

Basic Principles OF Psychoanalysis

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With an Introduction by

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1.

The Cathartic Method

"...It is by utterance that we live..."

PSYCHOANALYSIS is a term that was fully developed by Professor Sigmund Freud and his pupils, and, etymologically, means mental analysis. We hear about all kinds of psychoanalysis, but the psychoanalysis that we are going to study is a mental analysis of a special kind that works with special instruments; it means the analysis of normal and abnormal activities by a certain definite method—through the analysis of dreams, psychopathological actions, hallucinations, delusions, and psychic attacks of all kinds which we find in the abnormal spheres. It was originally developed by studying the so-called borderline cases of mental diseases; that is to say, Professor Freud started with cases of so-called "nervousness" which the average psychiatrist of his time put under such headings as neurasthenia, hysteria, obsessions, and phobias. In order that we may understand fully how the subject of psychoanalysis was evolved, it seems to me desirable to say a few words about the early history of mental diseases.

Brief Survey of Nervous and Mental Diseases

The first scientific description of mental illness dates back to 460 B.C.: at that time Hippocrates considered mental disturbances as abnormalities owing to some abnormal condition in the brain. Following him there was a long period of intermission, but one may find clinical descriptions by such men as Aretaeus in A.D. 60, by Galen in A.D. 160, and by many others. During the Middle Ages the subject was not only neglected, but a great retrogression followed. The mentally sick were treated most cruelly, and, like criminals, were chained and put to death for being obsessed. But with the advance of civilization these sick people began to receive more and more attention, and in 1792 Professor Philippe Pinel of Paris brought about the abolition of chaining. He was the first person to recognize that the "insane" person was a sick person and not a demon or criminal, and since his time there has been a gradual tendency toward both ameliorating the condition of the mentally ill and understanding the nature of "insanity" generally.

Modern or present-day psychiatry dates back about fifty years or perhaps even less. But we may say that long before then individual efforts had been made to study the subject intelligently and scientifically, and we find accordingly a great many scientific contributions to catatonia and other mental diseases. Yet most of the textbooks then current talked about mania and melancholia as if they were diseases by themselves. Nowadays we know, of course, that melancholia and mania are not diseases; it would be just as wrong to call coughing a disease. We all know that coughing is only a symptom of a disease; it is not a clinical entity. That is to say, one may cough because he has tuberculosis, or perhaps an ordinary so-called cold. And so, too, with mania. Among the mentally ill there is no form of psychosis that may not show a period of that so-called mania. It is just a symptom. And so, as you see, symptoms were taken for diseases and there were a great many misunderstandings. I have seen on record at state hospitals how a patient has been diagnosed, say in 1880, as a case of mania, two years later as a case of melancholia, three years later again as a case of mania, and five years later the patient died of softening of the brain. This occurred simply because the doctors did not know any better, and this is still more or

less true of some practitioners, particularly of those doctors who have received their education under the old regime.

It was Professor Emil Kraepelin, at that time of Heidelberg, who evolved modern mental science. He was a pupil of the great psychologist Wundt, and after observing some patients for three or four decades he discovered that these patients followed definite courses not only in the manifestations of their mental symptoms but also in their whole physical make-up. Kraepelin did for mental diseases what Virchow did for pathology. The latter held that we must know how the organs look in order to diagnose a disease. He examined diseased lungs, for instance, and found that they showed certain characteristic features. But of course it was not until the microscope was used that real entities were established, for though a diseased lung may appear tubercular to the naked eye, it may not be that at all when studied and compared under the microscope. In mental diseases the microscope is psychoanalysis. Up to the advent of Freud and his school no effort was made to find out what the patient had in mind or, if he said anything at all, what it meant. It was sufficient to write in our notes that he was dull, stupid, and demented. What all that really meant made little difference. When I came to the state hospital I examined a patient's record of twenty years. I would read-1882, patient dull, stupid, and demented; then a few years later: patient demented, dull, and stupid; and so on, until they almost exhausted all possible permutations and combinations. Then, "the patient suddenly died."

