



CHAPTER III

THE DEVELOPMENT OF PSYCHOTHERAPY

This chapter cannot be anything but the briefest account of the modern history of psychotherapy. The intricacies of even the modern period are considerable; and when the history back of 1890 is included, an adequate account would run to fantastic proportions. Fortunately for our purposes, however, we are considering this development from a special point of view, namely, the increasing relevance of psychotherapeutic material to Christian ethics. This will enable us to deal lightly with many matters which, in a comprehensive treatment, would have to be discussed at length.

The Scientific and the Existential

We may begin by making the most general kind of historical analysis; and then return to more specific consideration of recent developmental stages relevant to our inquiry. We may think first of the history of psychotherapy in relation to the scientific interest and the existential concern. By the scientific interest we mean the study of processes considered psychological in nature (or viewed at the psychological level) as systematically as possible, as occurring in a person seeking help from some one trying to help him, on the basis of some theory of what takes place, which can be proved or disproved in some measure through the

observations and reflections upon them. That is, the scientific interest is the application of the method originally conceived by the natural sciences, when applied to the particular subject matter.

What we now call the existential concern is the sense that, in our context of one person trying to help another, there is complexity, issues of life and death, much that transcends any mechanically conceived process.

Until the latter part of the nineteenth century, the methods of psychotherapy, whether medical or religious, were often existential but rarely scientific. Richard Baxter, Chaucer's person of a towne, and not a few physicians treated their parishioners and patients as persons. And it is clear, as McNeill indicates, that there was much shrewd judgment of human nature from the beginning.¹ But a fact which is rarely recognized is that therapists, both medical and religious, were frequently mechanical without being scientific. The apparatus of confession, originally a face-to-face group process in the early church, eventually became a codified and highly detailed bit of mechanism; and if it was sometimes stressed in practice as in theory by many wise and good priests that true penitence was required, this did not prevent a mechanical emphasis from arising. The medical therapists had nothing so potent as this; but authoritative advice, restraint, and the like were also applied mechanically yet not scientifically, for there was no comparative systematic study of results.

¹John T. McNeill, A History of the Cure of Souls (New York: Harper and Brothers, 1951).

When modern psychotherapy began with Freud, the mechanical assumptions were carried over into his first attempts through hypnotism, quickly replaced by the free-association method. We now tend to think of Freud as applying the scientific method as it had not been applied to such phenomena before, i.e., altering the specific methods to get as closely as possible to the kind of complex material he was studying. But we should not forget that for long years Freud was accused of being a deserter of science--he couldn't count his cases, or trace his psychological theories back to specific physiological processes, and the like. From the beginning, he was more existential than he knew.

Very early he learned, in spite of his nineteenth-century-conditioned desire for mechanical procedures, that you could not in fact treat patients mechanically. Somehow the therapist was in it too. Freud was loath to admit the full implications of this. But the fact is that he did two very remarkable things: he showed how the essence of systematic scientific exploration could be applied in psychotherapy, and he gave the base upon which a non-mechanical therapy could be developed.

Without pursuing Freud further at this point, we may indicate that in his thought and approach we find already the main trends which distinguish the later developments in psychotherapy. Here is the desire to be scientific, but any mechanical approach to this must be discarded if it proves irrelevant to the material under consideration. Everything the patient says or does represents, if rightly understood, a revelation of some general fact of existence; hence is potentially capable of generalization.

At the same time, the uniqueness of every patient must be seen.

