Unintentional suggestion in mental therapy

Horace F. Martin
State University of Iowa

This work has been identified with a Creative Commons Public Domain Mark 1.0. Material in the public domain. No restrictions on use.

This thesis is available at Iowa Research Online: https://ir.uiowa.edu/etd/3886

Recommended Citation

Follow this and additional works at: https://ir.uiowa.edu/etd
OUTLINE OF THESIS

Unintentional Suggestion In Mental Therapy.

The necessary role of unintentional suggestion on the part of the practitioner of analytic therapy in the treatment of mental abnormalities.

I. Introduction.

II. The Problem Of The Thesis.

1. Does suggestion play a part in analytic therapy or does it not?
2. What is done in and for the patient by the analytic therapist? How is a normal self re-established?

III. Suggestive And Analytic Therapy.

1. Distinction according to Da Vinci's Illustration
2. Suggestion given up.
3. Transition to analytic thru the cathartic.

IV. Limitations of Analytic Therapy

1. Applicable to but few nervous diseases
2. Helpful only to normal, educated people
3. A slow curative process.

V. Foundation Theories of the Cause of Neurosis.

1. Sexuality
2. The Dream
3. The Complex
4. Resistance and Conversion
OUTLINE OF THESIS

VI. The Analytic Technique

1. Ab-reaction—Freudian
   a. Case of Lucy R. and Interpretations

2. Stimulus words and Reactions—Swiss School
   b. Case of A.S. and Interpretations.

VII. Theory of the Self and How It Is Built Up.

1. Definitions (Ames and Faris)

2. Predication of the Freudian Theory

3. Does not the analytic technique build up a new self?

4. How the self is built up, modified, and re-organized.
   a. Reaction to social stimuli
   b. Questions of analytic therapy are social stimuli
   c. The separate self is formed out of the situation itself.
BIBLIOGRAPHY

1. Freud's Papers on Hysteria (Trans. by A.A. Brill)
2. Freud's Theory of the Neuroses (Hitschmann-Trans. By Dr. C.R. Payne)
3. Brill's Psychanalysis
4. Morton Prince, Dissociation of Personality
5. Munsterberg's On The Witness Stand
6. Ames, Psychological Bulletin, Vol. 8
7. MacDougall, Social Psychology
8. Ross, Social Psychology
9. Angell, Psychology
10. Pillsbury, Psychology
11. James, Psychology
12. Munsterberg, Psychotherapy
13. Munro's, Suggestive Therapeutics
14. Wright, Self Realization
Unintentional Suggestion in Mental Therapy

In contradistinction to the Nancy school of psychotherapy, in which direct suggestion and suggestion in hypnosis form the chief therapeutic factors, the followers of analytic therapy reject all suggestion, and make use of psychanalysis, or the psycho-analytic method. In treatment by suggestion of mental diseases, the method of procedure has been usually to hypnotize the patient, and while in that hypnotic state to give suggestions that shall prevail in the waking state. At other times, direct suggestion has been used, and the practitioner would prescribe certain things for the patient to do, while conversing normally with him. But not all persons can be hypnotized, not all persons are amenable to suggestion, not all persons have sufficient will power to follow the direction of the practitioner, and there were so many obstacles in the way of success in using the suggestive technique, that many scientific men began to cast about for some other manner of procedure by which they might more successfully deal with the great number of mentally abnormal people who
Charcot, Janet, Breuer, Bleuler, Jung and Freud are the names of men who were seeking some new way by which they might deal with mental abnormalities with greater hope for success. A divergence from suggestion was to hypnotize patients, then, instead of trying to impress them with suggestions that should remain, and cause them to follow the will of the hypnotist, to question them with regard to the origin of the symptoms, and while recalling the original injuries, either in hypnosis or the normal state, the hemmed-in emotions were discharged, and the symptoms would disappear. This is the so-called "ab-reaction", and means to work off something by living thru it again.

In view of the fact that many people are not hypnotizable, many patients must be refused if this method of treatment is to be maintained. The necessity of a more comprehensive method of treatment was apparent, and several scientists set to work to devise a variation of the cathartic method, as the above-mentioned method has been called. Freud, Bleuler, Jung, and Brill have developed a method known as the psychanalytic method, by which all hypnosis and sug-
gestion are eliminated, and the patient is treated while in the normal state, and without offering any suggestions as to what they should or should not do.

The technique of the psycho-analytic method is given briefly in Brill's Introduction to his monograph, "Papers on Hysteria".

* "The patient lies on his back on a lounge, the physician sitting behind the patient's head at the head of the lounge. In this way, the patient remains free from all external influences and impressions. The object is to avoid all muscular exertion and distraction, thus allowing thorough concentration of attention on the patient's own psychic activities. The patient is then asked to give a detailed account of his troubles, after having been told before to repeat everything that comes to his mind, even such thoughts as may cause him embarrassment or mortification.

On listening to such a history, one invariably notices many memory gaps, both in reference to time and causal relations. These the patient is urged to fill in by concentration of attention on the subject in question, and by repeating all the unintentional thoughts originating in this connection. This is

* Brill's Papers on Hysteria, page 4
the so-called method of free association. The patient is required to relate all his thoughts in the order of their sequence, even if they seem irrelevant to him. He must do away with all critique, and remain perfectly passive. It is in this way that we fathom the original meaning of the symptom. But as the thoughts which originate in this manner are of a disagreeable and painful nature, they are pushed back with the greatest resistance. This is further enhanced by the fact that the hysterical symptom is the symbolic expression of the realization of a repressed wish, and serves as a gratification for the patient. He strives very hard, unconsciously, of course, to retain the symptom, as it is the only thing left to him from his former unattainable conscious wishes and strivings.

The object of the psychanalytic treatment is to overcome all these resistances, and to reconduct to the patient's consciousness the thoughts underlying the symptoms. Here lies the greatest difficulty, for just as in the normal life and the dream, a psychoneurotic symptom is merely a symbolic or cryptic expression of the original repressed thoughts. Every hysterical symptom, every obsession, every phobia, has a definite meaning.
To discover the hidden mechanism one must make use of the author's developed method of interpretation, that is, one must look for symbolic actions, lapses in speech, memory, etc., and above all, one must resort to the analysis of dreams, as they give the most direct access to the unconscious."

The problem of this thesis is to discover, if possible, the unintentional use of suggestion in the analytic psychotherapy. The problem might be stated thus: The necessary role of unintentional suggestion on the part of the practitioner in the treatment of mental abnormalities by means of the analytic therapy. Does suggestion play a necessary part, or does it not, is the question to be solved.

In order to arrive a satisfactory conclusion, it is necessary to enter upon a rather careful study of the analytic technique. We shall need to know the foundation theories of this therapy, some methods by which its elaborators arrived at their conclusions, and the character of their results. We shall need to make a critical study of the details of a treatment as applied to individuals, and seek to interpret it in the light of such questions as, What is the real self? How is the self constituted? What relation is there between the revealing of the unconscious and the establishment of the normal self?
In one of his lectures, Prof. Freud gives an apt illustration of the distinction between the suggestive and analytic technique. He says, "The difference between the suggestive and the analytic technique is illustrated by the contrast devised by Leonardo da Vinci to show the difference between painting and sculpture. Said Leonardo, 'The art of painting works per via di porre, that is to say, places little heaps of paint where they have not been before on the uncolored canvass; sculpturing, on the other hand, works per via di levare, that is to say, it takes away from the stone as much as covers the surface of the statue therein contained.' Quite similarly, the suggestive technique acts 'per via di porre'; it does not concern itself about the origin, force and significance of the morbid symptoms, but puts on something, to wit, the suggestion, which it expects will be strong enough to prevent the pathogenic idea from expression. On the other hand, the analytic therapy does not wish to put on anything, or introduce anything new, but to take away and extract, and for this purpose it concerns itself with the genesis of the morbid symptoms, and the psychic connection of the pathogenic idea, the removal of which is its aim."

