutting her eyes to facts which she does not wish to see, and also her ears to things which she does not wish to hear. She does not regress here down to the organerotic level, as to make her eye organ actually blind or her ear organ deaf (psychic

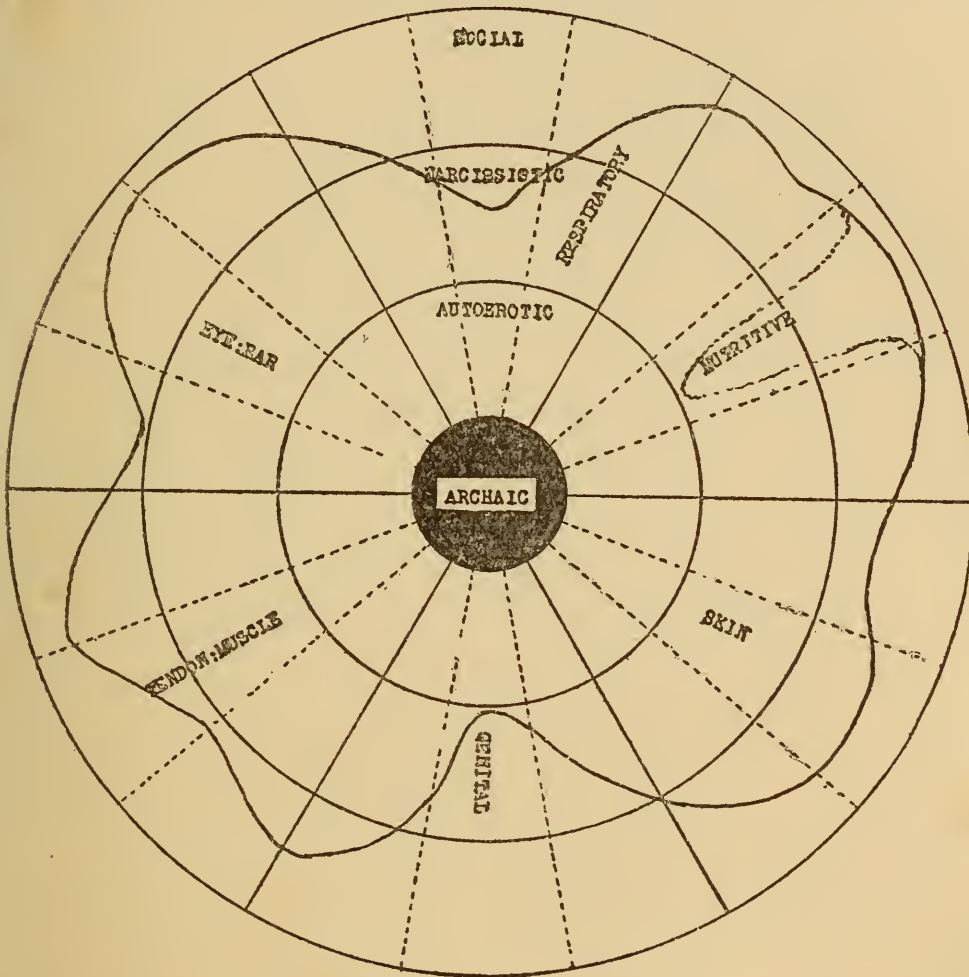


FIG. 1. Schematic representation of fixations of libido in one patient. The dip in the respiratory sector representing a psychogenic asthmatic defense reaction in an individual continually talking of self; in the eye and ear sector refusing to see or hear truth and reality; in the genital, urinary eroticism. The deep incision in a fairly well socialized nutritive libido represents an emotionally conditioned capacity for selective rumination of individual ingredients in the stomach. A severely sick individual on the border of a psychotic reaction. Present nosological schemes would call this anxiety-hysteria or a manic-depressive psychosis if the compensation should break.

blindness and psychic deafness), as this might cripple too much. Thus in the plotting of the symptom the curve only descends to the narcissistic level.

In the bladder-rectum sector, however, one notes in the diagram a deeper sinking of the curve to the auto-erotic level. This corresponds with an extremely striking symptom which consists in a loss of control of her bladder. Thus the same patient, also in her car, is, let us say, held up by the congested traffic on the street. Being in a hurry, she becomes very impatient until finally she has an involuntary passage of urine. This mode of response has been going on for so many years that it has become her habit always to wear a cloth. Here the phantasy way of overcoming the difficulty is at a more elementary level. It goes back to the bladder power sense (organerotic Jehovah) which has been discussed in these articles (see p. 40). The patient, in phantasy unconscious auto-erotic fixation, triumphs over the necessity for self-control in being held up by the traffic, and asserts her mastery by the symbolic early and necessary mastery acquired over the control of the bladder.

One would by the law of ambivalence, which has also been discussed, expect to find this patient excessively keen-sighted to find faults in others, remarkably acute to hear the least verbal equivocation, and to be excessively neat and minutely clean with reference to her bodily secretions. Such is the inevitable law of psychical over-compensation and the contradiction in the conscious acts and the unconscious phantasies.

Now such a graphic shows the point of attack. The dreams show the great impatience of this patient—great rapidity with which everything is done—and also at times the urinary and eye symbols appear in the dream and permit the discussion, *i. e.*, the attempt at straightening out the salient, in the evolution of the psyche.

For instance this patient is too impatient to read. She can not stay quiet long enough. Naturally she will not remember what she reads. The task, therefore, of the analysis is to get at the tied-up phantasy satisfaction that these graphic dips indicate. To bring into consciousness the fact of this form of self-worship (narcissism) through rejection of the things seen and heard, which by the way in which they are handled by the patient prevent in her the growth of character. Such trends when continued too long result in disease of a minor or major nature, an idiosyncrasy, a psychoneurosis or a psychosis, or even a grave physical disorder, depending upon the number and depth of these fixations.

Thus in an otherwise healthy graphic one detects only a few of these dips into earlier levels of adjustment. For the purposes of illustration take Webster's habit of compulsory toying with a button

on his coat while speaking (narcissistic tactile phantasy). One speaks of it as an idiosyncrasy. In the case just cited, however, where one has eye, ear, bladder, stomach and other fixations, one makes a diagnosis of hysteria—partly by reason of the number of the failures of the partial libido trends to socialize, partially be-

