

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 excep-

tional 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 unconnected 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 per-

mit 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 neuroanatomist, 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 to make contributions of the most fundamental sort to the science of human psychology in general.

The reason for the great value of having the patient relinquish conscious control of his thoughts is this: what the patient thinks and says under those circumstances is determined by *unconscious* thoughts and motives. Thus Freud, by listening to the patient's "free" associations—which were after all free only from *conscious* control—was able to get a picture, by inference, of what was going on unconsciously in his patient's mind. He was therefore in the unique position of being able to study his patients' unconscious mental processes, and what he discovered, in the course of years of patient and careful observation, was that not only hysterical symptoms but also many other normal and pathological aspects of behavior and thinking were the result of what was going on unconsciously in the mind of the individual who exhibited them.

In the course of studying unconscious mental phenomena, Freud soon found that they could be divided into two groups. The first group comprised thoughts, memories, etc., which could readily be made conscious by an effort of attention. Such psychic elements have ready access to consciousness, and

Freud called them "preconscious." Any thought which happens to be conscious at a given moment, for example, is preconscious both before and after that particular moment. The more interesting group of unconscious phenomena, however, comprised those psychic elements which could only be made conscious by the expenditure of considerable effort. In other words, they were barred from consciousness by a considerable force, which had to be overcome before they could become conscious. This is what we find, for example, in a case of hysterical amnesia.

It was for this second group of phenomena that Freud reserved the term "unconscious" in the stricter sense. He was able to demonstrate that their being unconscious in this sense in no way prevented them from exerting the most significant influence on mental functioning. In addition, he was able to show that unconscious processes might be quite comparable to conscious ones in precision and complexity.

As we said earlier, we have as yet no way of observing unconscious mental activities directly. We can only observe their effects as expressed in the subject's thoughts and feelings which he reports to us, and in his actions, which may be either reported or observed. Such data are derivatives of unconscious mental activities, and from them we can draw inferences concerning the activities themselves.

The data are particularly full and clear when one uses the analytic technique which Freud devised. However, there are other sources of data which furnish evidence for our fundamental proposition that unconscious mental processes have the capacity to produce effects on our thoughts and actions, and it may be of interest to make a brief survey of their nature.

Evidence of this sort which is of the nature of an experiment is provided by the well-known facts of posthypnotic suggestion. A subject is hypnotized, and while in the trance is told something which he is to do after he has been roused from the trance. For example, he is told, "When the clock

strikes two, you will get up from your chair and open the window." Before being awakened, the subject is also told that he will have no memory of what happened during the trance and he is then told to wake up. Shortly after he has awakened, the clock strikes two, and he goes over and opens the window. If he is then asked why he does so, he will either say, "I don't know. I just felt like it," or, more usually, he will give some rationalization, such as that he felt warm. The point is that he is *not conscious* at the time he carries out the action which the hypnotist ordered him to perform why he did so, nor can he become conscious of his real motive by any simple act of memory or introspection. Such an experiment shows clearly that a truly unconscious mental process (obedience to a command in this case) can have a dynamic or motive effect on thought and behavior.

Other evidences of this fact may be derived from clinical, or even general observation. Take for example certain phenomena of dreams. It is true, of course, that for any adequate study of dreams and dreaming in general, it is essential to use the technique of investigation that Freud devised, that is, the psychoanalytic technique. Indeed, Freud's study of dreams by this technique is one of his major achievements, and his book, *The Interpretation of Dreams*, ranks as one of the truly great and revolutionary scientific books of all time. However, we need not go into the study of dream interpretation in detail for our present purpose, although, as we said earlier, we shall discuss dreams at some length in Chapter VII. It is well known from many sources, for example the journals and logs of early Arctic expeditions, that starving men regularly, or at least very often, dream of food and of eating. I think that we can easily recognize that it is hunger which gives rise to such dreams, and of course the men are quite consciously aware of their hunger when they are awake. But *during their sleep*, when they are dreaming of gorging themselves at banquets, they are *not conscious* of hunger, but only of a dream of

satiation, so that we can say that at the time the dream was dreamed, something was going on *unconsciously* in the dreamers' minds that gave rise to the dream images which were consciously experienced.

Other dreams of convenience, such as those in which the dreamer dreams that he is drinking, only to wake to the realization that he is thirsty, or dreams that he is urinating or defecating, and wakes with the urge to relieve himself, similarly demonstrate that during sleep the unconscious activity of the mind can produce a conscious result—in these cases that an unconscious bodily sensation and the wishes connected with it give rise to a conscious dream of the desired satisfaction or relief. Such a demonstration is important in itself, and can be made without any special technique of observation. However, by means of the psychoanalytic technique, Freud was able to demonstrate that behind *every* dream there are active unconscious thoughts and desires, and thus to establish as a *general rule* that when dreams occur they are caused by mental activity which is unconscious to the dreamer, and which would remain so without the use of the psychoanalytic technique.

