

An excerpt from Chapter Six of:

Freud on a Precipice: How Freud's Fate Pushed Psychoanalysis Over the Edge
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Matters of Life and Death

Before writing this book, I borrowed from classical Freudian theory the thesis that the reason we defend ourselves against the recall of traumatic incidents or their reconstruction through trigger decoding is that these efforts, if successful, are certain to evoke unbearable anxieties and terrible depressive symptoms. Indeed, classical psychoanalytic theory is an anxiety-centered theory, and avoiding unbearable anxieties and resolving them in analysis are seen as prime goals of treatment. It also is a depression-centered theory in which the dread of abandonment and loss, and of narcissistic wounds, is a central dynamism. These seemed to be reasonable ideas and my main dispute with classical thinking lay with the basic sources of these anxieties—again, reality versus fantasy.

In the course of working on this book, however, I began to see these matters in a different light. Based in part on new insights into death-related archetypes that were emerging from my clinical work with patients and in part, on the material I was decoding from Freud's writings, a new thesis regarding the sources of resistances in psychoanalysis began to emerge. As a result, in trying to ascertain why Freud needed to obliterate the major traumas in his life, I began to see that at the very moment when he decided to shift paradigms, the anxiety and depression he probably was experiencing was based on deeper issues—that what was at stake were matters of life and death. I developed the thesis that Freud's flight from reality and his paradigm shift were unconsciously driven by his being on the verge of suicide and/or homicide—each in some real but derivative manner. That is, I began to conjecture that Freud was about to engage—or might have already engaged—in behaviors and in making decisions that would be or were extremely self-destructive or devastatingly destructive against others. Encoded themes of murder, self-harm, and suicide were quite common in the narratives that he explored and generated on his own during this time in his life and career. The belief that they encoded his unconscious struggle with actually harming himself and others in some way began to find support and take hold.

Formulating matters in this vein became possible because I was realizing that for many years I had been observing clinical material that indicated that the basic reason patients obliterate and repress early and later-day death-related traumas of their own making lies with the fact that they are utterly and deeply convinced that the recall of these incidents will in fact cause them to kill themselves. In situations in which patients were the victims of damaging incidents caused by others, the impulse to murder the perpetrators of harm loomed large. Whenever a reactivated, encoded recollection of either type of trauma arose in their material, themes of suicide and homicide would appear somewhere in their narratives—these were encoded, unconscious impulses rather

than conscious ones. What's more, these impulses were not treated as fantasies—as I at first thought was the case—but as impulses that would lead to actual enactments. Even though these patients were not actively suicidal or homicidal, they behaved and communicated in ways that reflected the utter reality for them that they would destroy themselves or someone else. These patients behaved as if their lives and the lives of others truly were at stake; they invoked and clung to their communicative defenses in order to save their lives!

Patients who had caused serious harm to others—e.g., who had had a miscarriage or participated in an abortion or in the birth of a physically damaged child—encoded suicidal incidents of such intensity that they acted as if decoding the unconscious experience of the harm they had caused as reflected in their encoded imagery would cause them to take their lives—really and truly! As for patients who had been victims of death-related traumas caused by others—e.g., those who had been abandoned by their parents, whose mothers had attempted to abort them, who were the inadvertent victims of a congenital defect—their unconscious reaction to the possibility of recovering their obliterated trauma brought out their intention to enact an active talion revenge on those who had tried to harm or actually had damaged them. Without consciously realizing it, as is typical of the deep unconscious system, they had experienced the trauma in the most disastrous ways possible—essentially, as an outright attempt at murder. And they were intent on murdering their predators in return, essentially by causing them physical and/or psychological harm. This intention was quite real and many of these patients had sacrificed their lives by acting out unconscious needs to destroy those who had damaged them. For these patients, however, the anxiety they experienced was especially intense because it stemmed not only from their homicidal impulses, but also from the deep unconscious guilt they experienced in response to these intentions. This guilt created an abiding unconscious need to punish themselves for their contemplated or actual murderous acts—again, by committing suicide. Archetypically, the turn to self-harm is the outcome of recovered traumas for both victims and perpetrators of the harm involved. Such seemed to have been the case for Freud.

