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Wider Fields for Freud's Techniques

The methods he devised for man's study of the individual may help to resolve larger affairs.

By FRANZ ALEXANDER

Statue by Olem Nemon in the New York Psychoanalytic Institute.
Sigmund Freud—"His concepts not only are recognized in science but permeate the arts."

PSYCHOANALYSIS may be likened to the latest act in the drama of scientific development that began some 400 years ago with the dawn of the modern era. Man discovered the world about him, explored the earth, the physical and chemical forces at play in the universe and penetrated the mysteries of living organisms, including his own body. Now man is tackling the most difficult and challenging enterprise—understanding himself.

It is well to consider at this time how far we have gone in that enterprise—where psychoanalysis, both theory and practice, stand, what contribution it may make to the betterment of the world.

The great pioneer of psychoanalysis was Sigmund Freud, the Viennese physician. Like all great scientific discoverers, his ideas quarreled with accepted beliefs, and perhaps in no other field did a new theory provoke such bitter controversy. It has taken more than fifty years for psychiatry and medicine in general to assimilate Freud's views—longer than Pasteur's discoveries needed, and about as long as Darwin's. Today, Freudian concepts not only are recognized in medical and social science, but they have permeated literature, art and the stage, and invaded the screen and radio.

Freud's main contribution to psychology (which may be broadly defined as the science of individual experience and behavior) was to apply the principle of cause and effect in human behavior. Just as the physicist, for example, explains the behavior of inanimate bodies in terms of the effect of such physical forces as light, heat, mechanical energy, etc., so the psychoanalyst seeks the answer to human behavior in terms of internal forces that motivate it. We eat because we are hungry, weep because we feel sad, and attack a person because he hurt us. But such simple explanations do not account completely for the behavior of neurotic persons—those who, for instance, become sad without visible cause, attack others without provocation or otherwise behave irrationally. Freud demonstrated that such symptoms were determined by motives of which the individual was not conscious and, conversely, that if the hidden motives were uncovered the symptoms and their psychological causes became apparent not only to the physician but to the patient.

THE gist of Freud's theory is that the human personality is molded by experiences, most importantly those of childhood. The child is born with impulses (instincts) which he tends to carry into action at once. But under parental influence the impulses—basically destructive and sexual—become domesticated. If, in this process, the child is intimidated he tends to lock out of his consciousness all asocial and forbidden desires, impulses and ideas. Freud called this "repression" and the method by which the repressed impulses are made conscious again, "psychoanalysis."

He recognized that repressed impulses, though excluded from consciousness, do not cease to exist. They influence behavior, appear in a disguise in dreams and in inadvertent errors in everyday life, and above all they are the sources of neurotic symptoms. In order to master them they must be brought into the conscious mind because—as Freud put it—an enemy which one cannot see cannot be defeated.

From the point of view of mental therapy the most important discovery of Freud was what he called "transference." In developing his now familiar technique of establishing a close bond between the patient and the analyst—in effect a parental-like tie—Freud noted that the patient repeated toward the therapist his earlier emotional attitudes. If thwarted or frustrated, the patient became destructive, felt guilty or remorseful, or self-punitive just as he did in childhood. This transference, however, was a much weaker edition of those emotions which the patient had been unable to face in the past, and hence his stronger adult ego could now grapple with them as problems which he hitherto could not settle and had to repress.

But simple as transference and its allied principle of "free association"—the patient's unrestrained reporting to the analyst of all ideas flowing through his mind—may sound, their practice is a much more complex game of hide and seek, the mastery of which requires long training and experience. Just as Freud did, psychoanalysts today make scientific use of the most human faculty — speech — by which people communicate to one another their desires, feelings, beliefs and thoughts. Even so, the patient resists letting his unconscious, repressed impulses come to the surface, and overcoming this resistance has always been the basic problem of psychoanalytic treatment.

One of the important developments in technique is the attempt to introduce more flexible treatment. Originally, all patients met up with a uniform procedure from the psychoanalyst. Daily interviews were deemed necessary until treatment was ended. The analyst assumed the so-called passive attitude and interpreted the patient's reaction to treatment without trying to interfere actively. The advocates of the flexible approach argue that since a psychoanalyst deals with highly diversified human material, he should not use the same routine with all his patients.