The case can be supported that modern psychotherapy, even while often guided in theory by an irrelevant notion of science, has as a whole expanded our notion of the meaning of science; and in particular taught us how to be scientific without being mechanical or detached. It has also helped to teach us that the deep-reaching analysis of individuality may also be an admirable route to the understanding of generality. Freud's first carefully written and published case, after he had discovered psychoanalysis, ran to almost one hundred twenty-five pages.¹

Except in very recent years, psychotherapy has not been accurate at assessing itself in terms of the scientific and existential poles. One index of this has been the resistance to any avowed psychotherapy which is non-medical, medicine having acquired the prestige of science, in spite of Freud's own explicit conviction that psychoanalysis was a branch of psychology not of medicine.² Psychotherapy has been in fact much less mechanical than it admitted, much less scientific in the natural science sense of the term, and much less detached--than it admitted in its theory. Now that practice is being more adequately incorporated into theory, there is less preoccupation with science, with mechanical methods, with unconcerned detachment--while in fact

¹Sigmund Freud, Collected Papers, trans. Joan Riviere, and James Strachey ("The International Psychoanalytical Library, Nos. 7, 8, 9, 10, and 37"; London: The Hogarth Press and the Institute of Psycho-analysis, 1924-1950), III, 13-146.

²Ibid., V, 205-214.

more relevance has been given to science in this context, methods are surer than they ever were, and the therapist is better protected against unwholesome forms of involvement than he has ever been.

Freud

Modern psychotherapy began with Freud. An Austrian Jew, Freud had "only unwillingly taken up the profession of medicine."¹ He later wrote, "In my youth I felt an overpowering need to understand something of the riddles of the world in which we live and perhaps even to contribute something to their solution."² He entered medicine as a profession, after getting his medical education, only because he had to earn a living.

After early association with Charcot, he worked with Josef Breuer on what were then called "hysterical" cases. An illustration of the kind of difficulty they tried to help is cited in Freud's first paper on the subject (1892).

A girl watching in harrowing anxiety at the bedside of a sick person falls into a twilight state and has a terrifying hallucination while her right arm which is hanging over the back of the chair "goes to sleep"; from this develops a paresis of that arm with contracture and anesthesia. She wants to pray but can find no words; finally she succeeds in repeating an English prayer which she learnt in childhood. Then later a severe and highly complicated hysteria develops in which she can speak, write and understand only English, while for a year and a half her mother-tongue remains unintelligible to her.³

Breuer had experimented with hypnosis in such cases, had given it up, but was induced by Freud to take it up again. As Freud later (1914) described practice and theory at that early stage,

¹Ibid., I, 289.

²Ibid., V, 208.

³Ibid., I, 26.

The fundamental fact was that the symptoms of hysterical patients are founded upon highly significant, but forgotten, scenes in their past lives (traumas); the therapy founded upon this consisted in causing them to remember and reproduce these scenes in a state of hypnosis (catharsis); and the fragment of theory inferred from this was that these symptoms represented an abnormal form of discharge for quantities of excitation which had not been disposed of otherwise (conversion).¹

We may note the mechanical character of both theory and practice in this early stage. The hypnotic method is like a hypodermic needle; the trauma is an incident or incidents; the idea is merely to get some quantity of emotion out and so rid oneself of it. At the same time, we see that there is commitment to a line of investigation at the psychological level. The girl cited above did not apparently have permanent organic damage in her arm. But she might have had. In that case, Freud would still have been committed, by even his early mode of investigation, to look at the psychic trauma, and to assume a connection between that and the eventual organic damage in the arm. Incipiently, there was a beginning at studying the psychological factors in all illness, and a correction of the single-cause theory of illness which had become all-powerful through the medical discoveries of the nineteenth century.

This early method brought but symptomatic relief, often getting rid of one symptom only to have another appear. Freud describes as follows the major change which led to psychoanalysis as such:

At that time the work of analysis started out from the symptoms, and aimed at clearing them up one after the other.

¹Ibid., I, 289.

Since then I have abandoned that technique, but I found it totally inadequate for dealing with the finer structure of a neurosis. I now let the patient himself choose the subject of the day's work, and in that way I start out from whatever surface this unconscious happens to be presenting to his notice at the moment. But on this plan everything that has to do with the clearing-up of a particular symptom emerges piecemeal, woven into various context, and distributed over widely separated periods of time. In spite of this apparent disadvantage, the new technique is far superior to the old, and indeed there can be no doubt that it is the only possible one.¹

By this time the analogy of hypodermic needle or of pill is left far behind. The patient is no longer merely an object, but a subject. He gets at things not in logical but in psychological order, i.e., according to his degree of readiness. There is still a cathartic element, but it involves assimilation not merely mechanical expression.

