

The following content is provided by MIT OpenCourseWare under a Creative Commons license. Additional information about our license and MIT OpenCourseWare in general is available at [ocw.mit.edu](http://ocw.mit.edu).

**JEREMY WOLFE:** I'm not actually going to use this because I've discovered that-- I need the CD player later. But I did promise Simon, age eight, that I would tell you all that he loaned me this boombox and that you should know that this was his and that I should bring it back. So we were talking in the last lecture about multiple personality disorder. And my recollection is that I left off discussing the question of whether or not it's a real thing.

And I'd say that the burden of evidence is that there really is a real problem there of some sort, people showing up at their therapist's office saying, I don't remember this big chunk of time in my life. And weird stuff happened and so on. Those sorts of things point to a real phenomenon.

But there's this troubling business that the disorder is new, relatively new. There were very few such cases in the 1970s. They start showing up in the '80s. They're extremely popular in the '90s. I'm not sure if they're still as popular. But there's a big upsurge.

Now, look, if there's a big upsurge in flu this year, we sort of think we understand it. Some chicken in Thailand got a new version of the flu. And then we all get sick.

But when that happens with a psychiatric disorder, there's no sense in which we think that there's a pathogen out there doing it. What's the explanation? So I put the bones, the bare bones of one account, on the handout there.

The first of them is that while multiple personality disorder might be a new entity, or a newly popular entity, dissociation is not, that dissociative disorders have a long history. They have a long history in psychiatry. And they have an even longer history if you start poking around in literature looking for evidence of it in the past. It's just that point, too, as I recall on the handout.

You get some choice in the way that you manifest your mental illness. The current way to manifest, or one of the leading current ways to manifest, whatever the underlying problem is in dissociative disorders is multiple personality disorder. In prior eras, or in other places in the world, the same underlying problem seems to have shown up in different ways.

So for instance-- well, OK, multiple personality disorder, one of the ways that it comes to our attention is when somebody says, look, I know you caught me doing this, but I'm not guilty because it wasn't me. It was this other piece that somehow is not me. And therefore, I don't have personal responsibility for that act.

And that's an interesting question in the interface between the law and psychology. How should we understand that? It doesn't make sense to say, you don't need to go to jail for this crime because it was done by something that looks like you, but isn't you, in some sense. That's an interesting topic for recitation, perhaps.

Things of a similar sort occur throughout history. So for instance, think back into medieval culture or into various parts of the world today where the idea of demonic possession, let's say, is taken as a real option. Why did you do x? I did this because I was possessed or the cliché--

I can't remember which TV show it was where the tagline was, the devil made me do it. That's a modern pop version of a seriously considered hypothesis that's been popular in Western civilization and elsewhere in the world. I don't have anything particular to say about whether or not there is such a thing as a real entity of demonic possession, but you got to see the possibility that something external takes control of you and makes you do things that you wouldn't otherwise do as having a very similar shape to what we now call multiple personality disorder.

Or if you go into the 19th century, there are lots of literary cases-- you may have read some of these in novels-- where there a dead relative typically takes over a living person's body. Somebody's soul is unquiet. And their spirit is wandering the world. And they take over somebody else. And you do stuff that you hadn't particularly intended to do, again, this notion of an external something taking over part-- taking over what would normally be the volitional conscious part of your mind and making you do stuff.

So it's possible that multiple personality disorder is merely the current version of a trick of the mind that has existed for a long time. Now, why did it disappear? Why did dissociative disorders as a whole disappear?

It disappeared in American and European psychology early mid 20th century. Perhaps, the best way to say it would be that Freud made a mistake. Freud was seeing patients with similar sorts of problems, but he saw something else, he thought.

To explain that, it'll help to say a bit, first of all, about what causes multiple personality disorder and then to say a lot more about what Freud thought. Multiple personality disorder, like the other dissociative disorders, is associated with stress. It's a disorder of severe stress.

But one of the things you see in patient account after patient account is a particular kind of stress, specifically, childhood abuse, and very frequently within that set, childhood sexual abuse. The one way of describing multiple personality disorder-- and I'm roughly quoting, I think, from a therapist named Ross-- is that multiple personality disorder is a little girl saying that the abuse is happening to somebody else. Why a little girl? Multiple personality disorder is a diagnosis that has about a 9 to 1 female to male ratio. It's a very heavily female diagnosis.

This is not to say-- there are a bunch of disorders where there's great asymmetry in which sex manifests the disorder. This isn't to say that women are somehow the fragile sex whose self is going to crack up while us strong guys are doing all right. If you were looking for a male disorder, what might that be?

**AUDIENCE:** Alcoholism.

**JEREMY WOLFE:**Alcoholism, I'm not sure is actually-- I don't know. But I don't think that it's particularly heavily divided between male and female. Yes?

