

Some Demands of Psychoanalysis

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ASK the average person why there is so much nervous disease in the world today, and he will probably tell you that it is due to the wear and tear of modern life. Many and more definite reasons for the frequency of nervous disorders can be given. Perhaps it is a weak and tainted constitution that is unable longer to endure the burdens of life; or the oppression of a soul by the weight of emotions that have no natural outlet. Perhaps it is some unfortunate ignorance of the moral law or a violation of its precepts. More often it is the loss of confidence in God and of the sense of our higher destinies. At times the conflict becomes terrible, leaving in its wake a torn and shattered humanity, powerless to meet the demands of society and religion, and buried in an abyss of desolation. Nervous afflictions are the most baffling of all human ills and to a greater extent than physical disease, lead to both spiritual and social inefficiency. With truth the nerve-wrecked patient may cry out with the prophet: "O all ye that pass by the way, attend and see if there is any sorrow like to my sorrow."¹

To understand the causes of nervous symptoms the physician must be thoroughly acquainted with the mental and emotional life of his patient. Psychoanalysis is a method of studying and analyzing the operations of human mind for the purpose of locating and banishing any hidden causes of mental, moral or physical disorder. Mental activities are both conscious and unconscious; psychoanalysis investigates both types of mental operations, but is interested particularly in the unconscious phenomena. It reveals the workings of a troubled soul; it disentangles mental processes that have become involved in perplexing straits, and reduces them to their simple and intel-

¹Lamentations: I: 12.

ligible elements. According to the psychoanalytic method, this penetration into the origin of symptoms is at once the treatment and the cure.²

The development of psychoanalysis forms an interesting chapter in the history of medicine. In 1883 Sigmund Freud and Josef Breuer, both physicians of Vienna, published an article describing the case of a young woman suffering from hysteria. Ordinary treatment had proved of no avail, until it was discovered that the facts offered by the patient in explanation of her condition represented in reality only a part of her difficulties. This was not due to any deliberate attempt to conceal her state, but, as it was later shown, to an unconscious repression of certain portions of her history because of their painful nature.

By a long and tedious process that finally developed into the refinements of the psychoanalytic method, many of these hidden and repressed experiences of the past were brought to light. Freud concluded that forgotten incidents were the real causes of an hysterical condition. Later it became evident that the underlying mechanisms of other nervous states, such as manias, and morbid ideas, fixed ideas and impulsive thinking, are similar to hysteria. Their causes are essentially the same, for all can be traced to the presence within the unconscious mind of distasteful and repugnant ideas and memories. These painful reminiscences, though buried far below the surface of consciousness, are still active and living forces, and only when they are revived and brought into conscious light can a permanent cure take place.

With the growth of interest in the new theory and the ever-increasing number of Freud's disciples, opinion gradually divided in the interpretation of results obtained through psychoanalytic treatment, especially with regard to the true nature of nervous symptoms. Today there are several distinct schools with certain well-marked differences. The more important by far of these are the Viennese school, of which Freud himself stands as the originator and ablest exponent, and the Zürich school with Jung as its head. In essentials, however, all agree with Freud; the chief disagreement lies in varying degree of emphasis that is placed on the notion of sex in explaining the symptoms of nervous and mental diseases. Freud of course

² What is Psychoanalysis? by Isador H. Coriat, M. D., New York: Moffat, Yard & Co., 1917.

insists that every neurosis is explicable only on the assumption of some sex-insult in the previous life history of the patient; with this view, Jung and his associates are not inclined to agree.