By this time, "It was now a matter of regarding the material produced by the patients' association as though it hinted at a hidden meaning and of discovering that meaning from it."² The analyst tried to "catch the drift of the patient's unconscious with his own unconscious."³ This process could not, Freud writes a bit wistfully, "be brought under strict rules and left a great deal of play to the physician's tact and skill; but, with impartiality and practice, it was usually possible to obtain trustworthy results. . . ."⁴ There is still a hope that the procedures might become easier, more economical, i.e., more mechanical; but if it can not be done that way, then this fact has to be accepted.

¹Ibid., I, 19..

²Ibid., V, 112.

³Ibid.

⁴Ibid.

The point of greatest importance about early psychoanalysis is the discovery of the dynamic character of the unconscious. One may quibble about the adequacy of the term; but the fact is that Freud discovered that psychic contents not accessible through ordinary processes to consciousness were nevertheless having active influence upon the feelings and behavior of the person. Psychoanalysis at first concentrated on merely discovering these contents; then, in the next stage we have seen, on getting the patient to acknowledge them at his own rate. Later on, the theory of therapy became more complex and more adequate. But the need for the patient to discover and assimilate something which had been in him but of which he was unaware has continued to be the cornerstone.

Only brief reference to dreams and sex is needed in our account. Dreams reveal unconscious content of the psyche. They are a powerful instrument for getting into the unconscious. As to sex, it should be recalled that all the early work was done on so-called "hysterics;" and in a broad sense, all such patients had disorders involving the affectional and relational sphere, with more or less prominent sexual elements even in the narrow sense of sex (as we would add today, within the culture Freud lived in). Freud greatly broadened the concept of sex, set forth the theory of infantile sexuality; and finally used the theory of sex in broadest terms as a theory of character development.

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The assumption that there are unconscious mental processes, the recognition of the theory of resistance and repression, the appreciation of the importance of sexuality and of the Oedipus complex--these constitute the principal subject-matter of psychoanalysis and the foundations of its theory.¹

We have already dealt with the first, and key, concept, and have made reference to the third. The second has been dealt with by implication; that is, Freud found that there was resistance in the patient, even if he brought out material whose meaning was clear to the analyst, to accepting that connection and meaning. It is indicated that there were forces at work to maintain the psychic status quo. Corollary to this, and important therapeutically, was the development of the theory of transference, in which the analyst used for therapeutic purposes the feeling of the patient toward him, positive or negative, which is projected or transferred by patient to analyst from experience with previously important persons in his life. Transference was at first a recapitulation theory. But we may note that here, incidentally, is a further move in the direction of considering the patient as a total complex individual, and of therapy as involving in some sense the analyst also as a total complex individual--not the same mud puddle, so to speak, but ready to look into its depths with the patient.

There is a difference of opinion as to how far Freud went in seeing psychoanalysis as an interpersonal process. Thompson, holding the same general kind of therapeutic theory that I do, says that "Freud's conception of counter-transference is to be distinguished from the present-day conception of analysis as an

¹Ibid., V, 122.

interpersonal process.¹ Giving her own point of view, she writes, ". . . the analytic situation is essentially a human relationship in which, while one person is more immediately detached than the other, and has less at stake, he is nevertheless an active participant."² In the full sense of her definition, Thompson is correct. But I would contend that the germ of this later development may be discerned in the changes within Freud's theory at various periods. It was in this direction that his own logic led him, even if he never acknowledged it in such a complete sense.

