

FREUD AND HIS SCHOOL: NEW PATHS OF PSYCHOLOGY

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- ANALYSIS AND CURE OF A CASE OF NERVOUS PROSTRATION
- ANALYSIS OF A CASE OF SLEEPLESSNESS
- FEAR NEUROSIS (ANGST-NEUROSE)

(Concluded)

WE are frequently confronted with the question: "Just why does an erotic conflict cause the neurosis? Why not just as well another conflict?" To this the only answer is, "No one asserts that this must be so, but evidently it always is so, in spite of anything that can be said against it. It is, notwithstanding all assurances to the contrary, still true that love (taken in its large sense of nature's course, which does not mean sexuality alone), with its problems and its conflicts of the most inclusive significance, has in human life and in the regulation of the human lot a much greater importance than the individual can image.

The trauma-theory (meaning what was in the beginning conceived by Breuer and Freud) is therefore out of date. When Freud came to the opinion that a hidden erotic conflict forms the real root of the neurosis, the trauma lost its pathogenic significance.

An entirely different light was now thrown upon the theory. The trauma question was solved, and thrown aside. Next in order came the study of the question of the erotic conflict. If we consider this in the light of the chosen example, we see that this conflict contains plenty of abnormal moments, and at first sight does not suffer comparison with an ordinary erotic conflict. What is especially striking, seemingly almost unbelievable, is the fact that it is only the exterior action, the pose, of which the patient is conscious, while she remains unconscious of the passion which governs her. In the case in question the actual sexual factor unquestionably remains hidden, while the field of consciousness is entirely governed by the patient's pose. A proposition formulating this state of affairs would read as follows.

In the neurosis there are two erotic inclinations which stand in a fixed antithesis to each other, and one of these at least is unconscious.

It might be said of this formula, that although perhaps it is adapted to this case, possibly it is not adapted to all cases. Most people, however, are inclined to believe that the erotic is not so widespread. It is granted that it is so in a romance, but it is not believed that the most affecting dramas are more often enacted in the heart of the citizen who daily passes us by unnoticed, than upon the stage.

The neurosis is an unsuccessful attempt of the individual to solve in his own bosom the sexual question which perplexes the whole of human society. The neurosis is a disunity in one's inmost self. The cause of this inward strife is because in most men the consciousness would gladly hold to its moral ideal, but the subconsciousness strives toward its (in the present-day meaning) immoral ideal. This the consciousness always wants to deny.

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These are the sort of people who would like to be more respectable than they are at bottom. But the conflict may be reversed; there are people who apparently are very disreputable, and who do not take the slightest pains to limit their sexual pleasures. But looked at from all sides this is only a sinful attitude, adopted, God knows for what grounds, because in them, back of this, there is a soul, which is kept just as much in the subconsciousness as the immoral nature is kept in the subconscious of moral men. (It is best for men to avoid extremes as far as possible, because extremes make us suspect the contrary.)

This general explanation was necessary in order to explain to some extent the conception of the erotic conflict in analytical psychology. It is the turning-point of the entire conception of the neurosis.

After Breuer's discovery, putting into practice the "chimney sweeping" so justly christened by his patient this method of treatment has evolved into shorter psychoanalytical methods, which we will now discuss in succession in their main points.

In his use of the primitive method, Freud depended upon the time saving of hypnotism and upon the circumstance that many could not be brought into the desired deep degree of provoked sleep. The aim of this operation was to call up in the patient another state of consciousness, in which it would be possible for him to remember facts which had given cause for the origin of the phenomena, facts which thus far had remained hidden from the ordinary daily consciousness. By questioning the patient when in this state, or by spontaneous production of phantasies communicated by the patient while in hypnosis, memories come to light and affects connected with them are relaxed (these are abreagirt [rearranged], as the expression is) and the desired cure is attained. This just-mentioned method (cathartic, cleansing) and more especially the modified one, which aims especially at the promotion of a spontaneous production of phantasies communicated by the patient while under hypnotism, is still used in practice by some investigators. In what follows we go still further back Freud next sought for a method to render hypnotism unnecessary. He discovered it by applying an artifice which he had seen Bernheim use during a visit (1887) to the latter's clinic at Nancy. Bernheim demonstrated upon a hypnotized patient how the amnesia of the somnambulist is only an appearance.