With Kraepelin's work, however, which was introduced into this country mainly through the efforts of Adolf Meyer, there was a marked improvement. Psychological entries were regularly made, every history was comprehensively noted, and particular attention was paid to the general behavior of the patient. We noted, for instance, what the patient said and did, whether he showed any hallucinatory and delusional trends, such as imagining that he was an emperor of Japan and that he was robbed of his throne, or whether he was just indifferent to his environment. His intelligence, memory, and orientation were thoroughly tested, and last, but not least, he received a thorough physical and neurological examination. Only after such an examination did one venture the diagnosis. However, when one read a number of histories of the same disease entity, say, dementia praecox, one could readily observe that there were no two cases exactly alike. And Kraepelin and his school never asked why it was that patient A had hallucinations of hearing a woman calling him endearing names, and why patient B heard a little child crying "Mother," and why patient C heard a man speaking to her. No effort was made to find out why this was so until Professor Freud published his original studies of the so-called borderline cases of mental diseases.

When we began to examine the nature of hallucinations and delusions, we found, for example, that there is a definite reason why such and such a woman sat in a corner of the room at the hospital and fondled a doll made of rags and newspapers, talking to it as though it were her baby. When we investigated this woman's life, we found that she had had an only child and lost it, and thus became mentally ill. When a woman talks to herself, we often find upon examination that she misses the person to whom she talks. I have in mind at present a woman who continually conversed with her imaginary bridegroom. Upon investigation it was found that on her wedding day, when all the guests and relatives were assembled, he took short leave and did not come. Everybody, of course, went home and bitterly inveighed against him; she alone tried to defend him. She was stupefied and could not imagine that he would not come; she begged the people to wait, and they continued to wait for hours, but the man never appeared. Then, suddenly, she ran to the door and exclaimed that she heard him talking to her, and since then she has been in a hospital.

Before Freud developed psychoanalysis it was commonly held that if a person is nervous, there must be something wrong with his physical make-up, regardless of

whether this could be substantiated by examination. Such patients constituted a very large part of office practice. They complained of all sorts of aches and pains, peculiar feelings, morbid fears and obsessive thoughts, for which there was no known physical basis. Dr. Beard, an American physician, concluded that as nothing wrong could be ascertained in the physical examination of such cases there was necessarily something wrong with their nerves, and he therefore designated this whole class of cases as *neurasthenia*, which means a weakness of nerves. As a matter of fact, these cases really show no more "weakness of nerves" than people who have no such complaints to offer. But Dr. Beard and others of his time thought that the nerve fibers must be weak, for apparently there was no heart trouble, nor lung trouble, nor anything else that was organically wrong, to account for the patients' complaints.

Various remedies were used in neurasthenia, but the treatment was purely symptomatic. Thus if the patients were excited, the medicine quieted them; if dull or depressed, they were stimulated. But whatever was the remedy, they did not recover; they kept on taking these drugs and returning to the doctor, much to the disgust of both physician and patient. I may say that fully 80 per cent of patients who consult doctors suffer from such complaints, as has been shown by the experience of numbers of consultants. They represent the largest class of patients that we find in clinics, dispensaries, and private practice. Of course they may be helped somewhat, but only temporarily by some current therapy. Years ago, when I worked in five different clinics and dispensaries in New York, I would come in contact with patients who had made the acquaintance of all of them. I would treat a woman in the Vanderbilt Clinic and then meet her in the Bellevue dispensary; she would look quite abashed and sorry, and declare apologetically that the medicine she received from me in the first clinic no longer did her any good. And so these patients kept on moving from one clinic to another, and, as a matter of fact, this is largely the case today.

About 1880 Professor Heinrich Erb of the University of Heidelberg discovered the therapeutic value of electricity. It soon became the rage; it was used in the diagnosis as well as in the treatment. Every nervous person was sooner or later initiated into the mystery of electrical shocks; when the ordinary ones proved ineffective, new forms of electrical currents were invented. But at best such treatment served only as a form of suggestion. In a few weeks the patient would come back with some new ailment. Electricity may do some temporary good, but it never cures. A little electricity, a dose of medicine, or a cold bath or massage may help somewhat, but I do not hesitate to say that I have never seen a case that was cured by such means. Like the other practitioners of his time, Professor Freud resorted to all the remedies at his disposal, but the results were very discouraging.

It was at this time that Freud read about Professor Charcot of Paris, who was experimenting with hypnotism. Charcot found that he could hypnotize a hysterical person and suggest to her the symptom of another person and the patient would have this symptom. In other words, he maintained that hysterical symptoms can be suggested through hypnotism, and if they can be suggested by hypnotism, they can also be removed by it. Let me say, in passing, that hypnotism is nothing quite so strange and mysterious as you generally imagine. Do not think that a person can be hypnotized *no/ens volens* in the manner shown on the vaudeville stage. No one can be hypnotized against his will. But there is no doubt that if people are willing, they can usually be hypnotized. Charcot's experiments soon became widely known in the scientific world. Freud heard about these new studies when he went to Paris and became one of Charcot's pupils, and the translator of some of his work.