* Brill's Papers on Hysteria, page 178
The analytic therapists were led to give up the suggestive technique for several reasons. The suggestions could not be made as strong and persistent as would be necessary for a lasting cure, and, in many cases it was noticed, that the suggestions which were put on crumbled off again, and the disease, or one replacing it reappeared. This technique also concealed the psychic play of forces, and does not permit one to recognize the resistance with which the patients adhere to their malady, and also strive against recovery.

The discoverer of the technique that marked the transition from the suggestive to the analytic was Breuer. His method was called the cathartic, and Freud collaborated with him for some time, and produced as a result of collaboration a book entitled, Studien über Hysteria. This cathartic method differed from the suggestive in that suggestion was left out, and from the analytic in that it retained hypnotism as a necessary part of its technique.

There are certain limitations to the analytic technique; it is by no means a universal panacea for all nervous diseases to which flesh is heir. Neuropathic degeneration, psychoses, confusional states and marked depressions are unsuitable for analysis. Persons who do not possess a fair degree of education, and whose
character is not in a measure reliable, are unfitted for treatment by psycho-analysis. Persons that are near or past the age of fifty are not sufficiently plastic in their psychic processes to admit of careful treatment. "Brill says, "If one wishes to take a safe course, he should limit his selection to persons of a normal state, for, in psycho-analytic procedures it is from the normal that we seize upon the morbid."

This theory, then, is limited in its application more particularly to Hysteria, Obsessions, Phobias, and Hallucinatory Psychoses. It is worthy of note in this connection to remark that these forms of neuroses are found only among the highly developed and better educated classes of people, and the relief of such restores to society those who contribute to the welfare of the community.

Theories That Form The Content Of Analytic Therapy.

We come now to a discussion of the basic theories of analytic therapy. Fundamental among these is sexuality. When Freud began his work, heredity was blamed for most of the neurotic symptoms, but he discovered other factors that are surely causal in neurosis. "The disclosure of an unfailing sexual agency as a cause of neurotic manifestation, " says Hitschmann, " has brought down upon the head of Freud a great deal of criticism. Even medical men whose experience teaches them the prevalence of sexuality deny the"
application of this experience, and dispute the conclusion that, in every case, the exciting or decisive causes must be of a sexual nature."

Freud declares that the child brings with it into the world the germ of sexuality, and enjoys, in the taking of nourishment, sexual pleasure which it ever afterward seeks to procure by sucking independent of the taking of food. "Many children," says Freud, "proceed from sucking to masturbation, and this act which few children escape, is plainly appointed to fix the primacy of the genital zone for the later sexual functions. The sources of sexual excitement are brought about by the cleansing of the erogenous zones, and caressing by parents and nurses. Later in life, the muscular activity set up by the scuffling and wrestling with playmates can serve as a sexual excitation; fear and anxiety may call it forth, even the concentration of the attention on an intellectual task may result in a coincident sexual excitation."

# "These germs of sexual excitement in the new born develop for a time, then undergo a progressive suppression in a latent period, which is normally interrupted about the third or fourth year. During this period of complete or merely partial latency, as a result of organic processes, and the indispensable help of education, the mental forces are formed which appear later as inhibitions to the sexual

*Hitschmann, Freud's Theory of the Neuroses, page 33
# " " " " " " " ", page 35
instinct, and narrow its course like dams: the disgust, the feeling of shame, the aesthetic and moral standards of ideas. During the latent period, another part of these sexual energies is separated from the sexual aim, and applied to cultural and social ends. Near the period of puberty, the sexual activity reappears, and is brought out by internal causes, and external conditions. Chief among external conditions is seduction, though such an awakening may occur spontaneously from internal causes."

The child can be seduced to all possible transgressions; it brings along within it own person the possibility for all sorts of perversions. There is a tendency toward inversion or homosexuality, which means that the sexual object can belong only to the same sex. The development of the child into a neurosis or a normality is conditioned upon the special emphasis of certain instincts and zones, as well as on the experiences of childhood. Certain perversions of frequent occurrence in children are exhibitionism, i.e. the undressing of the body, and the showing of the genital parts; the peeping tendency, i.e. a perverse curiosity to see the genitals of other persons, and to witness their micturition and dedecation; sadism, masochism, and others.

At puberty, the primacy of the genital zone, and the finding of an object are indispensable for the establishment of a normal sexual life. If on account of pathological and accidental experiences, the amalgamation of the excitations springing from various sources, and its application
to the sexual object does not occur, then there results the pathological deviations of the sexual instincts; these perversions continue, increase in intensity, and form the basis for neurotic manifestations.

The term sexuality here used must not be regarded in its generally accepted gross or coarse meaning, but rather in a very broad meaning, including in its content all that may be expressed by our word, love, and relating in this broad meaning to all the impulses, conscious or unconscious, that spring from the reproductive processes. The sexual instinct is one of our strongest impulses, and is the one subjected to the greatest amount of repression, and, for that reason, it has been the weakest point in our cultural development. Hypocrisy and prudery have, from time immemorial tabooed all things sexual; the word itself carries with itself lewdness and loathing; we have been taught to cover up, hide and repress everything that relates to sexuality. A combination of prudery and lust has so diverted and dammed up the stream of sexuality that the whole nation suffers from the unnatural repression and misdirection of the most important function of our life. Nervousness has come to be known as the great American disease, and the wonder is that a single person escapes its ill effects in view of the stress and strain of modern living, and our failure to make provision against neurosis because of our ignorance.
or unwillingness to inform ourselves on the sexual instincts, and provide proper channels for their emergence.

In all neurotics, the sexual instinct is not expressed consciously and actively, but exists in repression, thus acting in the unconscious, and there finding expression only in the form of inhibitions. Freud says that in the unconscious mental life of all neurotics without exception these inhibitions take the form of impulses to inversion, that is a fixation of the libido on persons of the same sex. The neurotics have, it seems, kept the infantile attitude toward sexuality, or, at least, would go back to it.

In the treatment of mental abnormalities, the purpose of the practitioner is to bring these sexual inhibitions into consciousness; to thoroughly awaken the memories of the causal process, and its accompanying "affect"; to induce freedom of speech in connecting up the events leading to the neurosis, and thus working off the abnormal condition by living through the action again in speech.

Of course it cannot be denied that sexual tendencies and impulses can be found in every person, but does not it seem extreme to assert that so many perversions of this instinct are to be found in all neurotics? The analytic therapist is quite sure that every neurosis must partake of this perverted sexualism, and that his treatment merely calls out the repressed sexual experiences. Is it not pos-
sible that the analytic therapist has built up a new self
there by reading into sexual experiences a significance
that they do not possess? Do these experiences represent
a real or suggested significance in the causation of the
neurosis? May there not be a hint of suggestion, after all,
in the manner with which the practitioner connects up these
impulses, and wishes to account for the neurotic symptom?