With this aim in view, Freud from then on ceased to hypnotize his patients and substituted for that method, "spontaneous ideas." This means that when the analysis of a patient who is awake is obstructed, and has come to a dead stop, he is told to communicate anything which comes into his mind, no matter what idea, what thought, even if the thing were very queer to him or seemed meaningless. In the material thus obtained the thread should be found leading to the semi-forgotten, the thing hidden in the consciousness. In single cases where the resistance toward bringing into consciousness the forgotten or repressed thing, the complex, was slight this method of treatment very quickly attains its end, but in others where the resistance was greater, the spontaneous ideas merely brought about indirect representations, mere allusions as it were to the forgotten element. Here favorable results either were not so readily obtained, or else were entirely lacking. In conjunction with this, Freud planned a simple method of interpretation by means of which, from the material thus obtained, the repressed complexes could be brought to consciousness.

Independently of Freud, the Zurich school (Bleuler, Jung) had planned the association method in order to penetrate into the patient's subconsciousness. The value of this method is chiefly a theoretical experimental one; it leads to an orientation of large circumference, but necessarily superficial in regard to the subconscious conflict (complex).

Freud compares its importance for the psychoanalyticus; with the importance of the qualitative analysis for the chemist.

Not being completely satisfied with his method of spontaneous ideas Freud sought shorter paths to the subconscious, and therefore undertook the study of the dream-life (dealing with forgetfulness, speaking to one's self, making mistakes, giving offense to one's self, and with superstition and absent-mindedness, and the study of

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word quibbles taken in their widest sense), to all of which we are indebted for the possession of his three important books: "Die Traumdeutung?" (First edition 1900, third edition 1912); "Zur Psychopathologie des Alltagslebens" (1901–1907); "Der Witz und seine Bedeutung zum Unbewussten" (1905).

Because of the discovery of the repressed and the forbidden in the soul life, the instructions contained in the three last-named works are of great importance and of help to us in the study of the spontaneous ideas of the patient brought to light by free association. But what is of more importance for analysis is the study of what may well be termed Freud's masterpiece, "Die Traumdeutung."

Jung expresses himself as follows in regard to Freud's ingenious discovery.

"It can be said of the dream that the stone which was despised by the architect has become the corner-stone. The acorn of the dream, of the ephemeral and inconsiderable product of our soul, dates from the earliest times. Before that, men saw in the dream a prophecy for the future, a warning spirit, a comforter, a messenger of the gods. Now we join forces with it in order to explore the subconscious, to unravel the mysteries which it jealously guards and conceals. The dream does this with a completeness which amazes us. Freud's exact analysis has taught that the dream as it presents itself to us, exhibits merely a facade, which betrays nothing of the inmost part of the house. But where, by attention to certain rules we are able to bring the dreamer to express the sudden ideas awakened in him in talking over the sub-division of his dream, then it very quickly appears that the sudden ideas follow a determined direction, and are centralized about certain subjects, possessing a personal significance and betraying a meaning, which in the beginning would not have been suspected back of the dream, but which stand in a very close symbolical relation, even to details, to the dream facade. This peculiar thought-complex, in which all the threads of the dream are united, is the looked-for conflict in a certain variation which is determined by the circumstances. What is painful and contradictory in the conflict is so confused here that one can speak of a wish-fulfillment; let us, however, immediately add that the fulfilled wishes apparently are not wishes, but are such as frequently are contradictory to them. As an example let us use the case of a daughter who inwardly loves her mother and dreams that the latter is dead, much to her sorrow. Dreams like this are frequent. The contents make us think as little as possible of a wish-fulfillment, and so one might perhaps get the idea that Freud's assertion that the dream presents in dramatic form a subconscious wish of the dreamer is unjust.

That happens because the non-initiated does not know how to differentiate between manifest and latent (evident and hidden) dream contents. Where the conflict worked over in the dream is unconscious, the solution, the wish arising from it, is also unconscious. In the chosen example, the dreamer wished to have the mother out of the way; in the language of the subconscious it says: I wish that mother would die. We are aware that a certain part of the subconscious possesses everything which we can no longer remember consciously, and especially an entirely thoughtless, childish wish. One can confidently say that most of what arises from the subconscious has an infantile character, as does this so simple sounding wish: "Tell me, father, if mother died would you marry me?" The infantile expression of a wish is the predecessor of a recent wish for marriage, which in this case we discover is painful to the dreamer. This thought, the seriousness of the included meaning is, as we say, "repressed into the subconscious" and can there necessarily express itself only awkwardly and childishly, because the subconscious limits the material at its disposal, preferably, to memories of childhood and, as recent researches of the Zurich school have shown, to "Memories of the race," stretching far beyond the limits of the individual.

