

REVIEW
A NEW TURN IN PSYCHOANALYSIS?

The last issue of the Bulletin of the Menninger Clinic (Vol.7, Nos.5 and 6, September-November, 1948) is of extreme significance, beyond the general and intended importance of the small bulletin. This publication of the Menninger Clinic, which operates on the fundamental conceptions of psychoanalysis, is indicative of the trend in American psychoanalysis. It must be taken seriously when a whole issue of two numbers is dedicated exclusively and entirely to hypnosis. This preoccupation with hypnosis is apparent in the publications of other leading psychoanalysts and will be more obvious when all these papers are published which seem to be now in press for various psychiatric magazines.

This step is only one more indication that psychoanalysis in America has come to a cross-road. Obvious are the efforts of some psychoanalysts to advise their fellow analysts to stick to orthodox analytic technique and conception. Richard Sterba was one of the most forceful of these admonishers who seemed, however, not to have found many open ears amongst his colleagues. And the number of those dissenting grows rapidly. Karin Horney leads an increasing group towards the social aspect in psychology, approaching our Adlerian concepts, without however acknowledging it. We now can clearly distinguish the opposite trend: Instead of introducing more common sense and social responsibility in their thinking, proponents of psychoanalysis emphasize more forcibly the latent trend towards mysticism which has always existed in this field.

It appears that certain factors outside of the field of psychiatry itself are responsible for the crisis in the psychoanalytic camp. There was first the need for a psychotherapeutic technique which would not require the long-drawn-out procedure of orthodox psychoanalysis. The public--and the referring physician--became increasingly reluctant to follow the procedure which requires four to five consultations a week for a period of up to two to four years, without promising definite results. Thus psychoanalysts contemplated for the last few years an adjustment of their method to "brief psychotherapy." However, the psychoanalytic concept

does not lend itself to such endeavor, as the patient generally is not receptive to psychoanalytic interpretations unless "softened up" by the slow orthodox technique.

All these predicaments of psychoanalysis reached a climax through the war situation and the increased need for therapeutic help. The great number of soldiers with emotional disturbances demand psychiatric help--and a quick one. Orthodox psychoanalytic technique is completely out of the question. The suggestion of Oedipus complex, castration fear, desire for the mother's womb, or similar fundamental concepts of psychoanalysis will satisfy neither the soldier nor the army.

In this crucial psychiatric situation we can already discern the two directions in which psychiatry moves today. One group of psychiatrists uses group psychotherapy, discussion, common sense, understanding of the common problem, to overcome resentment and discouragement. And another group believes in the revelation of the deep unconscious, using various drugs (Pentotal Sodium) for the "abreaction" of an emotional trauma, in accordance with the original Freudian concept, which in the meantime was abandoned even by the most orthodox psychoanalysts and Freud himself.

This regression to the earliest concepts of Freud is characteristic of the thinking of those who flirt with hypnosis. We have proof of it, in the bulletin of the Menninger Clinic, in the articles of Merton M. Gill and Margaret Brenman, on "Treatment of a Case of Anxiety Hysteria by an Hypnotic Technique Employing Psychoanalytic Principles"; by Lawrence S. Kubie, on "The Use of Induced Hypnagogic Reveries in the Recovery of Repressed Amnesic Data"; by Margaret Brenman and Robert P. Knight, on "Hypnotherapy for Mental Illness in the Aged." They all try to shorten the psychoanalytic treatment by using the old hypnosis, or, as they call it in a more modernistic and enticing term "Hypnagogic Reveries."

When the authors want to refer to previous psychoanalytic research, they have to go back to the first and second decades of this century. There can be found encouraging observations for the present trend. Kubie advises an author who has made some contribution in 1908

"that his material.....was of considerable interest; and had he pursued these observations further and correlated them with the early work of Breuer and Freud and with the developing body of psychoanalytic theory and technique, he would undoubtedly have exercised a profound influence on the development of psychotherapeutic techniques in general." We are afraid that Kubie is wrong. At that time Freud and his colleagues would not have permitted themselves to be influenced by those "observations". Freud had moved away from hypnosis and from hypnagogic catharsis. It took the year 1943 with its peculiar conditions to take his followers back to where Freud started, and even back beyond that.

