

What is Healing and Growth? Thoughts from Freud

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PREFACE

Healing and Growth are the prime goals of any form of psychotherapy, making this a likely reason for the emphasis on technique and method in its history. Much of healing and growth is easily seen, and certainly enjoyed, by both patient and therapist, giving research into its nature a back seat to the primary goal of relieving suffering and promoting growth. At the same time it seems likely that the advances garnered in more than a century of work in various modalities should contain hints at the nature of healing and growth. This expresses the perspective taken in this book with respect to the works of Sigmund Freud.

Like his contemporaries and those who came after him, he was looking for an understanding of what causes psychological suffering with the hope and anticipation that such understanding would lead to new and better methods of treatment. His works built to a model for how the personality both develops and functions in health and unhealth. He strongly felt that understanding pathology, which can result in extreme expressions of component parts of the personality, makes it easier to see and understand how the personality functions in a state of health. His writings emphasize the relief of symptoms and gains in the power to adapt as outcomes of successful psychotherapy, but rarely would he comment on the nature of healing and growth itself, that is its process dynamics.

Yet he left a trail of crumbs, so to speak, in his writings that is rich in implicit clues as to how healing and growth take place. Like his psychoanalytic model itself, such hints do not build to a complete representation of the process, but they form a good start.

INTRODUCTION

Anyone seeking psychotherapy is suffering with an emotional problem of some sort and usually senses that there are better ways to deal with life. The negative feelings, or symptoms, involved are usually varieties of anxiety and depression, including feelings of panic, confusion and agitation. In some instances flooding is the most distressing symptom, without reference to the nature of the feelings that the patient is flooded with. In all instances the negative feelings are a part of a personality configuration that results in poor adaptation in some parts of life and often in a sense of being out of sorts. These are surface descriptions that can only hint at what an emotional problem is, this being a precursor to beginning to deal with the issues of treatment and resolution.

If an emotional problem is regarded as an approximate term for a neurosis, then the latter's defining feature of developmental arrest becomes useful in defining what an emotional problem is. A developmental arrest means that part of the personality has failed to fully mature, implying limited powers of adaptation, and more subtly, implying a neurosis, psychosis or borderline disorder. The fact that a developmental arrest implies that parts of the personality are still functioning at an infantile level is most easily seen in neurosis where they contrast strongly with the healthily functioning, mature parts of the personality. The adjective infantile here means that, in the case of neurosis, the point of arrest is usually between the ages of two and five, in the borderline case earlier and in the case of psychosis, still earlier.

When a child's environment presents stresses too strong for its young and growing personality to manage an arrest will follow. The underlying principle is that nature wants to safeguard the child's ability to keep growing psychologically. When overly strong stresses tax the child beyond its capacity to adapt nature creates defenses whose purpose is to isolate the child's unmanageably strong emotional responses from the rest of its personality, especially from its consciousness. This preserves the ability of the rest of the child's personality to continue to grow. For example, if the father of a girl around the age of two or three fails to give her sufficient emotional attention, then the child's frustration will lead to rage reactions, and if these are too much for the little girl to manage then a defense like repression may result; if the stresses are strong enough then a

more primitive defense such as a reaction formation may enter. Within childhood the invocation of defenses can be regarded as a positive adaptation because, while limiting maturation of the personality overall, it enables the rest of it to continue to flower and also spares the child consciously suffering overly strong feelings such as rage, guilt and helplessness.

Once set in place defenses continue to operate, from childhood to the adult state unless the child's environment ceases to be overly stressful, an unlikely event in most cases. Whether regarded as a positive adaptation or not in childhood, the outcome is a neurosis because what is blocked by defenses continues to exist in an early form that continues to struggle against defenses to resume its maturation, an event that requires access to consciousness and to parts of the personality that have access to consciousness. Where there is pathology this fails and the result is that the energy of the blocked emotions becomes expressed in the derivative form of symptoms. That is, what nature intended to mature into expressed powers of adaptation can only express itself in the maladaptive form of symptoms. In the above example, the child's blocked rage could find expression in such symptoms as oppositional behavior, negativism, or overtly destructive behavior such as breaking items of value. To make matters worse, the child's personality will respond with guilt to the presence of its rage and this will reach consciousness as anxiety and possibly depression.

The goal of analysis, whether in childhood or later, is to free what is blocked so that it can resume the growth intended for it by nature from the outset. This is done in psychoanalysis, as well as in dynamic forms of therapy, mostly by the work of interpretation, the idea being to first create a cognitive awareness of how one is unconsciously working against oneself emotionally and to open ever larger paths from cognitive to emotional awareness. This is a form of healing because the process liberates blocked drives seeking access to consciousness and other parts of the personality that can link with consciousness, enabling them to flower once again. This is part of what Freud had in mind when he referred to the work of psychoanalysis as making the unconscious conscious. It is also healing in the sense that the interpretive process, when successful, ends the expression of what is blocked as symptoms and leads to a transformation of its expression to the burgeoning of healthy adaptive powers for life.

The above is a broad brush description of healing and growth that points to the main direction of this book. What it is that heals, what it is that grows and what inner structural changes occur, and how all these take place are among the specifics to be filled in.