Reference has been made to the unconscious, and the state­
ment of the therapist is that in neurotics, the sexual im­
pulse exists in the unconscious. The term as used in this
connection has nothing to do with the term unconscious as
employed in the usage of ordinary speech. The common accep­
tation of the term means unintentional, or involuntary; it
indicates a psychic element of which one has not just thought
but which is accessible to consciousness, and by a concentra­
tion of the attention can be reproduced. But the unconscious
of analytic therapy means something that one really does
not know, but in the course of analysis by conclusive in­
ferrses one is compelled to recognize it. The assumption
of the unconscious is based on the theory that there are
many mental groupings in the same individual which can re
main fairly independent of one another, knowing nothing of
one another and alternatively splitting consciousness. If, in
such a splitting of personality, the consciousness remains
constantly joined to one of the two conditions, then this is called the conscious mental condition; the one separated from it the unconscious. This is exemplified in hypnosis, when a command which is given in the hypnotic state is afterward obeyed in the normal state. Here the conscious condition is influenced by processes in the unconscious.

The Complex And Its Existence In The Unconscious.

Analytic therapy makes frequent use of the term, the complex. It is always used in connection with a neurosis, i.e. a diseased condition of the nervous system.

The Zurich school of analytic therapy defines the expression as a complex of ideas of marked emotional accentuation which was split off from consciousness and repressed into the unconscious.

When Freud explains his theory of the unconscious he says, "A definite complex is in every case the occasion and content of the neurosis; it is the ruling power in the diseased mind." When Jung finds a word in his association experiments that requires a long reaction time, or a word in which there is a lack of reaction, or a faulty reaction, the mistake indicates that the stimulus word has touched a complex.

Some prehistoric event of early childhood long gone from conscious thought may be a base or root of the complex. Later repressed psycho-sexual material is an essential

* Freud's Theory of the Neuroses, page 55
part of the complex. Repressed wish impulses suddenly coming into consciousness betray the existence of the complex. It might be said that a complex results from a conflict between erotic ideas seeking fulfillment, and the repressive power of will. The complex might be defined as a resultant of two forces in the self; one force pushes sexual desire toward realization, the other force crowding back and covering up this impulse.

There is something else to be added to this description of a complex. These repressed wish impulses are possessed of an "affect", or an emotion. The complex is not recognized until the "affect" is produced. This "affect" portrays itself in bodily expressions, as paralysis, vomiting, hallucinations, obsessions, and other hysterical symptoms.

The complex has its seat in the unconscious. There seems to be a force today which opposes resistance to the making conscious of the unconscious, purposely forgotten; tomorrow this force may have accomplished the forgetting and forced the offending pathogenic experience out of consciousness.

The repression came about by a psychic traumatic experience of special intensity and entire disagreement with the mental character of the individual,—or, as appeared later, even a similarly established wish-impulse,—becoming engaged in a kind of struggle for existence with the ethical

* Hitschmann, Freud's Theory of Neuroses, page 52
and aesthetic attributes of the personality, and being thrust out of the conscious mental structure, as you might say, by an act of the will."

Now this repression which is an essential element in the complex, may be so thoroughly and completely inhibited, or relegated to the unconscious, that it never finds its way to consciousness. In such a case there is no neurosis. But if this repressed wish impulse continues to exist in the unconscious, and crouches so near the border of consciousness that it can easily and quickly become active in the form of a distorted and unrecognizable substitute formation for the material repressed into the unconscious, then there is an hysterical symptom, a mental disease, "an affect," which may be violent, entirely beyond the control of the will, with a tendency to reproduce itself, and maintain its supremacy over the normal action.

There were certain instinctive impulses which were originally accompanied by pleasure, now cultural requirements subordinate them to the goal ideas of secondary thought processes, and these impulses cause discomfort or pain. These impulses are of a sexual character—the word, sexual, being taken in its broad meaning, and the material in these repressed instincts, i.e., sexual activities, wish-impulses, and erotic phantasies form the complex which has its seat in the unconscious.
A second part of the repressed material comes from repressions in later life. If later sexual experiences sink into the unconscious, and join the early repressed material, we have the unmistakable germs of a complex that only needs a crisis, a suitable opportunity, to break forth into neurotic symptoms, hallucinations, obsessions, or phobias.

The complex, then, has its seat in the unconscious; partakes of sexual activities, and erotic wish-impulses, which are fundamental characteristics of the unconscious; is composed of infantile sexual experiences which have joined the earlier repressed material; becomes evident through the failure of the will to maintain the repression, or through some traumatic experience that prepares the way for the emergence of these ideas into consciousness; produces an "affect" that is portrayed by somatic innervations with a tendency to maintain themselves, or to recur at certain intervals; and becomes, in time, the real, though abnormal self.

The complex becomes for Macbeth a Banquo's ghost that will not down. The early sexual experiences, and the later sexual experiences join forces at last through the bonds of erotic wish impulses, which the ethical part of the self has sought to repress, but which will not remain in the unconscious, and form an alliance as a complex
which may burst forth into a manifestation wholly unlike the suggested activities of the wish-impulse, but so compelling and masterful as to change the very nature and appearance of the person, and re-make the self which the world knew, into a self whose habits are disorganized, and whose actions are detrimental to the public safety.

When the analytic therapist treats a patient, he seeks for the complex. He endeavors to make the repressed unconscious material conscious, or to bring the complex out into the light of day. The origin and cause of the mental abnormality is found in the complex, and to reveal and interpret it is the goal of the therapist. If he fails to bring it into consciousness, and properly interpret it, the neurotic symptoms will continue.

The Dream.

Many neurotics who came to Freud for treatment often related their dreams to him. The remembrance of these dreams lingered in their minds by day, and could not be forgotten. Thus, by accident, as it were, analytic therapy came upon the significance of the dream in the interpretation of nervous symptoms. A close examination of them revealed the fact that they stood nearly related to the agencies which caused the malady, and that the infantile sexual roots were here exhibited.

* "Dreams are really the first member in the series

* Hitschmann, Freud's Theories of the Neuroses, pages 58, 9
of abnormal psychic structures, and Freud rightly insists that he who does not know how to elucidate the origin of the dreampicture will work in vain for a comprehension of the obsessional and delusional idea. Our nocturnal dream products are indeed compatible with the full health of waking life, but have also the greatest external similarity and internal relationship to the creation of the insanities. Thus, the dream stands in the centre, not only of the Freudian theory, but also of the psychoanalytic technique."

"The unconscious, which lies at the bottom of the neurosis betrays itself in the dream, not undisguised, to be sure, but indecipherable manner, so that the dream becomes the chief entrance, the 'via regia', to the patient's unconscious. The most important discovery was that the dream regularly represents a wish fulfillment, that is, it brings to representation in dramatic form an unconscious wish of the dreamer, represented as fulfilled. In this, an infantile wish is readily combined with an actual one. On the contrary, the dreams of healthy children show as fulfilled their naive simple wishes which have been active by day, and remain unfulfilled."

"The next most important fact concerning dreams after the wish characteristic is the basic principle that the majority of the dreams of adults deal with sexual
material, an give expression to erotic wishes"

This statement has evoked much criticism, and many think that an ultimate sexual content is the dreams of adults is unprovable. Critics cite in defense that aside from the exquisite sexual dreams, very few deal with sexual scenes, but other pictures containing no sexual suggestion whatever blend together in the dream. There are nature scenes, society, travel, amusements which form living pictures corresponding to the real family, vocational, and amusement life. It seems, arbitrary, they say, to wish to read out of this boundless picture gallery comprising the whole life in all its phases, a single definite tendency which can be attributed to but one instinct. Again, this instinct is one of which everyone is more or less ashamed; no one wishes to acknowledge themselves too much possessed by it, and it is not surprising that universal contradiction should meet the announcement of such a theory.

Now the fact that sexual instinct has undergone so much suppression from childhood, makes the dream appear as symbols and in disguised form.