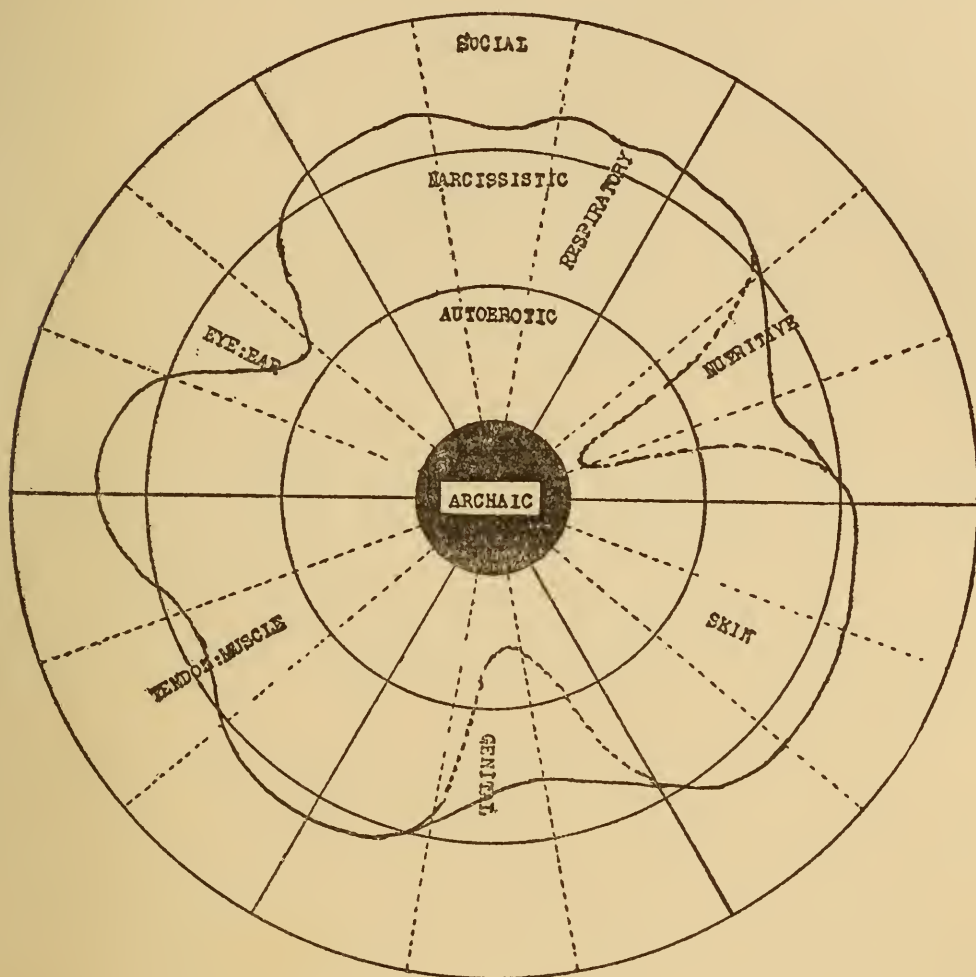


FIG. 2. Schematic psychogram of unconscious trends as shown in the dream wish. Markedly reduced interest (shut in character-introversion) and low dips into archaic forms of libido phantasy. Cannibalism(?) and food fertilization symbols apparent. Nosologically speaking, a dementia præcox seen from the dream level. Illustrating the value of the dream material for diagnostic purposes. This patient at the conscious level was thought of as "neurasthenic."

cause of the deep level of the regression. When the level of the regressions is low (archaic or organerotic), then one nosologically speaks of a manic-depressive or dementia præcox.

Thus for another patient I would make a schematic graphic, this

time utilizing the dream material rather than the symptoms to show how the turning up of a deep level thought-fossil in the dream may throw light upon the probable diagnosis.

This patient, referred to me by her much older husband, a physician, was a young woman much interested in economic and social problems. She had been attending lectures and had complained to her husband of failure in her ability to concentrate. He said she had not been as well as usual and had been treated in her home town for a few months for neurasthenia. She had had a Weir Mitchell rest cure and was still somewhat indifferent and listless when he brought her to me. This was about all I learned, save in greater detail as to the treatments, what the different doctors had said, her home situation, etc. She was alone and of independent means, and I recommended a week's observation, as outlined in the early part of these articles. On the fourth or fifth interview she brought the following dreams:

1. *I am reading a newspaper. There seems to be some announcement in it and I find myself going downtown where a group of people are assembled, with which assemblage the announcement in the paper seems to have some connection. We are all looking into a two-story frame house, like a house on the stage with the side removed, and on the second floor there is a large woman, and she is apparently making soup for the crowd. I see the bones of a man's chest in the soup pot and am curious.*

2. *I am seated by the seashore on the sand naked and there are a lot of people walking about. I am quite at my ease. I notice that the ocean stands up like a wall about six feet high and projecting from it there is an ear of corn which I commence to eat with relish.*

There are too many things in the dream to attempt to plot them all on the scheme, but in the stomach partial libido sector—soup and ear of corn which is eaten—and in the eye libido sector—the seeing of the chest in the soup pot, and being naked on the sand—are to be found thought-fossil horizons worthy of comment. In both dreams *there are many people*, which is a more or less universal way of saying *large unconscious demand*, and hence in terms of ambivalence, *known to but few, i. e.*, in the Freudian terminology, “*a secret.*” This large unconscious demand, the libido, can be checked off on the nutritive sector at a very primitive level, archaic, for both dreams.

In the former dream it deals with eating soup of human flesh, *i. e.*, cannibalism, one might say. This is a primitive wish which, while conscious, uncontrolled, and natural in a few of the most

primitive of tribes, has little place in the present cultural horizon. In the second dream primitive customs are again seen. Whereas on the surface of the dream it deals with a fellatio phantasy, at a deeper symbolic level, it deals with the early childish, *she was naked and not ashamed* in the dream. Her libido is here occupied with a period in regressive phantasy before modesty and the sense of shame had arisen, and she was eating a sexual symbol. *Fertilization by means of food* stands out (see case of Zenia X.) indicating an archaic stage of the relations of sexuality to fertilization. No matter how socialized this patient's libido may have appeared on the surface, in the unconscious there were very marked animistic trends, archaic they are here represented, and the graphic would have to show a very deep gash into the very center of the circle. On the basis of this evidence chiefly a diagnosis of dementia præcox was made. The further progress of the case bore out the diagnosis and prognosis given at this time.

Just as the archaic preoccupation in the unconscious is recognized as a deep regression and can be so charted, so also dream symbols of *reduction of the libido* may have a sinister significance and call for special caution.

Thus in the analysis of a patient suffering from pathological blushing with other things, the following fragment of a dream was obtained: *First I am on an ocean liner, and then in a row boat with my father and mother and sister, on the inside of this liner. I manage to get out through a porthole, it is very stormy, and I am now on a raft with my sister tossing in the angry ocean. Finally I am on a desert island with my sister. There are two wild animals attacking her, rhinoceros, hippopotamus, and I kill one of them.*

The first feature here is the striking *reduction of the libido* symbols, large liner, row boat, raft, desert island. Then there is the death of the libido symbol, the killing of the rhinoceros, *i. e.*, a wild libido relative to the sister (incestuous phantasy). Further the archaic symbolism of being within the larger vessel may have some relation to an intrauterine skin phantasy—his blushing was all over his body. The evidence pointing toward suicide was overwhelming. At a critical period in the patient's life (marriage of the sister) regression was complete and he suicided.

At this point it becomes necessary to say a word about the symbolism of the dream. Much has been written on symbols. I refer to White's article in *Psychoanalytic Review*, Vol. III, No. 1.<sup>3</sup> The

<sup>3</sup> Mechanisms of Character Formation, a work which every beginner of psychoanalysis should read

various works already quoted in these articles have much to say relative to symbolism. In touching on symbolism it should first be insisted upon that every symbol is a purely relative matter with each patient. I must remind the reader of the origins of language, and emphasize the fact that without a grounding in the principles of the evolution of language little headway will be made in the scientific comprehension of psychoanalysis.<sup>4</sup>

No one has stated the fundamental fact as well as Bergson when he says that the latent root of language in the infant is that "anything may mean anything." To use Pawlow's phrase, every word becomes a conditioned reflex, and in the language of psychoanalysis, the term "complex" is a certain definite series of these conditioned reflexes. Thus in Pawlow's experiments the dog is shown food, and saliva and gastric juice flow. Later a bell is rung and an association formed. Later a ringing bell without food will determine the flow of gastric juice. It could have been a whistle as well as a bell or anything else. So with the beginning of the conditioned reflex of Pawlow, "anything can mean anything." In one dog bell ringing equals food, in another, maybe, whistle blowing, etc. So associations are built up in different animals (people) through different experiences, *i. e.*, different symbols. Whereas anything may mean anything for the beginning child or the experimental dog, the whistle has no effect on the bell ringing dog and vice versa; hence the necessity for determining the exact symbol and its primitive "conditioned reflex" trend; its earliest associations and their affects. This is ascertained in the patient solely by analysis. They themselves slowly learn from their own recollections as they go further and further back what the relations are between the "food and the bell," or the "anything and the anything." Thus in the dream just narrated why should this patient use "rhinoceros and hippopotamus"? What did *they* mean to *him*?

