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Contribution to Panel on
THE INFLUENCE OF SOCIAL, CULTURAL AND HISTORICAL
FACTORS ON FREUD'S WORK

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Trying to reveal the hidden sources of genius remains a never-ending challenge, at once fascinating and, it would seem, ultimately disappointing. Freud, who revealed the secret roots of so many mysteries of the human mind, was equally intrigued by this challenge and in the end had to admit defeat. He said, in effect, that before the mysteries of art and creativity psychoanalysis must lay down its arms. Yet volumes have been written and continue to be written trying to explain how Freud developed his revolutionary insights into the nature of man. Typical of such efforts was a panel which I chaired at the 1969 meeting of the American Psychoanalytic Association, entitled "The Ideological Wellsprings of Psychoanalysis " (published in the Psychoanalytic Quarterly, 1974), from which emerged a set of excellent scholarly studies of the intellectual and cultural ambience of Freud's formative years. The panel today clearly continues in the spirit of that earlier enterprise. We did not

unlock the secret of Freud's genius then. I doubt we will do any better today.

My contribution this afternoon, therefore, may seem to be a bit off the goal of the panel. I propose to describe how two major concepts of psychoanalytic thought appear in the work of a contemporary of Freud's, a man from a vastly different background, who, in comparison to Freud's worldwide renown, must be regarded as a relatively obscure figure.

The person I refer to is Asher Ginsberg, better known by his Hebrew pen name, Ahad Ha'am. He was a figure who loomed large in Zionist circles at the turn of the century because he represented spiritual or intellectual Zionism as opposed to political Zionism. He was born in 1856, the same year as Freud, and died in 1927. There is no evidence to suggest that they ever knew each other. Neither one is ever mentioned in the writings of the other. It can safely be assumed that their influence on each other was nil.

Far from the worldly intellectual stimulation of Vienna, Ahad Ha'am was born in a provincial town of the Ukraine into an orthodox Chasidic family. Except for the traditional Biblical and Talmudic education he received from private tutors, he was essentially self-educated. He never attended the university, but read widely on his own in Jewish studies, moral philosophy,

psychology, history and sociology. He studied Russian, German, French, English and Latin independently. He was acquainted with the positivism of Comte and the metaphysical and ethical ideas of the British moralists and empirical philosophers from Locke to Hume to John Stuart Mill and Huxley. He was particularly interested in the work of the French psychologists Taine and Paulhan (Simon, 1912, Encyclopedia Judaica, 1972). (I should mention in passing that a reference to an 1894 paper by Paulhan entitled "Concerning the Anxiety of the Psyche in Dreams" appears in the bibliography of Freud's "Interpretation of Dreams" [1900], although there is no reference to this work in the actual text.)

Ahad Ha'am was a "feuilletonist," that is, an essayist or a newspaper columnist. His main work was that of editor of Ha-shiloah. It was a Hebrew periodical with limited circulation, in which Ahad Ha'am published his essays. It is more than a safe conjecture to say that Freud never read any of Ginsberg's articles. Although there is no evidence, it is possible, in the ferment and excitement that surrounded the emergence of the Zionist movement in the beginning of the 20th Century, Freud may have heard of the name of Ahad Ha'am.

I propose now to examine what Ahad Ha'am had to say about two concepts that were central to Freud's thinking,

intrapsychic conflict and the superego. Intrapsychic conflict is an all-pervasive concept in Freudian theory. It is intimately connected with his formulations concerning the basic drives and the dynamic unconscious. Intrapsychic conflict, eventuating in compromise formation, underlies Freud's understanding of normal and abnormal psychology, of dreams and symptoms, and culminated finally in his fundamental revision of the mental apparatus in terms of the structural theory. The notion of intrapsychic conflict and compromise formation has been discussed and elaborated from many points of view, the most recent example being Brenner's book on The Mind in Conflict (1982).

Writing in 1893, two years before the publication of "Studies in Hysteria" (1895), in an article entitled "Priest and Prophet," Ahad Ha'am said:

"We learn from the science of mechanics that the impact of two forces moving in different directions -- one eastward, for example, and one northward -- will produce a movement of intermediate direction. At a time when men were accustomed to attribute all motion to a guiding will, they may have explained this phenomenon by supposing that the two original forces made a compromise and agreed that each should be satisfied with a little so as to leave something for the other. Nowadays, when we distinguish

between volitional and mechanical motion we know that this 'compromise' is not the result of a conscious assent on the part of the two forces; that on the contrary, each of them plays for its own hand and endeavors not to be turned from its course even a hair's breadth; and that it is just this struggle between them that produces the intermediate effect, which takes direction not identical with either of the other two...