"The dream thoughts discovered by analysis tremendously exceed in extent the remembered dream content. This circumstance points to a great condensation of the dream thoughts. In this condensation process, certain likenesses which originally existed among the dream thoughts, or have..."
been elaborated by the dream making in a very keen and ingenious witty manner, play the greatest role.

Besides the condensation, there is a second process suited to add to our misunderstanding of the dream picture, a strangeness concerning the mental value of the same, while the complete interpretation shows us well-ordered and ingenious trains of thoughts which lie at the bottom of the dream in their proper mental accentuation; almost always in the dream, something of secondary importance and insignificance is exhibited with a disproportionate amount of effect. This displacement of mental values from important to insignificant serves mostly to conceal the meaning of the dream, and to render irrecoverable the connection between the dream content and the dream thoughts."

Let us recapitulate the analysis and explanation of the dream. At the base of the dream thought is the wish-characteristic. These are the wishes of childhood which have become unattainable, and are stored away in the unconscious. The fact that the dream is often joined to the events of the preceding day does not show its real content, for these connections are superficial and loose, and have only minor relations to the real dream forming material. Consciousness is at work at the time the dream is formed, and strives to hold in suppression these forbidden impulses, acting as a psychic censor to restrain the
childhood wish from emergence. But the dream will out, and evades the censor by appearing disguised in speech and form. For this reason, the dream as remembered in the morning is so often disconnected, unintelligible, as strange to the waking consciousness as the delusions of the insane are to the normal consciousness.

Condensation of dream thoughts, and displacement of the important by the trivial give opportunity for the meaningless character and foolish sequences of the dream. It follows, therefore, that the sexual content will appear in disguised, symbolic form somewhat in the nature of a pantomime. The psychic censor has compelled the dream to adopt the mystic language of symbolism for the dramatization of the sexual material.

Those who have made an exhaustive study of dreams and dream symbols offer the following results as the typical sexual symbols: Emperor, and empress, king and queen usually stand for the parents of the dreamer, while the dreamer is represented by prince or princess. All long objects as canes, limbs of trees, snakes, umbrellas indicate the penis; small boxes, band boxes, caskets, closets, ovens, wagons correspond to the female body. Since bed and board make the marriage, the first, in dreams, is often placed for the last. All complicated machines and apparatus in dreams are with great probability genitals, in the description of which dream symbolism shows itself as untiring as witmaking.
Landscapes often signify female genitals, and children in dreams often signify genitals as men and women.

The question whether every dream can be interpreted if for practical purposes to be answered in the negative. In dream interpretation it must be remembered that one has against him the mental forces which cause the distortion of the dream. It becomes then a matter of relative strength whether one can become master of the inner resistances.

There are two groups of typical dreams; first, the embarrassment dream of nakedness, and second the dream of the death of a near relative. The first, no doubt, is an exhibitionist dream and can be traced back to the active spontaneous disrobing of early childhood which gives great pleasure and enjoyment. The feeling of shame is a reaction induced by the parent's repression of the act.

In the second group, the main factor is death, and the interpretation is based on the wish that the person in question was really dead. This interpretation meets with immediate denial, but the dream theory is satisfied in the conclusion that the dreamer has wished the death sometime in childhood. This group, Freud declares, betrays that Oedipus complex of all people which found its artistic expression in the celebrated tragedy of Sophocles. Love for one parent, and hate for the other
gives rise to the wish impulse of the child that if one were dead he, or she, could take the place left vacant.

Dr. A. A. Brill of the Neurological Department of the Bronx Hospital, a pupil of Sigmund Freud's, gives in his book, *Psychanalysis*, some dream interpretation based on explanations previously given. The first case represents the hidden fulfillment of a suppressed wish. He says, "One of my patients dreamed that she saw her eldest son laid out in a casket, and yet she was totally unconcerned about it. Having been told previously that the dream represents the fulfillment of a suppressed wish, she now insisted that the theory must be wrong, as she would never have any such wish regarding her boy. *Psychanalysis*, however, revealed the fact: her husband had died and left her with two children; she had then married a widower with two children. They are very happy, but as they already have four children, they cannot afford to rear anymore. She has frequently expressed the wish to have offspring as the result of her second marriage, as it would strengthen the union, but having four children in the family this is out of the question. The dream fulfills her wish by showing her that there are only three children in the family." The process of displacement in dream work is illustrated by the dream of Miss G., who came to Dr. Brill's *Psychanalysis*, page 43 ff.
Brill for treatment because she had been very nervous. She said she had nothing to worry about, and everything to live for; yet she could not shake off the blue feeling! One of the most distressing thoughts was that something might happen to her mother. To those acquainted with the language of hysteria, this was merely a reaction of the wish that she might lose her mother. I thought of psychoanalysis, and asked her to write out her dreams and bring them to me. One day she brought the following dream: 'I dreamed that I was in a lonely country place, and was anxious to reach my destination in Liconow or Liconor Bay, but could not get there. My legs were heavy as lead. Every time I made a move there was a wall in the way. I could only walk very slowly as if I were weak or very old. Then there was a flock of chickens ran after me, and the biggest of them all said something like this, Come with me into the dark! The dreamer remarked; It is so ridiculous I am ashamed to tell it.' The young lady said the most vivid part of the dream was the second part relating to the chickens. When she was asked to concentrate her mind on the word 'chickens', she gave the following: 'I could only see the biggest chicken; all the others seemed blurred; it was unusually big, and had a very long neck, and it spoke to me—the street recalls where I used to go to school—I graduated from public school when I was thirteen—the block was always crowded with children from
school—she then began to blush and laugh, and when I asked her to explain she said, 'It recalls the happy school days when I was young, and had no worries—I even had a beau—a pupil from the male department—there was a male and female department in the same school, and most of my girl friends had beaux—we used to meet them after school hours and walk home together. My beau's name was F. He was lanky and thin, and the girls used to tease me about him. Whenever they saw him coming they said, 'Belle, here comes your chicken—that was his nickname among the boys. 'On being asked if she now understood who was the chicken, she laughingly said, 'You don't mean to say that the chicken with the long neck was Mr. F.' It was discovered that she still kept up her acquaintance with Mr. F. but she had not seen him for the last few months. He had proposed no less than three times, but she had never given him a definite answer. She only 'liked' him, while her family opposed him because of his lack of means. She met him last at a military ball. She danced with him, and he was very kind, but though she expected him to propose, he did not do so. She was ready to accept him, and all the more so, because she had heard he was paying some attention to another young lady. She was quite worried by his failure to propose.

The 'chicken' said, 'Come with me into the dark', and the word, 'dark' evoked the following associations: indis-
tinct, obscure, mystery, marriage. Her mother once spoken of marriage in a philosophic way saying that Money is not all, and that you will never know a man until you have eaten a peck of salt with him, and Marriage is a mystery. The word 'dark' was used then by her as synonymous with mystery and marriage. Now we can understand the mystery of the chicken's speech. It was the fourth proposal of Mr. F.

The country place in the first part of her dream reminded her of the beautiful country around H Bay where she had spent a previous summer. She could not recall what Liconow, or Liconor Bay meant, but she gave the following associations: Liconow, Lucknow—meaning a painting representing the famous battle, which she had lately seen. The soldiers recalled the military organizations at whose ball she had last met Mr. F. The word, Liconor, by sound association suggested Lucano, and Lugarno, two beautiful lakes in Italy where she had visited, and wither she had hoped to go on her honeymoon. Finally, Liconor Bay resolved itself into Lik-Onor-Bay, which by sound association can readily be recognized as Like, Honor, and Obey, and if Like and Love be transposed we have the familiar formula well known to maidens who seriously contemplate matrimony. rewriting the first sentence we have, I was in a lonely country place, and was anxious to reach my home in Like,
Honor, and Obey, that is, I was lonely, and wished to get married.