The "Talking Cure"

Before going to Charcot's clinic. Freud became friendly with Dr. Breuer, a man older than himself, who worked in the same laboratory with him. One day Breuer described what he considered an unusually interesting case. It was of a young woman

whom he thought to be intelligent and refined who was suffering from a severe case of hysteria. She had been treated by some of the most prominent neurologists and psychiatrists in Europe and finally came back to Breuer, her family physician. One day while under hypnosis she said to him: "Dr. Breuer, if you would only let me talk to you and tell you how my symptoms started, I think it would help." Dr. Breuer was sympathetic and told her to go right ahead. She began to tell him of a paralysis she had, and presently she went into an intimate account of her life; she talked on and on, with much feeling about the symptom, and after many hours she felt relieved. This treatment continued for a long time with good results. The patient, Miss Anna O., liked the treatment and called it the "talking cure." She was hypnotized and questioned about the symptom. She would tell when a certain symptom came, how she suffered, and spoke about things that a doctor would not generally think of listening to. It meant quite a tax on Breuer's time, but he was anxious to help her. He became attached to her and sympathized with her emotional difficulties; gradually she was losing one symptom after another. It seemed strange to Breuer; he had given her before all sorts of medicines, another doctor had given her hot and cold baths, and another electricity, and now she came merely to tell him stories and was getting well.

Freud heard about this case before he went to Charcot in 1885 and was deeply impressed by it. When he returned from Paris and entered private practice he naturally started with hypnotism which he learned in Charcot's clinic. But, like others who used this therapy, he was soon dissatisfied with the results. For he soon discovered, first, that not every person can be hypnotized; second, the successes obtained by hypnotism were not lasting. A symptom was easily removed but it was soon replaced by another symptom or the same symptom returned within a few days or at best within a few months. Moreover, the whole method of hypnotizing and commanding the patient to give up the symptom did not appeal to Freud's personality. He preferred to investigate the causes and development of the symptom, and hence Breuer's method of hypnotism and tracing the origin appealed to him as a more rational method than mere hypnosis. He finally convinced Breuer to collaborate with him, and after years of investigation they published in 1893 a preliminary report about their new method entitled *The Psychic Mechanism of Hysterical Phenomena*, and two years later they published their classical work, *Studies in Hysteria*.¹

Freud and Breuer worked together for some time and got good results. They were so impressed with this new procedure that they called it the "Cathartic Method," which means the purging of the mind, a sort of unburdening of the mind. In everyday life we all know the therapeutic value of expression; when a person tells you his troubles he begins to feel better; we say a weight has been removed from his heart. They took cases that had been resisting treatment for years and cured them. They finally formulated various theories. In the first place, they found that all hysterics suffer from the past. Every hysterical symptom represents some mental or emotional disturbance that has taken place in the person's life in the past; there were occurrences of a disagreeable and painful nature which every individual likes to forget. Their idea was that if a patient can recall the unpleasant situation which gave origin to the symptom and live it over, so to say, he loses the symptom; that words are almost equivalent to the action, and that in going over some painful experience in the past there is what they called an *abreaction*, German, *Abreagierung*, in which the painful emotions associated with the experience were liberated and thus ceased to create physical disturbances. Thus when the patient had a pain in the face it was treated as neuralgia; of course it may have been that or not. If it was neuralgia, it usually yielded to treatment; if not, it was psychic or a functional pain. It represented in concrete form the expression: "I felt as though he slapped me in the face." When the painful

¹ Translated by A. A. Brill, topic title "Nervous and Mental Disease," Monograph Series No. 61, New York, 1936.

situation was brought back to the patient and explained to him, the symptom disappeared.