The critic of psychoanalysis is constantly puzzled about dream symbolism. L. H. in a recent review of Maeder's *Dream Problem*<sup>5</sup> thus says that "anything can mean anything to the psychoanalyst," in which he misses the important point that this is true, but true in the sense just related, that "*everything* means *something*" and the *analysis* tells what it *does* mean to the individual patient. The analyst never knows until the patient establishes the development of

<sup>4</sup> See Jung's *Psychology of the Unconscious*; also Silberer, "Symbolbildung," *l. c.* Kleinpaul, *Sprache ohne Worte*.

<sup>5</sup> *Journal of Abnormal Psychology*, August, 1916.

the symbolism. Increasing experience may aid him to see certain groupings and trends, just as a botanist can see the relationships of two plants, one an herb and the other a tree, which, in spite of apparently gross dissimilarities, are nevertheless intrinsically closely related.

Thus an anthropologist might *guess* that when a patient dreamed that "*she was having coitus with her husband while she was unwell,*" she was hoping that her husband might die. Because he knows that for many primitive tribes all over the earth's surface the touch, even the seeing of menstrual blood, is held to be very dangerous to man, to crops, to food, etc. For the analyst to a priori assume this interpretation would be foolish. But when in addition to the anthropological knowledge that this is a widespread primitive belief, and from the patient herself, in the analysis, he learns of her ideas about menstruation, which going back to infancy establish the identically same or closely related fact, he is then permitted to assume an archaic symbolism in the dream and to draw his conclusions from it.

So in the case of the rhinoceros and hippopotamus, when one finds from the patient's own associations the coarse jokes relative to "rhinos" and "sore ass" and "pot muss" and then also finds infantile urinary and fecal phantasies, and nursery monkey tricks relating to this very sister, then one can realize that the "reproach" of the unconscious which lay back of his blushing contained certain non-sublimated affect values which by reason of their constant attempts at expression caused his neurosis and his suicide.

When for the psychoanalyst the wild animal is a *generic type* for wild and reprehensible libido, it must be remembered that this can only be utilized when backed by the patient's own associations. To prove this for every case reported would be too tedious for the most enthusiastic readers and a complete analysis would occupy many volumes. Frazer has written twelve volumes on the symbolism of the one symbol, the mistletoe. A complete analysis would fill a library. Therefore in reporting a case the analyst can hit the high spots only. This subjects every reported fragmentary analysis to criticism. To all so inclined the footnote on the first page of Leibnitz's famous work on philosophy, *Monadology*, might be quoted. "It is characteristic of me to hold opposition as of little account, exposition as of much account, and when a new book comes into my hands I look for what I can learn from it, not for what I can criticize in it."

Symbolism is at the same time the most difficult and most fascinating part of analysis and tests the therapeutic possibilities of the analyst more than any other feature, for with the advancing subtlety of the unconscious to guard itself, *i. e.*, to hang on to earlier phantasy formations, the symbolism becomes very intricate, and unless the patient will give free associations the meanings will be most ingeniously concealed. One must therefore stick to the free associations and never leave them to arbitrarily thrust in one's own interpretations. These latter are the analyst's associations, *his* conditioned reflexes, *his* "food-bell" associations, not the patient's.

Whereas the individuality of the symbols must be insisted upon as a cardinal principle, yet there is enough evidence to show that certain groups of related symbols are very widely used and determine group reactions. Just as one may recognize Chinese, English, German, French and Italian as certain symbol groups employed by great units of people in which the similarities of English and German have a common Teutonic root, of French and Italian a common Latin root, and all four a common Sanskrit root, whereas Chinese is evidently very distinct from all, so one will find the unconscious of many people using root symbols, as it were, meaning by them identically the same thing. This is only in line with the whole evidence bearing on the great principle of evolution, which receives much interesting confirmation, even explanation, from the unconscious handling of symbols.

Thus in the opening pages of this volume I spoke of the patient who could not say negro but substituted "booeey" man; who could not hear the word "snake" without being frightfully agitated, but could use the word "serpent"; who put white papers on the closet floor saying, "all must be light," but could not look at a pipe, a cane or an umbrella nor step over a hose. Here by the aggregation of symbols it becomes evident, to the psychoanalyst at least, that the sexuality of the dark fearful (negro) thing in her life which must be made light (white paper in the closet), the snake, cane, hose, umbrella, pipe, all are "conditioned reflexes" to the thing "penis."

This patient would have to be analyzed as any other and no amount of *telling her what the symbols meant* would cure her. That knowledge must come from the inside, otherwise why all the unconscious defence which so effectually "reveals what she would conceal"? Thus the analyst comes to a knowledge of the symbol values at the same time as the patient and only by patiently asking: What comes to your mind? what then? what does that suggest? what do



you think in reference to your first impressions relative to this, etc., etc., that is, by the method of free associations. Then the patient himself learns why he does not like clams, or cannot eat scallops, and why he is always late or always misspells, or forgets names or gets disturbed under such and such conditions. As has been said every little action in life has determining causes. It may be inexpedient or useless to analyze them, especially for those whose libido is sufficiently free to constitute what is pragmatically assumed as "normal," but for the neurotic, many of whom may be valuable people for the community, attempt should be made to find out why things mean what they do and how have they come to be.

In the course of an analysis a large number of small mistakes in pronunciation, in word misplacements, apparently trivial forgettings, mistakes of action, etc., will come up. These are very important clues to unconscious complexes. Freud's work on the "Psychopathology of Every Day Life" should be consulted relative to these.

This work cannot concern itself with the details of symbolism. I have spoken of the individuality of symbols, but a word may also be said about generalized symbols—standard symbols, which are more or less universal. Such may be found in the work of Freud on the "Interpretation of Dreams," and in Stekel's large works on "Die Träume" and "Die Träume des Dichters." I shall mention here only some of those of more general interest, particularly those which frequently appear and which have a special interest as symbolizing the male and female sex, and the object and aim of the reproductive instinct.

Thus the patient's own body is most frequently spoken of as a house. Nakedness of the body is frequently indicated by clothing, uniforms, draperies, hangings, nets, etc. Parts that show through are peeping and exhibitionism symbolisms. The male body is symbolized by flat things, the female body by irregular ones, mounds, hills, rolling landscapes, etc. Climbing on flat surfaces, or balconies, indicate these differences.

The sexual act is largely symbolized by those types of movement which contain alternations of parts of the body or rapid backward and forward movements. Thus running, up or down stairs, dancing, swinging the arms, artificial respiration movements, playing the piano, swinging in a swing, or hobbyhorse, or ticking of a clock, metronome striking, etc. Much will depend upon the relations of the parts in the dream whether this symbolism is a true coitus wish or only a

masturbatory wish. Thus five-finger exercises on the piano is frequently a purely masturbatory wish. Not infrequently the coitus is represented as a masturbatory type of coitus. For it should be remembered that much coitus has a masturbatory character. Thus a coitus as expressed as going up a pair of stairs usually has a more ethical significance than one going down a flight of steps. The figure 3 is frequently used as a coitus symbol. It is used for other purposes as well. Thus one patient—a mild schizophrenic—states consciously she goes up three steps and stops, then three steps and stops, for if she does not she will not have a movement of the bowels. She is stating in a symbolic way—"with coitus she can have a baby"—the movement of the bowels referring to an infantile fecal birth phantasy.

The male organ is frequently symbolized as something long and thin—a dagger, umbrella, stick, cane, tree trunk, pillar, barrel, revolver, arrow, asparagus, banana, pear, corn cob, reptiles, fish, snakes, etc., etc., rain pipes, leaders, sprinkling pots, coffee pots, etc., often symbolize the male organ; the female genitals as muff, bag, box, chest, purse, pocket, chair, bed, hole, cave, church, crack, center of a target, windows, doors, small rooms, cellar. The figure two is a frequent female symbolization. Hairy animals may be either organ as determined by the size and character. Fear of touching a dead bird in one patient was a definite masturbatory symbol. Playing with kittens another. Castration and masturbatory phantasies (fellatio and cunnilingus) are frequently associated with losing a tooth.