The street full of walls signifies Wall street, hence money—that was the real obstacle. She laughingly remarked, 'Yes, that's it exactly. I even seriously thought of helping him along as Pa left me some money'. Now the dream is translated: I am an old maid, 23 years old, and am anxious to marry Mr. F., but then he is not rich enough to take care of me. Perhaps I can help him financially.'

She quite frankly admitted that these were the actual thoughts that had occupied her mind for the past months, and which she had tried hard to forget."

Does suggestion have any part in the interpretation of this dream? Is it merely a matter of drawing out what was there, and the cure comes about because the morbid thoughts are brought into consciousness? This is what the psychoanalyst would have us believe. But can there not be discerned suggestion of a most adroit, and specific sort? Is it not the case that the unifying and connecting up of the previous experiences with present day realities is suggestive? Does not the practitioner suggest that this recollection of childhood experiences, and the relating of the inmost thoughts of the heart will result in a unified personality?

If the patient would not agree to the interpretation and re-adjusting, would there be any cure?
Resistance and conversion.

"Thru my psychic work," says Freud, "I had to overcome a psychic force in the patient which opposed the pathogenic idea from becoming conscious. The resistance was due to the fact that the ideas which had to be disinterred were all of a nature adapted to provoke the affects of shame, reproach, mental pain and a feeling of injury— they were altogether of that kind which one would not like to experience, and prefers to forget."

By an act of will, the individual, represses the pathogenic ideas, or the disease-producing ideas, seeks to forget them and thrust them out of consciousness; and forces them to remain in the unconscious. But this unbearable wish impulse continues to exist in the unconscious and only waits an opportunity to become active in the form of a distorted substitute formation for the material repressed into the unconscious.

"This gave rise to the theory of repression; the pathogenic idea being of a painful nature is incompatible with the ego, and is therefore treated by it as non-arrive'. The pathogenic idea continues to strive to come to the surface, and is constantly inhibited by the psychic censor. Each foregoes a part and the result of this mutual accommodation is then transformed into an hysterical symptom by the process of conversion."

Brill's Psychoanalysis, P. 15.
By conversion is meant the transformation of the pathogenic idea or unbearable wish impulse from the unconscious into the conscious as exhibited by some bodily affection such as paralysis, pain, hysterical cough, vomiting, etc.

Some persons are so constituted that there is no adaptation for conversion. If an unbearable idea enters consciousness, it meets with the same contrary forces as those mentioned above; the "affect" becomes detached from the idea, but instead of being converted into the physical, it remains in the psychic sphere. On account of its false connection, it becomes an obsession, or the unbearable idea is so changed that the patient doesn't recognize it. He no longer thinks of the painful or disagreeable, but he is burdened instead with an obsession, the absurdity of which he realizes, but from which he cannot rid himself. The advantage thus gained by the ego in the transposition or dislocation of the affect is not so great as in the hysterical conversion of psychic excitement into somatic innervation.

The reason for the resistance is that the hysterical symptom is the symbolic expression of the realization of a repressed wish, and serves as a gratification for the patient. He strives very hard, unsonciously, of course, to retain the symptom as it is the only thing left to him of his former unattainable wish impulse. The object of psychoanalysis is to overcome these resistances and re-
conduct the patient's consciousness to the thoughts underlying the symptoms and thus do away with the conversions exhibited by bodily affections, or drive out the obsessions which obtain in place of the conversion.

**Ab-reaction.**

This is the word used to express the method of analytic therapy and it means "to work a thing off by living thru it again."

The patient is urged for several sessions to sketch a general picture of his whole illness, and most intimate family and life surroundings, and to tell everything that comes into his head whether it seems important, irrelevant or nonsensical. No thought or association is to be omitted from the recital because the telling might be shameful or painful. It often requires a number of seances before the patient can be persuaded to relate each incident that comes into the mind, giving attention to the smallest detail and relating each event in the order that memory recalls it. The technique of the psycho-analytic method is as follows:

* "The patient lies on his back on a lounge, the physician sitting behind the patient's head, at the head of the lounge. In this way the patient remains free from all external influences and impressions. The object is to avoid all muscular exertion and distraction, thus allowing thorough

* Brills Papers on Hysteria, P. 4.
concentration of attention on the patient's own psychic activities. The patient is then asked to give a detailed account of his troubles, after having been told before to repeat everything that occurs to the mind, even such thoughts as may cause him embarrassment or mortification.

On listening to such a history, one invariably notices many memory gaps, both in reference to time and causal relations. These the patient is urged to fill in by concentration of attention on the subject in question, and by repeating all the unintentional thoughts originating in this connection. This is the so-called method of free association. The patient is required to relate all his thoughts in the order of their sequence even if they seem irrelevant to him. He must do away with all critique and remain perfectly passive. It is in this way that we fathom the original meaning of the symptom. But as the thoughts which originate in this manner are of a disagreeable and painful nature, they are pushed back with the greatest resistance.

To discover the hidden mechanism, one must make use of the author's developed method of interpretation, that is, one must look for symbolic actions, lapses in speech, memory, etc., and above all, one must resort to the analysis of dreams, as they give the most direct access to the unconscious."

Ab-reaction illustrated.

A critical study of a few cases:

"Miss Lucy R. had nasal trouble which was correctly diagnosed and was being properly treated, when suddenly she began to complain of new symptoms which the experienced physicians could not refer to local affections. She had lost all perception of smell and was constantly bothered by one or two subjective sensations of smell.

She became depressed in spirit, weak, and complained of a heavy head, loss of appetite and an incapacity for work.

She was an Eng. lady, governess in the family of a factory supt. living in the suburbs of Vienna.

On being asked what odor troubled her most, she stated that it was an odor of burnt pastry. 'There must have been an episode during which this subjective sensation was objective,' Freud declares. Her duties did not permit her to come to Dr. Freud but once a week.

* * *

Freud-Brill Papers on Hysteria, P. 14.
She did not merge into the somnambulistic stage and the analysis was made while she was in a state not differing much from the normal. Dr. Freud says: I decided to proceed on the supposition that my patients knew everything that was of any pathogenic significance, and that all that was necessary was to force them to impart it. When I reached a point where to the question 'Since when have you this symptom?' or 'Where does it come from?' I receive the answer 'I really don't know this,' I proceeded as follows:

I placed my hand on the patient's forehead, or took her head between my hands and said, 'Under the pressure of my hand it will come into your mind. In the moment that I stop the pressure, you will see something before you, or something will pass thru your mind which you must note. It is that which we are seeking. Well, what have you seen or what came into your mind? On applying this method for the first time, I was surprised to find just what I wanted, and I may say that it has since hardly ever failed me. Gradually I became so bold that when a patient would answer, 'I see nothing' or 'Nothing came into my mind,' I would insist that that was impossible.

My conclusion is that pathogenic important experiences with all their concomitant circumstances are faithfully retained in memory, even where they seem forgotten.

'I asked Lucy R. if she remembered on what occasion the smell perception of burned pastry originated.' 'Oh yes, I know it well. It was about two months ago, two days before my birth day. My mother had sent me a letter from Glasgow and I wished to open and read it, but the children pulled it out of my hand saying, 'No you must not read it now, it is for your birthday.' While the children were thus remonstrating, there was an intense odor. The pastry had been forgotten and it became burned. Since then, I have been troubled with this odor.'

Do you see the scene distinctly? Yes.

What in it so excited you? I was touched by the affection the children displayed.