Let me make all this a little clearer by an example. A woman has a pain in her arm; she consults the doctor, who examines her and asks her whether she was out yesterday. She says she was, and that the weather was bad and she caught cold. He prescribes a medicine, but the pain continues. She returns to the doctor, he tries some other remedy, but the pain grows worse. The patient is discouraged and consults another physician; she now merely tells him she has rheumatism in her arm; she gives him the symptoms; he takes it for granted that she has rheumatism and treats her accordingly. She goes from doctor to doctor until some diagnostician pronounces it hysteria and not rheumatism. She consults a psychoanalyst and we find this story: She is a young woman who had made the acquaintance of a college student. As time went on they became more and more intimate and it was rumoured that they were to be married; in fact she, too, thought so. Upon graduating, he left the city and kept up a long correspondence with her. He came and spent his vacations with her; but he did not propose. The general impression was that, as he was a young man, he wished to make his way in the world before he married. Thus for years he came, spent his vacations with her, and left without proposing. The last year he wrote her with manifest enthusiasm that at last he had reached the goal of his ambition: he had received an appointment with such and such a salary. All the relatives heard about the letter and were now quite sure he would marry her. He came for his vacation, as usual, spent some time with her, and took her out for a long walk the night before he left. But he did not propose.

Everybody was disappointed; the mother was disgusted; her brother threatened to punch him in the face when he came again; and the poor girl was terribly grieved. She was told to drop him and think no more of him; she was willing to do so but claimed that it was much easier said than done. She argued that he must love her or else he would not write and spend his vacations with her; she felt that she was his only confidant. She did not realize that there are men who are so inhibited in their love life that they cannot propose. She was experiencing a mental conflict. She wanted to drop him; but there was no mistake about his loving her. He was a serious, quiet, well-behaved man who came from a very fine family and whom no one could accuse of being a trifler. "He certainly is not an adventurer, because he does not act like one," she would think to herself; "but why, then, does he not propose?" I would like you to notice the human, emotional element that enters into all these cases. Gradually, however, she made up her mind that he did not love her and that she would have nothing more to do with him. In time she was even ready to write to him not to correspond with her, but she could not gather sufficient courage to do so. Gradually there came that pain in her arm.

When we go beyond the superficial aspects of this case we find that it goes back to a fundamental condition in the past. We discover that the patient is suffering from the past, that the pain in her arm is only a monument of the past; it is a memento, one might say, of her mental conflict. In other words, when she was emotionally arguing with herself whether the young man loved her or not and when she had to suppress all talk about him, and make herself believe that she did not love him, her feelings, her emotions, became converted into those of pain. The arm was the arm that he pressed on the night before he left. She would say to herself: "But what about that feeling? He pressed my arm"; for then she had hoped that he would say the expected words. Analysis reveals that it is that feeling that she wished to retain in memory that became a pain; it was a symbolic form of expression, for she could not talk about it in any other way. Without having to speak about the young man she could now unconsciously retain this episode through the pain in the arm. There was, in a sense, a morbid gain. She could now talk and complain about her pain and thus have some form of expression, though the fundamental and deeper phase of her condition was submerged and she knew nothing about it. We see here a conversion of past emotion

into something physical.² When the patient realized this deeper aspect of her condition and when the painful past experience was brought to her consciousness, she was cured. It was after careful study and observation of such cases that the idea was then postulated, first, that one can convert psychic energy into physical manifestations; second, that a cure is effected by bringing the submerged painful experience to consciousness, thus releasing the strangulated emotions. This new viewpoint meant an enormous step forward.

The Conscious, Foreconscious, and Unconscious

We may see from the above case that what Breuer and Freud brought to the surface by the Cathartic Method were those things that the patient found disagreeable and painful-things that she could not talk about. This young woman could not complain of the fact that the young man did not propose to her for so many years; and of course, if it is essentially a sexual situation, no sensitive person can speak about it openly, particularly a woman. In other words, they formulated the theory that the patient suffers from what we call strangulated emotions, certain feelings and ideas which one would like to give vent to but cannot. We say they finally become unconscious, and we postulate such a thing as an unconscious mind, that is, something of which the person is absolutely unaware and which he cannot, through any effort of his own, bring to consciousness. In the Zurich school, which I shall have occasion to speak about later, we thought of the emotions thus associated with a painful experience as forming a *complex*. We defined it as an idea or group of ideas accentuated and colored over by profound emotional feelings which was gradually relegated to the unconscious for the very reason that it was of a distinctly painful nature and so could not be kept in consciousness. We unconsciously run away from distressing thoughts: we say we wish to forget them. These strangulated ideas and emotions remain in the unconscious in a dormant state, and any association may bring them to the surface.