**AUDIENCE:** Autism.

**JEREMY WOLFE:**Autism. I think that's right. But these days, we tend to think of that as less as a psychiatric than as a neuropsychiatric disorder. Autism is heavily male. Yeah, that sounds right. Yes?

**AUDIENCE:** Serial killers.

**JEREMY WOLFE:**Serial killers. How many female serial killers-- well, there aren't a lot of-- you don't even have to be serial about it. Just regular old killer will do.

[LAUGHTER]

If you ask-- it's interesting that we don't tend to typically think of these primarily as a psychiatric diagnosis. But if you ask who gets in trouble for aggression, that's very heavily males. So sexual assault, murder, various other forms of assault, very heavily populated by males. Dissociative disorders in the present era, at least, heavily populated by females.

So why might this history-- well, I already gave you a hint about why this history of sexual childhood sexual abuse might be causative. You can think of-- one way of thinking about multiple personality disorder is as a maladaptive adaptive response. What does that mean?

Suppose something really terrible is happening to you-- and certainly, childhood sexual assault would count-- and there's nothing you can do about it, well, one way to deal with that intolerable situation would be to somehow make it something that's happening not to you, to some other entity that is not you. Now, this isn't obviously a conscious choice. You don't sit there as an abused child and say, oh, look, I think I'll create a sequestered piece of my psyche that I can put all this pain on, and if I'm clever, not even remember that it happened to me.

This is something that happens, rather than something that is chosen. And it has a certain adaptive value in protecting some core of the self. But it's also obviously not an ideal way of dealing with stress, problems, pain.

And it becomes even less ideal if it becomes a trope, a trick that you use repeatedly. All right. Well, this worked for this disaster of my childhood. Now, if I'm having relationships-- they're kind of stressful. So maybe I'll wall off relationship person here. Calculus, that's pretty tough.

[LAUGHTER]

And so on you could imagine that you develop this trick of saying-- we all talk about people who compartmentalize. Well, this is a case of compartmentalizing where you're cracking up, literally. You're taking an otherwise unitary self and breaking it into little pieces.

Now, the reason why-- the fundamental mistake Freud made was that he also-- his clientele, his primary clientele, probably, were young women. And they also were telling him tales of childhood sexual abuse. And he concluded they were wrong. He concluded that this was a delusion.

Why? There are a number of possible reasons why he got it wrong, not the least of which is that these were the daughters of men of his own social class, his neighbors, his friends, people he knew in many cases. And he simply, perhaps, in some sense, lacked the imagination, the horror movie imagination, to imagine that these women had been abused by the men in their lives who he, in fact, knew or knew people like them. He just didn't think that that was plausible.

Plus, he had a theoretical framework that gave him a different understanding of what was going on. And we'll come back to that in a minute. Well, no, we won't come back to that. We'll do that right now.

Look, one of the things that Freud believed fundamentally was that the mind was unified, that there wasn't-- that he didn't see dissociation because he didn't think that dissociation was something that really happened. He thought that the mind was-- well, this is the dissociation model. Here's a sort of Freudian model. It's not actually his metaphor, but it'll work.

Freud thought that the mind was a unitary whole, that there was a conscious part of this whole. That's this little king or queen on the top of the castle. Isn't it beautiful?

And then this conscious guy got access to a lot of stuff. So here's the preconscious. And it's sort of like long-term memory or the big semantic network that you've got up in your head or something like that. It's the stuff that you've got access to. So at this event, this Thursday, they're going to serve what?

**AUDIENCE:** Ice cream.

**JEREMY WOLFE:** Ice cream. Right. OK. You weren't sitting there the whole time that I've been talking, unless you're a pretty weird obsessive sort, going, ice cream, ice cream. Ice cream is in my consciousness. No, it was there. You could get to it. It's in your preconscious.

Freud acknowledged certainly that there was stuff that you didn't have access to. And that was what was living in the Freudian unconscious, which I will put down-- unconscious-- which I will put down here in the dungeon. That's the stairs down.

Somewhat different-- both similar and different to the unconscious processes that we've talked about so far. We've already talked about in many aspects of the course the notion that there are processes that go on outside of your awareness. Freud's unconscious will turn out to be somewhat different.

Before I launch into explaining that, though, I ought to explain more generally why I'm going to talk about Freud as much as I am altogether. The reason I need to explain that is that if you were taking this course at most other-- probably a majority of other fine institutions higher learning around the country, you'd probably get less Freud than you're getting here. I'm out on one end of the distribution on that. Many people in academic psychology subscribe to the line attributed to some professor of this course at a big Midwestern State University who said, look, there's only two things you need to know about Freud, he's wrong, and he's dead.

[LAUGHTER]

Now, I wouldn't try that as the answer on the final, though, both of those statements are indisputably true. All right. Why talk about it? There are a couple of reasons.