The psychoanalytic movement as such did not begin until the present century, Freud himself having been the sole worker during the previous decade. In the first ten years of our century, the movement grew rapidly, in practitioners and in public notice. Classifying the first period as that when Freud worked alone, Thompson indicates the second as lasting until somewhere between 1910 and 1920, but closer to 1910.³ She considers it as stopping when a theory of character, or of total personality, began to emerge, when the role of hostility and aggression was considered (especially by Adler), and when a less simplified theory of instincts began to form. She points out that the developments during this third period, until the mid-twenties, were concerned almost entirely with theory, and that therapy went on as during the second period. To round out her classification, she notes the fourth

¹Clara Thompson, Psychoanalysis: Evolution and Development (New York: Hermitage House, Inc., 1950), p. 108.

²Ibid.

³Ibid., pp. 4-5.

period as lasting from the 1920's until now, with the major changes being recognition of cultural influences, therapy as an interpersonal process, and understanding of the dynamics of the relationship between patient and therapist as the key to therapy.

By the beginning of the third period, thinking was going on in analytic circles which was at variance with Freud. Adler left the movement in 1910 and Jung in 1913, each to found a "school of psychotherapy. Both disagreements were on theoretical grounds. Adler believed neurosis could be understood only as having to do with character pattern, style of life, and the drive of the ego.¹ Jung left because he felt Freud was a reductionist, he being the first to indicate that the content of the unconscious might be positive and not alone negative.²

From the time of Adler's split with Freud, psychotherapy in the broad sense became a maze of movements, theories, and later practices, instead of a single organization with a developing orthodoxy as it had been at first. Before going on with the new developments, we may indicate briefly the changes that Freud himself made in theory and therapy before his death, and attempt briefly to assess his permanent contributions, from the point of view of our particular interest.

In therapy itself, Freud never made radical changes. His theory of the therapeutic process moved, as we have indicated,

¹Alfred Adler, The Practice and Theory of Individual Psychology, trans. P. Radin (New York: Harcourt, Brace and Co., 1924).

²Carl G. Jung, The Psychology of the Unconscious, trans. Beatrice M. Hinkle (New York: Dodd, Mead and Co., 1916).

more and more away from mechanical notions and toward interpersonal relationship ideas even though it never reached this point. In theory, Freud adhered to the unconscious, to infantile sexuality, and to the concept of the mental mechanisms although the meaning of the latter was altered as his theory of character took shape. Originally he had seen the mechanisms (repression, reaction-formation, and all the rest) as concealed attempts to gratify instinctual wishes as well as to deny that one was doing so. There was a psychic gain through the illness, as well as a loss in terms of the symptoms. Later, when the theory of character was developed, these mechanisms were seen as essentially defense structures for protecting the ego.¹ Calling them "mechanisms" was of course a harking back to nineteenth century modes of thought, but it properly underscored their automatic operation.

Freud's theory of character was developmental, and was based mainly on his theory of infantile sexuality. The child's libido (broadly generalized sexual energy--note the analogy with physics in the energy concept) attached itself successively to oral and anal things, and only later to the genital. Its movement from one to the other might be arrested at any point. Noting in an adult patient, for instance, a grasping and greedy sort of character, Freud found in analysis that this person as a baby had had a particular kind of training in relation to his mother's breast. He concluded that the early conditioning, and fixation of the libido at that point, had caused the later character of

¹ Sigmund Freud, The Ego and the Id, trans. Joan Riviere (London: The Hogarth Press, 1928).

adult life. The theory was worked out most intricately by one of Freud's followers, Karl Abraham.¹ As we shall see, in discussing Fromm later, there is much truth in the observed facts as reported by Freud, but poor philosophic thinking in the simple and single cause-and-effect conclusions which were drawn.