Potency and impotency symbols are frequently represented by flying machines, Zeppelins, balloons, trees standing or falling, pillars standing or falling (Sampson). Flying is a frequent erection wish. Losing trains, or boats or busses or things—these are frequent impotency symbols.

Birth symbolisms center about water; going in or coming out; saving people, animals, objects from the water.

Death wishes are represented by reduction of the libido, going into the dark, going away, on journeys, on the railroad, boats, etc.

These are but a few of the more standard symbolizations, more precise details concerning which must be sought for in the works mentioned.

Kaplan in a recent valuable work on the Fundamentals of Psychoanalysis<sup>6</sup> has some very practical suggestions relative to the subject

<sup>6</sup> Grundzuge der Psychoanalyse, Vienna, 1914.

of dream symbolism, some of which I here utilize, in free translation, as they are apropos at this point.

He reemphasizes that the language of the unconscious is a symbolic or picture language. Much conscious language is also purely pictographic. It is important then in the dream to attempt to piece together this conscious and unconscious use of the symbol through the common and distinctive features of both.

"Thus the hand hollowed like a ladle is a gesture for a drinking vessel and is based upon immediate association, but the Indians make the same gesture to express 'water.'" "Thus the plastic image of the horned bull's head may for the Neapolitans express besides its immediate meaning of strength, as the main peculiarity of the bull, first, danger, particularly that of being assailed by an angry bull, next danger in general, and finally by a third displacement, the 'wish to be protected from danger.'" The symbols of the conscious life are quite as ambiguous as those of dreams and myths. "In sign language of the deaf mute it is not said: 'He died because he was addicted to drink' but 'drink, drink, die.' The signs for drinking are several times made, then as sign for death the head with closed eyes is laid on the right hand and a gesture made toward the ground indicating 'sleep down there.'" That means that *Every separate symbol has a certain indefiniteness, and only from the interrelation of the symbols can their sense be perceived.* Another common quality of the conscious (purposive) and the unconscious (purposeless) symbolism is that they both express only the *present*; extent of time has to be inferred. That accords well with the evidently sensational nature of the symbol; everything sensational belongs to the present.

Those who cannot avail themselves of sound language resort to sign language; deaf mutes and strangers who are unacquainted with the language of a country; likewise children are forced to seek the help of gestures in order to be understood. The gesture is in one sense the language of the mentally weak. But that is true of every form of symbolism. "(The pictures) are the more desired and more eagerly sought the more a concept is removed from sense perception and the more a suitable image fails to represent it.

"When for example a speculative savant thinks of the world, or more correctly the undeveloped universe containing in itself the germs of all things, as an egg . . . if the Roman emperor holds a

<sup>7</sup> W. Wundt, *Volkerpsych.*, Vol. I, Part I, pp. 171, 172.

<sup>8</sup> *Ib.*, p. 195.

ball in his hand as the sign of world power, the globe in miniature . . . or if one of the church fathers wishes to grasp the divine Trinity in the schema of a visible triangle or a sounding harp, when he knows no better representation for eternity and the continuous recurrence of human things than a snake with its tail in its mouth, then the metaphysical concepts God, world, globe, eternity, Trinity, etc., force the imagining spirit to this conception and flit before him, nebulously trouble and pain him like mere outlines, until he masters them by means of a clear picture."<sup>9</sup>

Even an abstract science like mathematics, Kaplan significantly points out, had to go through a sensational-symbolic phase. The concepts of differential and integral calculus, which modern mathematicians have learned to grasp as abstract relations, and most of the analytical statements were at first fixed with the help of surfaces bounded by curved lines and with operations with such geometric figures. Strict mathematicians now regard it as an outrage in pure analysis to get any help from concrete geometry. If the origins of symbols in the line of evolution are studied, they are seen to originate when man intellectually grasps at something that his power of comprehension finds too remote. Conversely the symbol may also originate if his former higher power of comprehension is reduced (for example in dreams and in mental disorders). In both cases he gradually slips away while trying to catch the idea lying at the bottom of the symbol and falls into a lower form than is striven for by evolution.<sup>10</sup>

The symbols employed by consciousness, as they have an explanatory function, must be of a material character. They must readily bring to consciousness the relation with the thing that they are supposed to indicate. For example, Kleinpaul tells the following: "In German village inns I recall the laconic notice, 'No pumping (credit) here' but instead of the word pumping a picture of a man pumping water." What the pumping meant was clear to every one. Quite as clear are the so-called legal symbols. Thus in olden times "the setting of the foot on land or other property was a sign of legal possession"<sup>11</sup> or "the old Norse scotation consisted in a little earth from the purchased or pledged land being shaken or thrown into the fold of the coat or cloak of the new owner; that assured him

<sup>9</sup> Rud. Kleinpaul, *Sprache ohne Worte*, pp. 24, 25.

<sup>10</sup> Herb. Silberer, *Ueber die Symbolbildung*, Jahrbuch, III, 675. Silberer's work, which is very valuable in this connection, should be consulted.

<sup>11</sup> G. Sartori, *Der Schuh im Volksglauben*, Zeitschr. d. Ver. f. Volks., Vol. 4, p. 173.

possession."<sup>12</sup> (Representation by sample.) It is a concrete representation of the transfer of the right of possession, which may be quite comprehensible to every one.

Picture language is the clearest of all, provided it is understood. Yes, provided it *is* understood! And who can say that he has rightly understood? . . . Whoever speaks in pictures (figures) always has the advantage, that he appeals to the understanding of others and may eventually change this understanding into doubt. An advantage often used!<sup>13</sup> This advantage is taken by the unconscious which employs the symbols not to make clear, but on the contrary to substitute. Closely connected with this is the fact that most (explanatory) symbols of the conscious life have still a hidden sexual meaning. (They are therefore overdetermined.) Setting the foot on the land is a sign of taking possession, this legal gesture having, however, a less innocent sense. For "We take it as a sign of possession if the lover secretly steps on the foot of his adored, or the bridegroom on the bride's."<sup>14</sup> The significance of the earth as mother earth, as symbol of woman, is widely recognized. Here apparently is another case where the original sexual sense (the possession of the woman) is translated into the harmless (as a legal symbol). In any case it should not be forgotten that the concrete sexual relation has always existed, but on the contrary the legal relation of private property in land arose comparatively late in the history of man.

"If it is said that in order to forget anything as soon as thought of, one should throw his slipper back over his head, that is quite likely a symbolization of doing away with the power of remembering.<sup>15</sup> Here the symbolizing action is of a purely materially descriptive nature. But it is surprising that a slipper should be thrown; why just this object? The answer is easy, if it is considered that if one wishes to be free from an unhappy love one scrapes the dust from the heel of the right shoe, puts it in the shoe and throws it from a water-way backwards over the head into the water and goes home without looking around."<sup>16</sup> Every charm for forgetting was probably originally a means of avoiding unhappy love; the action symbolized the departure of the sexual object. That the slipper symbolizes the female genitals is fairly universally

<sup>12</sup> J. Grimm, *Deutsche Rechtsalterthumer*, 4th ed., Leipzig, 1899, p. 161.

<sup>13</sup> Rud. Kleinpaul, *Sprache ohne Worte*, p. 307.

<sup>14</sup> G. Sartori, *l. c.*, p. 153.

<sup>15</sup> *Ib.*, p. 153.

<sup>16</sup> Wutke, *Deutscher Volksabergl.*, p. 555. Cited by Sartori, *ib.*, p. 760.

recognized. Thus in Fr. Müller's *Faust*: "He would be pleased<sup>17</sup> to be the slipper mender (paramour) of the Queen of Arragon." Also the expression, a slipper hero, under the slipper, etc.<sup>18</sup>

Many expressions are intelligible only when they are exposed as symbols of the unconscious. So, for example, in Ruppin it is said to one who has forgotten something: "You have surely stubbed your big toe."<sup>19</sup> Stubbing the big toe is frequently the same as masturbating. In every expression a deep psychological sense lies hidden. Whoever has formerly practised many auto-erotic gratifications, infantile masturbatory types, *not necessarily genital*, and then has repressed this fact from consciousness, becomes forgetful, because the wish to forget becomes generalized and is displaced also upon indifferent matters. Here is a source of much forgetfulness among children and adolescents and bad school work. Pfister's work already referred to is rich in the analysis of this type of material.