One of the most important fields of study opened up by the psychoanalytic system is concerned with the material of the unconscious mind. There are three distinct avenues of approach to our mental life. The first is the ordinary method of introspection—a wide-awake examination, so to speak, of the workings of the conscious mind, where all is open and clear to the close observer. Travelling outside the realm of consciousness we come upon the contents of what Freud designates as the fore-conscious mind. Here we find the facts of recent experience that lie just outside the focus of attention and may be readily summoned into consciousness. The third manner of studying mental activity is through the dark and uncertain paths of the unconscious mind, where everything is hidden and obscure. Here all our previous experiences are securely stored, among them the repressed desires and unnatural fears that have been carried over from early childhood or even from infancy into adult life. In this dark and mysterious chamber of our being are gathered the powerful urges and wishes, often of an unethical character, which continually seek for fulfilment but cannot be realized because inhibited by the censor of consciousness, the self-protective instinct, which sidetracks, as it were, all unpleasant thoughts and feelings, to prevent their becoming facts of conscious experience.

A very fruitful means for probing the depths of the unconscious mind is the dream. The nervous patient, as a rule, relates strange and harassing dreams, and in almost every case, they possess a profound personal significance for the subject. They are the outgrowth, sometimes literal, sometimes symbolic, of the individual's unconscious life. According to Freud's interpretation, the dream is the fulfilment of a repressed wish. By this means all our unconscious desires, urges, and ambitions find at least a temporary satisfaction. A double content may be distinguished in every dream. The portion of it which we remember on awaking from slumber is the manifest content, because it is easily recalled. The other and more important part comprises all those underlying and forgotten thoughts that have

produced the dream, and which can be known to the dreamer only on careful analysis.

The gaps in our dreams to which we are all accustomed, are seldom due to faulty memory, so Freud says, but result from the uninteresting or unpleasant character of the incidents. It is the unremembered content, which when resurrected from its hiding-place in the unconscious and properly interpreted, will reveal to the physician the unsuspected source of his patient's trouble. Very often there is scarcely any apparent connection between the dream and the illness, due to the fact that the occurrences related by the subject are so distorted or symbolized that it is difficult to determine their hidden meaning. This, as Freud explains, is owing to the vigilance of the censor of consciousness which clothes our secret desires in fantastic and shadowy forms lest their nakedness or loose nature should frighten us.

To understand how the unconscious mind influences the condition of nervous patients we must thoroughly examine all that it contains. The totality of life's experience is in some manner registered there. Among the distasteful relics of the past we must class the numerous complexes that play so large a part in the Freudian theory. In order to grasp the meaning of the complex it is necessary to remember that all our ideas receive a certain uniform arrangement in the mind. The cement holding them together in coherent structure is the affect or feeling of the individual. This array of ideas upon a background of emotional life results in distinctive types of character. Now it happens that in people with symptoms of nervous or mental disease, a constellation of ideas, grouped around some unpleasant incident, is crowded out of clear consciousness and forced down into the region of the unconscious. Here because of the strain of continual repression, it tends to lead an isolated existence, and gives rise to the symptoms of which the patient complains. It is like a Jack-in-the-box when the lid is down. The Jack is out of sight, but he is curled up and compressed, and ready to spring out in all his strange hideousness as soon as the lid is released. Such a constellation of repressed thoughts and emotions is termed a complex.

The extreme difficulty of locating and uncovering the complex is due to the unusual, often symbolic, form under which it manifests itself. The memories of disagreeable experiences, of

unethical, hateful, and otherwise impossible wishes, while crowded out of the mind by the ever-watchful censor of consciousness, still struggle for expression. The complex cries for recognition, the censor will have none of it. The battle wages bitterly until finally some sort of compromise is reached by allowing the complex to come into consciousness but only under the cloak of disguise which the patient cannot recognize. His ignorance of the deep-seated source of his conflicts stands in the way of a proper adjustment. He is like the little girl who was frightened at the strange actions of her paper donkey; but when she saw the mechanism of the toy, all her fears vanished. Could the patient be made to see the inner workings of his complexes, he too would be rid of them at once.