But although this was a theory of character difference, of personality characteristics, it does not in itself explain the nature of selfhood, a term Freud did not use. What makes the individual an individual as well as different from other individuals? Under Adler's attacks, Freud developed his theory of Ego and Id, and eventually of Super-ego.² The Id is the seething mass of energy and impulses with which a baby is born. By the impact of environment, a small area of this is gradually modified and the Ego begins to emerge. This is the area of accessible conscious awareness. The child learns what his culture will and will not let him think and feel, and what is not permitted is pushed back. The standards become introjected, and the Super-ego develops as the agent which pushes back the unacceptable impulses on behalf of the Ego. Much of the content of the Super-Ego is unconscious once developed; so that eventually much of the Id (impulse) and Super-ego (giving the signal to repress) are not capable of being brought to awareness except by psychoanalytic methods.

This, briefly, was Freud's picture of the psyche's topography. It went hand in hand with his picture of the psychic

¹ Karl Abraham, Selected Papers on Psycho-analysis, trans. Douglas Bryan and Alix Strachey (London: The Hogarth Press, 1927).

² Freud, The Ego and the Id, op. cit.

economy. Some of the Id had to come out, i.e., the Id had to have some satisfaction. But this could be done only in ways which did not offend the Super-ego as agent of culture. So various mechanisms were developed to create some kind of balance, the meaning of which was concealed from the Ego. Thus Alexander later wrote in detail about the secret alliance between the Id and the Super-ego.¹

Throughout this discussion of Freud's development of psychoanalysis, we have emphasized the positive contributions of Freud, especially the trends in his thought whose logical development would move in the direction of a theory of therapy which we could accept today. This is both true and necessary. For to discount the movement of his thought and work away from mechanism and toward interpersonal relationships, away from an obsessional notion of science toward a more relevant method of science in relation to personality, away from mere detachment by therapist and toward an existential concern--this is to judge a man not by his direction but by his arrival.

But we must point out also that, whatever the reasons (Freud's own personality, his nineteenth-century scientific heritage, his Viennese culture), he reached a certain point in psychoanalytic theory and practice, and then refused to alter any major strongholds. Like many another, what had started and maintained itself as a radical liberalism eventually became an orthodoxy.

¹ Franz Alexander, Psychoanalysis of the Total Personality: the Application of Freud's Theory of the Ego to the Neuroses, trans. Bernard Glueck and B. D. Lewin (New York: Nervous and Mental Disease Publishing Co., 1930).

He remained biologicistic, and tried to resist the more dynamic culture-personality thought which was arising by presenting his own biological theory of culture. He knew that man must be civilized and acculturated; yet he tended to see the civilizing forces as only negative. It is as if, a great champion of justice, his sympathies were with the poor unprotected Id in the face of all the mighty weight of civilization. To be sure, he was never a primitivist as he has falsely at times been accused. Thompson seems to me too strong when she writes,

Freud did not envision people in terms of developing powers and total personalities. He thought of them much more mechanistically—as victims of the search for the release of tension.¹

I have tried to show that Freud felt his work pushing him in the direction of the position Thompson advocates in the first sentence; but that his emotional attachment to the scientific values of the nineteenth century prevented him from ever acknowledging in theory how far he had moved in that direction, and how false Thompson's second statement is to the logic of his position. Even so, we must acknowledge that his view of human goals is invariably stated in tension-releasing or negative kinds of terms.

Freud's approach to morals and ethics we shall consider in brief outline. Morals, Freud assumed, were to be associated entirely with the cultural demands upon the individual, i.e., morals are a repressive force, a tension-producing agent. They are associated with the Super-ego; and since this is blind and unconscious in its operation, morals are negative in cast and

¹Op. cit., p. 43.

character. But it must be recalled that what Freud saw in his patients, and what impresses us as it did him, was the compulsive element in the demands of culture upon the individual--thus rendering the individual powerless before any moral demands, justified or not, as, in other circumstances, a similarly compulsive element might render him helpless before impulsive demands. What Freud disliked was hypocrisy, ignorance, and submergence of the Ego under unconscious forces.