(Ahad Ha'am, page 125)

"Modern European scholars who investigate the mind from a very different point of view find in it many more than two forces; but they describe the working of those forces in much the same way. A French thinker, Paulhan, regards the human psyche as a large community containing innumerable individuals: that is to say, impressions, ideas, feelings, impulses and so forth. Each of these individuals lives a life of its own and struggles to widen the sphere of its influence, associating with itself all that is akin to its own character and repelling all that is opposed to it. Each strives in short to set its own impress on the whole life of the mind. There is no mutual accommodation among them, no regard for one another. The triumph of one is the defeat of another; and the

defeated idea or impulse never acquiesces in its defeat, but remains ever on the alert, waiting for a favorable opportunity to reassert itself and extend its dominion. And it is just through this action of the individual members of the psychological community...that human life attains complexity and breadth, many-sidedness and variety. It may happen in the course of time, after tossing about in different directions, that the mind reaches a condition of equilibrium. In other words, the psychological life takes a definite middle course from which it cannot be diverted by the sudden revolt of any of its powers, each of which is forcibly kept within bounds." (Ahad Ha'am, page 127)

The parallels to psychoanalytic theory are clear enough. Ahad Ha'am describes the life of the mind in terms of a persistent and continuing conflict between opposing forces and impulses. The conflict is relentless and unremitting until some compromise can be arranged, a compromise which sometimes takes on a fixed and stable appearance, i.e, it becomes, as we would say, structuralized, a permanent, relatively stable attribute of the personality.

I will not recapitulate at this point the essential features of the superego concept, except to remind you that Freud said that the superego retains the character of the father as a

result of the repression of the Oedipus complex under the influence of authority, religious teaching, schooling and reading (Freud, 1923, page 34). "The differentiation of the superego from the id is no matter of chance; it represents the most important characteristics of the development both of the individual and of the species; indeed, by giving permanent expression to the influence of the parents it perpetuates the existence of the factors to which it owes its origin." (page 37). And finally, in his classic description of the superego in "The Ego and the Id," Freud states:

"The experiences of the ego seem at first to be lost for inheritance, but when they have been repeated often enough and with sufficient strength in many individuals in successive generations, they transform themselves, so to say, into experiences of the id, the impressions of which are preserved by heredity. Thus in the id, which is capable of being inherited, are harboured residues of the existences of countless egos; and when the ego forms its superego out of the id, it may perhaps only be reviving shapes of former egos and be bringing them to resurrection." (Freud, 1923, page 38, emphasis added.)

To summarize, in 1923 Freud put forward the salient features of the superego concept. It is a determining dimension of all

human behavior, a constant element in psychic life. It operates unconsciously. It may be fended off by various mechanisms of defense including rationalization, and it is founded on a multiplicity of identifications reaching back into the life of the individual but also into the cultural and historical evolution of the group and its leaders and lawgivers. Further, in "Group Psychology and the Analysis of the Ego" (1921), Freud said "the primal father is the group ego ideal."

Now let us see what Ahad Ha'am had to say about the origin and function of morality in men. In an essay entitled "Two Masters," Ahad Ha'am wrote:

"Familiar as we now are with the phenomenon of hypnotism, we know that under certain conditions it is possible to induce a peculiar kind of sleep in a human being, and that, if the hypnotic subject is commanded to perform at a certain time after his awakening some action foreign to his character and his wishes, he will obey the order at the appointed time. He will not know, however, that he is compelled to do so by the will and behest of another. He will firmly believe (according to the evidence of expert investigators) that he is doing what he does of his own freewill and because he likes to do so, for various reasons which his imagination will

create, in order to satisfy his own mind.

"The phenomenon in this form excites surprise, as something extraordinary; but we find a parallel in the experience of every man and every age, though the phenomenon is not ordinarily thrown into such strong relief, and therefore does not excite surprise or attract attention. Every civilized man who is born and bred in an orderly state of society lives all his life in the condition of the hypnotic subject, unconsciously subservient to the will of others. The social environment produces the hypnotic sleep in him from his earliest years. In the form of education, it imposes on him a load of various commands, which from the outset limit his movements, and give a definite character to his intelligence, his feelings, his impulses and his desires. In later life this activity of the social environment is ceaselessly continued in various ways. Language and literature, religion and morality, laws and customs -- all these and their like are the media through which society puts the individual to sleep, and constantly repeats to him its commandments, until he can no longer help rendering them obedience.