The kinds of complexes are almost without number. Let us see how they develop. My neighbor, for example, learns of some weakness in my character which I have made every effort to conceal. The shame felt at the disclosure and the brooding over it, result in what is known as an inferiority complex. The growth of an over attachment of a son for the mother, or of a daughter for the father give birth to the Oedipus and Electra complexes, which manifest themselves in a violent aversion for the opposite parent. Tendencies of this kind, Freud asserts, occur in the lives of all children. It is only when they take an exaggerated form or are not properly handled, that they become a source of danger to the growing child. Another fertile crop of complexes springs from abnormal fears or phobias, as they are called, which very often may be traced to some fright in childhood. It may be astrophobia, a fear of lightning and thunder; or claustrophobia, a fear of closed spaces and crowded rooms; or akrophobia, a fear of high places. Perhaps the complex asserts itself in the form of a mania or wild impulse, as kleptomania, a morbid desire to steal things which the patient often does not want or could easily afford to buy; or pyromania, an impulse to set things on fire; or arithomania, an overpowering desire to count everything, the letters in a word, the objects in a streets. Of these fears and manias it may be said that their number is legion. All of them have their roots buried deep in the unconscious mind.

Another important product of the unconscious mind and one which profoundly influences all our emotional life is the

"libido," a term which in its root meaning often has an un-savoury sexual import. It is on this element in the psycho-analytic theory of Freud that the severest strictures have been laid. Understanding the word in its wide sense, "libido" is practically synonymous with sexual impulse. Sexuality, however, as the psychoanalyst firmly insists, must not be confounded with sensuality. The strictly scientific use of the term, "libido," according to orthodox Freudians, includes the combined energy of man's two most powerful instincts—the sex urge, which prompts him to conserve the species; and the hunger urge, whose goal is the life and preservation of the individual. When therefore we add to the complexes the vital forces of the "libido," as well as the content of daily experience dating back to the earliest days of our existence, we see what a veritable storehouse of energy and hidden strength the unconscious part of our being may become. If this force is misguided it is certain to spell disaster; but when released in the proper direction, it will profit both the individual and society. It is the aim of psychoanalysis to guide this tremendous power into useful and social channels.

In order to gain a passageway into the unconscious and uncover the secret springs of abnormal states, the physician must exercise skill and patience. The method first employed in the analytic procedure is that of free association. The patient is seated in a quiet and restful place favorable to a passive attitude. He is then asked to tell the analyst all the thoughts that pass through his mind, no matter how trivial they may seem. This process is meant to fill out the information which the physician has already acquired from his initial conversation with the patient. Every idea thus acquired is supposed to have some connection with the central event. Dream life is carefully investigated, for some of the most valuable information is gathered from this source. Nothing in fact is so inconsequential that it may be neglected.

All the little slips of the tongue, forgotten incidents, points at which two recitals of an event are at variance, even witticisms,³ must be traced to their origins. The "word test" is also tried. It consists in noting the reaction of the patient to a list

³ Wit and its Relation to the Unconscious, by Sigmund Freud; translated by A. A. Brill: New York, Moffat, Yard & Co., 1916.

of a hundred words or more, carefully chosen to cover the field of possible complex formations, with particular significance for the subject under analysis. As the words are read off he is asked to answer immediately the first thought or word that comes to his mind. The time taken for the reaction is observed. When one of the words in the list touches a complex a marked disturbance is detected which may show itself in a variety of ways: increased length of time in responding; peculiarity in the type of reaction; agitation or embarrassment; failure to repeat the same word-association when the list is used a second time. Such is the method of unravelling the tangled network of our mental life. Only when pent-up thoughts, wishes, and feelings are loosed from their prison-chains in the unconscious and brought to light, can they be reacted, carried out in speech, or removed by proper medical advice, and thus dissipate their malignant force. All this may mean weeks, months, even years. What has taken a life-time to produce cannot be set aside in an hour.