One reason is that the influence of Freud is so widespread in the culture, that it would be a disservice to people taking an introductory level course not to talk about it at some length because we all use the vocabulary. We all sit around yakking about our friends and neighbors saying, my, he's got a big ego. And she is so anal. And both of them are in denial.

And oh, I could keep going. There's a whole vocabulary that is borrowed from Freud. It's often used in ways that would cause Freud to cringe, no doubt, if he heard us using them the way we do today. But that's where the language comes from. The influence is so widespread, that you need to know about it.

The other reason is-- I think that while Freud is demonstrably wrong, on point, after point, after point, he is right, or at least, interesting on a number of large-scale issues that deserve consideration. He's wrong in the way that Darwin is wrong or the way that-- pick your favorite 18th, 19th century giant of science. They're all wrong. They're also all dead.

But the way we played the science game, of course, is that we build on, yeah, yeah, yeah. All right. So Darwin didn't get this bit right, but I can modify Darwin's theory. And I can be a neo-Darwinian or something and build on it.

The problem with Freud was that his disciples-- and the word is chosen deliberately-- treated his writings, particularly, after he was no longer around to revise them, more closely as holy writ than as scientific theory with the result that they're developed in psychology, particularly, in the clinical side of psychology, this sort of, you're either with us or against us notion, that if you questioned one of the tenets of the master, you were not just another scientist attempting to revise Darwin, or Newton, or whoever you want to be revising. You were an anti-Freudian. And so they ended up with-- they ended up being this split between the people who thought that the canon was fixed in some sense and the people who didn't.

And once you get cast as you're the opposition, well, then you sit down and check off why he's dead and he's wrong, and we don't need to think about it anymore. So there's a historical-- it's not an accident. But it's an accidental reason why he's fallen out of favor. My hunch is that were Freud still alive, that he would be more than happy to say, oh, yeah, got it wrong big time on this, this, and this. Let's see what we can salvage of the theory and move bits around.

I put one Drew Weston quote on the handout, the other good Drew Weston quote from the same article is that since Freud's death in 1939, he has been slow to revise his theory. And that's true. And that's, perhaps, a pity.

What Freud was trying to do-- well, it says what Freud was trying to do. He was trying to understand why we do things and why we think things that we don't seem to want to do or think. Well, look, so was he on to something.

Has anybody here ever done something that they didn't want to do? Yeah? And people who aren't putting up their hands are the ones who are still reading the text there or something.

Right. Of course. Everybody does that. Well, you need to do that because somebody's going to hit you if you-- how many people-- OK, I saw lots of hands there.

How many people have ever done something they didn't want to do, even without any obvious overt coercion or failed to do something that they did want to do, yet didn't talk to her? Or you didn't talk to her. How many people have ever just done something they didn't want to do and there wasn't anybody with a gun or anything?

So Freud's on to something there. I mean, this is a serious question why people-- and I should note that this doesn't mean that you're nuts. It doesn't mean that your self has fractured into little pieces and that the reason that you did whatever it is, you ate the M&Ms, or you drank the two espressos at midnight when you thought you were going to bed or something like that, whatever it is, you didn't do it because Irving, the other piece of you, suddenly took over. It's just the way we seem to be. We don't--

For all that we think that we're king of the castle or queen of the castle, we don't seem to have the degree of control over ourselves that we might want. Why is that? That's the fundamental scientific problem that Freud was trying to get at.

And he was particularly interested in the cases where this went sufficiently off the rails that people were doing things that they didn't want to do that were getting them into real, or at least, psychological trouble they were in, psychological pain of some variety and needed to deal with this. Most of us are just doing things we don't want to do and surviving well enough with that. Thank you.

In the case of multiple personality disorder, or of these patients who came to Freud saying that they'd been sexually abused in many cases, Freud concluded that this was a delusional thought on the part of his patients. What he thought was that these were women saying that I-- or not saying, I desire my father or some other male in an inappropriate kind of a way, that that would be an unacceptable desire. And what they had done to defend themselves against this unacceptable thought was to engage in what Freud called projection, an act of the mind where you flip the actors, the subject and the object in that sentence around.

So he was thinking-- he was hearing, daddy wants me. And he was concluding that what the woman was saying, really, was, I want daddy. He was probably wrong about that.

But was he completely wrong about the notion that there's something like projection? How wacko is that? Well, all right, here, think of the following.

How many people here can think back into, oh, typically, something like elementary school? Though, it could be college. It'll work. --where you had a teacher who hated you? How many people at least remember thinking that their teacher hated them?

All right. Now, look, odds are that most of you have always been pretty good students, by the way, right? You didn't get here by being the student who teachers routinely hate, even if teachers do hate students, which I don't think they do all that much, otherwise, nobody in their right mind would teach middle school. If you were inclined to hate students, you'd run screaming from that assignment after the first week.