It is not the place here to explain by examples the territory of dream-analysis so extraordinarily composed; we must be satisfied with the results of the study; dreams are a symbolical compensation for a personally important wish of the daytime, one which had had too little attention (or which had been repressed).

As a result of the dominant morals, wishes which are not sufficiently noticed by our waking consciousness and which attempt to realize themselves symbolically in the dream are as a rule of an erotic nature. Therefore it is advisable not to tell individual dreams in the presence of the initiated, because dream symbolism is transparent to one acquainted with its fundamental rules. Therefore we have always to conquer in ourselves a certain resistance

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before we seriously can be fitted for the task of unraveling the symbolical composition by patient work. When we finally comprehend the true meaning of a dream then we at once find ourselves transposed into the very midst of the secrets of the dreamer and to our amazement we see that even an apparently meaningless dream is full of sense and really bears witness of extremely important and serious things concerning the soul-life. This knowledge obliges us to have more respect for the old superstition concerning the meaning of dreams, a respect which is far to seek in our present-day rationalistic era.

Freud correctly terms dream-analysis the royal road which leads to the subconscious; it leads us into the most deeply hidden personal mysteries and, therefore, in the hand of the physician and the educator is an instrument not to be too highly valued.

The opposition to this method makes use of arguments which chiefly (as we will observe, from personal motives) originate in the still strongly scholastic bent, which the learned thought of the present-day exhibits. And dream-analysis is precisely what inexorably lays bare the lying morals and the hypocritical pose of men, and now for once makes them see the reverse side of their character. Is it to be wondered at that many therefore feel as if some one were stepping on their toes?

Dream-analysis always makes me think of the striking statue of worldly pleasure which stands before the cathedral at Basel. The front presents an archaic sweet smile, but the back is covered with toads and snakes. Dream-analysis reverses things and allows the back side to be seen. That this correct picture of reality possesses an ethical value is what no one can contradict. It is a painful but very useful operation, which demands a great deal from the physician as well as from the patient. Psychoanalysis seen from the standpoint of therapeutic technic consists chiefly of numerous analyses of dreams; these in the course of treatment, little by little, bring what is evil out of the subconsciousness to the light and submit it to the disinfecting light of day, and thereby find again many valuable and pretendedly lost portions of the past. It represents a cathartic of especial worth, which has a similarity to the Socratic "maieutike," the "obstetric." From this state of affairs one can only expect that psychoanalysis for many people who have taken a certain pose, in which they firmly believe, is a real torture, because according to the ancient mystic saying: "Give what you have, then shall you receive!" They must of their own free will offer as a price their beloved illusions if they wish to allow something deeper, more beautiful and more vast to enrich them. Only through the mystery of self-sacrifice does the self succeed in finding itself again renewed.

There are proverbs of very old origin which through the psychoanalytical treatment again come to light. It is surely very remarkable that at the height to which our present-day culture has attained this particular kind of psychic education seems necessary, an education which may be compared in more than one respect with the technic of Socrates, although psychoanalysis goes much deeper.

We always discover in the patient a conflict which at a certain point is connected with the great social problems, and when the analysis has penetrated to that point, the seemingly individual conflict of the patient is disclosed as the conflict, common to his environment and his time.

Thus the neurosis is really nothing but an individual (unsuccessful to be sure) attempt to solve a common problem. It must be so, because a common problem, a "Question" which plunges the sick man into misery is I can't help it "the sexual question," more properly termed the question of the present-day sexual moral.

His increased claim upon life and the joy of life, upon colored, brilliant reality, must endure the inevitable limitations, placed by reality, but not the arbitrary, wrong, indefensible limitations which put too many chains upon the creative spirit mounting from out the depths of animal darkness. The nervous sufferer possesses the soul of a child, that arbitrary limitation which represses and the reason for which is not understood. To be sure it attempts to identify itself with the morals, but by this it is brought into great conflict and disharmony with itself. On one side it wishes to submit, on the other to free itself and this conflict we speak of as the neurosis.

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If this conflict in all its parts were clearly a conscious one, then naturally no nervous phenomena would arise from it. These phenomena arise only when man cannot see the reverse side of his being and the urgency of his problem. Only under these circumstances does the phenomena occur which allows expression to the non-conscious side of the soul.