articulated interpretation. Insight does not occur in the form of a well organized IBM printout statement. As a rule, insight develops slowly, gradually and in stages. More often what the analyst first experiences is some random thought, perhaps a memory of a patient with a similar problem, a line of poetry, the words of a song, some joke he heard, some witty comment of his own, perhaps a paper he read the night before, or a presentation at the local society meeting some weeks back. The range of possible initial impressions or, more correctly, the analyst's associations to his patient's material, is practically infinite, and on the surface may not seem to pertain directly to what the patient has been saying. If carefully observed, however, the thought that comes to the analyst's mind represents some commentary, however indirect, on the patient's material. The only exceptions, I would think, occur when the analyst is completely distracted by some personal problem or is experiencing physical pain. Either immediately or some moments later, a connection is made between what the analyst has been thinking and feeling and what the patient has been saying. More often it is a process that takes place over a longer period of time and in stages. Frequently we do not appreciate the connection between our so-called random thoughts and the patient's material until sometime later.

In any event, the analyst has become aware of the end result of his empathic identification with the patient and the

intuitive processing of his information by means of a thought, image and/or affect by the process of introspection. This is the point at which the analyst's inner experience has been transformed into insight. At times the process occurs with a surprising suddenness and spontaneity that suggests magical insight. This is especially true when the patient's next productions correspond exactly to what the analyst has been thinking but has not yet said. Nonetheless, the steps just described concerning the evolution of insight are not yet the interpretation. They are intermediate steps on the path towards an interpretation. They are, as it were, signposts indicating the direction leading to the formulation of an interpretation.

It is at this point that we confront the critical issue Mme. Baranger emphasizes, namely, how does the analyst's theory of the mind influence how he listens and how he understands what he hears. She quotes Lacan's (1973) warning against using the metaphors describing mental structures in a concretistic and undynamic way. The tendency to do so is enhanced if topographic considerations are in the forefront of the analyst's thinking. If the goal of treatment is to make the Unconscious conscious, then the analyst may be tempted to attend selectively for those elements that to him represent a breakthrough of the Unconscious -- some universal symbolic representation that is readily translatable into the language of the secondary process -- or to await the emergence of some seemingly archaic derivative that has

managed to slip by the censors. When this happens, the analyst is not listening to the material. He is listening for the material. The same may happen when one is powerfully attached to some favorite paradigm of pathogenesis. Material that conforms to the hypothesis will be selectively perceived while contradictory evidence may be selectively disregarded.

Psychoanalysis has been called "the talking cure." It is a form of treatment by way of discourse, the transmission and understanding of material by way of conversation. The unconscious is not directly observable. We derive our conclusions concerning the nature of unconscious mental processes, not by direct translation but through inferences that we may make from the analysand's material.

In the analytic situation, the analyst listens to an experimental sample of how the patient's mind works. The issue now becomes one of how to process the analysand's productions into some reliable concept which can helpfully be transmitted to the patient. If identification, empathy, intuition and introspection collectively constitute the aesthetic phase of the analyst's experience as he listens, there is an additional phase, a cognitive phase, that takes place. The components of this phase of the analyst's experience require some elaboration, which I shall undertake presently. It is important to remember in the meantime that the processes we are about to describe ordinarily are carried out quite automatically by experienced

analysts, very much in the way an experienced driver hardly takes note of the various maneuvers he executes during routine traveling. At the moment, while listening to the patient, the analyst may not be aware of the precise steps he takes in arriving at an interpretation but, if questioned, he can, and I would say more correctly, he should be able to account for how he reached his conclusion. The cognitive processing of the patient's productions most often is carried out preconsciously and here I use the term in its strictly descriptive sense. While insight may be apprehended intuitively, interpretation must be validatable cognitively.

What characteristics of the patient's productions influence the analyst to organize the material into a meaningful and relevant statement, something we call an interpretation? As in any form of communication, formal or informal, written, spoken or pictorial, context is of paramount importance. The real overarching significance of the professional relationship has already been mentioned. There are additional dimensions to the boundaries of the context. Boundaries change in the course of treatment. They change with the events of everyday life and, above all, they change in response to the evolution of the transference. Accordingly, the same words or identical associations, appearing in a new and different context, may signify something quite different from what they did in an earlier situation. While this principle may seem obvious, one

must admit how frequently context as a criterion for interpretation is disregarded or thrust aside. It is by no means unusual to observe how some specific mental element, a dream or a fantasy, is wrenched out of its contextual setting and interpreted according to some standard, familiar or favored paradigm. On the other hand, it is also noteworthy that the context in which thoughts appear in the patient's mind outside of the analytic setting is often disregarded. To give but one example, often patients refer to some thought or fantasy that occurred to them while riding in a bus on the way to the treatment. Not surprisingly, the material that follows may reveal evidence of some fantasy involving the maternal claustrum.