Freud felt that in order for a psychological explanation to be complete it must touch upon structural, dynamic and economic aspects of what is being explained. The structural components in his model are the id, ego and superego, where the id is the seat of instinctual tendencies or drives, the ego is the executive part of the personality that does the work of meeting the demands of the id, ego, superego and reality, and the superego is essentially the same as what is understood as conscience, but based on the internalization of parental and cultural values. In the original German Freud used the words *das Es*, meaning the It (to emphasize the primitive nature of the Id), the word *das Ich* translating as the I (to emphasize the executive character of the ego) and the word *das Uber-Ich* meaning the over I (to emphasize both the judgmental and rewarding roles of the superego). The Latin words, id, ego and superego mean it, I and over/above the I, respectively. These words entered when Freud's writings were translated into English at a time when it was still fashionable to use Latin in medical contexts.

The dynamic part of the explanation presents how the components of the personality interact with one another as well as how sub components within each component interact. Freud added to these structural and dynamic requirements the need for an explanation to account for how energy is utilized in the personality, this being the economic perspective.

The present description of healing and growth will touch upon the above three dimensions. However, its main emphasis will be on how the primary and secondary processes evolve within psychotherapy. The *primary* process describes mostly *affective* events in the id and cognitive ones in the lower ego and id/ego boundary. The *secondary* process describes mostly *cognitive* events, in the ego, including the lower ego close to the ego/id boundary. In Freud's model the primary process governs weakly differentiated perceptions as seen in dreams and symptoms, but the secondary governs highly differentiated ones as seen in the real work of adaptation, including psychotherapy.

Freud and his tradition have discussed aspects of healing and growth. Freud emphasized that healing and growth see a person outgrow the pleasure principle in favor of the reality principle, meaning that the early tendency to recoil away from unpleasure is slowly replaced by tolerance of the unpleasure when enough reality sense has emerged within the person to see that eventual pleasure will result. He also emphasized his familiar quip that where there was id there will be ego, referring to his view that the ego grows out of the id as something of an interface with both reality and the superego, the one presenting actual opportunities and constraints from the world and the other presenting ethical or moral constraints arising

from within. Freud saw the major work of therapy as the use of interpretation to undo defenses that stand in the way of healing and growth in these and other senses. One of these other senses is the decreasing use of primary process functioning and the increasing use of secondary process functioning, major hallmarks of healing and growth.

A major organizing theme of what follows is that while the work of psychotherapy brings about structural, dynamic and economic changes in the ego, id and superego, all such changes are most easily seen in how the work of therapy moves the primary and secondary processes toward healthier, more adaptive functioning. Freud's narrative repeatedly gives qualitative descriptions of the primary process that stop short of the exact formulations of physics, an unsurprising event given his roots in determinism. These descriptions will be of considerable use in realizing the goal in the above organizing theme.

It will be useful to begin with a discussion of the inner workings of Freud as a researcher, that is, the relation of his personality and temperament to how he carried out his psychological research.

CHAPTER 1

FREUD'S PERSONALITY

It often happens that a person reading Freud for the first time feels surprise, even astonishment, at his ability to see the things he describes. He clearly had an unusual gift from nature for understanding psychological relationships but some of his ability is made understandable with knowledge of his personality because he also had ordinary gifts and character traits that very likely would not have led to his discoveries without his unusual gift

He described himself as an obsessional personality, a disorder that he studied thoroughly not only because of his findings in his self analysis but also because much of his practice consisted of obsessionals. Among his findings was their concern with issues of morality, defined more by their own subjective sense of right and wrong than by their ambient culture. He found this trait so thorough going and prominent in obsessionals that he often said of them that they maintained a private religion, more because of the great attention they gave to living within their way and to not violating it than to the frequent presence of ritualistic behaviors among them. Obsessionals have their individual, very personal, standards of integrity and their well being depends strongly of meeting them. That this was true of Freud is expressed in the quotation below. The inserted English translations of the French appear as footnotes in the original:

“Some years later, at one of Charcot’s evening receptions, I happened to be standing near the great teacher at a moment when he appeared to be telling Brouardel a very interesting story about something that had happened during his day’s work. I hardly heard the beginning, but gradually my attention was seized by what he was talking of: a young married couple from a distant country in the East – the woman, a severe sufferer, the man either impotent or exceedingly awkward. ‘Tachez donc,’ (Go on trying!) I heard Charcot repeating, ‘je vous assure, vous y arriverez.’ (I promise you, you’ll succeed.) Brouardel, who spoke less loudly, must have expressed his astonishment that symptoms like the wife’s could have been produced by such circumstances. For Charcot suddenly broke out with great animation: ‘Mais, dons des cas pariels c’est toujours la chase genitale toujours...

toujours...toujours'; (But in this sort of case it's always a question of the genitals – always, always, always.) And he crossed his arms over his stomach, hugging himself and jumping up and down on his toes several times in his own characteristically lively way. I know that for a moment I was almost paralyzed with amazement and said to myself: 'Well, but if he knows that, why does he never say so?'" (Freud, 2001, Vol XIV, 13-14)

Freud was about twenty nine at the time, a young physician who expected even Charcot, whom he greatly admired as his mentor and for his research into hypnotism at the Salpetriere in Paris, to meet his own standards of scientific integrity. There are many other similar quotes where physicians privately talk of sexual causality in the neuroses but publicly deny it. Most such statements were made at a time when Freud's conviction of an empirical basis for sexual causality was at odds both with the spirit of the times and the medical community, but such trends did not deter him. The need to understand the inner workings of nature, especially in the biological sense, was strong in him, a need that gained strength from the obsessional trait in him. His inquiring ways were there from the beginning but their first object was religion.

