

# PSYCHOANALYSIS: FREUDIAN SCHOOL.

## by Sigmund Freud

*[The term psychoanalysis does not appear (or at least is not indexed) in the Eleventh Edition of the Encyclopædia Britannica. It occurs in the Twelfth Edition (1922) in such articles as "Behaviorism" and "Psychotherapy." The first treatment of psychoanalysis as a subject unto itself appeared in the Thirteenth Edition (1926), and for the article the editor went to the best possible authority, Sigmund Freud.]*

### Psychoanalysis: Freudian School

In the years 1880-2 a Viennese physician, Dr. Josef Breuer (1842-1925), discovered a new procedure by means of which he relieved a girl, who was suffering from severe hysteria, of her various symptoms. The idea occurred to him that the symptoms were connected with impressions which she had received during a period of excitement while she was nursing her sick father. He therefore induced her, while she was in a state of hypnotic somnambulism, to search for these connections in her memory and to live through the "pathogenic" scenes once again without inhibiting the affects that arose in the process. He found that when she had done this the symptom in question disappeared for good.

This was at a date before the investigations of Charcot and Pierre Janet into the origin of hysterical symptoms, and Breuer's discovery was thus entirely uninfluenced by them. But he did not pursue the matter any further at the time, and it was not until some 10 years later that he took it up again in collaboration with Sigmund Freud. In 1895 they published a book, *Studien über Hysterie*, in which Breuer's discoveries were described and an attempt was made to explain them by the theory of Catharsis. According to that hypothesis, hysterical symptoms originate through the energy of a mental process being withheld from conscious influence and being diverted into bodily innervation ("Conversion"). A hysterical symptom would thus be a substitute for an omitted mental act and a reminiscence of the occasion which should have given rise to that act. And, on this view, recovery would be a result of the liberation of the affect that had gone astray and of its discharge along a normal path ("Abreaction"). Cathartic treatment gave excellent therapeutic results,

but it was found that they were not permanent and that they were dependent on the personal relation between the patient and the physician. Freud, who later proceeded with these investigations by himself, made an alteration in their technique, by replacing hypnosis by the method of free association. He invented the term "psychoanalysis," which in the course of time came to have two meanings: (1) a particular method of treating nervous disorders and (2) the science of unconscious mental processes, which has also been appropriately described as "depth-psychology."

Subject Matter of Psychoanalysis. -- Psychoanalysis finds a constantly increasing amount of support as a therapeutic procedure, owing to the fact that it can do more for certain classes of patients than any other method of treatment. The principal field of its application is in the milder neuroses--hysteria, phobias and obsessional states, but in malformations of character and in sexual inhibitions or abnormalities it can also bring about marked improvements or even recoveries. Its influence upon dementia praecox and paranoia is doubtful; on the other hand, in favourable circumstances it can cope with depressive states, even if they are of a severe type.

In every instance the treatment makes heavy claims upon both the physician and the patient: the former requires a special training, and must devote a long period of time to exploring the mind of each patient, while the latter must make considerable sacrifices, both material and mental. Nevertheless, all the trouble involved is as a rule rewarded by the results. Psychoanalysis does not act as a convenient panacea ("cito, tute, jucunde") upon all psychological disorders. On the

contrary, its application has been instrumental in making clear for the first time the difficulties and limitations in the treatment of such affections.

The therapeutic results of psychoanalysis depend upon the replacement of unconscious mental acts by conscious ones and are operative in so far as that process has significance in relation to the disorder under treatment. The replacement is effected by overcoming internal resistances in the patient's mind. The future will probably attribute far greater importance to psychoanalysis as the science of the unconscious than as a therapeutic procedure.

Depth-psychology. --Psychoanalysis, in its character of depth-psychology, considers mental life from three points of view: the dynamic, the economic and the topographical.