That this is not far-fetched, we may cite briefly from the introduction to a case history and analysis published in 1905. The case is to contain much sex material, and Freud knows he will be attacked as immoral for publishing it. After indicating that his first publications were attacked because the nature of his method made it impossible for others to check his results, he writes:

. . . whereas before I was accused of giving no information about my patients, now I shall be accused of giving information about my patients which ought not to be given. . . . If it is true that the causes of hysterical disorders are to be found in the intimacies of the patients' psycho-sexual life, and that hysterical symptoms are the expression of their most secret and repressed wishes, then the complete exposition of a case of hysteria is bound to involve the revelation of those intimacies and the betrayal of those secrets. . . . In such circumstances persons of delicacy, as well as those who are merely timid, would give first place to the duty of medical discretion and would declare with regret that the matter was one upon which they could offer science no enlightenment. But in my opinion the physician has taken upon himself duties not only towards the individual patient but towards science as well; and his duties towards science mean ultimately nothing else than his duties towards the many other patients who are suffering or will some day suffer from the same disorder.¹

¹Collected Papers, III, 13-14.

It is quite true that the reference to the timid, and his reference to patients who are suffering (by implication from impulse repression), reveal his impatience with the watch-dogs of society and his sympathy for those whom society's standards have armed. But there is also, by strong implication, the appeal to higher moral standard, of free and open publication of truth and the duty to pursue it, of the higher moral purposes of him who is without compulsion to conceal the truth or to reveal secretly in a story involving sex as a "roman à clef."¹

Freud did not write of morals in a positive sense, that is, he did not present explicitly a higher standard of morality, but it is logically implicit, however it concentrates on attack of obstacles rather than assertion of values. Hypocrisy, fear of truth, prurieny, psychic dishonesty, overwhelming of the Ego by Id or Super-ego--these he hated, and especially when the force of cultural pressure was added to their strength within the struggling individual. But when such compulsive elements could be lifted, life would consist of no wild orgy, but of the thoughtful and fearless pursuit of truth while living in amity with one's fellows and in decent respect for the fulfillment of one's own biological and psychological needs. It may be going too far; nevertheless, one may be exaggerating only a little to suggest that Freud's logically implied theory of morality approaches the ascetic dedication to the pursuit of truth. Assuredly, Freud had a narrow view of ethics in any event, and discussed but one side of it at that. But it is very far from being in any sense immoral.

¹Ibid., p. 15.

And it is thoroughly incorrect to say that Freud had no concern for morality, however conceived.

Adler and Jung

Much of our space in this chapter has been devoted to Freud as the father of modern psychotherapy. We shall now trace as briefly as possible the other recent developments. We may continue first with the psychoanalytic movements, to the first or second or third generation offshoots from Freud.

We have already indicated that Alfred Adler was the first pupil to break from Freud, against Freud's pan-sexual theory of that time and in favor of more consideration of character pattern and Ego study.¹ Adler called his movement "individual psychology." It has continued to exist but with a relatively small group, for most of its distinctive points were later taken over by the Freudian groups and the other offshoots.

The split by Jung in 1913 led to the creation of what became an utterly different kind of psychotherapeutic group. Jung had objected to Freud's reductionism, and especially to the overtone that the forces of the unconscious tend to be destructive.² That is, Freud seemed rationalistic to Jung; and Jung, an intuitionist and perhaps even irrationalistic, to Freud. Jung began building a mythology of the psyche to match that which Freud had erected, and used many terms and concepts which were quite different, chiefly in order to represent the potentially positive content

¹Alfred Adler, op. cit.