A woman, for instance, gets up one morning, feeling perfectly well; she sits down at her desk to write a note to her friend. She writes the date and stops; a feeling of sadness gradually grows upon her, and she decides not to write. All day she feels depressed. It so happens that she comes to see me and tells me about it. Upon talking to her, I find that the moment she took her pen and wrote the date the latter struck a complex in her mind which evoked a certain date that went back a great many years to a day when something extremely disagreeable happened to her. When she became depressed, she knew nothing about it. She did not consciously recall the original painful experience. She merely experienced the emotion that went with the episode. In this pushing out of what is painful from the field of consciousness we have an unconscious protective mechanism. We have to forget, so to say, a painful experience; if everything disquieting and troublesome were to remain in consciousness, life would be unbearable. But a word, an odor, a sound, a color, may plunge us right back into that state of mind of, let us say, ten or more years ago; we have completely forgotten the whole situation, but the emotion, like an old unwelcome visitor, comes up and depresses us. Sometimes the recurring emotions are pleasant ones, but usually they are unpleasant.

In studying such cases we find that the painful episodes sank into the unconscious because they could not be worked off at the time of their occurrence. An individual experiences a profound emotional shock and cannot give it expression; it

² This conversion of mental into physical elements takes place in a certain definite way. This particular patient had the reminiscence of the arm, so it was in the arm; sometimes it is in the nose, hair, or any other organ or bodily function. It is hard to realize how many different complaints one hears from patients of this type.

remains in a repressed condition; and the only way to liberate the pathological energy it has accumulated is by bringing it to the plane of conscious expression. When the patient talks about it, he is living it over in a very vital sense. I have had a patient take a little statuette which was on my desk and throw it on the floor and break it, simply because he was intensely wrought up over a certain experience he recalled. I had a lady in my office who was greatly surprised at first and laughed, when I explained to her the reason why she could not walk. Presently she cried out: "Doctor, my legs are tingling." I told her she could now walk home with ease, and she did. There was an abreaction when we reached the crux of the emotional experience and the whole situation was brought back to her consciousness.

I would like you to notice that I am using the term "unconscious" and not "subconscious" or "co-conscious," which is used rather loosely by many people to denote so many different mental states. As we have already said, the unconscious, according to Freud, includes all those psychic manifestations of which the person is not and cannot be aware. It is made up of repressed material, that is, of the sum of those psychic experiences which have either been crowded out of consciousness because of their painful and unattainable content, or have been repressed from the very beginning of childhood. They represent the primitive impulses that have been inhibited and sublimated in the development of the child. For the child is originally a primitive being—it is like a little animal—and as it gradually gives up the gross animal impulses, it represses them; we say they are pushed into the unconscious. We usually try to make a child do what it would not do if left by itself. There are primitive impulses in every child which have to be curbed from the very beginning and which may form points of crystallization for future repressions. An occurrence in one's life at the age of fifty, for instance, may be traced back to some childhood repression; there is always some subtle and intimate connection in our present emotional experience with something that occurred in the past. Absorbed in the immediate synthetic significance of a present experience we cannot stop to realize the important part the past has had in molding it; in a very real sense it may be said that we are always elaborating upon old psychic material. But what is more, these past elements lie in the unconscious and are prevented from coming to the surface by the protective mechanism to which I have already drawn your attention.

Then, too, there are efforts at repressions which take place in our adult life; and because these experiences are not subjected to the same amount of repression as the earlier and more primitive ones, they remain in what we call the *foreconscious*. We have, then, an unconscious, a foreconscious, and a conscious plane, as it were. As we go along I shall try to show how different psychic manifestations, such as neurotic symptoms, or dreams, fall into one or another of these categories. We shall see that the psychoneurotic symptom is the function of two separate systems, or psychic streams, both striving for expression. One subjects the activity of the other to a critique, which results in an exclusion from consciousness. Now the criticizing system, or the foreconscious, is in closer relation to the one criticized, or the unconscious; it stands like a screen between the unconscious and consciousness. Both the unconscious and the foreconscious are unknown in the rational sense, but the unconscious is incapable of consciousness without external aid, while the foreconscious can reach consciousness after it fulfills certain conditions which we shall take up later on. We maintain that eight ninths of all our actions are guided by our unconscious and that consciousness as such is nothing but an organ of perception.