But this new development will not save psychoanalysis. We can see the futility of these efforts clearly indicated in the report of the case by Merton Gill and Margaret Brenman. Let us quote a few characteristic lines. The authors discuss the best treatment for a patient with hysterical symptoms, nausea and vomiting. They come to the following conclusion:

"Psychoanalysis was impracticable in this case for the same reasons that it is so often impracticable. The patient lived two hundred miles away, her husband and two children needed her, she was in poor circumstances. She was very eager for help, however, and it was decided to determine whether she would be suitable as a case in the hypnosis research project" (Page 163). Then began "a course of treatment in which the patient was seen every day for an hour to an hour and a half, six days a week for sixty-seven interviews" (Page 164). One wonders if it would take psychiatrists trained in other methods so long to discover the deeper connections of the emotional problems and to apply adequate treatment. Of course, the interpretation of the case would be different, too.

"It can be said that we obtained the kind of material which is familiar to all psychoanalysts in the psychoanalysis of cases of conversion hysteria (Page 167). Vomiting "represented both a rejection of impregnation and a fantasy of delivery, both of which she unconsciously saw took place by mouth" (Page 167). We do not know whether this revelation, or merely about eighty hours of relaxation relieved the patient of her symptoms. How-

ever, after all was over, the patient still felt "that she needs a few more weeks of treatment and she plans to return" (Page 167)!!

Kubie reported the case of another patient who had already had a year and a half of psychoanalytic treatment, which had little results. Although the patient "worked at it faithfully and doggedly....he had made many secondary symptomatic gains, but achieved no deep insight" (Page 174). So the hypnotic technique was used. In two weeks he had seventeen sessions, sometimes two sessions in one day. "Of these seventeen sessions, five were prolonged periods of induced Hypnagogic Reverie, each lasting from two to four hours" (Page 174). The material evoked in this new technique is very interesting for any psychoanalyst and for writers of fantastic stories. The scenes showing how the patient touched and desired his mother are very fascinating. However, we feel that despite all this prying into the unconscious, Dr. Kubie did not get to the roots of the psychological situation, as he never found out, with or without Hypnagogic Reverie that this patient was a typical middle child. This fact, which reveals so much to every Individual Psychologist, is completely overlooked in Kubie's case history and, therefore, much imagination was employed to explain why he felt like a "fifth wheel to the family wagon" (Page 174), why he had "the ever-present sense that rejection was waiting for him" (Page 175), why he "thought that the parents loved the other two children more than they loved him" (Page 172).. Sexual games with other children, sexual desires for the mother, Oedipus complex, were all that the psychoanalyst discovered. No attempt was even made to understand the patient's interpretation of his position in a group.

For these reasons we doubt whether this new turn will bring to psychoanalysts the desired success. It will interest persons who like magic. As Gill and Brenman say, "In hypnosis by direct suggestion the hypnotist strengthens and exploits this unconscious transference by investing himself with mysticism and an aura of the supernatural" (Page 169). The psychoanalyst might with some technique impress his helpless patients and, perhaps, for a certain while, the astounded public. The papers and the new names are impressive, the technique used overwhelming. But the help which mankind can gain

from it seems to be rather small. Psychoanalysis is going back from where Freud came. He realized that hypnosis offers no cure. It makes a person with little self-confidence feel only more insignificant in comparison to the supernatural role of the psychiatrist. In the moment of crisis, psychoanalysis regresses into its infantile stage. When will they learn to treat human beings not with hocus-pocus, but with dignity? Our contemporaries and especially those who fail under the strain of our time, need encouragement, self-reliance, and social responsibility. The new psychoanalytic techniques delay such trends. For this reason they might even be considered dangerous at a time when the soldiers, the public and the physician look to psychiatry for help and assistance.

R. D.

INDIVIDUAL PSYCHOLOGICAL ANECDOTE

A father had some trouble with his two young sons. They were different from each other as day and night. They both went to the extremes. One was an optimist and could not see life as it is; the other was an extreme pessimist, unable to enjoy anything. The father sought a method to teach them a lesson and, if possible, to change their outlook. Christmas came and he had a bright idea. When the boys hung their stockings for gifts, he provided gifts which he thought would impress upon them the mistakes of their outlook and expectations.

The next morning the boys emptied the stockings and brought their presents to their anxious father. To his great surprise and discomfort, the pessimist had again his sour face and disappointed expression. "What did you get?" the father asked. The boy showed a wonderful wrist watch and said, "I got a watch, but it probably won't run anyhow". "And what did you get?" asked the father. The optimist, who was beaming, showed a handful of horse manure and exclaimed, with utter joy, "I got a horse, but he ran away."

That shows how futile are attempts to teach people who have a definite outlook on life, unless you help to change their style of life first. The "tendentious apperception" is almost unlimited in interpreting facts according to our thinking.

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