²Carl G. Jung, op. cit.

of much of the unconscious.¹ Since the unconscious for Freud was made up of repressed material (either Id or Super-ego material), he conceived the therapeutic problem in relation to content as making this material conscious, assimilating it, destroying its compulsive power. But Jung was impressed with things which welled up from within people and which, when pursued, often proved wiser than the conscious intelligence. This was not the unconscious in Freud's sense. Jung accounted for some of it by the idea of a collective or racial unconscious; but it is important to realize that his concept of the personal unconscious was also different from Freud's. In Jung's view, Freud never really answered the question about where the will to health came from, upon which psychoanalytic practice was based. Jung felt it came from the unconscious, which included what Freud said it did but something else too.²

This meant that Jung was attempting positive conceptions of the meaning of psychic health.³ This has brought upon him many kinds of charges: of being a mystic, irrational, a cultist. Actually, any fair study of Jung's writings shows him to be a thinker of depth and originality, whose permanent contribution

¹ Ibid.

² Carl G. Jung, Two Essays on Analytical Psychology, trans. H. G. and C. F. Baynes (New York: Dodd, Mead and Co., 1928).

³ Carl G. Jung, Modern Man in Search of a Soul, trans. W. S. Dill and C. F. Baynes (New York: Harcourt, Brace and Co., 1933), and The Integration of the Personality, trans. Stanley M. Dell (New York: Farrar and Rinehart, Inc., 1939).

is still to be properly assessed but which is sure to be large.¹ Yet the fact is that his movement has shut itself away from the ordinary currents of contact with psychotherapy in general, and it has therefore had less influence than many aspects of it deserve.² Perhaps the willingness of the Jungian group to have a large proportion of non-medical therapists among them, and to have a very high proportion of women therapists, has contributed to its isolation. Now that a good many of the points which the Jungians have stood for are being accepted or discovered independently by other groups, one would expect the isolation to decrease. But the tendency instead seems to be for the group to say, "it's all been in Jung anyhow." Perhaps Jungianism, with all its depth at many points, can serve as a constant warning against permitting a method and philosophy of psychotherapy to become a general philosophy of life.

Rank, Ferenczi and Reich

Through the 1920's new developments in psychoanalysis continued to take place in Europe. Thompson, in her history of psychoanalysis, properly cites Rank and Ferenczi as the leading

¹For an illuminating and sympathetic but critical analysis of the contribution of Jung's thought to religious understanding, cf. Hans Schaer, Religion and the Cure of Souls in Jung's Psychology trans. R. F. C. Hull ("Bollingen Series XXI"; New York: Pantheon Books, Inc., 1950).

²Probably the two best interpreters of Jung's thought in the United States are Beatrice M. Hinkle, The Re-Creating of the Individual: A Study of Psychological Types and their Relation to Psychoanalysis (New York: Dodd, Mead and Co., 1923), and Frances G. Wickes, The Inner World of Man (New York: Farrar and Rinehart, Inc., 1938).

innovators of the twenties, although she questionably includes Reich with them.¹

Otto Rank was one of the most brilliant early pupils of Freud, whose life-long concern, returned to in many different ways, was what psychoanalysis teaches about the nature of human creativity. He was much interested in all forms of artistic creation, and felt there were three types of people: the normal-average, who did not get into trouble but never created; the neurotic, who got into trouble instead of creating; and the artists, who created and who did not get into trouble because of their creating.² Rank was the early leader in applying psychoanalytic findings (at first in a reductionist way for the most part) to many forms of human cultural activity including religion.³

An adequate critical treatment of Rank has not been written. I find it difficult to reconcile Rank's very creative insights on therapy and on the creative function with his long preoccupation over the birth trauma.⁴ Believing the central core of neurosis was not the Oedipus complex and the attendant early development of infantile sexuality, as Freud thought, Rank posited the notion that it all started in the psychic wrenching of the birth experience--and that neurosis could be understood generically as an

¹Op. cit., pp. 174-192.

²Otto Rank, Art and Artist: Creative Urge and Personality Development, trans. C. A. Atkinson (New York: Alfred A. Knopf, Inc., 1932).

³Chiefly in numerous articles in the early issues of the magazine, Imago.