SOME patients, for example, may need briefer and less intensive treatments. By changing the frequency of interviews—sometimes increasing, sometimes decreasing the number—the experimentalists contend that emotional reactions can be provoked and repressions made to show themselves faster. Interruptions, sometimes long and sometimes brief, can be used to help overcome the patient's dependence on treatment, which, as Freud observed, becomes in many cases the greatest obstacle to a cure.

The advocates of flexibility say the analyst should take an active interest in the patient's everyday life and encourage or discourage certain experiences outside of analytic sessions. Thus, in the treatment of an overly shy patient, the psychoanalyst may encourage him to seek the company of others.

The experimentalists also insist that intensifying corrective experiences during treatment frequently effects faster cures of a deep-seated nature. They point out that although the analyst is objective he also is an individual with his own characteristic emotional responses (or "counter-transference"), which in a subtle fashion influence his delicate relationship with the patient. The psychiatrist's own psychoanalysis, which is a required part of his training, makes him aware of his own typical reactions. This in turn helps him not only to control the reactions but to create for the treatment an emotional climate more likely to assist the patient in correcting his own past harmful experiences.

THUS a patient suffering the consequences of a rigid, intimidating upbringing may benefit if the psychoanalyst adopts a consistently indulgent or permissive attitude; conversely, the patient suffering from a "spoiled" childhood may react better to the strong-hand attitude. These contrasts between past and present bring old emotional patterns into sharp relief. The patient gets to understand them and to feel that they are out of place, that they grew as responses to childhood situations wholly out of tune with the present.

The rapid change in the types of patients seeking psychoanalytic help is another factor giving impetus to changed technique. Once only the most severe chronic neurotics went to analysts. But now, since the wide public and professional acceptance of psychoanalysis, a number of incipient neurotics formerly not recognized seek treatment. They require a different approach from that used for chronic cases. The higher incidence of acute neuroses induced by the war also contributed to experiments in technique.

The profession is still far from agreement on these modifications in treatment. Traditionalists demand further proof that such measures are *(Continued on Page 52)*

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actually effective. They also doubt that any real personality changes can be achieved by, for example, shorter treatment. Another group, while not denying the virtues of a varying technique for certain cases, protests against calling it psychoanalysis. These critics prefer to term the modified approach "psychoanalytically oriented psychotherapy." Though the divisions in opinion are sharp they do not represent essentially different schools of thought or such deep schisms as the earlier dissensions of Adler, Jung and Rank on basic principles of psychoanalysis. Rather they are the technical differences unavoidable in any developing scientific field.

A MAJOR development growing out of psychoanalysis has been the study of the effects of mental disorders on the physical. From the earliest days of medicine, physicians have noted the effect of emotional tensions on patients. That a victim of heart disease should be protected from great excitement, that a sufferer from stomach ulcer should relax and avoid worry—these observations have belonged to medical common sense for a long time. Psychosomatic studies, by substituting knowledge for intuition or vague common sense, pinned down specific emotional conflicts contributing to chronic stomach ulcers, asthma, rheumatoid arthritis and other diseases. For example, a frustration of dependent desire—the excessive yearning to be helped by others—plays an important role in the cause of stomach ulcer. Suppressed rage and fear speed up the pulse, change metabolism—the processes concerned with the building up and destruction of bodily cells—and raise blood press ure. (How often has a spluttering, irate husband been advised, "Now calm down, my dear, remember your blood pressure.")

FREUDISMS

"The conscious mind may be compared to a fountain playing in the sun and falling back into the great subterranean pool of the subconscious from which it rises."

"* * * People are so polite. But it sometimes means they repress so much in themselves that they grow neurotic."

"The mind is an iceberg. It floats with only one-seventh of its bulk above water."

"I am cross with mankind."

SINCE all emotional processes are localized in the different brain centers connected by our nervous network to all parts of the body, any emotional tensions inevitably disturb heart action, digestion, breathing or other bodily functions. If these emotionally caused disturbances persist a long time, they may result in permanent tissue damage and so contribute to chronic disease. The role of psychoanalysis in this phase of medicine simply was to contribute a refined method for attacking the emotional factors in organic diseases. Psychoanalytic therapy has proved successful in early stages of chronic diseases in which no irreversible tissue damage has yet developed. And even in advanced cases, psychotherapy sometimes has an arresting effect or at least brings a measure of relief.