Weren't they always affectionate? Yes, but I had just received the letter from my mother. "I can't see the contrast between their affection and the letter from your mother." "I intended going home to my mother and my heart was heavy at the thought of leaving those dear children."

"Was your mother lonesome or sick and needed you?"

"No she is delicate, but not sick and she has a companion."

"Why were you obliged to leave the children?"
"The house had become unbearable to me. The housekeeper, cook and French maid seemed under the impression that I was too proud for my position. They intrigued against me and told the grandfather and children all sorts of things against me, and when I complained to both gentlemen, I did not receive the support which I expected, so I tendered my resignation to the father of the children, but he was very friendly and asked me to consider it for 2 weeks before taking any definite steps."

"Aside from your attachment to the children, is there anything particular which attracts you to them?"

"Yes, my mother is distantly related to their mother and when the latter was on her death bed, I promised her to do my utmost in caring for the children, and I would not forsake them and would be a mother to them, and this promise I broke when I offered my resignation."

The analysis of the subjective sensation of smell seemed completed. I was objective and intimately connected with an experience. There was a conflict of affects. Sorrow at forsaking the children and themortification which forced the decision raised this moment to a trauma, and the sensation of smell which was connected with it remained as a symbol.

There was no acceptable reason why this series of excitements and conflict of affects should have led to hysteria. From the analysis of similar cases, I knew that some presentation must intentionally be expressed from consciousness and excluded from associative elaboration. I concluded that Miss Lucy R. merged into that trauma which she intentionally left in the darkness, and which she took pains to forget.

I told her I didn't believe that all these things were simply due to her affection for the children, but that I thought she was rather in love with her master and that she really nurtured the hope of taking the place of the mother, and that it was for this reason, she became so sensitive toward the servants with whom she had lived peacefully for years."

She answered in her laconic manner: "Yes, I believe it is so."

"But if you knew you were in love with the master, why didn't you tell me so?"

"But I didn't know it, or rather, I didn't wish to know it. I wished to crowd it out of my mind and of late I have been successful."
She went on to speak of the origin of her love and how one day the master spoke to her about the exigencies of rearing children, how much he counted on her in bringing them up, and looked at her rather peculiarly. It was in this moment she had begun to love him. This interview was not repeated and she became convinced that her love was hopeless.

"I expected a decided change in her condition after this conversation, but she continued depressed and moody. The odor of burned pastry only appeared when she was much excited; finally it was displaced by another odor like the smoke of a cigar. After many questions, this odor was connected with an occasion when the chief accountant attempted to kiss the children, and the master jumped up and shouted, "Don't kiss the children."

She then experienced a stitch in her heart and as the gentlemen were smoking, this odor remained in her memory. Under pressure of my hands, there emerged an older scene, a few months before, when a lady friend had visited the house and on leaving kissed the children on the lips. After she had gone, the master was very angry at the unfortunate governess and said she must never tolerate kissing of the children. This episode shattered all her hopes and she thought, "If he can thus upbraid me, he never entertained any tender feelings toward me."

Lucy R. visited me 2 days after the last analysis and she looked as tho transformed, smiled and held her head aloft. I thought perhaps she had become a bride, but she said, "On awaking yesterday, my burden was gone, I know that I have no chances of becoming my master's wife and I am not going to be unhappy about it. I still love him, but that does not bother me much. One can think and feel as one wishes."

"I examined her nose and found that the pain and reflex sensations had almost completely re-appeared. She could distinguish odors but was very uncertain when they were very intense.

Four mos. later, I accidentally met the patient at one of our summer resorts. She was cheerful and said her health continued good. The whole treatment had extended over a period of nine weeks."

What hint of unintentional suggestion may be found in the case of Lucy R.?
In the first place, the patient is always in an attitude of submission to the practitioner, ready to follow any lead, and full of hope that the mental abnormality can be cured. This is implied in the fact that the patient came of her own free will, attracted by the fame of the physician thru whom other cures of like mental diseases had been accomplished. The mere coming and answering the doctor's questions had certain therapeutic value. Altho the practitioner did not take the patient into his confidence as to his method of treatment, he had given the indirect suggestion that he was employing some method, and expected her to respond to the treatment.

In the second place, the doctor's sudden statement that she was in love with her master, and wished to enjoy the relationship of wife, was agreed to by her in accordance with her submissive attitude and by the doctor's questioning she was able to recall incidents wherein this desire might have been excited and the wish might have been present.

In the third place, and as a conclusion, the practitioner built up within the young lady a new self, unified, possessed of judgment to see things in a proper light and able to master repressed longings to such an extent that she was no longer repressing pathogenic ideas,
but admitting them to consciousness and accommodating them to conditions of her life.

As he is a scientific practitioner of analytic therapy, we shall not impute to Dr. Freud any intentional transposition of a new self for the old hysterical self in the case of Miss Lucy R., but in view of the disappearance of the symptoms, we must predicate a new self which came about thru the intervention of the doctor as the antagonish of the old hysterical self and the champion of the new unified masterful and happy self.

In speaking of the method of treatment in this case, Freud says:

* "The therapy here consisted in forcing the union of the dissociated psychic groups with the ego consciousness.

Freud's Pap. on Hysteria, p. 30.

The association experiment devised by the Wundt School and elaborated by the Swiss School has proven useful in determining the prevailing thought and emotional complex.

The experiment consists in the giving of certain test words to which the person tested responds by reaction word
The complex manifests itself by definite tokens which the reactions disclose by the following peculiarities: lengthened reaction times, false reactions, disturbances of reproduction in the repetition of the experiment, apparent contradiction, in coherence between the test word and reaction.

"In this experiment 100 test words are given. The person tested sits in front of the physician who calls out each word in a loud clear voice, measuring at the same time with a 1/5 of a second stop watch the time elapsing between the utterance of the test word and the reaction of the answer from the person tested. Before the experiment is begun, the person tested is instructed to answer as quickly as possible the first word that comes to his mind.

The answers as well as the time are carefully rated and after the whole list has been gone thru, the stimulus words are repeated and the patient asked to reproduce the original answers. The average reaction time is usually 2.4 sec. The words are very simple and as a rule the same list of 100 words is used, though depending on the case in question some special words may be inserted. As one proceeds with the experiment, he finds that not all stimulus words are reacted to with the same smoothness and facility. Whenever we find impediments in the experiment such as a prolonged reaction time, a lack of, or a faulty reaction, a repetition of the stimulus word, or a failure of reproduction, we have a complex indicator. That is, the mistake indicates that the stimulus word has touched a complex and thus retarded or completely inhibited the reaction.

The value of this experiment is obvious. The patient may refuse to enter into conversation about his morbid productions, but he is quite willing to cooperate in the experiment. He sees no harm in answering the first word evoked by the stimulus as he is entirely unaware of its import. Some think it is 'sort of a game' which has no bearing on their condition. But as soon as a few complexes are found and the association correctly interpreted, the patient readily recognizes the superiority of the examiner and talks freely."

Brill's Psychanalysis, P. 118.
The following case of A. S. will illustrate the value of the association experiment:

"A. S. 20 yrs. old, law student and journalist, was admitted to the clinic in psychiatry at Zurich. He was considered very diligent and brilliant, but eccentric.

He was very depressed and remained in bed for some days. He attempted to shoot himself about 12 o'clock on the day of admission. He fired 5 shots, but beyond grazing his shirt, striking a candle which stood near the head of the bed, and a picture of Iksen on the opposite wall, he did not damage. The reason for this attempt was supposed to be un affection. The informant stated that as soon as the shots were heard, he ran into the room, and found the patient lying on the bed in a delirious condition. He was murmuring to himself, 'Where are the horses.' His father, when called, denied any psychic abnormalities in the family, but he himself was neuropathic and one of the daughters was hysterical. He stated that the patient was delicate, but developed, but as he grew up was indifferent, cold, seclusive and obdurate, but very bright. His professors predicted a great future for him. Due to the divorce of his parents, he had lived apart from them since his 15th year, but corresponded regularly with his father and paid him an occasional visit.