The symptom is thus an indirect expression of the nonconscious wishes, which, were they conscious to us, would come into a violent conflict with our conceptions of morals. This shadowy side of the soul withdraws itself, as has once been said, from the control of the consciousness; by so doing the patient can exert no influence upon it, cannot correct it and can neither come to an understanding with it nor get rid of it, because in reality the patient absolutely does not possess the subconscious passions. Rather they are repressed from out the hierarchy of the conscious soul, they have become autonomous complexes, which can be brought again into consciousness only with great resistance through analysis. Many patients think that the erotic conflict does not exist for them; in their opinion the sexual question is nonsense; they have no sexual feeling. These people forget that in place of that they are crippled by other things of unknown origin. They are subject to hysterical moods, bad temper, crossness, from which they, no less than their associates, suffer. They are tortured by indigestion, by pains of every sort, and are visited by the whole category of other nervous phenomena. They have this in place of what they lack in the sexual territory, because only a few are privileged to escape the great conflict of civilized man of the present day. The great majority inevitably takes part in this common discord.

As specimens of dream-analysis I will give resumes of two histories of illness told me by Dr. Jung.

ANALYSIS AND CURE OF A CASE OF NERVOUS PROSTRATION

A twenty-year-old banker's son, from a large city in Hungary, suddenly grew sick two years ago, shortly after his father had suffered an attack of apoplexy and paralysis of the right side. He is spiritless, restless, not able to work, cannot use his right arm to write, is powerless to put his attention on anything, sleeps badly, etc. No treatment has any helpful effect. He is advised to seek distraction in Paris, but this, too, is of no avail. Then, after months of torture, he came to Zurich to Dr. Jung, who subjected him to analysis. At the second visit the patient behaved extremely mysteriously; he was much disturbed and appeared to be under the influence of an anxious dream, which he had dreamt that night. It required some effort to induce him to tell this dream, and it was only after he had convinced himself that no one could listen in the hall, that this story, not without emotion, came out.

"I see in a vault a coffin in which my father lies, and I beside him; in vain I attempt to remove the lid, and in my horrible fear I awake."

Some days were employed with the analysis of this dream. The explanation of it is: he has a very strong father-complex. From childhood up he has always been with his father, he has assumed the role of his father's wife, has cared for him, lived for him. He often reproached his mother for not making enough of the father, for not always cooking his favorite dish, for sometimes contradicting him, etc. He was always around with his father, worked at his office, served him in all sorts of ways, and anticipated all his wishes. Now, when the father suddenly became an invalid, the conflict arose. He identifies himself with the father. His father's invalidism becomes his own, he cannot think any more, he cannot write any more, and he sees death approaching. In the dream he is apparently dead, but his youth, his strength refuses to die, and this is translated in his attempts to get out of the coffin, which explains the fear.

The explanation brings relaxation. After some days, during which the patient communicates his secret thoughts in detail, he feels very much better, his heavy burden has been rolled away, and he cannot find words enough to express his thanks to the doctor. The latter points out to him that however natural this feeling of thankfulness may be, it is partly a symptom of the cure at his hands. He shows the patient how the latter, who had seen through the analysis that his love for his father has been exaggerated and morbid, had been able to control this, and how he

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now transfers to him, the assisting physician, the need for love, freed from suffering along the way of sublimated homo–sexuality. He impresses upon him that he must now learn to moderate the sympathy, which he expresses too feelingly, and that he must not desire to see another father in the doctor, but simply a friend, who is teaching him to stand on his own feet and to become an independent man. After a few more weeks the young man was entirely cured of his neurosis, freed from his exaggerations and returned home a well man.

ANALYSIS OF A CASE OF SLEEPLESSNESS

Once when traveling I made the acquaintance of a naturalist who not long before had completed a famous exploring expedition in distant countries. During this expedition he had been almost constantly in peril of his life. Almost every night he had had to stay awake and watch so as not to be set upon and killed. He had been back in England a short time and had completely recovered from the privations and sufferings he had experienced, but he suffered desperately from insomnia. On his return he had slept well, but a month before his sleep had suddenly begun to be disturbed.