Kaplan further calls attention to Semi Meyer's criticisms of the psychoanalytic method, which are quite in line with those of L. H. already cited. "Everywhere an associative substitute is at the earliest possible moment dragged in by the hair. Why does that happen in dreams? Nothing of the kind occurs in waking life."<sup>20</sup> To that it may be replied that the critics are not acquainted with everyday life, as it is revealed in morals and customs, in law and in religion, otherwise they would not make such statements. In Frankfurt if "in pledging a piece of land a bag of earth is brought before the court and laid on the deed,"<sup>21</sup> the bag of earth is probably to be regarded as a representative of the pledged piece of land. Still more remarkable is the "Clagefurt custom of hanging the thief first and investigating afterward."<sup>22</sup> Crime must be expiated; that is clear to the primitive man, and so they hang the first man that comes along, in order to satisfy their desire to make some expiation. The hanged man appears to be the substitute (symbol) for the actual thief, who has probably succeeded in escaping justice. Such things are worked out in old historical times, to be sure, not in dreams of course but

<sup>17</sup> Grimm, *Deutsches Wörterbuch*, VII, Sartori, *ib.*, p. 158.

<sup>18</sup> In a "Jugend" poet I found the sentiment, "New shoes and new lovers are uncomfortable." See also slipper symbolism in Hazelton and Benrimo's "Yellow Jacket." Analysis of this by Jelliffe, *New York Medical Journal*, 1907, and Kempf, *Psychoanalytic Review*, October, 1917, Vol. IV, No. 4.

<sup>19</sup> Maxims and Expressions from the County of Ruppin. Collected by K. E. Haase, *Zeitschr. d. Ver. f. Volksk.*, Vol. 2, p. 439.

<sup>20</sup> Semi Meyer, *Zum Traumproblem*, *Zeitschr. f. Psychol.*, Vol. 53, p. 223.

<sup>21</sup> J. Grimm, *Deutsche Rechtsaltertümer*, p. 159.

<sup>22</sup> *Ib.*, p. 531.

in actual life. The Westphalian expression, "The crow has brought me a nut" means "I have got a husband."<sup>23</sup> It is clear that even in waking life, if not so frequently as in dreams, "an associative substitute is at the earliest possible moment dragged in by the hair."

Herbert Silberer has shown that the sensational-symbolic representation of thoughts can be to a certain extent artificially produced. If in a fatigued condition, especially before going to sleep, one forces himself to follow the thread of a (theoretical) thought the abstract relations will take on a concrete form and will cause an hallucination.<sup>24</sup> A trial of the experiment leads one to suppose that the phenomenon depends on an individual factor, as not everyone will succeed in evoking the hallucinatory symbols in himself. Still the prime significance of the experiences as related is not affected. Not every one can be a poet or an artist, and yet the investigation of the psychology of artistic creation has universal human value. Silberer's method experimentally confirms the fact that in certain circumstances the psyche grasps at sensational-symbolic representation. One of my own patients has utilized this method for several months and has obtained remarkable insight into the unconscious and much freedom from severe compulsions.

In further illustration Kaplan speaks of two symbolic hallucinations (hypnagogic visions) which he was able to evoke in himself. Just before going to sleep he forced himself to think about the tragic heroes and criminals. There then arose the *First Vision*. A half lighted room. A man and woman. It appears the man has surprised the woman. But he is hit by the woman.

The theoretical thought which here struggles for expression is as follows: "The tragic hero signifies the criminal in us. Because he has overstepped the ethical norm suggested by society, he must finally fall, like the criminal who must expiate his deeds in punishment." In the vision one sees actually the criminal whom his deeds do not profit but who gets his punishment (the tragic situation). But as, according to psychoanalytic views, the sexual symbolism plays a dominating part in the unconscious, there appears in the vision not only the criminal but the sexual criminal.

Another time before going to sleep Kaplan thought of the connection between the Flying Dutchman and the incest feeling. There

<sup>23</sup> Weinhold, Ueber die Bedeutung des Haselstrauchs, Zeitschr. d. Ver. f. Volksk., Vol. 11, p. 11.

<sup>24</sup> H. Silberer, Bericht über eine Methode, gewisse symbolische Halluzinationserscheinungen hervorzurufen und zu beobachten, Freud-Bleuler's Jahrbuch, Vol. I.

arises the *Second Vision*. Infinite stellar space. The Flying Dutchman cloaked in a dark robe soars in this space. The scene gradually changes. He sees before him Raphael's Madonna brilliantly lighted. The change took place in the condensation of the stellar space into the canvas of the picture.

The vision has given a sensational form to the theoretic thoughts: "Because he rested too much on the mother (Raphael's picture)—he must be very unrestful when grown up (the soaring of the Dutchman)."<sup>25</sup> That the confirmation comes only after that which is to be confirmed is quite congruent with not logical but psychological succession; one thinks first of a thing and then one tries to comprehend it from the conditions of its existence and origin.<sup>26</sup>

The hallucinations, Silberer notes, are usually connected with the unconscious. In order to turn a theoretical thought into a hallucination it is necessary to have, besides the individual factors, two things: a very sleepy state and an intense activity of thought. "A connection between the hallucination and the waking thought . . . results only if the latter is full of energy. If one sets about aiming at a transmutation of the waking thought into a symbol one must supply the latter with attention by force of will. If this is not done, the complexes already loaded with affect will get possession of the person going to sleep and, without regard to the waking thoughts, will themselves seek to attain symbolic representation."<sup>27</sup> If it is noticed that a very sleepy state, or one related to it, does not appear well adapted to maintain theoretical thoughts by means of attention, it becomes clear why the scientist does not solve his problems in the hallucinatory way, why he is not a *visionary* but a *thinker*. The visionary is the unrestricted thinker, who for that reason follows the regressive path to its conclusion in the hallucination.

If strong affective states predominate in the mind of the individual, they make the "pushing forward" of the idea difficult, as they "deprive the function of attention of a part of its energy in claiming it for the autonomous complexes. The affects are not satisfied by disturbing the apperceptive function. Besides the nega-

<sup>25</sup> The foundation of this thought will be seen in Max Graf. Rich. Wagner in the "Flying Dutchman," *Schrift. z. angewand. Seelenk.*, edited by Freud, 1911, Vol. 9.

<sup>26</sup> The interpretation of dreams is based regularly on the fact that many dreams must be read backwards in order to be understood. Freud.

<sup>27</sup> Silberer, Ueber das Symbolbildung, Freud-Bleuler's *Jahrbuch.*, Vol. 3, p. 718.



tive result they perform also a positive work in that by virtue of the attention energy turned to them they seek to give currency to the complexes to which they belong."<sup>28</sup> This state of affairs is found in the case of the power of the myth-making phantasy, dream, fable, religion and the visions of psychoneurotics.

The second vision, Kaplan states, is not only the materialization of a definite idea, it has also a concealed background. It has already seemed remarkable that one should meet the Dutchman in the rôle of a phantastic aviator instead of on the open sea. The infinite stellar space was however the scene of a countless number of stereotyped flying dreams, which the author dreamed as a child. The Flying Dutchman is therefore the writer himself. And during the last five or six years he has been forced to wander from one place to another without ever settling anywhere. His longing for home is, however, very great. The Flying Dutchman therefore turns into a little child that rests on the arm of its mother and may therefore feel safe from all troubles. A complex is associated with the theoretical thought and finds its expression in the hypnagogic vision. This analysis, Kaplan shows, provides one at the same time with a very valuable insight: *The adult yearns retrogressively from the struggles and privations of life toward the safe haven of childhood.* On this is based the chief factor of the power of the infantile in the mental life of the adult. This constantly recurring infantile form of representation must constantly be kept in mind.