He was disappointed by what religions, including his own Judaism, had to offer. He found them to be without foundation, often superstitious in nature and unsatisfying as sources of understanding for human behavior, nature and life in general. Most especially they lacked the empirical, verifiable basis that science offered. The rigorous methods and standards of science appealed to both his hunger for knowledge and to his need for integrity in the offerings. There was more to Freud's emphasis on honest inquiry than his obsessional trend to insist on integrity. Within his model an obsessional is developmentally arrested in the anal stage because of rage reactions to environmental stresses that are too strong for the person's young psyche to deal with consciously. The psyche automatically creates reaction formations, a very strong way to defend against the rage, to keep it away from consciousness as well as from parts of the psyche that easily connect with it. As noted earlier, the outcome is something of a deal with the devil because the reaction formation seals off a part of the psyche, preserving the ability of the rest of it to keep flowering as well as sparing the child's consciousness the painful task of dealing with overly strong feelings, but it also results in the defended against part becoming unable to develop further in most ways because of its being sealed off from most of the rest of personality and its vital energies.

In terms of pain, suffering and limited growth potential, the stakes are high in the obsessional defense. The risk of experiencing strong, if not overwhelming, anxiety associated with the given stresses continues through

the anal stage and results in the reaction formation creating ever more elaborate and convoluted ways of keeping the rage blocked, these forming the obsessional's system. The need to insist on integrity was part of Freud's system, and like all such systems, it had a driven quality that belied it. Thematically this led to a joining of the need for knowledge with the need for honesty. Early on this had a neurotic coloring but with time he put aside his disappointment with religion and held onto the positive experience of his natural curiosity, making the joining of his need for knowledge with his need for honesty an increasingly healthy and trustworthy pursuit of knowledge. That is, with time his need for integrity in the pursuit of knowledge became less driven, approximating ever more to a healthy, strong but tempered interest in the verifiable findings of science. It is likely that Freud, as a child, felt that his parents were being deceitful with him, a thing he often reported on with his patients as resulting in a later driven quest for reliable knowledge. It is also likely that Freud, before committing to study medicine, considered studying law because of its connection with rights and integrity.

As noted, Freud continued his investigation into the causes of psychological suffering, or pathology, undeterred by both his zeitgeist and his colleagues' opposition to his ideas. This calls for stamina and again touches upon Freud's view of himself as an obsessional. Among the character traits associated with arrest in the anal stage are stubbornness and defiance, both sources of stamina for him in his early efforts to hold his own against an environment that was hostile to his findings and often to him personally. As an adult his defiance did not tend to find expression as contempt for authority, as it usually does, but more as contempt for those who disagreed with him. To some degree he sublimated these trends into healthy perseverance with his research and, at a more conscious level, into self sustaining confidence, all this adding to his healthy curiosity about the riddle of the neuroses and pathology in general.

Curiosity was not the only healthy trait in him related to his life's work. He was deeply interested in advancing civilization. As a young man he often expressed his wish to contribute to the well being of mankind, a healthy wish living side by side with his cynical and often suspicious view of the human race. This wish often manifested in individual acts of kindness and compassion, sometimes offered at his own expense in money and not just in time and effort. He was humanitarian despite his often dark view of life.

The traits cited thus far – integrity in research and elsewhere, love of science, stubbornness and defiance, curiosity, wishing to contribute to civilization and being humanitarian – do not account for Freud's unusual

ability to sense psychological meaning. They fail even when taken together because such trait clustering often occurs in people not noted for their giftedness. The missing piece in accounting for his contributions involves the specific nature of his gifts and this enters in a puzzling way because of the fact that his early interests were limited to medicine and his specialty in neurology. He showed no psychological leanings until events in his practice and research drove him to ask questions of a psychological nature. He showed signs of high intelligence in his childhood and early life, but signs of giftedness did not appear until he was about thirty years old. It follows that his gifts did not flower until later in his life or until they were cued forward by his work, or perhaps a mixture of the two.

A clear presentation of the specific nature of his gifts, and their relation to the cited personality traits, first requires some narrative on the distinction between feelings and emotions. Putting aside the subjective sensations that are part of experiencing feelings, the major function of feelings is to inform or provide information. For example, a person might report having a bad feeling about a circumstance without knowing why, reflecting an unconscious perception of something negative or unfavorable about the circumstance. Freud's idea that neurotic anxiety has a signal function is another example of an unconscious perception leading to a feeling that informs of danger. It can also happen that the reasons for the feeling are also conscious as in someone driving and seeing a road hazard in the distance or, along positive lines, a person feeling delighted at the unexpected sight of a rainbow. The unconscious perceptions that generate a feeling that informs are intuitive in nature and form a rapid means of making decisions which, if made on the basis of a fully studied conscious evaluation, would require too much time to be adaptive.

The perceptions and inner processing that precede feelings can be both conscious and unconscious. For example, a female who has been listening without attention to background music may hear advertising for dance lessons just at a time in her life when she has been thinking of getting better at dancing. The emergent feelings of interest, if not excitement, that result proceed from both conscious and unconscious perceptions. Similar things can be said for the onset of moods.