Knowing me to be a neurologist, he asked my advice. I inquired about the patient's former life, but discovered that my traveling companion was little inclined to be communicative in this direction, in fact he was strikingly reticent. To my inquiry about the immediate origin of the insomnia, he told me it was immediately connected with a miserable dream which he had dreamt a month past, and from which he had awakened in terrible anxiety. I asked him to tell me this dream and gave him hope that perhaps the analysis of this might succeed in laying bare the cause of the insomnia. The substance of the dream was as follows:

"I was in a narrow gorge, formed by almost perpendicular walls of rock. This made me think of a similar narrow gorge which, during my journey, I had passed through at peril of my life. Upon a jutting rock a hundred yards high above the abyss, I saw a man and woman standing, shoulder to shoulder, both covering their eyes with their hands. They step forward and I see them plunge downwards together, and hear their bodies falling to destruction. Screaming wildly I awoke. Since that time I dare not let myself sleep for fear of the repetition of this dream.

The patient, accustomed to deadly peril on his long expedition, could not explain to himself the anxiety caused by this dream. I called Mr. X's attention to the fact that in my opinion an erotic conflict was concealed in the dream, and asked him point blank whether he had taken part in a love story. At this the patient grew deadly pale, struck the table with his fist and said "That you should have guessed it!" Now the confession followed, how he had had a love affair in which he had not cut a good figure and which ruined a woman's life, and that afterwards he had been violently remorseful and had lived with the idea of suicide. Then he had seized upon the opportunity offered him to lead a dangerous expedition. He wanted to die and here he would not find death ingloriously.

It is clear that the two people upon the rocks above symbolized the two, who went to meet destruction.

Soon afterwards the travelers parted. A year later the newspapers contained the report of the marriage of the famous explorer. The surmise is allowable that the analysis of this dream was the cause of this fortunate solution.

As I have already pointed out, the original cathartic method of Breuer and Freud, explained to some extent, is still followed by some investigators, by Muthman, Bezzola, Frank and many others. I had the opportunity in June and July, 1912, of observing for some time the treatment of patients by Dr. Frank in Zurich at his private clinic, and of gaining for myself a satisfactory idea of his technique. Frank by no means rejects the Freudian psychoanalysis with all its helps, but uses it only when he does not succeed in hypnotizing his patient. Preferably, and in a great number of cases, he uses, in a state of hypnosis, a cathartic method he originated.

Where Breuer and Freud profited from the spontaneous or the provoked somnambulistic state of the patient, and by questioning dug up the hidden depths, Frank decided to be satisfied with a light hypnose, a state of hypotaxie,

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which might be termed analogous to the half-conscious state of the person who after taking a mid-day nap frequently denies having been asleep. In this condition we can give an account on waking of what happened around us. One sleeps and one does not sleep; the upper-consciousness then can control what the sub-consciousness brings up.

Frank says that, except in the peculiarity that he is satisfied with a lighter degree of hypnose, his method differs from that of Breuer and Freud in that generally he does not question the patient when under hypnotism, neither suggests. Experience has taught him, he says, that the ideas loaded with affect, spontaneously discharge. They are the very ones which would do so in a dream, but are differentiated from the occurrences in the dream in the sense that these last enter phantastically dressed, while the first express themselves with the mental affects belonging to them, precisely as they were lived through.

Precisely as in the primitive-cathartic method, the affects pushing in here are disemburdened here, but at the same time, the connection between the existent sick-phenomena and the causes having a place here were automatically conscious to the patient. In some cases suggestion is called upon for help in order to free an affect or to direct the attention to the expected scene.

In most cases the process goes on itself, after the introduction of hypnosis. If the sleep is too deep, then the ideas are transferred into real dreams, which the patient immediately recognizes as such, or the production of scenes discontinues; the superconsciousness no longer works.

The scenes described are usually recalled by the patients, just as they were experienced by them, even when taken from the earliest youth. The reality of the events which happened in childhood, lived over again in hypnose, are substantiated as much as possible by the patient's parents or associates. He succeeds best in inducing this semi-sleep by exhorting the patient as he closes his eyes not to bother about whether he sleeps or not, but to fasten his attention upon the scenes which are about to present themselves; that is, to think himself, so to speak, into the state of someone at a moving picture show.