ESSENTIALLY, psychosomatic medicine is the integration of modern psychiatry with other medical specialties. It can be applied in all the specialties because emotions influence all body functions. The physician and surgeon treat diseased organs; the psychosomatic approach not only does this but treats the diseased person.

What are some of the applications of psychoanalysis in the field of social science and education?

Events seem to have justified Freud's unflattering picture of human nature sooner than even he expected. At the turn of the century the Western world had enjoyed a period of relative peace and well-being, and people who complacently deemed themselves highly civilized spoke contemptuously of the barbarism of the past.

But what have we had in the less than fifty years since Freud outraged even his close colleagues with his startling new theory? Two world wars, the revival in Central and Eastern Europe of primitive forms of tyranny, of medieval cruelty, tortures and persecution. Even now society seems preoccupied with the improvement of weapons for its own destruction. All this confirms Freud's contention that behind a veneer of civilization man hides an asocial nucleus more destructive than the atomic nucleus he recently put to such devastating use.

INSTEAD of denying or rationalizing these destructive forces, psychoanalysis has been used to lay bare the innermost core of human behavior. Man's behavior as a social being can be understood only in terms of his individual personality. But at the same time, this personality to a large degree is a product of social environment.

For many years anthropologists knew and described the two great taboos of primitive society: not to have sexual relations with a woman belonging to the same totem group and not to kill the totem animal which is the symbol of the father. Freud was the first to explain the meaning of these taboos; he recognized them as

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In exile from Nazi Austria—Freud arriving in Paris.

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defenses against what he called the Oedipus complex.

But while Freud's theory dealt only with universal factors of personality, anthropologists — particularly in this country—have used the psychoanalytic approach to explain specific features of a nation's character. Their basic assumption is that the family is the factory in which the human personality is stamped out. In turn, the personality traits of a nation — what makes a German a German, a Japanese a Japanese, an American an American—arise from the similarities of family life in the same culture.

Racial characteristics, according to anthropologists, have little or no importance in this respect. This can best be demonstrated by the American civilization in which, within two or three generations, immigrants from widely different ethnic and cultural groups have developed a personality which can definitely be characterized as American.

Two recent anthropological studies—one on the Japanese and another on the Americans — emphasize the theory that traditional culture patterns as a whole determine the parental and family attitudes which in turn determine a nation's personality. In her classical work on the Japanese ("The Chrysanthemum and the Sword") the late Ruth Benedict showed how the typical Japanese family's emphasis on duty, filial reverence and a rigid code of behavior stems from the hierarchical feudal system which existed in Japan for centuries. Individually and as families the Japanese reflect the attitude of the retainer toward his lord.

Equally interesting is Margaret Mead's study of the American personality which in many respects offers a direct contrast to that of the Japanese. While the Japanese feels a parental indebtedness which he must spend a lifetime paying off, the American emphasizes the concept of the self-made man. A Japanese's self-respect depends on how successfully he lives up to the code of revering his ancestors; an American's is based on how successfully he can outstrip his forebears. This has been most conspicuous in our immigrant families whose children had to learn a different language and customs and so not only developed little or no reverence for the traditions of their parents' country but actually veered away from them.

After psychoanalysis demonstrated that it could modify the personality structure, hopes arose that it might also be able to prescribe how a generation of more peaceful human beings could be reared. No doubt, a group of psychiatrists and educators theoretically could agree on an educational program which would produce more peaceful personalities. But psychiatrists do not determine the large social forces, emotional atmosphere and ideology of a nation. Rather, these stem from parental attitudes, which in turn derive from tradition. This should warn us that efforts to re-educate other nations by introducing attitudes alien to their cultural soil are futile. But though ideology and attitudes within a whole culture are beyond the scope of psychiatry, it has developed methods which can contribute to the mental health of nations by attacking problems at the individual level.

In its struggle for self-preservation, humanity in every era develops the kind of knowledge it needs most to survive. Modern man developed bacteriology and physical hygiene as a defense against the menace to life in congested industrial areas. The impasse in which the world finds itself today is caused by the great discrepancy between the advances in natural sciences and the social sciences. We have harnessed the forces of nature but we now face the consequences of our failure to harness the emotional forces of man, that we may prevent him from using his increased technological knowledge for self-destruction. Education and religion alone have not been able to accomplish this. Psychological science is now helping to achieve this goal by scrutinizing the inner springs of human behavior.