The listening analyst is influenced by the contiguity and the sequence of the elements in the patient's productions. In analysis, as in any form of conversation or communication, understanding is advanced and deepened by the sequential contributions of the participants. While associating freely, the patient, in effect, is carrying on a conversation with himself. The analyst is privy to the record of an internal debate. The order in which elements appear in the patient's stream of associations endows additional meaning to the productions. Contiguity implies relatedness and it is a principle that governs all communication, even as the position of a word in a sentence or a sentence in a paragraph specifies the significance of what is being expressed. As a result, not everything that is to be

communicated has to be expressed. The connecting links are inferred and may be mutually understood or meant to be understood. In the treatment situation, the analysand often is not aware of the link that establishes meaning when two seemingly disparate elements are juxtaposed. In "The Interpretation of Dreams" (1900), Freud took note of the principle of contiguity. He pointed out that dreams as a rule have no way of representing causal connections and then illustrated explicitly how contiguity of elements indicates causal relatedness. Essentially much of the work of the analyst is to supply the connecting links that give meaning to what seems on superficial inspection to be isolated, unrelated elements. Once the connecting words or phrases are interpolated between the elements of the free associations, the text of the patient's thoughts may be read as a series of related sentences or paragraphs.

As the analyst listens, he cannot fail to perceive certain characteristic configurations of elements in a patient's production patterns that activate special attention in him. Chief among these are repetitions, similarities and opposites. The repetitive appearance in the material of a particular element or theme indicates the persistent effect of a particularly intense conflict, the manifest product constituting a compromise formation between impulse, defense and guilt. Often what the analyst perceives is a relatedness of theme, variations of the basic elements involving other objects and situations,

each example reiterating essentially similar ideas. In many instances such specific mental representations may be balanced off immediately or subsequently by some countervailing negative or denial. The theme may be expressed but it is represented by its opposite, as was elucidated by Freud in his paper on "Negation" (1925). Some ideas, he pointed out, can only be admitted into consciousness if preceded by a negative sign. The negative alerts the listening analyst to the implied presence of the affirmative. This principle of listening may safely be applied as well to statements in the conditional, subjunctive and interrogatory modes. Every negative implies a positive; every conditional implies an affirmative; every question implies a declarative statement.

As the analyst listens, he is constantly influenced by the figurative speech the patient uses. Language is inherently metaphoric. Metaphor is the principal element of figurative speech. It serves to expand language and meaning. In metaphor, the words do not signify what they mean literally. Meaning is carried over from one set of words to another and, in order to extract the meaning of a metaphor, it is necessary to trace out the associative connections, the links to the material that ultimately give meaning to the metaphor. This is precisely what the method of free association, the basic technique of psychoanalytic investigation and understanding, does. Psychoanalysis is essentially a metaphoric enterprise.

In this connection we note three related concepts of importance to psychoanalysis. They are metaphor, translation and transference. Etymologically the three words all mean the same thing. The word "metaphor" is derived from two Greek words which literally mean "to carry across" or "to carry beyond." "Translate" and "transfer" both derive from the same Latin root, "transfere," which also means "to carry across." In metaphor there is a carrying over of meaning from one group of words to another. In translation, there is a carrying over of meaning from one mode of communication to another. This process also goes by the name of interpretation. Transference in the psychoanalytic situation represents a metaphorical misapprehension of the relationship to the analyst. The patient says, feels and thinks one thing about a specific person, the analyst, while really meaning another person, someone usually from his remote past. Communication and interaction in the transference situation represent the carrying over from one set of situations, the experiences or fantasies of the early years, to another situation, the current therapeutic interaction, an interaction in which the old significations are really meaningless and irrelevant. Transference in the analytic situation is a particularly intense, lived-out metaphor of the patient's abiding unconscious conflicts.

The appearance of metaphors in the course of free associations is exquisitely determined and, if investigated

appropriately, can be seen to represent the conscious, manifest derivative of an organized system of associations derived from unconscious fantasy (Arlow, 1979b; Sharpe, 1940). In the analytic situation, metaphors represent dynamically determined derivatives of unconscious fantasy.