I had thought to go into Stekel's very illuminating chapter on dream interpretation, but this has already been provided for in the January, 1917, number of the PSYCHOANALYTIC REVIEW. The beginning analyst should read this carefully as it clearly brings out how the various parts of the dream, when analyzed, lead to the unconscious of the dreamer.

Before closing this chapter I would again emphasize how important Freud's "Interpretation of Dreams" is for the analyst. For the very beginner it is a very difficult text, but as soon as one has commenced earnestly to pick out the dream meanings by the method of free association, this work can be read and reread to advantage. I have read it several times and with additional experience each rereading shows new matter and helps to explain what has been heretofore quite dark. There are still parts of it quite inexplicable to me although several thousand dreams have been torn apart and subjected to analytic research. Even the expert

<sup>28</sup> *Ib.*, p. 685.

urine analyst has much to learn of this comparatively simple product of the kidney activity; how much the more in need of extended research then is the enigma of the activity of the mental machine during the sleep period.

One way of looking at dreams has enabled me to understand them much better and also permitted a graphic representation, which I here hazard, as possibly affording some help to others.

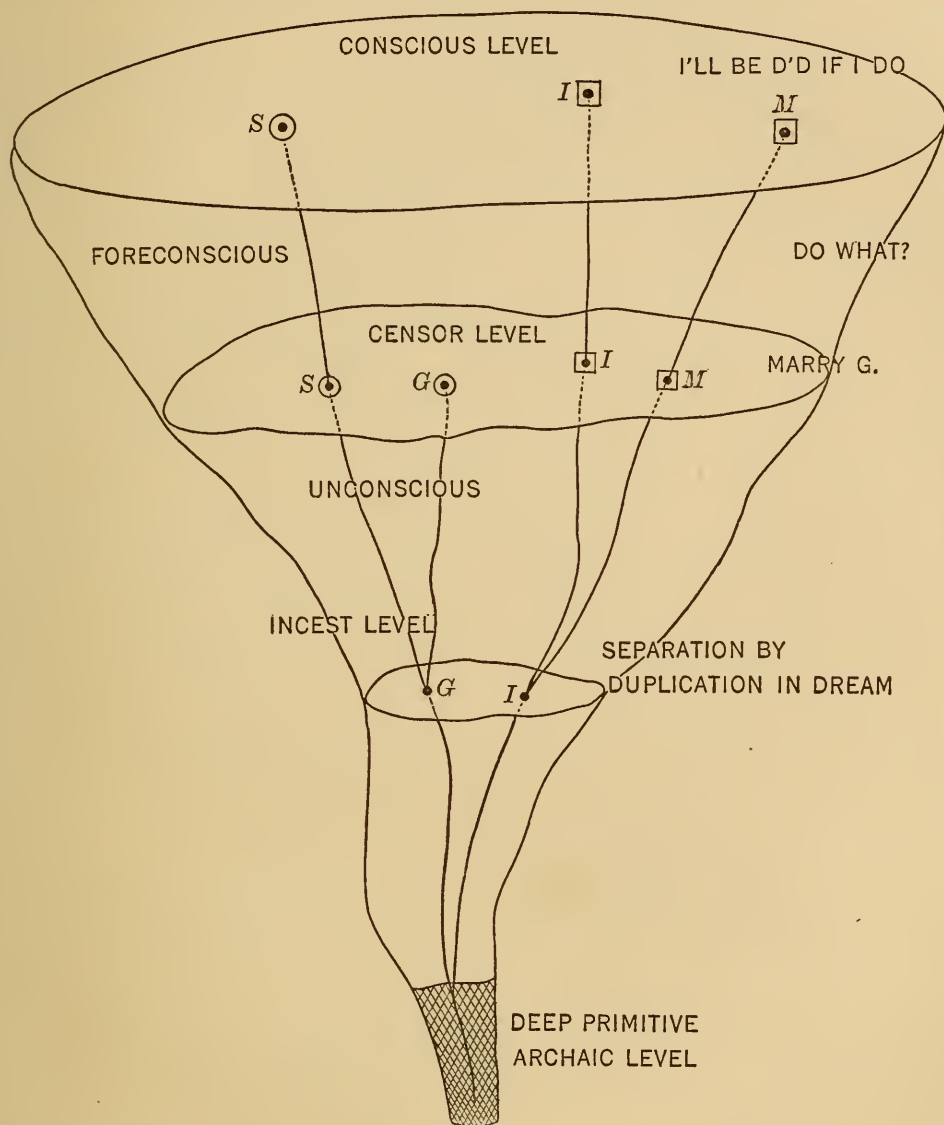
It is fairly well recognized that all final expressions of the human activity, conduct or behavior—as they are variously termed—arise from the depths of feeling. From the unconscious this “wish” or desire part of us gradually rises into consciousness to further the “work in hand,” through appropriate, that is, “censored” activity. “The cerebral mechanism is arranged just so as to *push back* into the unconscious almost the whole of our past.” This is Bergson’s way of expressing what Freud calls the “censor” “and allows *beyond the threshold* only that which will further the action in hand.” This latter we call conduct or behavior—the filtrate through the censor. “Our past then is made manifest to us in the form of impulse, it is felt in the form of feeling, whereas only a small part is *known* in the form of *idea*.”

This struggle upward I have tried to picture by an inverted cone. At the bottom is the core of generalized and highly condensed feeling and impulse, the rich background of the unconscious and archaic inheritance of all past experiences and values. From this well of feeling there comes surging to the surface some group of wishes, which, rising, separate out into the most primitive symbolic expressions of the same. As these symbols rise towards the surface they undergo various branchings, resymbolizations—the mechanisms of condensation, displacement and distortion that Freud so well describes. Finally they arrive at a point where the censor, or psychic diaphragm, cuts them off, they are now presentable to the censor. Then through secondary elaboration the manifest content of the dream appears in consciousness and is the material upon which the analyst works.

The method of free association now endeavors to lead backwards along the pathways that the feeling ascended from its sensational core to its resymbolized concrete intellectual image.

Manifestly there are many, many trends in this upward surge and no graphic can encompass the complex splittings, but I shall take a comparatively simple dream and endeavor to fit it into this graphic form of representation and illustrate a few of the points which have been discussed at length.

Thus the patient dreams: *G. (sister) and I are settled down. M (brother) and S (his wife) come around to the house to see us. S has a check to settle a little debt. G. is no longer there. M says "I'll be damned if we do."* I awake, and there is some sort of an idea of decision to live in a certain sort of a way. There is a sort



Rough and schematic illustration of the gradual transformation of the primitive archaic reproductive instincts wish as it passes to conscious expression in the dream as indicated in text. The chief points illustrated are the distortion by duplication. Dreamer I and M are brothers. G, a sister. S, wife of M, and the marriage wish of the dream. G and I are settled down. M and S come to visit us.

of an implication in the dream toward conservation of resources or fight for a living. The dream is extremely simple in form. The multiplicity of arising associations cannot be given, for discretionary

reasons. Furthermore the dream is to be used only to illustrate in part the scheme which has just been spoken of.

Before reducing certain features of it to graphic form attention should first be called to two of Freud's statements in his "Interpretation," which book, as has been said, should have been thoroughly read by the analyst, or else these articles on technique will be of little service. He says one looks first of all for the *feeling* in the dream. If there is any distinct sense of feeling tone it must be used as the main pathway of approach to the dream. Then again, if spoken words occur in the dream they may be taken more or less in a literal sense. That is they are less distorted products of the dream work, most conscious.

The feeling tone of this dream does not tell much of anything save as to a conflict of the dreamer, whether by saving his money he can conserve his resources and continue not doing any work, which latter is so difficult, if not impossible, for him, or to get out and hustle and be obliged to work.