⁴Otto Rank, The Trauma of Birth, translator anonymous (New York: Harcourt, Brace and Co., 1929).

attempt to get back into the protected womb situation. Hence his wealth of attention to dependency reactions. The most probable explanation is that Rank developed his idea of the importance of the dependency reaction, in his therapeutic work in general but also in contrast to the creative activity of the artist; and then, still moving in a biologicistic framework then characteristic of the Freudian movement, tried to find an Urquell for it. In his later years he talked little about the birth trauma. I can account for this fantastic theory only as an attempt to find a biologicistic theory which would out-Freud Freud, even though the clinical phenomena (of dependency) in adult patients on which it was based are very important. When understood symbolically or mythologically, the trauma of birth of course makes sense. The extent to which Rank so intended it is not clear in his writings.

In trying to shorten the therapeutic process, Rank tried various things. This was the first serious breach in the actual method of psychoanalysis since 1900. He was accused of dealing irresponsibly, of cutting corners; and this more than anything else was responsible for his leaving the movement. Unlike Adler and Jung, he did not form a new school, apparently not liking anything of the cultish. When informed that a group of Jungian analysts and patients had joined to form a Jung association, Rank is reported to have said, "Serves him right." His final years were spent in New York City, and he died in the mid-thirties.

~~Rank's views are especially important from the angle of~~
our concern for a reason which will be apparent only later in our discussion. Impressed by the dependency reactions, in the

widest sense, in neurotic patients, he contrasted these with the creative remolding of something which the artist does. What is the essential difference? If the artist did not create, would he not be neurotic? And if the neurotic could bring himself to create, would he not cease to be neurotic? The difference, Rank felt, was in the capacity to leave behind the dependency attitude, and to assert oneself and one's own powers--what Rank called one's will.¹

As we saw previously, Freud's movement from the first to the second stages of his work, from the hypnotic catharsis to the free-association psychoanalysis, represented a greater reliance upon the patient as subject, as initiator, and not just as object or thing. Rank's movement in "will therapy" (a title guaranteed to make it misunderstood) was an extension of the same principle.² It was a further trust of the residual strengths within the patient himself. Although Rank is seldom credited with the contribution, he was the first of recent psychotherapists to make this point strongly. Most groups now accept a greater degree of this than they did in 1930.

In working out will therapy in practice, Rank put more emphasis than the Freudians had done upon analyzing current dynamic conflicts (which might well also be residuals of the past), instead of concentrating on past experiences and feelings as such.

¹Otto Rank, *Will Therapy: An Analysis of Therapeutic Process in Terms of Relationship*, trans. Jessie Taft (New York: Alfred A. Knopf, Inc., 1936).

²*Ibid.*

There has been a tendency for most therapy since Rank to move in a similar direction, even though many counsel properly against neglecting the past experience. This new sense of contemporaneity, of the current assimilation of the meaning of still current conflicts, and therefore of the need for a new experiencing and not just re-living the old, has made it easy to class Rank and others like him as emotional re-educators. Some other therapeutic innovations, such as agreeing with a patient at the start of analysis as to when it would end, have not proved to be valuable. Rank did this in order to stir up the thereby frustrated dependency feelings; but it was a shock-therapy approach to the problem. The more recent agreement between patient and therapist that they can terminate at any time mutually agreed on is the better working out of the original Rankian idea.

Rank is important because, although there are almost no Rankians as such, his thought has influenced psychotherapy very widely. This is not true of Ferenczi of Budapest, who has been little known outside psychoanalytic circles. His concern, like part of Rank's, was with improved methods of therapy.¹ Both men thought that, with better therapy, a wider variety of people could be helped. Ferenczi first experimented with depriving patients of various things, so as to arouse negative emotion which could then be considered in therapy; but this did not work. He then tried "relaxation therapy," trying to give love and acceptance in

¹ Sandor Ferenczi, Further Contributions to the Theory and Technique of Psycho-analysis, trans. Jane I. Suttie, et al. (London: The Hogarth Press, 1926).