As an example I give a fragment of a Frankian analysis of a case of

FEAR NEUROSIS (ANGST-NEUROSE)

Y. B., born 1883, a law clerk. Patient comes on the third of December, 1908, to Frank's consultation hour; he complains of periods of short breath; during these he feels as if his heart were ceasing to beat, especially when he is just going to bed. He feels then as if something heavy were striking him on the chest, great restlessness, and a feeling of faintness comes over him. After taking a glass of wine the condition is aggravated and becomes insupportable. These attacks come once or twice a day, mostly in the evenings. At times they keep off for eight or ten days. He lives continually in an excited state, he suffers from palpitations of the heart, from pain in the left thigh, pain in the left side, and at night cannot get to sleep.

Patient attributes this condition to an automobile accident which happened to him on June 2, 1908. Even before this accident he had been a trifle nervous on account of overwork. In the automobile accident he had been thrown out, and had been thrown a distance of ten or fifteen yards. The automobile, which was at high speed, had also plunged down the decline, but luckily the patient was not caught directly under the machine. He did not lose consciousness, and escaped with some scratches and a bad fright; it was a marvel that he and the chauffeur escaped with their lives. He plainly recalls thinking, during the fall, that his last hour had come, and even yet is amazed how extremely untroubled he had been by that thought. The days following the accident he felt as if his face were burning, and he was inwardly agitated whenever he thought of an automobile. On June 30, 1908, he was obliged to take a business journey. While seated in the station restaurant it suddenly grew dark before his eyes. He could breathe only with difficulty, his heartbeats were irregular and he had a strange sensation of fear.

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This condition lasted the whole day. On the return journey his train ran into an automobile truck. The patient was thrown to the floor of the coupe by the shock. This incident made a great impression upon him; nevertheless, for eight days he was free from the uneasiness already described. After that an attack of fear again set in, continuing at intervals, with periods of greater or lesser violence, until the present.

December 7, 1908. A first attempt to induce hypnosis was successful.

December 8, 1908. Patient goes to sleep immediately, becomes frightened and gives frequent signs of terror. When awakened, he mentioned that he had had a feeling as if he were falling into a hole, that had given him a very strange sensation. The patient speaks while he sleeps; his super-consciousness therefore remains awake and is able to take notice directly of the scene taking place. After some minutes he sees in the hypnosis a locomotive approaching. He cries out, "There it comes out of the tunnel." He is afraid of being run over, and is terrified. Two years previously he had been through this scene. He was standing on the track when a train approached, and he was afraid of being run over. In his sleep, the patient communicates the details and sees everything clearly. After a short interval of complete rest, he begins to breathe heavily, his pulse quickens, then he cries out in fright and excitement and dread, "Now it's coming, now the auto's coming, it's turning over, we're under it, there it's riding over us!" Gradually he quiets down again, and after a quarter of an hour, awakes. He says he now feels something lifted from his chest, that he has slept well, and feels better. He recalls everything. The train came out of the tunnel with gleaming lights; this scene took place in the evening. The automobile scene was reproduced precisely as he had taken part in it, no detail escaped him; his breathing is unobstructed now, and he has no more heart palpitations.

On the day appointed for the seance I was unexpectedly obliged to go away. When I wished to resume the treatment, January 9, the patient wrote me that his condition was strikingly improved, the heart palpitations and feelings of anxiety had not reappeared. His pleasure in life and work had returned once more, his night's rest left nothing to be desired, his appetite was excellent, therefore he thought that further treatment was not necessary for the present. To a later inquiry, February 12, 1910, a year afterwards, I obtained this answer: "Without exaggeration I am able to write you that in my whole life I have never felt so well as now. There has been no question of any nervous attacks or feelings of dread. My weight, which had gone down to fifty-eight kilos during my nervous sickness, has gone up to seventy kilos."

When Frank shuts himself up with his patients in a room, from which all outer noises are excluded as much as possible, by means of double windows and doors, although he by means of electric light signals visible to him alone keeps in touch with the servant outside, he has the patient recline as comfortably as possible upon a low sofa. He kneels on a cushion at the head, bends down over the patient and has the latter look upwards directly into his eyes. Meanwhile he lets his left hand rest upon the patient's forehead and gently presses the latter's eyelids with his thumb and forefinger. As soon as the patient shows signs of weariness, he carefully gets up, takes a seat next to the patient and continues carefully observant of the latter's behavior and expression of countenance. He makes note of everything that shows itself and rouses the patient after about a quarter of an hour, unless the latter awakes spontaneously. Now he talks over with him the material which has been procured and then has the patient go into a renewed hypnosis, until the end of an hour. Sometimes the seances are protracted when important scenes come up, and in the interest of the treatment it might be lengthened to two or even three hours.