From the first of these standpoints, the dynamic one, psychoanalysis derives all mental processes (apart from the reception of external stimuli) from the interplay of forces, which assist or inhibit one another, combine with one another, enter into compromises with one another, etc. All of these forces are originally in the nature of instincts; that is to say, they have an organic origin. They are characterised by possessing an immense (somatic) persistence and reserve of power ("repetition-compulsion"); and they are represented mentally as images or ideas with an affective charge ("cathexis"). In psychoanalysis, no less than in other sciences, the theory of instincts is an obscure subject. An empirical analysis leads to the formation of two groups of instincts: the so-called "ego-instincts," which are directed towards self-preservation and the "object-instincts," which are concerned with relations to an external object. The social instincts are not regarded as elementary or irreducible. Theoretical speculation leads to the suspicion that there are two fundamental instincts which lie concealed behind the manifest ego-instincts and object-instincts: namely (a) Eros, the instinct which strives for ever closer union, and (b) the instinct of destruction, which leads toward the dissolution of what is living. In psychoanalysis the manifestation of the force of Eros is given the name "libido."

Pleasure-Pain Principle. --From the economic standpoint psychoanalysis supposes that the mental representations of the instincts have a cathexis of definite quantities of energy, and that it is the purpose of the mental apparatus to hinder any damming-up of these energies and to keep as low as possible the total amount of the excitations to which it is subject. The course of mental processes is automatically regulated by the "pleasure-pain principle"; and pain is thus in some way related to an increase of excitation and pleasure to a decrease. In the course of development the original pleasure principle undergoes a modification with reference to the external world, giving place to the "reality-principle," whereby the mental apparatus learns to postpone the pleasure of satisfaction and to tolerate temporarily feelings of pain.

Mental Topography. --Topographically, psychoanalysis regards the mental apparatus as a composite instrument, and endeavours to determine at what points in it the various mental processes take place. According to the most recent psychoanalytic views, the mental apparatus is composed of an "id," which is the reservoir of the instinctive impulses, of an "ego," which is the most superficial portion of the id and one which is modified by the influence of the external world, and of a "super-ego," which develops out of the id, dominates the ego and represents the inhibitions of instinct characteristic of man. Further, the property of consciousness has a topographical reference; for processes in the id are entirely unconscious, while consciousness is the function of the ego's outermost layer, which is concerned with the perception of the external world.

At this point two observations may be in place. It must not be supposed that these very general ideas are presuppositions upon which the work of psychoanalysis depends. On the contrary, they are its latest conclusions and are in every respect open to revision. Psychoanalysis is founded securely upon the observation of the facts of mental life; and for that very reason its theoretical superstructure is still incomplete and subject to constant alteration. Secondly, there is no reason for astonishment that psychoanalysis, which was

originally no more than an attempt at explaining pathological mental phenomena, should have developed into a psychology of normal mental life. The justification for this arose with the discovery that the dreams and mistakes ("parapraxes," such as slips of the tongue, etc.) of normal men have the same mechanism as neurotic symptoms.

**Theoretical Basis.** --The first task of psychoanalysis was the elucidation of nervous disorders. The analytical theory of the neuroses is based upon three ground-pillars: the recognition of (1) "repression," of (2) the importance of the sexual instincts and of (3) "transference."

**Censorship.** --There is a force in the mind which exercises the functions of a censorship, and which excludes from consciousness and from any influence upon action all tendencies which displease it. Such tendencies are described as "repressed." They remain unconscious; and if the physician attempts to bring them into the patient's consciousness he provokes a "resistance." These repressed instinctual impulses, however, are not always made powerless by this process. In many cases they succeed in making their influence felt by circuitous paths, and the indirect or substitutive gratification of repressed impulses is what constitutes neurotic symptoms.

**Sexual Instincts.** --For cultural reasons the most intensive repression falls upon the sexual instincts; but it is precisely in connection with them that repression most easily miscarries, so that neurotic symptoms are found to be substitutive gratifications of repressed sexuality. The belief that in man sexual life begins only at puberty is incorrect. On the contrary, signs of it can be detected from the beginning of extra-uterine existence; it reaches a first culminating point at or before the fifth year ("early period"), after which it is inhibited or interrupted ("latency period") until the age of puberty, which is the second climax of its development. This double onset of sexual development seems to be distinctive of the genus Homo. All experiences during the first period of childhood are of the greatest importance to the individual, and in combination with his inherited sexual constitution, form the dispositions for the

subsequent development of character or disease. It is a mistaken belief that sexuality coincides with "genitality." The sexual instincts pass through a complicated course of development, and it is only at the end of it that the "primacy of the genital zone" is attained. Before this there are a number of "pre-genital organisations" of the libido--points at which it may become "fixated" and to which, in the event of subsequent repression, it will return ("regression"). The infantile fixations of the libido are what determine the form of neurosis which sets in later. Thus the neuroses are to be regarded as inhibitions in the development of the libido.

