

An Elementary  
Textbook of  
Psycho-  
analysis

Charles Brenner

A DOUBLEDAY ANCHOR BOOK



# An Elementary Textbook of Psychoanalysis

CHARLES BRENNER, M.D.

*Lecturer, New York Psychoanalytic Institute  
Associate Clinical Professor of Psychiatry  
Yale University Medical School*

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A handwritten signature in dark ink, appearing to read "J. A. Gray". The signature is written in a cursive style with a large initial "J" and a long, sweeping tail on the "y".

An Elementary Textbook of Psychoanalysis

Charles Brenner was born in 1913 in Boston, Massachusetts, where he was raised and educated (Harvard A.B., 1931, and M.D., 1935). After four years of medical internships and residencies in Boston hospitals, he began psychoanalytic training as Sigmund Freud Fellow of the Boston Psychoanalytic Institute. In 1945 he moved to New York and completed his training at New York Psychoanalytic Institute, where he is now on the faculty. He is also associate clinical professor of psychiatry at Yale University Medical School. He is now principally engaged in the private practice of psychoanalysis.

In addition to *An Elementary Textbook of Psychoanalysis*, he has published many scientific articles in medical periodicals and various chapters in scientific texts. He is a member of the New York Psychoanalytic Institute and Society, as well as of the American and International Psychoanalytic Associations.

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## INTRODUCTION

This book is intended to provide a clear and comprehensive exposition of the fundamentals of psychoanalytic theory. It does not demand any previous psychoanalytic knowledge from the reader and should serve him as an introduction to the literature of psychoanalysis. It does assume, however, that the reader's attitude toward psychoanalysis is that of a professional—a physician, a psychiatrist, a psychologist, a social worker, or a social scientist. By providing such a reader with a reliable survey of the current working hypotheses of psychoanalysis and by giving him some idea of the stages of their evolution, it should facilitate his understanding and assimilation of the body of psychoanalytic literature itself and should help him to avoid the confusion and misunderstandings that may so easily result from a failure to realize how different Freud's theories were at different periods in the forty years of his active, psychoanalytic career.

The organization of the subject matter is the result of several years of experience in teaching psychiatric residents, first in the Westchester Division of the New York Hospital and later in the graduate training program of the department of psychiatry at Yale Medical School. Perusal of the works listed as suggested reading at the end of each chapter should supplement and add to the value of the text itself. It should also provide a sound basis for the beginning student's reading in the field of psychoanalysis.

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## CHAPTER ONE

# Two Fundamental Hypotheses

Psychoanalysis is a scientific discipline which was begun some sixty years ago by Sigmund Freud. Like any other scientific discipline it has given rise to certain theories which are derived from its observational data and which attempt to order and explain those data. What we call psychoanalytic theory, therefore, is a body of hypotheses concerning mental functioning and development in man. It is a part of general psychology and it comprises what are by far the most important contributions that have been made to human psychology to date.

It is important to realize that psychoanalytic theory is concerned with normal as well as with pathological mental functioning. It is by no means merely a theory of psychopathology. It is true that the *practice* of psychoanalysis consists of the treatment of people who are mentally ill or disturbed, but the theories of psychoanalysis have to do with the normal as well as the abnormal even though they have been derived principally from the study and treatment of the abnormal.

As in any scientific discipline, the various hypotheses of psychoanalytic theory are mutually related. Some are naturally more fundamental than others, some are better established than others, and some have received so much confirmation and appear to be so fundamental

in their significance that we are inclined to view them as established laws of the mind.

Two such fundamental hypotheses, which have been abundantly confirmed, are the principle of psychic determinism, or causality, and the proposition that consciousness is an exceptional rather than a regular attribute of psychic processes. To put the latter proposition in somewhat different words, we may say that, according to psychoanalytic theory, unconscious mental processes are of very great frequency and significance in normal as well as in abnormal mental functioning. This first chapter will be devoted to a consideration of these two fundamental hypotheses, which are mutually related, as we shall see.

Let us start with the principle of psychic determinism. The sense of this principle is that in the mind, as in physical nature about us, nothing happens by chance, or in a random way. Each psychic event is determined by the ones which preceded it. Events in our mental lives that may seem to be random and unrelated to what went on before are only apparently so. In fact, mental phenomena are no more capable of such a lack of causal connection with what preceded them than are physical ones. Discontinuity in this sense does not exist in mental life.