The basic psychological understanding of the adaptive approach, then, has led to the conviction that matters of suicide and murder lie beneath the issues of anxiety and depression identified by classical psychoanalysts. The problem is made all the more severe because the deep unconscious system of morality and ethics, which has an inbuilt, pristine set of moral standards, is extremely sensitive to the harm we cause others. The system unconsciously and insistently orchestrates rewards for moral behaviors and metes out severe punishments—usually by means of some equivalent of suicide—for transgressions. And the system is extremely unforgiving and self-punishing; indeed, helping patients to insightfully achieve *deep unconscious atonement and forgiveness for themselves and others* is one of the most difficult challenges encountered in adaptive psychotherapy—and in life as a whole.

It appears that Freud was the victim of a series death-related traumas. He thus had

good cause unconsciously to want to murder several members of his nuclear family—his father, mother, and half-brother in particular. Quite outside of his conscious awareness, the death of his father and the arrival of the fateful first anniversary of his death seems to have rendered these intentions unbearably strong, intensifying his need to take vengeance on his predators and then committing suicide, probably in some attenuated form, for having done so. Acting to save his life and to prevent himself from wrecking his marriage and career, Freud seems to have decided to reject his belief in the central importance of early seductions and to detoxify the reality-based dangers he was experiencing for himself and others by shifting the arena of his struggles—and those of his patients—from reality to fantasy. It appears, then, that it was for reasons of self-protection and survival that Freud turned away from the most compelling truths of emotional life and he did so in a way that had great appeal to his followers—and all of humankind. Who among us has not been victimized by, and the cause of harm to, others? For Freud personally and the world at large, survival was being served by his paradigm shift, even though the cost in wisdom and insight was—and still is—enormous. Survival first, knowledge second, especially when that knowledge is life endangering.

As is usually the case, however, given the intensity of his unconsciously experienced traumas and conflicts, Freud's efforts at denial and defense did not—and could not—entirely suppress his need to expose those in his family who had harmed him and to confess to his own murderous response to them as well. This grim drama is encoded in his narrative material which he could not refrain from communicating to the very end of his life; it is present in his final effort at creative writing, *Moses and Monotheism* (Freud, 1939).

As I indicated earlier in this chapter, a reading of his dream book (Freud, 1900) shows the enormous extent to which Freud made use of conscious-system defenses. Again and again, he tried to present his unconscious mind as populated with common, everyday needs and wishes while overlooking themes of theft, frame violations, violence, suicide, and murder which speak for far more gruesome issues in his life and work. Freud made use of this unconsciously wrought defense in his analysis of the Oedipus myth by viewing incest as the primary issue while overlooking the multiple allusions to violence and death that are so dominant in the story. He did not know it consciously, but he was by evolved design fated to engage in these defenses and he built his psychoanalysis on that particular foundation.

In so doing, Freud managed to save his life, but he led the world down a primrose path when it needed, as far as psychoanalysis was concerned, to journey down a path strewn with the grim truths of life and death—personal and collective. Had he not done so, there might not have been a psychoanalytic movement, but there would have been a version of the adaptive approach, however few its followers. In time, someone else undoubtedly would have created an inner-need form of psychoanalysis which, because of the archetypal unconscious needs it satisfies, eventually would have flourished. But even as the analysts committed to this form of psychoanalysis were

trying to deny reality and death, they would be haunted unconsciously, as are, I believe, Freud's present-day followers, by Hamlet's thought, which is quoted by Freud in the letter in which he introduced his second paradigm of emotional life:

“So conscience doth make cowards of us all.”

Freud knew unconsciously that he had fled his past in a state of hidden fear and as a desperate life-saving measure. There is consolation in knowing that his flight was archetypically determined, but there also is pain in knowing that it is a retreat engineered by unrecognized human weaknesses. Facing up to the discovery that classical psychoanalysis is a basic defense against suicide and murder calls for courage to face this truth and asks us to come up with better ways to cope with the traumas that inevitably come our way. Freud did not move in that direction; his genius was humbled by reality. It's time now to investigate just what those awful realities were.