The Cathartic Method Elaborated

For some time Freud continued to treat cases of hysteria and neurasthenia quite successfully, but he was soon confronted by a serious difficulty: he found that a

great many people who were sick and needed help could not be hypnotized. He was especially interested in a certain very intelligent woman whom he made every effort to hypnotize, but without success. Finally Freud took her to Bernheim in France, who was reputed to be able to hypnotize almost all of his patients, but he, too, could do nothing with her. What was to be done? Freud then thought of an experiment that he saw in Bernheim's clinic. In hypnotism, if you give the person what is called a post-hypnotic suggestion, that is, tell him that at three o'clock, Friday, January 25, he is to come to a certain place, and take, let us say, an umbrella there, precisely at that time he will experience a feeling of inner compulsion, and if no physical conditions intervene, he will try to carry out the suggestion. When the person is in the hypnotic state and receives such a suggestion, he is absolutely unconscious of it later; it is followed by what we call post-hypnotic amnesia: he forgets completely the entire experience. I once performed this same experiment with a nurse; a doctor was present to see how it worked out. Exactly at the stated time she came; she was under the impression that the doctor was one of my patients, and though she knew very definitely that no one was allowed to come into the office while I was being consulted, she nevertheless made an effort to enter. The doctor met her at the door and upon asking her what she wished, she replied: "I must go in and get an umbrella; it is raining." When he drew her attention to the fact that it was not raining, she felt quite embarrassed. Thus, without thinking, she carried out the idea she had received in the hypnotic state. In the same way, also, an alcoholic, for instance, will experience a feeling of nausea and will actually vomit whenever he tries to drink alcoholic beverages after he has received a hypnotic suggestion to that effect. Of course the matter is not quite so, simple as it may sound.

After such a post-hypnotic suggestion Bernheim would ask the patient to try to recall what happened while he was not conscious. The latter would say that he remembered nothing; he was urged further, however, to concentrate and think until at first some vague reminiscence came to consciousness, and finally the very suggestion that was given during the hypnosis. Now Freud saw no reason why the same thing could not be done with his patient who could not be hypnotized; if it was possible to recall a post-hypnotic suggestion, why should it not be possible to recall the episode associated with her symptom? He set about questioning the woman; at first she could recall nothing; he would insist upon her telling him what came to her mind as she was concentrating her attention upon the symptom. She talked about many things that had no apparent connection with the particular situation; she went on and on, and he noted very carefully everything she said. In this way he finally reached the origin of the symptom. He then found not only that hypnotism was not necessary but that it was much better to treat the patient without it. For one thing, Freud never liked the commanding approach used in hypnotism, he felt that it did violence to the patient; second, by conscious questioning it was possible to trace all the forces that were responsible for the symptoms. But in following this method of "free association" he soon found that everything the patient reproduced was definitely related to the symptoms, that nothing could be ignored. As time went on he realized that besides obtaining associations he also had to interpret them, for every person has an individual way of expressing his thoughts. The combination of free association with interpretation and later with dream interpretation Freud called *psychoanalysis*. This method of procedure was the most significant contribution to the psychoanalytic technique.

I would like to draw your attention in this connection to a fundamental difference Freud pointed out between hypnotism and the psychoanalytic method. The former he said works, as in painting, by putting on things, *per via di porre*, as Leonardo da Vinci has so aptly expressed it; the latter method by removing all extraneous material, *per via di levare*. As the sculptor chisels pieces of marble into the ideal shape, so also in psychoanalysis we endeavor to bring the individual into complete harmony and unity of character by taking away all undesirable excrescences in the form of needless inhibitions imposed upon him by his environment. In hypnotism we disregard the individual's mental make-up; he is in an unconscious state

and we simply impose upon him some suggestion in a bold, authoritative fashion. In psychoanalysis we learn to know the patient: we delve into the deeper mainsprings of his character; we gain his confidence; and when we have learned his personality and come into vital and intimate relations with it, we then remove, like the sculptor, all extraneous matter. We impose nothing; we merely eliminate and discard whatever is superfluous, obstructive, and cumbrous.

Following this analogy I may add that there is also a similarity in the relations that sculpture and psychoanalysis respectively bear to the material with which each works. Just as in the former the ultimate result of the artist's efforts, his consummate achievement, will depend in large measure upon the nature of the material he uses, so in the latter the physician's ultimate success in the treatment will be dependent to no small degree on the constitution of the patient. We are told that in creative work there is always a fine blending of form and idea, of substance and execution. We look upon Michelangelo's Moses in a spirit of profound awe; how sublime and terrible does this old prophet appear! But have you ever paused to consider for a moment how ludicrous this powerful statue would be if instead of that fine, white, clear marble the sculptor had used, let us say, some stone with black streaks running through it? And likewise in psychoanalysis the physician can attain the best results with the best type of individual only; by that I mean a patient of the higher type mentally, morally, and in every other respect. Psychoanalytic therapy can accomplish nothing with the defective; the individual must be at least of the average type to derive any benefits from psycho-analytic therapy.