But there is the heard speech, "I'll be damned if we do." Do what? I shall start my cone then with this statement and speak of this stratum of the dream as the conscious stratum. In this stratum there are three characters only. M, the brother, S, the sister-in-law, and the dreamer. One has been eliminated, G, the sister. This is represented in the graphic by the small circles as marked. The position as to the next stratum of the dream appears also in the manifest content, G and I are settled down, S and M come to see us.

Why has the sister been eliminated at the conscious level? If one trend of the dream be expressed in this graphic way it is not impossible to see that the dreamer has finally forced himself to the conviction that his unconscious incestuous bond to the sister is one of the important links in the construction of his neurosis. The *conscious* attitude to the sister, it need hardly be said, is one of "intense antagonism." Nor is it to be wondered at that the sister also has a severe neurosis. The dream also shows that the way in which he handles his money, or rather the way in which he permits his brother to handle it, is his conscious, behavioristic manner of hanging on to the unconscious incestuous phantasy through its displacement to the anal erotic hate complex.

For the first time, following this dream, the patient, using Silberer's hallucinatory method, was able to finally reproduce the early infantile erotic sensations in relation to the sister. This relationship he had most persistently resisted as a possibility.

This illustration is almost too simplistic to present, but if the analyst will try to picture to himself, in terms of the different strata of the dream thoughts, the condensations, distortions, splittings, displacements, etc., of the dream work, he will be able graphically to work out the chief stages in the unconscious erotic wishes of the patient and thus aid his patient to see them for himself. One can combine this form of graphic with those which immediately precede and obtain a fragmentary glimpse at the restless movements of the unconscious libido trends in their rapid differentiations and integrations. These finally result in action, showing themselves either as the metabolism of the body cell groups, or as conduct.

Before finishing this discussion I would call attention to a further bit of the work of the unconscious, glimpses of which may be read in the dream and which throws a searchlight into the possibilities of the future of the race. It has been held up as a reproach to psychoanalysis that it looks backward only. This is not in the least true. True it is like the weaver who must stop his machine to pick up a dropped stitch in order to go forward. The psychoanalytic method is a method for finding these dropped stitches—fixations—which prevent the use of part of the individual's energy for sublimation purposes. It goes back into the machinery to repair this difficulty in order that the individual may live a fuller and more complete life.

Practically all of man's activities come out of his unconscious. They push forward to keep the race in that path which will lead to further evolution. If 100,000,000 years have seen the ascent from colloidal ooze to man, what will the next same time span reveal and what agencies are at work to keep the individual and the race in the "strait and narrow path that leadeth unto righteousness," that is, race immortality?

In order to obtain a closer practical view of just what is meant, I cannot do better than to refer to Maeder's<sup>29</sup> stimulating work on the progressive aspect, the so-called prospective function, of the dream in the individual conflict. For it is the individual who embodies the epitome of the race and the individual activities which constitute racial development and progress. Moreover it is the dream which reveals most completely this individual in his controlling tendencies, if we consider it as revealing the two aspects, that which draws him back within himself and retards progress and likewise those tendencies which belong to his intrinsic and immortal spirit of progress.

<sup>29</sup> Maeder, *The Dream Problem*, Monograph Series, No. 22.

Maeder's emphasis, therefore, upon this side of the dream and its therapeutic value is merely a furthering of the complete psychoanalytic work. It is the goal toward which all of Freud's work tends, toward which his whole effort is directed. Yet it was necessary in the beginning to lay repeated stress upon the necessity for "the most exhaustive occupation with (the complexes)"<sup>30</sup> and thus Maeder thinks the revelation in the dream of the progress of the patient in regard to his conflict and his life task has lacked emphasis.

It must not be forgotten that the illness is due to a conflict between these opposing tendencies, so that the dreams, arising out of this same unconscious, which is the source of activity and conduct, would be expected to present both sides of the struggle. As Maeder points out, the reaction formula is already in the child. On one side are his egoistic wishes controlled by the pleasure-pain principle, through which he seeks to have them fulfilled. Offset against these is the life plan to which his inherent progressive tendency, his immortality, compels him. The whole aim of the analytic investigation of the dream, as Freud has expounded it, is to liberate this progressive tendency, the libido, from its fixations on the opposite side.

Maeder's point is this, that the dream itself in its manifest content as well as in its appropriation of clinical setting in the course of treatment, makes use of what, according to Freud's terminology, may be called intrapsychic perceptions and images of the situation as it exists in the unconscious, or what Silberer terms autosymbolism. By this means the dream manifests the stages of development of the neurotic conflict or in general of the personality itself. It shows, as Maeder's illustrative dreams make clear, the patient's insight into his problem, his conflict and the progress he has made toward acceptance of the life task. It presents therefore both the resistance and retardation which arise and the resolving of these, which is largely accomplished through the analysis of them as they thus appear in the manifest content.

Maeder has made use of three happily chosen forms of illustration. The first consists of a number of dreams occurring at successive periods of the analysis, with also a few dreams chosen from other patients. In the second place he borrows from Freud's "Interpretation of Dreams" the recurrent dream of the poet Rosegger and submits these to the same test for the prospective and healing

<sup>30</sup> Freud, *History of the Psychoanalytic Movement*, Monograph Series, No. 25.

function, extending thus beyond Freud's original analysis into the teleological service the dream rendered to the poet's actual attitude toward life. Finally he has utilized a second dream reported and analyzed by Freud, that of a nurse, in which the dream reveals the unwillingness of the individual to solve her problem and bring herself into an adjustment with life's demands.

Perhaps one of the clinical dreams will be best for incorporation into our discussion. I must content myself with an abbreviated reproduction of these dreams and their analyses and their place in the treatment as Maeder has reported them. "The dreamer is a youth of 18; he comes of a good family, of old stock which possesses, however, numerous neurotic features. He grew up between a father who was severe and violent in his demands, but who taken altogether, was quite lovable, and a mother who is gentle, yielding, sensitive and cultured. . . . He succeeded in being his own master, by allowing his own desires and moods and interests to dominate his life. Gradually tremendous gaps were noticed in his development. There followed a chasing from one school to another. After some years the youth emerged from these circumstances, quite unimproved and extraordinarily ignorant. Psychoanalytic treatment was then begun, side by side with suitable teaching and education. . . . after two years he was able to do a good piece of work in proper time. The dream analyzed belongs to a time during the analysis when the youth had overcome the worst difficulties and the severest conflicts. . . . The dream runs as follows: [I omit the first part, which is not here analyzed and also the gathering of associations, quoting the analysis made from them.] "*With a bicycle, we [dreamer and his sister] then rode further, to the lake [in Zurich], where we met O. and a man on horseback in a green uniform. He rode on a horse that had a beautiful blue coat. Before he came to the bridge he dismounted and showed the left foreleg of the blue horse to a boy, who suddenly appeared. Afterwards some gentleman spoke to us about Dr. D. and spoke of a check number which he had taken by mistake. I then offered to take it with me [to the doctor who lived in a higher part of the town] but he said he had already arranged something with his sister.*

" . . . According to the dreamer, the scene with the blue horse is the center of interest in the dream, the emotional interest is very strong here. It is necessary to remark that the horse has much significance for the dreamer himself and for his whole environment.

. . . If we use the material, thus obtained [through the associations], for interpretation, we find, in the first place, in the surface layer, on the objective level (to use Jung's excellent expression) the following:

"The blue horse is the beloved. . . . The horse represents more—the girls who have a magnetic effect, the mother, whose sexual significance is brought out by the scene in the bath during childhood [according to the associations].

"The green officer, his model, is the dreamer himself, who rides the horse, his beloved, with whom he made the tour (ride) that time. A parallel to this is furnished by the first part of the dream. . . . His sister, who here replaces the beloved, is the one with whom he carried on most of his childish tricks and for whom he has a strong transference.