Bezzola makes use of a small, light, black silk mask, which he puts on the eyes of the patient. He induces hypnosis, and for the rest follows Frank's technique already described.

While analysts who avail themselves of hypnosis as a means of help have all their patients take a reclining position, those who have given up hypnotism in their treatment, have also given up this reclining position. Freud continues to prefer having the patient assume a reclining position, and takes his position with his back to the patient, behind the head of the sofa. He considers that this manner of treatment induces the greatest calmness in the patient and makes it easier for him to express himself and to confess. He keeps as quiet as possible, listens

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with undivided attention, does not take any notes during the seance, not wishing to give rise to the suspicion that all the confession will be written down and perhaps seen by other eyes.

Jung receives the patient in his study just as he would receive any ordinary visitor. He thinks that in this way the patient is put most at his ease and that it makes him feel he is not considered as a patient, but rather as some one who, being in difficulties, comes to ask advice and needs to tell his troubles to a trusted friend. Even less than Freud does he take notes in the presence of the patient.

Stekel does as Jung, the only difference being that he remains seated at his writing-table and makes notes of the most important points.

The most satisfactory way for the uninitiated to make himself familiar with the technique of psychoanalysis is to submit himself to psychoanalysis. For that purpose one turns to an experienced analyst, and takes to him one's ideas and dreams. Consequently I submitted myself for two months to analysis from Dr. Jung, who in that way initiated me into the practice of psychological investigation. The interpretation of one's own dreams, reading and studying of the principal literature about analytical psychology or deep psychology, as Bleuler calls it; and the application of what is thus learned, at the start to simple, later to more difficult cases, must do the rest in making an independent investigator in this branch of psycho-therapy.

As has already been said, psychoanalysis aims at bringing into consciousness all the forgotten things. When all the gaps in the memory are filled in, when all the puzzling operations of the psychological life are explained, then the continuance and the return of the suffering has become impossible. The attainment of this ideal state is truly the attainment of Utopia. Most certainly a treatment does not need to be carried so far. One may be satisfied with the practical cure of the patient, with the restoration of his power for work, and with the abolition of the most difficult functional disturbances.

It is applicable in cases of chronic psychoneurosis which exhibit no difficult or dangerous phenomena. Among these are counted all sorts of compulsive neuroses, compulsive thoughts, compulsive behavior and cases of hysteria, where phobias and obsessions play a chief role, also somatic phenomena of hysteria which do not need to be acted upon quickly, such as, for example, anorexia. In acute cases of hysteria it is better to wait for a calmer period before applying psychoanalysis. In cases of nervous prostration this manner of treatment, which demands the serious co-operation and attention of the patient, which lasts a long time and at first takes no notice of the continuance of the phenomena, is difficult. This form of psychotherapy places great demands on the physician's patience and understanding. Psychoanalyses which last more than a year, are no rarity. It cannot be applied to the seriously degenerated; to people who have passed far beyond middle life, because among the last named the accumulated material compasses too much; to those who are entangled in a state of great fear and who live in deep depression. Analysis can be applied to the neuroses of children. It is desirable in those cases for the physician to be supported by a trusted person, as for example a woman assistant, but preferably by parents enlightened sufficiently to observe the spontaneous remarks of the child, to make notes of them, and communicate them to the physician. According to the experiments undertaken by the Zurich school, the expectation is justified within certain limits, that psychoanalysis will be therapeutically useful in certain forms of paranoia and dementia praecox.

I think that it will soon be said of psychoanalysis, as of so many other systems which like it were decried and yet later were highly valued, that the enemies of to-day are the friends of to-morrow.

Whoever wishes to judge Freud must take the trouble to initiate himself seriously into his doctrines, and use his methods for a long time in practice, according to his instructions.

Most of the condemnations are brought forward by investigators who judge a priori, without acquaintance with the facts, upon uncertain theoretical grounds and with prepossession against his sexual theory.

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Whoever initiates himself seriously into the practice of psychoanalysis, will arrive at the conclusion that this new form of psychical curing deserves, to a great degree, the attention of the physician and that it may be considered as an enrichment of the armory of the psychotherapy, not yet sufficiently valued.

Does it render other forms of psychotherapy superfluous? There can be no thought of that.

Taking the pros and cons given here, we see that each of the forms of psychical therapy deserves in its turn preference, and that all support and complement each other.