The understanding and application of this principle is essential for a proper orientation in the study of human psychology as well in its normal as in its pathological aspects. If we do understand and apply it correctly, we shall never dismiss any psychic phenomenon as meaningless or accidental. We shall always ask ourselves, in relation to any such phenomenon in which we are interested: "What caused it? Why did it happen so?" We ask ourselves these questions because we are confident that an answer to them exists. Whether we can discover the answer quickly and easily is another matter, of course, but we know that the answer is there.

For example, it is a common experience of everyday life to forget or mislay something. The usual view of such an occurrence is that it is "an accident," that it "just happened." Yet a thorough investigation of many such "accidents" during the past sixty years by psychoanalysts, beginning with the studies by Freud himself, has shown that they are by no means as accidental as popular judgment considers them to be. On the contrary, each such "accident" can be shown to have been caused by a wish or intent of the person involved, in strict conformity with the principle of mental functioning which we have been discussing.

To take another example from the realm of everyday life, Freud discovered, and the analysts who followed him have confirmed, that the common, yet remarkable and mysterious phenomena of sleep which we call dreams follow the same principle of psychic determinism. Each dream, indeed each image in each dream, is the consequence of other psychic events, and each stands in a coherent and meaningful relationship to the rest of the dreamer's psychic life.

The reader must realize that such a view of dreams, a subject which we shall discuss at some length in Chapter VII is quite different, for example, from that which was current among scientifically trained psychologists fifty years ago. They considered dreams to be due to the random or incoordinated activity of various parts of the brain during sleep. This view, of course, was directly at variance with our law of psychic determinism.

If we turn now to the phenomena of psychopathology, we shall expect the same principle to apply, and indeed psychoanalysts have repeatedly confirmed our expectation. Each neurotic symptom, whatever its nature, is caused by other mental processes, despite the fact that the patient himself often considers the symptom to be foreign to his whole being, and quite uncon-



nected with the rest of his mental life. The connections are there, nonetheless, and are demonstrable despite the patient's unawareness of their presence.

At this point we can no longer avoid recognizing that we are talking not only about the first of our fundamental hypotheses, the principle of psychic determinism, but also about the second, that is the existence and significance of mental processes of which the individual himself is unaware or unconscious.

In fact, the relation between these two hypotheses is so intimate that one can hardly discuss the one without bringing in the other also. It is precisely the fact that so much of what goes on in our minds is unconscious, that is, unknown to ourselves, that accounts for the *apparent* discontinuities in our mental lives. When a thought, a feeling, an accidental forgetting, a dream, or a pathological symptom seems to be unrelated to what went on before in the mind, it is because its causal connection is with some *unconscious* mental process rather than with a conscious one. If the unconscious cause or causes can be discovered, then all apparent discontinuities disappear and the causal chain or sequence becomes clear.

A simple example of this would be the following. A person may find himself humming a tune without having any idea of how it came to his mind. This apparent discontinuity in our subject's mental life is resolved, in our particular example, by the testimony of a bystander, however, who tells us that the tune in question was *heard* by our subject a few moments before it entered his conscious thoughts, apparently from nowhere. It was a sensory impression, in this case an auditory one, which caused our subject to hum the tune. Since the subject was unaware of hearing the tune, his subjective experience was of a discontinuity in his thoughts, and it required the bystander's testimony to



remove the appearance of discontinuity, and to make clear the causal chain.

However, it is certainly rare for an unconscious mental process to be discovered as simply and conveniently as in the example just given. One naturally wants to know whether there is any general method for discovering mental processes of which the subject himself is unaware. Can they be observed directly, for example? If not, how did Freud discover the frequency and importance of such processes in our mental lives?

The fact is that we have as yet no method which permits us to observe unconscious mental processes directly. All of our methods for studying such phenomena are indirect. They permit us to infer the existence of these phenomena, and often to determine their nature and their significance in the mental life of the individual who is the object of our study. The method which is the most powerful and reliable one that we have for studying unconscious mental processes is the technique which Freud evolved over a period of several years. This technique he called psychoanalysis for the very reason that he was able, with its help, to discern and detect psychic processes that would otherwise have remained hidden and unsuspected. It was during the same years in which he was developing the technique of psychoanalysis that Freud became aware, with the help of his new technique, of the importance of unconscious mental processes in the mental life of every individual, whether mentally sick or healthy. It may be of interest to trace briefly the steps that led up to the development of Freud's technique.