Metaphors are not exclusively verbal contrivances. There are motor metaphors, the significance of which become clear when the appropriate associative linkages are made. Motor metaphors, sometimes called body language, abound and can be observed often enough in daily experience.

Applying the same considerations, we may say that dream images may be considered visual metaphors (Arlow, 1993). Like a metaphor, its meaning emerges only when placed in the context of the associative material. Like a metaphor, it says one thing but means something else. In both instances, the meaning in some cases may be readily apparent and require little exploration. In other instances this is not the case. In this connection, Lewin (1971) suggested: "One can apply to metaphors the practical classification that Freud used for dreams and say that there are metaphors 'from above,' that is, near to consciousness in respect to interpretability, and metaphors 'from below,' like dreams dominated by unconscious elements." (p. 414) If we continue the concept of dream images representing visual metaphors, we can understand how many forms of manifest behavior represent metaphorical transformations of unconscious wishes.

In analysis we have the opportunity to explore in depth the associations that the analysand may make to the metaphor. In this sense, in the psychoanalytic situation, the interaction of analyst to analysand is an exercise of mutual metaphoric stimulation, in which the analyst, in a series of approximate objectifications of the patient's unconscious thought processes, supplies the appropriate metaphors upon which the essential insights may be built.

The confluence of the aesthetic and cognitive factors transform what would seem to be random associations or disconnected thoughts in the mind of the listening analyst into a coherent statement, a hypothesis that could be entertained with conviction and buttressed by relevance to the data of observation. The language the analyst uses to transmit his understanding of the material to the patient is part of the art of psychoanalysis. The observations that Mme. Baranger makes are particularly apposite. The analyst can never be sure that the patient will understand what he interprets in the same sense as the analyst understands it. Interpretations, therefore, should be simple and direct, devoid of technical terminology or allusions to theory. Speaking with a patient in technical terminology is an artifact of the treatment and may lead, as Mme. Baranger warns, to the creation of a common language that may become a trap, being an illusion that patient and analyst are in communication, speaking about the same thing, when this may

not be the case at all. In such instances, indoctrination may be misunderstood as insight.

Not everything that one communicates to the patient, however, is of necessity an interpretation. I prefer the term intervention because, for the most part, what the analyst has to say serves to destabilize the dynamic equilibrium that the patient has established between impulse and defense. What is important from the technical point of view is the dynamic effect that the intervention has upon the patient's productions. Whether he agrees or disagrees with an interpretation is irrelevant, as Freud indicated in his paper on "Constructions" (1937). What the analyst does for the patient is to make explicit what was implicit in the patient's productions. The conclusions about the nature of what was implicit are governed, as discussed earlier, by the rules of inference that extract meaning from discourse in general. What the analyst should observe and interpret is the patient's ultimate response to the intervention. In effect, what we demonstrate to the patient is how his mind works.

The determination of when the analyst intervenes is a very complex issue which deserves separate treatment. I would suspect that in a large measure the decision is made intuitively. Mme. Baranger states: "Only the analyst's empathy, acquired and honed by all of his prior experience, gives him the sensitivity that enables him to decide whether a given interpretation can or cannot actually be received by the patient." (p. 21)

Mme. Baranger makes one further point that I would like to underscore, the widespread and mistaken notion that interpretation must always be given in terms of the transference. While it is true that the context of the analytic interaction always occurs in the field of transference and counter-transference, not everything that is said to the patient should be restricted to the field of transference. Mme. Baranger's reservations concerning Strachey's theory that the only mutative interpretations are transference interpretations are well taken.

In summary, let me state the main thesis of my presentation. The analyst's inner reaction to his patient's material is a very complex one. The finer details of the analyst's objective experience while listening to his patient is a subject for continuing study. As the analyst grows in experience, he recognizes that in the wide range of his inner reactions, he becomes aware that clues point to the unconscious meaning of the patient's communications. No matter how distant the content of his thoughts may seem to be from the patient's preoccupations, he nevertheless appreciates them as clues or signals pointing to the unconscious meaning of the patient's productions. In organizing and conceptualizing his insights, the analyst must depend upon more than immediate intuitive apprehension. In the long run, satisfactory interpretation and reconstruction must be buttressed and sustained by cognitively assembled and rationally disciplined data. Otherwise the

temptation is great to fit observations into the Procrustean mold of one's favored hypothesis or psychoanalytic model.

Unfortunately, in science as in art, there are no shortcuts.

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