Jung, as well as Freud, both of whom have made their life's aim the perfection of psychoanalysis, and who for that reason now concern themselves exclusively with it, appreciate all forms of verbal treatment, as well with hypnotism as without it. Hypnotic suggestion and suggestion given when awake was used at an earlier period by both of them with good results, and they still are not averse to using this method where quick comprehension and the immediate subdual of a troublesome symptom is desired.

The psychoanalyst follows the longer road, and assails rather the root of the sickness; it works more radically; hypnotic treatment takes hold quicker and is directed at the symptoms.

Freud explains it in this manner: when one treats the patient by hypnotic suggestion, one introduces a new idea from outside in exchange for the morbid idea; if psychoanalysis is applied, then one simply eliminates the morbid idea. Within certain limits the modus agendi of the two methods is in absolute opposition.

The suggestion method, substituting one idea for another, puts in something; the analytical, expelling an idea, takes out something. Both aim at and obtain the same end, a more or less lasting cure. Suggestion neutralizes, stops the poison; analysis expels the harmful matter. The latter manner of treatment is positive and the most decisive.

"Don't we all analyze?" Bernheim inquires, and once more I agree that all forms of psychotherapeutics do, but there is a difference in analysis.

Superficial analysis can bring us a long way toward the goal. In many cases it may suffice. But the profound, the Freudian analysis, is what we need if we wish to attain the radical cure of psychoneurosis, as far as we can ever speak of a radical cure. Many cases of illness do not lend themselves to deep analysis.

When, because of the nature of the illness, or the lifetime, or the feeble intelligence of the patient, or because of temporary circumstances of a moral or material nature, its adaptation is excluded or impossible, it is advisable, especially in chronic cases to take refuge in the more palliative forms of the psychic methods of cure.

Thus the psychotherapeutic as moral leader fills the role of guide (directeur-d'ames), one who helps along the doubter, encourages the toilers, calms the frightened, arouses courage, keeps up hope and comforts where comfort is needed.

Pierre Janet, in his instructive book ("Obsessions et Idees Fixes"), observes that one of his chronic patients gave him the pet name of "le remonteur de pendules," an expression which luminously describes the role of the physician of souls, who, tirelessly, day in, day out, lifts the burdens, and for a time breathes new life into the depressed.

Hypnotic suggestion, which induces sleep, stills pain, silences fear, abolishes functional disturbances, works chiefly palliatively. The place for its application is where quick comprehension is desired. In its simplest form it resembles the treatment of a mother, who soothes her child with pacifying words and loving touch, and rocks him to sleep, and also it resembles the behavior of the father, who asserts his authority by force and breaks down the

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childish opposition. We find hypnotic suggestion, perfected and clothed in its scientific garment, in Liebeault's assertion: "It is a cure of authority, of faith, of confidence, a cure which frequently performs semi-miracles. Respect on one side, sympathy on the other, is what gives the hypnotiser results."

However highly we may value this last mentioned form of therapy, however numerous the cures due to it may be, however indispensable it may be in the practice of medicine, yet its splendor pales before the light which shines forth from the cures which aim at reeducation and which are directed toward the understanding. Those are the cures which make use of analysis.

One method, which we will call the superficial analytical method, is directed exclusively toward the upper consciousness and cures principally through exhorting, convincing, exercising and hardening. Its sponsors are Bernheim, Rosenbach, P. E. Levy, Dubois. At least it is true to its birth, it has suggestion blood in its veins.

The other method is the deeper: the Freudian analysis. This does not allow itself to be satisfied with seeing only one side of the medal, it does not limit its field of activity to the superliminal consciousness, in searching for the causes of psychogenic illnesses, but it penetrates into the strata which lie hidden under the threshold of the consciousness.

Where the moral and the suggestive methods of cure are limited exclusively to symptomatic treatment, the first form of educative therapy, limited merely to a superficial analysis, is only partly symptomatic, but the second form of educative therapy penetrates with its deep-going analysis to the root of the trouble, and has as its aim a fundamental cure.

Only too frequently the physician must be satisfied with the cure of the symptoms, with lightening the load. He always strives to remove the cause. Freud's great service is that he has opened before the physician a path which leads to the cause.

These lines of Vondel's seem as if composed for him:

"The physician must not only know
How high the pulse has mounted,
And where the sickness lies, which makes
him groan with pain,
But he must see the cause, from where
The great weakness of this sickness came."