Until Freud's investigations in the last decade of the nineteenth century, dreams had been largely neglected as an object of serious scientific study and one may add, rightly so, since before him there was no adequate technique for studying them, with the result that whatever serious studies had been made of them had shed but little light upon them. Freud has called attention to another group of phenomena, also previously neglected, which likewise demonstrate how unconscious mental activities can affect our conscious behavior. These are phenomena which we shall also discuss later at some length, in Chapter VI. They occur in waking life rather than in sleep, and are what we call in general slips: slips of the tongue, of the pen, of memory, and similar, related actions for which we have no very exact,

generic name in English. In German they are called *Fehlleistungen*, literally, erroneous actions. As in the case of dreams, some slips are clear and simple enough for us to be able to guess with a high degree of accuracy and conviction what their unconscious meaning is. It is notoriously easy to forget something that is unpleasant or annoying, like paying a bill, for example. The amorous swain, on the other hand, does not forget an appointment with his sweetheart, or if he does, he is likely to find that she holds him to account for this unconscious sign of neglect of her just as though it had been a consciously intended one. It is not hard to guess that a young man has some hesitation about embarking on marriage if he tells us that while driving to his wedding he stopped for a traffic light, and only when it had changed did he realize that he had stopped for a green light instead of a red one. Another rather transparent example which might be called a symptomatic action rather than a slip of any sort, was furnished by a patient whose appointment had been canceled one day for his analyst's convenience. The patient found himself somewhat at loose ends during the time which was usually occupied by coming for his treatment, and decided to try out a pair of antique dueling pistols which he had recently bought. So at the time when he would ordinarily have been lying on the analyst's couch, he was shooting a dueling pistol at a target! I think that even without the patient's associations one would feel fairly safe in assuming that he was angry at his analyst for having failed to see him that day. We should add that, as in the case of dreams, Freud was able by applying the psychoanalytic technique to show that unconscious mental activity played a role in the production of *all* slips, not just ones in which the significance of such activity is readily apparent, as is true for the examples we have offered above.

Another, easily demonstrable bit of evidence for the proposition that an individual's unconscious mental processes are of significance in his mental life is the following. The motives for

a person's behavior may often be obvious to an observer, though unknown to himself. Examples of this are familiar to us from clinical and personal experience. It may be very obvious from her behavior, for instance, that a mother is dominating and demanding toward her child at the same time that she believes herself to be the most self-sacrificing of mothers, who wants only to do what is best for her child with no thought of her own wishes. I think that most of us would be ready to assume that this woman had an unconscious desire to dominate and control her child, despite not only her unawareness, but even her vigorous denial of any such desire. Another, somewhat amusing example is the pacifist who is ready to quarrel violently with anyone who contradicts his view on the undesirability of violence. It is obvious that his conscious pacifism is accompanied by an unconscious desire to fight, which in this case is the very thing that his conscious attitude condemns.

Of course, the importance of unconscious mental activity was first and foremost demonstrated by Freud in the case of the symptoms of mentally ill patients. As a result of Freud's discoveries the idea that such symptoms have a meaning that is unknown to the patient is by now so generally accepted and understood that it hardly requires illustration. If a patient has a hysterical blindness, we naturally assume that there is something that he unconsciously does not wish to see, or that his conscience forbids him to look at. It is true that it is by no means always easy to guess the unconscious meaning of a symptom correctly and that the unconscious determinants for even a single symptom may be very many and quite complex, so that even if one can guess correctly about its meaning, the guess is only a part, and sometimes a small part, of the whole truth. This is immaterial for our present purpose, however, which is simply to indicate by illustration various sources of evidence for our fundamental proposition concerning unconscious mental processes.

Even though now, in retrospect, we can see, as in our illustrations, that we can establish even without the aid of the psychoanalytic technique the power of unconscious mental activity to influence conscious thoughts and behavior both in healthy and in mentally ill persons, as well as in the experimental situation of hypnosis, we must nevertheless remember that it was the use of that technique that did *originally* make the discovery possible and that was essential to the fuller study of unconscious mental phenomena.

This study convinced Freud that in fact the majority of mental functioning goes on without consciousness and that consciousness is an unusual rather than a usual quality or attribute of mental functioning. This is of course in sharp contrast to the view that prevailed before Freud's time that consciousness and mental functioning were synonymous. We believe today that the two are by no means so and that consciousness, though an important characteristic of the operations of the mind, is by no means a necessary one. We believe that it need not and often does not attach even to mental operations which are decisive in determining the behavior of the individual, or to those which are most complex and most precise in their nature. Such operations—even complex and decisive ones—may be quite unconscious.

SUGGESTED READING

FREUD, S. *A General Introduction to Psychoanalysis*, Parts 1 and 2. New York: Garden City Publishing Co., 1938.