When one attempts to discover the origin of the symptom through the free and continuous associations of the patient, such as we have noted above, one finds the way beset with countless difficulties. Many things have to be found out before one can judge from the productions obtained from the patient; one gets a mass of material and may soon lose his way in it; one has to know what it essentially means. If one examines the actual productions that a person gives when one asks him to tell what comes to his mind, one will find a very peculiar state of affairs; one will then realize that there is no such thing in the world as a clear thinker. A patient has a jumble of thoughts running through his mind and feels that he would appear ridiculous and stupid if he were to describe them; he is naturally embarrassed and finds refuge in silence. Moreover, there are certain perversities of nature that come to his mind- very delicate subjects indeed, that no one likes to talk about. Thus an enormous number of things emerge which he thinks are quite irrelevant, family skeletons, and little buried secrets that the doctor need not know. What is more, the very thing one is seeking is kept down and held in his unconscious by chains, as it were, because it is disagreeable and painful. As we have said, there is a protective mechanism on the part of his mind to prevent it from coming to the surface; he must not know it, because if he does, it will cause him pain. Another great difficulty is that the same words very often have different meanings to different people; no two individuals talk exactly the same language; everybody has his own way of expressing ideas; everybody has his own mode of reaction to this world. There are some expressions in every family that the uninitiated cannot understand; there is a sort of Freemasonry in every home. But the greatest difficulty is that the language which is found in the unconscious is different from that of everyday life; what I mean is that in the unconscious, conceptions are expressed in a different way than in conscious life, as I shall show more fully when I discuss the subject of dreams. Now all this had to be fathomed, analyzed, elaborated, weighed, and understood, before one could get at the heart of the situation.

In thus probing the unconscious, Freud became impressed with certain fundamental facts. For one thing, he began to see more and more clearly that impressions are imperishable, especially those received in early life. When we probe the mind we always find that the individual receives the most vital impressions that stand out for life and direct him in the beginning of his existence. The child's mind, when born, is, in the words of Locke, a *tabula rasa*, a blank slate. The child is indeed

endowed with certain elementary mechanisms that will help him to sustain life; gradually, however, those impressions are formed which are so vitally necessary for proper adjustment. Whether the individual will become the so-called normal or abnormal person, whether he will be able to adjust himself to his environment or fall by the wayside, depends almost entirely upon the nature of these early impressions. Given an average amount of brains, every individual as he grows up has certain tracks laid out for him by his environment; he can follow those tracks and those only; if he attempts to get off the track, he finds himself in trouble; he finds himself incompatible with his environment, he collides with his environment. Thus it is of great importance to give the individual enough tracks to be able to move freely and at the same time not to come into conflict with his fellow beings. From a very broad experience with nervous and mental diseases I feel that if everybody would understand this, all mothers and teachers particularly, we could reduce nervous and mental diseases as much as we have reduced the diseases of smallpox and typhoid. We are not afflicted with these age-old diseases today because we know what produces them and have learned to prevent them. We can do likewise with a knowledge of the psychoanalytic principles. Indeed *the great service that psychoanalysis can render today consists chiefly of prophylaxis*; as far as curing patients is concerned, I feel rather pessimistic at present. We can cure few in comparison with the overwhelming numbers: the treatment can be carried out only by physicians of experience not alone in nervous and mental work but also in psychoanalytic technique; then, too, it requires so much time and money that very many people cannot afford it. I feel that it will probably take many, many years before we shall have enough institutions to afford needy patients the benefits of psychoanalytic therapy.

There was also another fundamental thing that very forcibly impressed Freud, as he continued treating and studying his patients. He found that when they began to dwell on their intimate personal experiences they practically all would invariably bring up matters appertaining to sex. He was so impressed with this fact that he asserted that *in the normal sex life no neurosis is possible*. Even before him neurologists of the old school had always suspected that sex played a part in nervous conditions, but to them it was just gross sex, it meant just the physical elements of sex. Freud formulated a new concept of sex. To him the sexual life of the individual meant his *love life*. He used the term in the broadest sense, embracing not merely the gross sexual, or the physical elements, but all that we commonly associate with love. He found that the conceptions of sex in vogue at his time were practically all false. It was generally held that there was no manifestation of sex until the boy or girl reached the age of puberty, when, suddenly, and in some mysterious way, the sexual impulses appeared. Freud found, however, that there were sexual experiences, or feelings very much allied to sex, at the beginning of childhood. What many people consider as something other than sex is really an integral phase of it.