The fact that unconscious perceptions lead to feelings that provide adaptively useful information for consciousness raises the question as to why conscious perceptions would not lead to the same event because in the latter case one is already informed. Feelings do more than inform, they also lead to states of arousal that are preparatory for action, this being a hallmark of emotion as well as one reason why most people use the terms feeling and emotion interchangeably. The state of arousal results in new

conscious feelings that tell on it, whether the originating context is formed by unconscious or by conscious perceptions.

The origin of the word emotion reveals much of its meaning and how this differs from the meaning of feeling. The root of emotion is the Latin verb *emovere*, meaning to move out. The word emotion comes from *emotus*, the participle of *emovere*, and means having been moved out. An emotion is a state of arousal that is meant to result in an expressed action. When the action is inhibited by pathology or other causes, the aroused state discharges as a symptom such as anxiety, agitation or altered body states. The event sequence with an emotion is first the presentation of some adaptive need, followed by body changes that mobilize for action, followed by feelings that inform consciousness of the aroused state. The presenting need usually arises from without but can arise from within, as with hormonal change, the undoing of defenses leading to a liberation of once blocked drives which then reach for expression, and so on. Body changes, such as elevated breathing and heart rates and muscular tension quickly enter awareness as physical sensations that prepare for action. The subjective feelings stir cognitive processing that leads to identifying what adaptive actions might be taken. To take a familiar example, a male sees a female whom he would very much like to connect with. A rush of pleasant body and feeling sensations follow, the former to prepare for action, the latter to hint at how to make a connection with her. Emotion enters in the prior sentence with the goal of an expressed action crafted to hopefully create success.

Feelings may or may not lead to emotional states. A person may feel in the mood to sing but may also fail to do so because of inhibitions. However, emotional states are always attended by feelings that alert awareness to their presence. In the prior example there are feelings that lead to emotional arousal but not strongly enough to result in action, the end state of emotion. In summary form, feelings inform and emotions prepare for action with the caveat that feelings are a connecting link from informing to mobilizing for emotion.

Obsessionals have insufficient contact with some of their feelings and with some parts of their emotional system, making for limited or weak sensing of some feelings and emotions in others. However, where an obsessional is not blocked, there is adequate sensing. Paradoxically, Freud was an obsessional who had a remarkable ability to empathize with the feelings and emotions of others, except for his admitted limitation in his ability to do so with aspects of females. This discussion is building to a description of the exact nature of a fortuitous gift in Freud for

understanding psychological meanings. Commentary on some of his own words will be helpful.

The word feeling occurs four times in the quote below:

“We remain on the surface so long as we are dealing only with memories and ideas. What is alone of value in mental life is rather the feelings. No mental forces are significant unless they possess the characteristic of arousing feelings. Ideas are only repressed because they are associated with the release of feelings which ought not to occur. It would be more correct to say that repression acts upon feelings, but we can only be aware of these in their association with ideas.” (Freud, 2001, Vol IX, 48-49)

As expected the narrative refers to memories and ideas but only in their capacity to arouse feelings. When Freud indicates that only feelings are of value he is referring to them as sources of information on the patient's inner state, to both the patient and to the analyst, as revealed in his emphasis on the work of repression being not so much to block ideas as to block the feelings they evoke.

Freud gives some biographical information below that arose in a dream he had already interpreted but not to his satisfaction:

“At this point I shall once more take up the interpretation of a dream which we have already found instructive – the dream of my friend R. being my uncle...We have followed its interpretation to the point of recognizing clearly as one of its motives my wish to be appointed to a professorship; and we explained the affection I felt in the dream for my friend R. as a product of opposition and revolt against the slanders upon my two colleagues which were contained in the dream thoughts. The dream was one of my own; I may therefore continue its analysis by saying that my feelings were not yet satisfied by the solution that had so far been reached.” (Freud, 2001, Vol IV, 191-192)

His lack of satisfaction is in the words “my feelings were not yet satisfied by the solution that had so far been reached,” meaning that a feeling arose within him from an unidentified inner sense that his interpretation up to the given point was incomplete. The same sense of an inner feeling informing on an intuitive perception of incompleteness is in the quote below.

“At the conclusion of my earlier lecture on anxiety I myself expressed the opinion that, although these various findings of our inquiry were not mutually contradictory, somehow they did not fit in with one another. Anxiety, it seems, in so far as it is an affective state, is the reproduction of an old event which brought a threat of danger; anxiety serves the purposes

of self-preservation and is a signal of a new danger; it arises from libido that has in some way become unemployable and it also arises during the process of repression; it is replaced by the formation of a symptom, is, as it were, psychically bound – one has a feeling that something is missing here which would bring all these pieces together into a whole.” (Freud, 2001, Vol XXII, 84)

That the role of feeling is more in the nature of a messenger of intuitive processing than the intuition itself is expressed below.