In appearance, he was under-developed and small. His head seemed too big for his body. The physical examination revealed nothing in particular. In the ward, he was quiet and indifferent. He took little nourishment. His main features were dulness, apathy, somnolence, and probably hallucinations as shown by his asking for white horses. This condition continued for 4 days when he gradually became brighter and at the end of a few days he was apparently his former self.

The patient seemed suspicious or unwilling to enter into conversation, so a hundred associations were taken and analyzed by the psychanalytic method, i.e., after the complexes were found, the practitioner resorted to the continuous associations.

Following are some of the associations from the patient. In this table, x means correct reproduction:

* Brill's Psychanalysis, P. 147.
<table>
<thead>
<tr>
<th>Stimulus word</th>
<th>Reaction</th>
<th>Time</th>
<th>Reproduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>To suppose</td>
<td>Freedom</td>
<td>3.8</td>
<td>x</td>
</tr>
<tr>
<td>Pain</td>
<td>Bad</td>
<td>2.2</td>
<td>X</td>
</tr>
<tr>
<td>Lazy</td>
<td>Early</td>
<td>1.8</td>
<td>x</td>
</tr>
<tr>
<td>Moon</td>
<td>Sun</td>
<td>2.6</td>
<td>x</td>
</tr>
<tr>
<td>To frighten</td>
<td>Epilepsy</td>
<td>3.4</td>
<td>x</td>
</tr>
<tr>
<td>Tired</td>
<td>Rest</td>
<td>2.0</td>
<td>x</td>
</tr>
<tr>
<td>Intention</td>
<td>Evil</td>
<td>2.8</td>
<td>x</td>
</tr>
<tr>
<td>To dance</td>
<td>Polish</td>
<td>3.0</td>
<td>x</td>
</tr>
<tr>
<td>Eye</td>
<td>Eye</td>
<td>3.8</td>
<td>x</td>
</tr>
<tr>
<td>Modest</td>
<td>Violet</td>
<td>3.2</td>
<td>x</td>
</tr>
<tr>
<td>Ground</td>
<td>Seed</td>
<td>4.6</td>
<td>Onanism</td>
</tr>
<tr>
<td>Death</td>
<td>Accidentally</td>
<td>3.0</td>
<td>Night</td>
</tr>
<tr>
<td>Bad</td>
<td>Very</td>
<td>3.2</td>
<td>Night</td>
</tr>
<tr>
<td>Pretty</td>
<td>Fairly</td>
<td>2.0</td>
<td>x</td>
</tr>
<tr>
<td>To crack</td>
<td>Arms</td>
<td>2.0</td>
<td>x</td>
</tr>
<tr>
<td>Weapon</td>
<td>Unskilled</td>
<td>3.6</td>
<td>x</td>
</tr>
<tr>
<td>Forget</td>
<td>Love</td>
<td>3.0</td>
<td>x</td>
</tr>
<tr>
<td>To dare</td>
<td>To win</td>
<td>3.8</td>
<td>x</td>
</tr>
</tbody>
</table>

Analyzing the few that have been given, we find these interpretations.

To suppose,—freedom refers to his complex of confinement. He supposes he will soon be discharged.

Pain,—bad explains that he had much pain over his love affair, but the short reaction time shows it produced no emotion whatever.

Lazy,—early refers to his being lazy. Also recalls that he was lazy to commit suicide in the morning and waited till noon.

Moon,—sun was explained that one day while out walking with Mina, his beloved, they stopped to look at a photograph of a man and woman riding on a crescent moon, and he remarked that he would like to ride with her on the moon; then he recalled some things which he didn’t wish to explain, probably some erratic thoughts.

To frighten,—epilepsy referred to an incident in the ward. An epileptic had a fit which frightened him.

Tired,—rest referred to his state before he was admitted to the hospital.

To dance,—Polish recalls a Polish dance where he met three lady acquaintances. One had formerly called him a poseur, a thing that wounded his vanity. On that eve, he felt some change coming over him. The music exerted
an unusual influence on him. Many women seemed to make advances to him. They sent him all kinds of notes and made flattering remarks.

Eye,— eye refers to his own eye. He thought his left eye was somewhat smaller than his right and this he considered as a sign of paresis.

Modest,— violet was explained as follows: The violet is a symbol of modesty. Miss Dina repeated that I was not modest and I always sought refuge in Goethe who says 'Only scamps are modest.'

Ground,— seed—onanism. Explaining this, he quoted the Bible 'He, Onay, spilled it on the ground lest he should give seed.' Asked whether he masturbated, he at first denied it, but when told that the associations gave distinct evidence of it, he said, 'Well, since you know it, I may as well tell you. I began when I was 14 and continued it up to a year ago. Then I knew what harm it did me and I stopped it.'

Death,— accidentally referred to his attempted suicide.

He fitly remarked, 'I could have died thru accident.'

Bad,— very-night refers to the night of Jan. 15, which he claims to have passed very restlessly. He was frequently terrified by his rocking chair, the coverings on which, made him think of the dying Bajozzo.

Pretty,— fairly referred to Mina.

To crack,— arms means the revolver with which he attempted to commit suicide.

Weapon,— unskilled refers to himself. He said, 'I never in my life used any firearms, and when I made up my mind to kill myself, I selected a pretty little revolver.'

Forget,— love. He said, 'I am trying to forget my love.'

To dare— to win was not explained. He began to speak about courage and daring and he suddenly stopped, not wishing to continue.

The conclusions of the association tests bear out the story as it begun.

'The psychanalysis,' says Brill, 'shows that the love affair played a very little if any part in this whole syndrome. No matter how a person may try to conceal things, he cannot hide his emotions and unconscious actions.'
The associations like dreams never lie. The complex indicators never fail to show the complex, that is the emotionally accented presentations which are usually split off from consciousness and repressed in the unconscious. On superficial examination, it may seem that the psychosis was caused by the love affair, but as soon as we enter more deeply into the question, we are struck with the marked disproportion between the exciting cause and the reaction and we ask ourselves why should an insignificant love episode produce a psychosis in a young man who has made his way in the world since he was 15 years of age as a journalist, and who from his own account has had similar experiences before this? On reviewing the 100 associations, we find that they refer to four principal complexes, viz., love, vanity, death and masturbation. 35 belong to the death complex, 20 to masturbation, 12 to the vanity complex and 12 to the love episode.

Death and masturbation are of paramount importance.

Psychanalysis of the death complexes showed that for some inexplicable reason, the patient had, for some time, both consciously and unconsciously, occupied himself with the problem of death. When asked to associate freely to the word death, he gave the following reactions: 'When we dead awaken'—he recalled his friend the actor who was supposed to have blown out his brains. When we dead awaken refers to Ibsen's drama of that title. This play strongly appealed to him. He signed himself Jackal, godless, etc. to his articles of publication. They represent delusions of self accusations. Before the love episode, he was hypochondriacal and restless. He feared he was in the first stage of paresis. He made a number of attempts to stop masturbating for he thought it would produce paresis and when he finally noticed a slight difference in the size of his eyes, he was firmly convinced that he was a paretic. He had heard and read much about paresis, and he soon began to occupy himself with the subject of death. The situation, in brief, was as follows: 'I am suffering from an incurable disease, paresis, which I brought upon myself by masturbation, and as I will become insane, I had better commit suicide.' Against all this was the inherent
desire to live. In the language of Jung, 'the long existing conflict in a personal predisposition finally produced a splitting of consciousness, thus allowing the depressed complexes to rid themselves of the domination of the ego complex, and manifest themselves in the different automatisms of the syndrom.'