"The officer examines the horse with the boy. The latter [a stable boy] is also identified with the dreamer, . . . his meaner ego. . . . By the choice of this symbol the dreamer measures his own value, saying 'I am also a low down fellow.' . . . One has been riding the horse too hard. In the same association we have also the masturbation, against which our dreamer has been fighting in vain for some time. . . . Accordingly, the dreamer is also identified with the horse. . . . And so we have arrived at the lower stratum, what Jung calls the subjective level. The horse becomes a symbol of the libido; a symbol of his own libido. In this stratum, note well, all symbols refer to the dreamer himself, and they are to be regarded as personifications of the different tendencies of his psyche. What on the objective level was regarded as the symbol of the beloved, becomes, on the subjective level, a symbol of that libido which has a tendency towards the object (the tendency is symbolized by its goal!).

"This part of the dream tells us then: L. (the dreamer) has ridden too hard, something is not right with me, and must be looked into. . . . That is to say, insight is dawning on the mind of the dreamer. After external separation from the beloved, . . . he was still intensely bound up in her internally. Because of the analysis he feels impelled to break with her, as he gradually came to see—although merely intellectually—how harmful their adventure had been for his development. . . . Inwardly he was not willing at the time to break with her; but he hid himself and his opposition behind me, the scapegoat. This dream shows us a further step. . . . His insight into his situation, the correct valuation of his adventure, becomes at the



time of the dream emotional, not merely intellectual. This insight with the double character of intelligence and affect, is very significant and forms a cardinal point in the cure by analysis; for whoever possesses this insight is really acting on his own principles and conviction and thereby occupies a different relation towards the analysis from at first. The physician is no longer one who asserts this or that; something which one accepts or rejects, according to the predominance of the positive or negative attitude, but he has become a leader who sees and points out what one carries in oneself and only recognizes with difficulty; the physician is now he who helps one to know oneself better and how to rule oneself. . . .

“The last part of the dream which deals with the conversation about the doctor and the number, is little plastic in its manifest content, and is poor also in its latent content. . . . An entire side of the problem of the development of the libido in the youth is still untouched, he is not yet capable of clearly viewing the realization of the insight he has won, much less of bringing it to pass. . . . This . . . segment is [for Maeder] a symbolic expression of the future and as yet insufficiently elaborated material. . . . The principal stress of the manifested dream is laid on the wonderfully beautiful blue color of the horse, by which, in his opinion, is expressed how . . . great an attraction enjoyment still holds for him. This picture contains a valuation, which may serve as a standard for the dreamer's attitude. The task before the dreamer is the conquest of the kingdom in which the reality principle, to use Freud's excellent expression, reigns. . . . This is a point of cardinal importance in the analysis. It . . . indicates . . . the beginning of upward progress.

“ . . . The psychoanalyst does not appear merely as physician in the last part; but also in the middle portion of the dream, namely, hidden behind the boy and probably also under the form of the officer. These two conduct the examination. The dreamer's identification with the boy points to the negative side of the transference he feels towards his physician; the physician takes the place of the father whom the dreamer fears. . . . But gradually the physician has become to the youth a model in some points. . . . Thus the dreamer identifies the two models. . . . I must add that the youth was advanced considerably through this analysis, and that he attacked the further solving of his problem with great earnestness.”

Maeder's consideration of the dream in this aspect by no means denies the existence of a close connection between the latent and the manifest dream content. We can see here how both belong to the

complete picture and the manifest content, as he states, can be valued and interpreted only by means of the latent dream material. The affect also, which accompanies the dream, as the above analysis shows, gains in this way a distinct value in recording the patient's progress. Particularly it expresses that most important step in the treatment, the passing over from a mere intellectual acceptance of the facts of the analysis, whether in interpretation of the underlying complexes or in recognition of the task to be accepted, to an emotional appreciation and appropriation of the same. *Intellectual acceptance can work no cure* but may prove seriously misleading to the patient who is attempting to grasp the situation and to the beginner in analysis as well. Therefore the value of this function of the dream in bringing not only to the analyst but more significantly to the patient himself the realization that the self-revelation and the actual life task in its concrete forms is being seized upon by the wish nature. For thus they become a part of that unconscious which Bergson so impressively describes "leaning over the present . . . pressing against the portals of the conscious" in order to "further" the work in hand for the individual in his share in racial achievement.

The seriousness of the task with which the psychoanalyst is confronted would be overwhelming were it not for the nature of the material with which he has to deal. This it should be remembered is dynamic and plastic. The very method which psychoanalysis employs enables one to take this material bit by bit, slowly, cautiously, the greater vision as well as the dynamic possibilities for good or ill always kept in mind, and by careful detailed work search out the libido lost in its regressions and remove the encrustations often of a lifelong maladjustment. Then, still through the analysis largely effectual on this side also by means of the dream, as we have seen, this libido is guided and stimulated to the acceptance and successful accomplishment of life's tasks. One enters through that recognition on the part of the conscious of the long divorced forces of the unconscious into a mutually intellectual and emotional knowledge of oneself, which means at last a true valuation of oneself. The libido is indeed free.

The magnitude of this task together with its infinite reward to both patient and physician has urged upon me minute details of caution and of direction. I have tried to show the value of a participation on the part of patient and physician in the greater cosmic view both of the origin and development of that unconscious which must be investigated, as well as of its potentiality for the future of the

race. There is necessary, likewise, the detailed appreciation of the individual effort to realize his position in society, his failure or success in handling the forces within him, and the guiding of his libido trends into a successful adaptive relation to cosmic progress.

He fails, as we have seen, principally through the difficulty which persists with individual and race alike, the difficulty of severance from the past and of entering into an independent creative attitude toward the present and future. This problem is a very concrete one because of the love relation in which life begins and through which alone, in its broadest sense, progress continues. Therefore the problem resolves itself very definitely into the "family romance" situation, or in Freud's classic term the *Œdipus* situation. For this reason the psychoanalyst must recognize and accept the transference phenomenon as the most important manifestation on the part of the patient and learn to use it as the most powerful factor in receiving the patient's groping after assurance and health, that is after an effectual adaptation to reality, and use this bridge actually to transfer the libido striving into reality and the life task.

The attempt has thus been made to point out the great trend of psychoanalysis and to set up a few guiding posts for the physician who would place himself actively in this movement. One thing further must never be lost sight of. The existence of the unconscious, though in one sense merely a pragmatic hypothesis, yet represents an undeniable and inescapable fact. We do "desire, will and act" with our past. It is preserved in some way and preserved for some useful purpose. This immeasurable and unfathomable past cannot, however, be allowed complete nor unguided control. There must be direction and regulation. Hence the need to understand it, its content and its history and how to utilize its affective value. Hence also the external barriers and restrictions which culture throws out from time to time as guides and limitations to aid in its control.

These are indispensable aids but they are not fixed. This past is the product of a stream of energy which so far as we are concerned is inexhaustible. It has not expended itself in building up the past, it contains unmeasured resources for the future. The millions of years back to the colloidal ooze only point to the millions of years ahead to we know not what. We only know that infinite possibilities of development lie before us which must continuously outgrow external barriers and limitations and form new ones. We know also that the thwarting of the creative impulse as it tries to

express itself in the various libido trends causes illness in any of the bodies activities and that these barriers sometimes exceed their usefulness and increase to too great an extent the existing repression and obstruction.

Society's great task therefore is the understanding of the life force, its manifold efforts at expression and the ways of attaining this, and to provide as free and expansive ways as possible for the creative energy which is to work marvelous things for the future. It is peculiarly the physician's task also to understand the failures and, searching out their causes, to bring back the misdirected energy to racial service and individual health and happiness. The reward is twofold and it comes in the direct path of detailed psychoanalytic service. It lies in the bringing of the individual into liberating self-knowledge and thus into racial achievement; it moreover establishes the physician himself in a vital contact with the unconscious, the great energetic source of all that life means, and it compels him to swing into line with cosmic progress and its creative possibilities. His is no small share in freeing and directing the energy whether in his patients or likewise in himself and in setting it to the molding and forming of reality.

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