**The Oedipus Complex.** --There are no specific causes of nervous disorders; the question whether a conflict finds a healthy solution or leads to a neurotic inhibition of function depends upon quantitative considerations, that is, upon the relative strength of the forces concerned. The most important conflict with which a small child is faced is his relation to his parents, the "Oedipus complex"; it is in attempting to grapple with this problem that persons destined to suffer from a neurosis habitually fail. The reactions against the instinctual demands of the Oedipus complex are the source of the most precious and socially important achievements of the human mind; and this probably holds true not only in the life of individuals but also in the history of the human species as a whole. The super-ego, the moral factor which dominates the ego, also has its origin in the process of overcoming the Oedipus complex.

**Transference.** --By "transference" is meant a striking peculiarity of neurotics. They develop toward their physician emotional relations, both of an affectionate and hostile character, which are not based upon the actual situation but are derived from their relations toward their parents (the Oedipus complex). Transference is a proof of the fact that adults have not overcome their former childish dependence; it coincides with the force which has been named "suggestion"; and it is only by learning to make use of it that the physician is enabled to induce the patient to overcome his internal resistances and do away with his repressions. Thus psychoanalytic treatment

acts as a second education of the adult, as a corrective to his education as a child.

Within this narrow compass it has not been possible to mention many matters of the greatest interest, such as the "sublimation" of instincts, the part played by symbolism, the problem of "ambivalence," etc. Nor has there been space to allude to the applications of psychoanalysis, which originated, as we have seen, in the sphere of medicine, to other departments of knowledge (such as Anthropology, the Study of Religion, Literary History and Education) where its influence is constantly increasing. It is enough to say that psychoanalysis, in its character of the psychology of the deepest, unconscious mental acts, promises to become the link between Psychiatry and all of these other fields of study.

The Psychoanalytic Movement. --The beginnings of psychoanalysis may be marked by two dates: 1895, which saw the publication of Breuer and Freud's *Studien über Hysterie*, and 1900, which saw that of Freud's *Traumdeutung*. At first the new discoveries aroused no interest either in the medical profession or among the general public. In 1907 the Swiss psychiatrists, under the leadership of E. Bleuler and C.G. Jung, began to concern themselves in the subject; and in 1908 there took place at Salzburg a first meeting of adherents from a number of different countries. In 1909 Freud and Jung were invited to America by G. Stanley Hall to deliver a series of lectures on psychoanalysis at Clark University, Worcester, Mass. From that time forward interest in Europe grew rapidly; it showed itself, however, in a forcible rejection of the new teachings, characterised by an emotional colouring which sometimes bordered upon the unscientific.

The reasons for this hostility are to be found, from the medical point of view, in the fact that psychoanalysis lays stress upon psychical factors, and from the philosophical point of view, in its assuming as an underlying postulate the concept of unconscious mental activity; but the strongest reason was undoubtedly the general disinclination of mankind to concede to the factor of sexuality such importance as is assigned to it by psy-

choanalysis. In spite of this widespread opposition, however, the movement in favour of psychoanalysis was not to be checked. Its adherents formed themselves into an International Association, which passed successfully through the ordeal of the World War, and at the present time comprises local groups in Vienna, Berlin, Budapest, London, Switzerland, Holland, Moscow and Calcutta, as well as two in the United States. There are three journals representing the views of these societies: the *Internationale Zeitschrift für Psychoanalyse*, *Imago* (which is concerned with the application of psychoanalysis to non-medical fields of knowledge), and the *International Journal of Psycho-Analysis*.

During the years 1911-3 two former adherents, Alfred Adler, of Vienna, and C.G. Jung, of Zürich, seceded from the psychoanalytic movement and founded schools of thought of their own. In 1921 Dr. M. Eitingon founded in Berlin the first public psychoanalytic clinic and training-school, and this was soon followed by a second in Vienna. For the moment these are the only institutions on the continent of Europe which make psychoanalytic treatment accessible to the wage-earning classes.

#### Bibliography

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(S. Fr.)