“...She complained at this moment of some frightful pains, and made one last desperate effort to reject the explanation: it was not true, I had talked her into it, it *could* not be true, she was incapable of such wickedness, she could never forgive herself for it. It was easy to prove to her that what she herself had told me admitted of no other interpretation. But it was a long time before my two pieces of consolation – that we are not responsible for our feelings, and that her behaviour, the fact that she had fallen ill in these circumstances, was sufficient evidence of her moral character– it was a long time before these consolations of mine made any impression on her.” (Freud, Vol II, 157)

Although the phrase “that we are not responsible for our feelings” has a moralizing tone meant to assuage the patient’s anxiety, it has relevant implications elsewhere. Freud’s other point here is that feelings arise on their own, uninvited and uncaused by either consciousness or volition. This relates to powers of unconscious perception and inference that precede the emergence of feelings. Freud’s inner reliance on such powers is in the next quote:

“...We are engaged in investigating the technique of jokes as shown in examples; and we should therefore be certain that the examples we have chosen are really genuine jokes.... We have no criterion at our disposal before our investigation has given us one. Linguistic usage is untrustworthy and itself needs to have its justification examined. In coming to our decision we can base ourselves on nothing but a certain ‘*feeling*’, which we may interpret as meaning that the decision is made in our judgment in accordance with particular criteria that are not yet accessible to our knowledge.” (Freud, 2001, Vol VIII, 61).

The basis for Freud’s inner reliance on such powers is made more explicit in the next two quotes:

“...If so, however, we may safely assume that no generation is able to conceal any of its more important mental processes from its successor. For

psychoanalysis has shown us that everyone possesses in his unconscious mental activity an apparatus which enables him to interpret other people's reactions, that is, to undo the distortions which other people have imposed on the expression of their feelings. An unconscious understanding such as this of all the customs, ceremonies and dogmas left behind by the original relation to the father may have made it possible for later generations to take over their heritage of emotions." (Freud, 2001, Vol XIII, 159)

"...She now did all she could to prevent her husband from guessing that she had fallen ill owing to the frustration of which he was the cause. But I have good reason for asserting that everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people. Her husband understood, without any admission or explanation on her part, what his wife's anxiety meant, he felt hurt, without showing it, and in his turn reacted neurotically by – for the first time – failing in sexual intercourse with her." (Freud, 2001, Vol XII, 320)

The term apparatus in the first quote and instrument in the second refer to ego capacities for both perception and for forming inferences based on perception, mostly but not entirely unconscious in the observer. The quotes thus far are intended to reveal Freud's empathic dependence upon feelings to arrive at information on the patient's inner world, this being mostly of an emotional character. Thus far, the quotes do not hint at how he saw the relation of feeling to emotion and vice versa, nor do they hint at his understanding of the relation of empathy to both feeling and emotion.

Here is a first expression of his idea on the relationship between emotion and feeling:

"It is true that 'unconscious ideas' never, or only rarely and with difficulty, enter waking thought, but they influence it. They do so, first, through their consequences – when, for instance, a patient is tormented by a hallucination which is totally unintelligible and senseless, but whose meaning and motivation become clear under hypnosis. Further, they influence association by making certain ideas more vivid than they would have been if they had not been thus reinforced from the unconscious. So particular groups of ideas constantly force themselves on the patient with a certain amount of compulsion and he is obliged to think of them...Again, unconscious ideas govern the patient's emotional tone, his state of feelings." (Freud, 2001, Vol II, 237)

All but the last line of the quoted material refer to how unconscious ideas forge emotional connections with other parts of the personality, this leading to states of arousal as indicated by the words influence, vivid and compulsion. The position that unconscious ideas govern the patient's

emotional tone and his state of feelings expresses how feelings arise from emotional states to inform the person of their presence. The process of emotional states leading to the creation of feelings to inform is explicitly stated below:

“At the time at which I was attributing to sexuality this important part in the production of the *simple* neuroses, I was still faithful to a purely psychological theory in regard to the *psychoneuroses* – a theory in which the sexual factor was regarded as no more significant than any other emotional source of feeling.” (Freud, 2001, Vol VII, 272)

Emotions lead to states of arousal, creating energy meant to be spent in actions that fulfil the associated emotional need, whether healthy or not. The words below refer explicitly to emotional states leading to a need for discharge via action of various kinds.

“In the first place, it must be emphasized that Breuer's patient, in almost all her pathogenic situations, was obliged to *suppress* a powerful emotion instead of allowing its discharge in the appropriate signs of emotion, words or actions....Quite apart from this, a certain portion of our mental excitation is normally directed along the paths of somatic innervation and produces what we know as an ‘expression of the emotions’.” (Freud, 2001, Vol XIV, 17-18)

The phrase “a certain portion of our mental excitation is normally directed along the paths of somatic innervation” addresses how emotions, as impelling toward action, lead to bodily arousal, including the familiar facial and other body expressions of an emotional state.

The ten quotations of Freud are meant to create a sense for how his mind and emotional system operated when working to make sense of his patients' inner states, whether understood as feelings or emotions. It is clear that there is more emphasis on the use of feelings than of emotions in these quotations, a thing that is true in general. In fact, in the 5079 pages of Freud's collected works, the word feel and related words such as feeling, felt and so on occur 2369 times, whereas the word emotion and related words occurs 595 times.¹ The ratio of these numbers is 3.98 or essentially 4. It must be said that the fact that there are 8 feeling quotes and 2 emotion quotes above, giving the same ratio, was noted only after the quotations were selected. What's more the decision to count the

¹ The cited numbers were found using Adobe search commands on Ivan Smith's “Freud – Complete Works.”

number of occurrences cited arose in the process of searching for relevant quotations.