As Freud himself has told us in his autobiographical sketch (1925), he began his medical career as a neuro-anatomist, and a very competent one. Faced, however, with the necessity of earning a living, he entered medical practice as a neurologist and had then to treat patients whom we should today call either neurotic or

psychotic. This is still true, of course, of every specialist in the field of neurology, except for those with full-time academic or hospital positions who see no private patients at all. The practice of a neurologist, now, as then, consists of psychiatric patients. At the time when Freud began his practice, there was no rationally, i.e., etiologically oriented form of psychiatric treatment. Indeed, there were few in the entire field of medicine. Bacteriology, if no longer in its infancy, was certainly in early adolescence, aseptic surgery had only just been developed, and the great advances in physiology and pathology had hardly begun to make possible substantial improvements in the treatment of patients. It is obvious to us today that the more thorough a physician's medical training, the better his therapeutic results—clinical medicine has become to a certain extent a science. It is hard to realize that only 100 years ago, this was not at all the case; that the well-trained and scholarly physician was hardly superior to the most ignorant quack in his ability to treat illnesses, even though he might be able to diagnose them much better. It is strange to us, for example, to read of Tolstoy's contempt for physicians, and we are inclined to attribute it to the author's idiosyncrasy, like the conviction of an eminent novelist of our own day, Aldous Huxley, that corrective lenses are no longer necessary for myopia. But the fact is that even the well-trained physician of Tolstoy's earlier days really could not cure sick people and, by the criterion of results, seemed a perfectly suitable target for his critics' scorn. It was only during the latter half of the nineteenth century that medicine as taught in the universities showed itself to be clearly superior in its *results* to naturopathy, Christian Science, homeopathy, or superstitious folklore.

As a well-trained scientist would be expected to do, Freud utilized the most scientific methods of treatment that were at his disposal. For example, for hysterical

symptoms he employed the electrical treatments recommended by the great neurologist, Erb, much of whose work in the field of clinical electrophysiology is valid to this day. Unfortunately, however, Erb's recommendations for the treatment of hysteria were not so well founded, and, as Freud tells us, he had eventually to conclude that the Erb treatment of hysteria was worthless, and the results claimed for it simply untrue. In 1885 Freud had gone to Paris, where he studied for several months in Charcot's clinic. He became familiar with hypnosis as a method for the production of hysterical symptoms and for their treatment, as well as with the syndrome of hysteria, both *grande* and *petite*, which Charcot had outlined. Like other up-to-date neurologists of his time, Freud tried to banish his patients' symptoms by hypnotic suggestion, with varying degrees of success. It was at about this time that his friend Breuer told him of an experience with a hysterical patient which was of crucial importance in the development of psychoanalysis.

Breuer himself was a practicing physician of considerable talent and with an excellent physiological training. Among other things, he collaborated in the discovery of a respiratory reflex known as the Hering-Breuer reflex, and he introduced the use of morphine in acute pulmonary edema. What Breuer told Freud was that several years earlier he had treated a hysterical woman by hypnosis and had found that her symptoms disappeared when she had been able in her hypnotic state to recall the experience and the accompanying emotion which had led to the symptom in question—her symptoms could be talked away under hypnosis. Freud eagerly applied this method to the treatment of hysterical patients of his own with good results. The results of this work were published in collaboration with Breuer (1895) in articles, and finally in a monograph.



As Freud went on, however, he found that hypnosis was not uniformly easy to induce, that the good results were apt to be transitory, and that some at least of his female patients became sexually attached to him in the course of the hypnotic treatment—something which was most unwelcome to him. At this point the memory of an experiment of the French hypnotist Bernheim came to his rescue. Bernheim had demonstrated to a group, of which Freud was a member, that a subject's amnesia for his hypnotic experiences could be lifted *without* rehypnotizing the patient, by urging him to remember what he insisted he could not. If the urging was persistent and forceful enough, the patient *did* remember what he had forgotten without having been rehypnotized. Freud argued on this basis that he should be able to lift a *hysterical* amnesia without hypnosis too, and set about doing so. From this beginning he evolved the psychoanalytic technique, the essence of which is that the patient undertakes to report to the analyst without exception whatever thoughts come into his mind and to refrain from exercising over them either conscious direction or censorship.

It has happened frequently in the history of science that an innovation in technique has opened up a whole new world of data, and made it possible to understand, that is, to construct valid hypotheses about what was previously incorrectly or incompletely understood. Galileo's invention of the telescope was such a technical advance that made possible immense progress in the field of astronomy, and Pasteur's use of microscopy in the study of infectious disease was equally revolutionary in its effect in that field of science. The development and application of the psychoanalytic technique made it possible for Freud, the genius who developed and applied it, to make discoveries which have revolutionized both the theory and practice of psychiatry, in particular of psychotherapy, as well as