The explanation of the question, Where are the white horses? is found in the fact that Ibsen's Rosmersholm had strongly appealed to him and, in this drama, whenever a death occurred, a white horse was sure to make its appearance. He had identified himself with "the happy nobleman who goes to death" and so he looked for the white horse in his delirium. There was nothing mysterious or senseless in the patients' actions. All these actions and utterances had a reason and this reason can be discovered by the psychanalytic method."

We have mentioned previously that the dream holds a central place in the estimation of the analytic therapist. It frequently betrays the complex when ab-reaction fails to reveal it. The abundant imagery and marvelous succession of events come about thru the conflict between the conscious self, and the repressed ideas that strive for emergence. The conscious self permits the pathogenic idea to emerge in the form of symbols, and highly dramatic form.

The part of suggestion in the interpretation of the dream is evidenced in the effort of the therapist to connect the dream up with past experiences, and present day events, and thus allow the dreamer to see himself as an entire personality, thus tending to unify disconsolated selves.
What is the self, and how is it built up? The answer to this question is of the utmost significance in the solution of the problem of this thesis. By what process is the abnormal self of the neurotic changed into the normal self?

Analytic therapy maintains that the unconscious self, dissociated because of repression from the conscious self, is worked off and gotten rid of through speech. The sexual experiences are lived over again in speech, and are thus brought out of the unconscious into the conscious life; the repression becomes expression, and the conflict between unbearable erotic ideas, and the ethical self being at an end, the person becomes normal, and the neurotic symptom disappears. The Freudian therapy looks upon the self as static and unchanging. No new self is suggested or introduced by the analytic technique. If any new self seems to appear, it is because it was always there.

The difficulty with this conception of the self lies in the fact that the self is predicated as something established in the past, to which nothing can be added or subtracted. A thoughtful consideration of this viewpoint leads one to question the soundness of the conclusion. Are the components of self so inflexible, so unchangeable, that no new habits can be formed, no new adjustments made to an ever changing environment, no new reactions to new stimuli?
Or, on the other hand, are we not conscious of a changing self, the emergence of a new self, achieving things which had seemed impossible? There are as many selves as the number of people we meet. We have a different reaction for each person with whom we converse. Oliver Wendell Holmes might have carried his conception of the multiple personality in John and In Thomas to an indefinite extent, and found an infinite number of persons engaged in conversation.

Suppose we select a business man as an example of this multiple, changing self. There is the business self which is quite a consistent self in his dealings with customers; but this is not the same self that is shown to the traveling salesman, nor the same self that the clerks in the store know. Then a vastly different self is the home self. This classification might be indefinitely extended.

There is another way in which the self may be regarded. Aside from the social aspect of the self, there is the individual aspect, and the self is frequently divided into a bipolar conception, i.e. the self as subject, or the "I", and the self as object, or the "me" This is a division of William James (Psychology, Chap. 10) Angell speaks of the self as the 'knower', and the 'known', (Psychology, Chap. 23). Kant was perhaps one of the early philosophers to divide the self into the pure Ego, and the empirical self. MacDougall treats of the self as logical subject, and em-
pirical self (Social Psych. Chap. 7) Pillsbury asks the question, What is in mind when one thinks "I". He says this is a question of structure. Again he asks, What does the self do in different relations? He answers, This is a question of function. (Pillsbury's Psych. Chap. 16) In our inquiry as to the real self we shall have reference to the empirical conception, and treat of the self from the standpoint of Social Psychology.

The child gets his idea of the his self, in large part, by accepting the ideas of himself that he finds expressed by those about him. These ideas are formed by what he does. The brain cannot be turned inside out, and a picture found there of the self. We must judge of what a child is as well as what a man is by observing their acts. First of all then there is the act. Then someone responds to our stimulus. Then we respond to their reaction. Then we act and there is no response, and so we respond to our own stimulus. This response is in the words and manner of the other. For example, when the little child has learned that the cry "mamma" brings the mother, and one day the mother fails to respond, then the child calls up the image of the mother, and answers for the mother, and thus responds to its own stimulus. Our self, that is our character is built up by these reactions. In the case of the neurotic, the hysterical symptom is a response to his own stimulus. This condition is pathological, and the neurotic seeks a treatment that will effect a cure. He calls upon the prac-
tioner of analytic therapy, and submits to the technique of psychoanalysis. The patient realizes his inability to control the bodily innervation. He hopes for help from the analytic therapist, but not a word is said by the practitioner as to what the patient shall do or shall not do. This is opposed to the principles of the therapy. The patient is urged to relate the history of his troubles. Memory gaps are frequent. The therapist assures the patient that he can remember and shall remember the missing links in the historic chain. The patient supplies these links, and the treatment proceeds. When all the details are supplied, and the story is told down to the last hidden secret, the neurotic symptoms disappear, and the patient is cured. Has the therapist offered no suggestion? We see no evidence of direct suggestion. Is there suggestion of any sort?

Here is where suggestion is to be found? When you have told the whole story of your troubles, when all the unbearable wish impulses have been brought into the light of day, when you can look dispassionately upon these things without fear or shame, then will be formed another self, a unified self, a masterful self, in which the ethical element is supreme. Now the hysterical symptoms can be conquered, because one has dared speak out the repressed ideas that were their cause and origin. Now one can look on his life as an entire personality, and relegate to a
subordinate position thoughts that are unworthy of supremacy

If the self is unchanging and static, then there is no place for suggestion. But if the self is responding day by day to stimuli, reacting in a slightly different way to the same stimuli according as the environment, the mood and the weather changes, then unintentional suggestion in analytic therapy has built up a new self, re-organized the old self, and produced a normal person out of an abnormal one.

Summing up the argument, let us recall first, that every self is built up by reaction to social stimuli. What we are is not what we have made ourselves in some corner, not what we have evolved out of our own self consciousness, but what our reactions to others stimuli have built up. If we could think of a man entirely apart from social stimuli, without father, mother, sister, brother, or friend, we might be able to think of the self evolved from innate tendencies or instincts. But such a self is unthinkable.

In the second place, the questions of analytic therapy are social stimuli of the most powerful character. To take away or extract is the avowed purpose of the analytic therapist. What could be more powerful in the way of suggestion than to rebuild the self, by taking away all that is unworthy, all that is shameful, all that is dissociating, and integrating the self, re-organizing the self by means of the practitioner's confident bearing, strong and soothing touch, and his attitude of complete assurance that his treatment
would issue in success.

In the third place, the separate self or selves which he seems to discover are in reality formed out of the situation itself. The analytic therapist would refer us to the past in our search for the self. Past associations, past experiences, past ideas, past knowledge, have built up the self. Just at what period in life the self ceases to receive new impressions, and becomes static, he does not point out to us. Is it not much more reasonable to understand that the cure has come about thru the creation of a secondary self, and has grown out of the situation itself, than that the therapist has reached into the past, and restored a self that used to be?

This is then the unintentional suggestion in analytic therapy, that the self is re-made, re-adjusted, and re-organized thru the social stimuli on the part of the practitioner, and that however strenuously he may deny his use of suggestion, it is simply impossible for two persons to come into frequent contact with each other in the roles of doctor and patient, without the doctor giving and the patient receiving the very strongest suggestions. There can be no other conclusion since every self is built up by reaction to social stimuli.