This leads to a formulation of Freud's unusual capacity to sense psychological meaning. When dealing with patients' narratives Freud would experience, as any interested listener would, emotional resonance with each of them. The joint effect of the narrative, its expressed emotion and whatever bodily expression attended it, would result in an emotional state in him that repeated much of the patients' emotional states.² His consciousness was informed of the presence and meaning of his resonant emotional states by the feelings that they sired. This is the same point any person observing another would reach and, by itself, does not distinguish Freud from others. In the early part of Freud's era, when psychoanalytic concepts were yet to be formed, someone observing a patient would be not able to move past a feeling based intuition of the meaning of what was observed toward a concept that could reveal its meaning in a literally verbal way, this being a sign of a full conscious understanding of the kind that Freud's work was building towards.

Freud was far more able than most others to let his feelings communicate their meanings to him. This was a two sided process with him. On the one side was a rich openness to experiencing most of his feelings and on the other an intellect capable, in more than one sense, of apprehending their meaning. Greatest among these senses was his ability to let his feelings invite forward into his consciousness those concepts that would naturally associate with the given feelings, this being a gift of nature. His understanding did not stop at the level of nonverbal intuition but, enabled by this gift, he could formulate their meanings in words. The growth of his insights proceeded in a like manner with his self analysis with the proviso that there was no need for empathic resonance to arrive at the emotions and feelings of concern. It similarly applied to his insights culled from casual observation of life with people's ordinary behaviors versus patients in sessions.³

His use of this gift was facilitated by the traits cited earlier: – integrity in research and elsewhere, love of science, stubbornness and defiance, curiosity, wishing to contribute to civilization and being humanitarian.

Freud naively expected the medical community of his time to welcome his findings but was roundly disappointed. What's more, word of the

² The cautious wording on bodily expressions enters because Freud was not in a physical position to look at his patients most of the time.

³ There are numerous examples of such observations in his works "The Psychopathology of Everyday Life" and "Jokes and Their Relation to the Unconscious."

nature of his findings on sexuality, aggression and unconscious mental life was not only unwelcome to the culture of his day, but also led to acrimony directed at him outside the medical community. The outcome of his disappointment was that his stubborn and defiant way was fuelled by his certainty of his findings, this leading to his continuing his research into the neuroses and mental health in general with renewed vigor. He often referred to this era of his life, the late nineteenth century, as one of splendid isolation. His morale was further lifted by his strong curiosity regarding the nature and origin of psychopathology as well as his love of science. The matter of his colleagues not finding value in his results offended his sense of honesty and integrity, a thing that would amplify his defiance and stubbornness. The same applies to his wish to contribute to civilization and relieve human suffering because, wanting and expecting his colleagues to endorse and use his results when they failed to do so, further offended his sense of integrity. Simultaneously his need to make a living and care for his growing family was an obvious source of motivation for holding the course. Last but far from least was Freud's driven ambition, the wish to make a major contribution to science and to become famous, this and all the above feeding and sustaining his commitment to continue his line of research however unwelcome it might be to others whose opinion he valued. These considerations apply mostly to Freud before he began to gain acceptance in the early twentieth century but do remain in place for the sequel because opposition, though diminishing, was still present for the rest of his life.

A picture of a driven researcher with a special gift emerges. One part of Freud's gift for psychological understanding was his ability to use his resonant feelings to understand the meaning of a patient's emotional state. The other, and perhaps unique part, was his ability to have his feelings evoke well formed – verbalizable – concepts of their meaning and hence the meaning of the patient's inner experience.

There is not yet much hinting at how this bears on clarifying the meaning of healing and growth except in the hope that this material will give the reader some sense of Freud's experience when working and struggling to find meaning in his patients' narratives and the expressed emotions associated with them. The next chapter will discuss how he arrived at psychological research, an interesting point because that is not where he started nor is it where his initial intentions were.

CHAPTER 2

THE WISH TO CURE

When Freud began his medical studies at the University of Vienna in 1873, at age seventeen there was little, if any, of the psychologist in him. He was fascinated by his studies and by his third year his dominating interest in research asserted itself with a project aimed at resolving a question about eels dating back to Aristotle. To resolve whether there is such a thing as a male eel Freud set about dissecting the gonads of several hundred of them. His findings were not conclusive but the vignette tells on the nature of his medical interest. His yen for research asserted itself again some three years after this with his work on the use of gold chloride to stain nerve tissue. In the same time frame, he was stimulated by reports of increased stamina in Indians ingesting coca leaf, and this led to his studying the therapeutic properties of cocaine in the mid 1880's. He found it provided some relief for cardiac problems, neurasthenia (emotional or nervous fatigue) and indigestion, among other applications, including anesthesia. He used it to relieve his own symptoms of depression and anxiety. Although he was never addicted to it, he was addicted to tobacco, smoking about twenty cigars a day, in part to improve his concentration.

He studied in the departments of psychiatry, dermatology, childhood diseases and others to round out his training but his dominating interest converged on neurology. He was quite satisfied with his world of research even though he scarcely had enough money to meet basic expenses and often had to accept money from his father to help him stay afloat. He might have continued living and working this way indefinitely had he not fallen in love with Martha Bernays. The event gave him firsthand experience with how lovers idolize their beloveds, a point he would eventually write about. Eventually the practical need to earn enough money to marry and have a family with Martha pressed Freud into an unhappy corner because he never wanted to become a physician with a practice but, rather, wanted to remain a physician doing medical research, especially in neurology. Both his love of Martha and of research won the day with his decision to build a practice while maintaining academic connections. They were engaged in 1882 and married in 1886.