Love and sex are the essential components of the love life and they go hand in hand. Later on Freud used the term *libido*, which he defined as a quantitatively changeable and not yet measurable energy of the sexual instinct which is directed to an outside object. He explained that the sex instinct consisted of all those impulses that center about love in the broadest sense, that its main component is sexual love, and sexual union is its aim, but that it also includes self-love, love for parents and children, friendship, attachments to concrete objects, and even devotions to abstract ideas. Bearing in mind the libido theory one can easily understand the sexual life of the child, the pervert, and neurotic, each of which shows a different form of sexual behavior as will be demonstrated later. In other words, sex in our sense is not confined to the physical manifestation in the popular sense. To be sure the latter form is the *sine qua non* in marital relations. Let me assure you that I have seen a number of cases where all so-called love existed but there could not be normal sex relations, and there was a separation or a divorce. Consider, for instance, the case of a woman who marries a man after being in love with him for about six years; upon marriage it

is found that he cannot consummate his marital agreement; we find very soon a separation followed by a divorce.

We maintain that sex is born with the individual just as he is born with every other organ, every other function. The child is born without teeth, but upon examination you will find that the primordia are there from which the teeth will later come. The child has all the partial impulses of sex, of love, and of the mechanisms that later go to make up the specialized function. You can actually see a child of a few weeks react to the feeling of like and dislike; observe an infant of say a few weeks, smile at it and it will respond, frown at it and it will make faces. What does a child of that age know? you ask. It has these partial impulses at birth and it reacts accordingly. This attitude toward sex has been subjected to a great deal of criticism, and Freud has been accused of laying an undue amount of stress on sex; many have been and still are opposed to his theories on that very account. They declare that there are a great many cases that show nothing irregular in their sexual life and yet are nervous. Without going into details at present I wish to say that my own experience very definitely corroborates Freud's position.

Continuing to delve deeper and deeper into the recesses of the mind, Freud also began to see more and more clearly the intimate relation existing between the dream and the patient's innermost thoughts and feelings. In dwelling on some significant emotional experience the patient would very often say: "Just at that time I had a peculiar dream. I was walking and a man came up to me and attacked me; I was terribly frightened; I tried to run but could not; I was just rooted to the spot." At first Freud paid no more attention to these dreams than any other intelligent man of his time. But gradually, as he listened to them, he began to see that they must have some place in the vital economy of the mind, for everything in the physical or mental spheres must have a function. In time he was convinced that the dream is not a mere jumble, a senseless mechanism, but that it represents, frequently in symbolic form, the person's inmost thoughts and desires, that it represents a hidden wish. In brief, Freud concluded that a dream must be treated in the same way as a symptom. He thus developed his monumental work, the greatest in the century, in my opinion, *The Interpretation of Dreams*. He found that the dream offered the best access, that it was the *via regia*, as he put it, to the unconscious; that it was of tremendous help not only in the treatment, but also in the diagnosis.

And finally, as Freud continued to observe and study his cases more and more deeply, as his horizon widened and widened all the time, he began to see more and more that everything in the psychic life has meaning, everything has a cause, nothing that the individual may do or say is meaningless. Every slip of the tongue, or mistake in writing, or some unconscious gesture or movement has significance. I asked a friend the other day over the phone where he had been since his marriage, and he replied that he went on a "moneyhoon." He meant to say "honeymoon," but when a man marries, money begins to play a rather significant part. If we pay attention to what is being said and done around us, we find a tremendous amount of material that is unusually interesting. We will learn later on why we make these mistakes. Freud's fascinating book, *The Psychopathology of Everyday Life*, deals with this subject, and I would advise those who are anxious to read his work to begin with this one, for it is the simplest of all his writings. In probing the unconscious Freud thus discovered material that is of the utmost importance not only in the treatment of patients but also in the development of normal people, in education, folklore, religion, art, and literature, and every other field of human interest.³ We may say that he has practically rewritten all of mental science and created new concepts in every sphere of mental activity. With his work as a starting point, new fields of thought and investigation have opened all the time, and there gradually has grown up an enormous literature on

³ *The Basic Writings of Sigmund Freud*, translated with an introduction by A. A. Brill. The Modern Library, N.Y., 1938.

psychoanalysis, swelling all the time in the variety and range of the subject matter, all growing out of the effort to help humanity, to treat those unfortunate people for whom nothing could be done in the past-the so-called "nervous" people.