The most essential requisite of a successful psychoanalytic process, is the establishing of a sympathetic relationship between the subject and the analyst. This is known as the transference.⁴ The sympathy thus aroused is of a nature identical with that which exists in all lines of medical treatment when a patient has found confidence in his doctor. In neurotics this feeling is much more exaggerated, and becomes an affair for the most delicate and conscientious handling. In the reeducation of the patient everything depends upon the attitude of the physician, and his willingness to enter in an understanding manner into the condition of his subject. Before the process has continued for any length of time the patient sees that to go on means the unburdening of his very soul. In the course of the analysis the physician will hear many intimate thoughts, learn of many wrong, disgusting, or even criminal acts. He must not blame or ridicule, for such action would be fatal to success.

To reach any definite knowledge of the basis upon which the transference is made, we must have some idea of the progressive development through which the individual passes in arriving at maturity. Any breaking in on the process is certain

⁴ Transference and some of its Problems in Psychoses, by Mary O'Malley, M. D., in *The Psychoanalytic Review*, Vol. X, no. 1, Jan., 1923.

to result in an abnormal condition. The earliest stage in this evolution expresses itself in an instinctive craving to find a love-object. The first motions of love that the child may be said to experience are centered on himself; he is his own love-object. As his field of knowledge grows he naturally tends to fix his affections on his parents or other members of immediate relationship. Passing outside the sphere of the family, his love is directed toward some individual of his own sex, which is of course only a transitional step toward the permanent object of his desires, a person of the opposite sex. This is the ordinary course of human love. It is largely an admixture of spiritual and material qualities. Sexual life in fact may be intimately bound up with the affairs of the mind, even though the purely animal part of our being is to a greater or less degree forced into the background, or sublimated, through a process of religious or educational refinement, into higher and more ethical forms of activity.⁵

Due to a variety of causes, such as the inheritance of a weak mental or bodily constitution, unpleasant associations, misplacement or misguidance of affections, some of the love interests may remain at one of the lower levels of development, while others advance to maturity. Any difficulty in the path of the neurotic may be a signal for halt or retreat. He cannot endure the chill hard edge of reality, but flies back over the road which he has already travelled. Before coming to a stop he may have regressed to the lowest level—to the emotional life of infancy, where all affection is centered on self. This is the hardest case with which the analyst has to deal; for all the love-interests of such a person are completely satisfied in himself.

To dispose of the patient's complexes, and to educate him up to the line of normalcy, it is necessary to release the psychological content of the unconscious mind which is holding him back from proper adjustment to his difficulties. Should he lose confidence in the physician a negative transfer, taking the form of hatred, is very likely to occur, followed by deep regression. The analyst must become in turn the father or mother, the wife or husband, every person, in fact, who ever had an emotional interest for the patient. The repressed feelings of the sufferer,

⁵ The Psychoanalytic Method, by Oscar Pfister; Introduction translated by Chas. R. Payne, M. D., New York, Moffat Yard & Co., 1917.

released from their shackles in the unconscious by the process of analysis, are temporarily centered on the physician on their way to more permanent and suitable objects, both because he is the first available recipient, and because his position of authority as conductor of the analysis, naturally suits him for the part.⁶

Gradually the repressed conflict is brought to the patient's consciousness, a remodelling of personality is made, and for the first time in his life, perhaps, the afflicted individual gains real insight into his condition. Sublimation is the final step. It is the unconscious conducting of the repressed emotions to a higher, less objectionable and more useful goal. Once recovery is assured the transference must be dissolved, the bond of sympathy broken, and the patient left to his own resources. Care should be taken to provide him with an environment that is free from worry and distress.

This general acquaintance with the principles of psychoanalysis answers our present purpose. The theory in its original form was restricted to the science of psychological medicine, and, as the reader will have noted, it is that view of the subject which we have offered. With the further elaboration of the system, however, there has been a steadily-growing tendency to enlarge its fields of application. Today psychoanalysis is not merely a method of psychotherapy; it is a religious and pedagogical system. That it cannot justify its claims to this larger extension is evident. One must recognize, however, the attention which careful and observant thinkers have given to psychoanalysis. We have indicated some of its demands.

⁶The Psychoanalytic Study of the Family by J. C. Flugel, B. A., p. 123. New York, the International Psychoanalytic Press, 1921.