He would become a practicing neurologist. The most eminent neurologist of that time was Jean Martin Charcot at the Salpêtrière in Paris, the institute where Pinel in the century before this time worked to introduce more humane methods of treatment for the afflicted. Freud was awarded a stipend amounting to far less than he needed to go to Paris and lodge there while studying under Charcot but he made up the needed differences more with enthusiastic resolution than with practicality.

Freud was delighted with his studies under Charcot, finding him a dedicated researcher and a conscientious worker with high standards of scientific integrity and compassion. He formed a close relationship with Charcot, often accompanying him on his rounds at the Salpêtrière to learn as much as he could from the man he regarded as his mentor. He was quite impressed with how carefully prepared each of Charcot's lectures was, often referring to them as individual masterpieces of preparation. Charcot was using hypnotism to induce hysterical symptoms and his lectures featured live demonstrations of this. Young Freud was fairly well stunned by what he saw and for a variety of reasons. For one, Charcot's work legitimized hysteria as a bona fide disorder, at least among the French, moving neurology and the times past regarding it as a form of malingering or pretence created for reasons of convenience or personal gain. For another, Freud identified with Charcot's struggle against the criticism of his contemporaries, these being based on Charcot's classification of hysterical symptoms as being no more than a replication of medieval efforts to classify forms of demonic possession.

Charcot's greatest effect on Freud was to move him toward a new way of thinking about neurologic disorders, an effect that worked on him for a very long time, and resulting in his lifelong gratitude to Charcot for setting him on a new direction. Freud quickly saw that Charcot's work implied that ideas could be at the bottom of hysterical symptoms. He also quickly saw that Charcot's work implied that unconscious processes could be operative in the etiology of hysteria. Charcot himself brought these two trains of thought together with his proposal of traumatic etiology for hysteria, and the general principle of traumatic etiology stayed with Freud forever after, as evidenced by his later writings.

The concept of unconscious mental activity was part of Freud's Zeitgeist and he certainly did not invent the idea. Freud's contribution to the idea of unconscious mental activity would be to discover some of its principles of operation. His time with Charcot, approximately five months in Paris, was part of the beginning of Freud's turn to psychological thinking, though it is unlikely that he realized it at the time. Freud's admiration and gratitude for Charcot survived subsequent research that put

some of Charcot's findings in question. What lived on in Freud were both Charcot's openness and method, the latter strongly emphasizing that an investigator must look at his data many times over until it spoke its meanings to him, this advice appealing to Freud's gift for seeing what meanings his feelings were giving him.

Another important part of Freud's turn to psychological thinking was his association with Joseph Breuer, a Viennese physician – not a neurologist – fourteen years his elder. His work with Breuer was far more therapeutic and clinical in nature than with Charcot. The two had a close friendship based on shared medical interest and also included Breuer helping Freud in times of financial stress. They jointly authored *Studies in Hysteria*, where the treatment of a twenty one year old female hysteric, dubbed Anna O is described. Among her many symptoms were paralysis of three limbs, disturbed vision and speech, hallucinations, double personality and inability to eat. Although her native tongue was German she could, at that time, speak only English and when asked to read from a book written in a language she knew, such as French, she would recite in English.

Her actual name was Bertha Pappenheim and this is noted because she had a pivotal role in early efforts at treatment and healing. She reported to Breuer a method of her own design that brought her relief and called it chimney sweeping. It was a state of autosuggestion or self hypnosis in which she would review events of the day. Breuer soon found that letting her report those events to him would bring further relief, a cleansing of sorts that Breuer enhanced with hypnotism and then called the cathartic method. The method brought temporary or short term relief and had to be repeated often. Breuer and Freud used the technique and both were disappointed with its limited ability to provide relief but no lasting cure. Some tension began to develop between them when Freud noted that the female patients seemed to be getting better as a means of expressing gratitude to their doctors for their attention. What supported this strongly was the fact that relapses occurred soon after either of them failed to attend to a patient. At this time, the early 1880's, Freud had no conception yet of transference or oedipal attachment and his explanation ended at the point of the patient rewarding the doctor both with improvement and an affectionate attachment. The latter soon created a storm of anxious concern for Breuer with Anna O.

A mutually affectionate attachment, not acted out, had been developing between Anna O and Breuer. His wife grew weary of listening to him speak of his work and became ever more jealous, not simply because of his attention to his work but certainly also because Anna was a young

beauty with a charming personality. Breuer decided to abruptly end the treatment, with Anna O. She was at that time considerably improved but within the same day she developed severe symptoms again, one of which was pseudocyesis (hysterical pregnancy). Breuer, overwhelmed by both conscious and unconscious awareness of the implications for his marriage left Vienna with his wife the very next day for a second honeymoon. Regrettably Anna O was left in a lurch and deteriorated quickly. Interestingly, Freud's wife Martha and Anna O were friends, making it likely that Freud was learning things about Anna O not disclosed during treatment.

In time the oedipal meaning behind Anna O's attachment to Breuer would come to Freud, but not for many more years. Aside from the limited rewards in patient improvement, Freud was deeply concerned at this time with his limited ability to hypnotize. He did not regard himself as good at hypnotism and could not hypnotize some patients at all. He experimented with ways to improve his technique such as insisting that his patients would recall key things about their symptoms during hypnosis. He also used pressure by hand on the patients' foreheads, but again with little result. He was convinced for a long time that if only he could put the patients into a deep enough hypnosis he would then obtain the data he needed to understand their disorders enough to be able to help them more. In time he abandoned this belief and came to regard hypnotism as a tool of limited use with the neuroses. On the way to this view of hypnosis he also tried other tools of his time such as electrotherapy, massage and baths but none of his efforts produced more improvement than the efforts of others at that time.

Freud began to notice, in small steps, that the more he quietly listened to his patients, the more narrative he obtained from them. There were subtle hints coming to him, and when some of them failed to be subtle, he learned a valuable lesson. In at least one case a female told him in so many words to shut up and let her continue with her story. The sum of all such happenings led him to realize that urging his patients or directly questioning them was of little use. He came to realize that an attitude of permissive, non-intrusive and non-judgmental listening produced far more data than hypnosis. He called this method free association, meaning that a patient was asked to report whatever came to mind or feeling, freely and without censorship. He developed and refined this method into the early 1890's. His method came to be called the talking cure, as expression created not by Freud, but by Anna O.

Although he now had a better method for securing data, he was slow to find its meanings. It was obvious to him that the more he worked with any

one patient, the further back in that patient's life the narrative would take him. He had intuitions that causal events, though not yet discerned by him, were to be found in the earliest years of life, in childhood, by which he meant the first five years of life. When he began to see some of the meanings in the data, a number of difficulties arose that gave him pause but did not deter him. The data were suggesting sexual etiology in the neuroses. He was not prepared for such findings, first because he had no such expectation and no preconception as to where the data were leading him. In addition, his wish to communicate such findings would be counter to the *Zeitgeist* both among his colleagues and elsewhere. Regrettably this eventually led to a break with Breuer who could not deal with the idea of sexual etiology. However, in all the years that followed Freud cited Breuer as the originator of psychoanalysis because of his creation of the cathartic method, as his elaboration of Anna O's chimney sweeping came to be called.

Freud was certainly becoming something of a psychologist at this point but he still searched for purely medical causes. He investigated the prospect of toxins causing hysteria and the obsessional disorder but found nothing. Similarly he inquired into the role of genetics and found nothing. At one point he was sure that syphilitic infection in adults could result in a tendency to neurosis in their children, but further investigation led him to regard this line of thinking as untenable.

At this point Freud was still dominated by Charcot's ideas on traumas as basic causal factors in neurosis. This would mean, for example, that a disorder could arise as a result of the death of a loved one, financial ruin, divorce and so on. That is, strong enough stressful events were thought to be sufficient to drive the creation of symptoms of a disorder. The method of treatment at this time, the cathartic method, was also referred to as *abreaction*, meaning that if the patient could consciously re-experience the blocked affect or emotional charge of the original trauma then relief would follow, hence the term *catharsis*, which is Greek for cleansing or purifying. There were a number of problems with this position. Why was it that no amount of cathartic treatment would lead to permanent relief? What was it that was renewing the symptoms time after time? Most importantly, for Freud, why was it that cathartic treatment led to narrative on earlier and earlier life experiences and traumas?

Before fully parting from the trauma hypothesis Freud was initially convinced that he had found an answer. Many of his patients reported episodes of seduction in early childhood and many of these seemed to be reliable reports. If such seductions were behind every instance of illness then Freud would have reason to believe that he had found an original

trauma and had succeeded in finally making sense of the data he was obtaining. It was quite a blow to him to learn that his hypothesis was not correct and it took him quite some time to recover himself from his disillusionment. He was in the very interesting and difficult position where much of his data suggested something that was not true. In releasing his attachment to the trauma theory he opened to a new formulation that would stand the test of time. He used his gift for letting his intuitive feelings tell him what the data *really* said and found a larger concept with which to account for his data. Here is what Freud had to say of this:

“Under the influence of the technical procedure which I used at that time, the majority of my patients reproduced from their childhood scenes in which they were sexually seduced by some grow-up person. With female patients the part of seducer was almost always assigned to their father. I believed these stories, and consequently supposed that I had discovered the roots of the subsequent neurosis in these experiences of sexual seduction in childhood. My confidence was strengthened by a few cases in which relations of this kind with a father, uncle, or older brother had continued up to an age at which memory was to be trusted. If the reader feels inclined to shake his head at my credulity, I cannot altogether blame him, though I may plead that this was at a time when I was intentionally keeping my critical faculty in abeyance so as to preserve an unprejudiced and receptive attitude towards the many novelties which were coming to my notice very day. When, however, I was at last obliged to recognize that these scenes of seduction had never taken place, and that they were only phantasies which my patients had made up or which I myself had perhaps forced upon them, I was for some time completely at a loss. My confidence alike in my technique and in its results suffered a severe blow; it could not be disputed that I had arrived at these scenes by a technical method which I considered correct, and their subject-matter was unquestionably related to the symptoms from which my investigation had started. When I had pulled myself together, I was able to draw the right conclusions from my discovery: namely, that the neurotic symptoms were not related directly to actual events but to phantasies embodying wishes, and that as far as the neurosis was concerned, psychical reality was of more importance than material reality.” (Freud, 2001, Vol XX, 33-34)

The last line of this passage expresses Freud’s emergence as a psychologist, rather than only a neurologist treating emotional problems. It also expresses a major innovation in psychological thinking, that the way a person perceives or emotionally interprets what is happening is more important clinically than what is coming externally to the person. This is a relativistic idea and was formulated before Einstein’s work on relativity