But anyway, so if you think about that teacher who hated you, odds are they didn't. But where does this idea come from? You must have been in some conflict with this teacher, at least, in your own mind.

It is possible that you conjured up in your mind at some place in your mind the thought, I don't like Mrs. MacDonald, my third grade teacher. But then some other little chunk of your mind, my mind says, that's not a good thought for me to have. I'm not the kind of person who hates my teacher.

So Mrs. MacDonald hates me. That's why she doesn't-- that's why she gives me bad marks in penmanship. I was so glad when penmanship went off the report card, which-- it was there all the way through elementary school. And it was always the black mark on my-- because nobody could read what I was writing.

But anyway, so projection, even if Freud got it wrong about the notion that-- even if he ended up systematically denying the possibility that his patients were actually abused, the notion that you could have a trick of mind that would do this subject-object reversal, that's not as unlikely as it might otherwise sound. So there was-- so he systematically didn't believe in dissociation. It wasn't that dissociation wasn't known.

If we didn't know about Freud-- if Freud had not existed, I would probably be giving a historical lecture about Pierre Janet who was the leading-- in France, he was a leading psychologist. I think he actually wrote a book with a title like *Dissociation*. Dissociation was something that 19th century psychology believed in and Freud killed off for a while.

What Freud did was to-- so if we stick with this sort of metaphor land, dissociation proposed that there was rebellion in the kingdom of the self and that provinces seceded. What Freud put up in place of that was a dungeon in the castle of the self, where stuff was being imprisoned. It wasn't different from you, but it was kept away from the conscious self.

Now, why did he come up with this idea? To understand that, you've got to know a little bit about what Freud thought he was-- well, what Freud was out trying to cure.

His patients-- a lot of his patients came to him with hysterical symptoms. Hysteria, which we these days use to talk about hysterical-- something that's hysterical is very, very funny. That's a change in the meaning.

A hysterical symptom was a symptom that-- a physical symptom with no good organic cause. The classic Freudian, or 19th century hysterical symptom is something like a glove anesthesia, a patient who comes to you saying, doc, I can't feel anything in my hand. It's like I've got a glove on to here, let's say. Everything above this line is numb.

Well, there is no lesion that will do that. If you cut nerves, you get very different patterns of numbness. You don't get this glove anesthesia.

So in the absence of an organic cause, these are the things that got labeled hysterical symptoms. They could be other things, a cough with no good explanation, even headaches with no good explanations. Symptoms with no good organic explanation were deemed to be hysterical. Anybody know where the word comes from? The root the root of hysterical?

**AUDIENCE:** The wandering uterus.

**JEREMY WOLFE:** Oh, we know lots about this. The root comes from the word for uterus. And it was, in fact, a serious discussion in the 19th century about whether men could be hysterics because in case you were sleeping that week in high school health, men don't got uteruses, or uteri, or whatever the plural might be.

Anyway, as-- this is a very old idea, the old idea coming going back to Egyptian writings was that the uterus could come loose and wander around the body and produce weird symptoms, which you can sort of imagine it would if this actually happened. I mean, to my knowledge, it doesn't actually happen a lot. But there are a lot of terms in the language that we still maintain, by the way, that echo the various ancient theories about psychology.

I think I may have mentioned the doctrine of the four humors. So somebody melancholic was melancholy because he had too much black bile. You were sanguine because you had excess blood. If you were phlegmatic, it's because you had too much phlegm. And if you were choleric, it was because you had too much yellow bile.

And the balance between these-- it's rather like the big five in personality theory, that the balance of these big four humors was mainstream European personality theory-- oh, I don't know, probably from Rome up through 16th, 17th century or so. And those words, to be choleric, to be melancholy are still in the language and reflect this older psychology.

So Freud was there trying to treat hysterical symptoms. He was by no means the first person to try to do this because hysteria didn't start with Freud. I mean, were lots of people running around-- it was very popular in the 19th century, these disorders, and even before.

And it's worth spending a little time on at least one earlier effort. Actually, let's-- we will now pause for the musical portion of today's lecture if the CD player wants to work. And let's see. Push the button.

Play with the volume. I don't hear nothing. I hear very little. Play, you silly machine. You don't want to play. Let's try this one. You play. That worked.

[MUSIC PLAYING]

[ITALIAN SINGING]

Here comes the doctor. [NON-ENGLISH] That's what you're listening for. That's the doctor. Those are the girlfriends. Same girlfriends.

This is diagnosis for those of you with fluent Italian. I'm waiting for the important line here. All right. Treatment time, which in one production I saw involved a giant horseshoe magnet, which turns out to be important.

And this is the critical line.

[ITALIAN SINGING]

She said is, I'm going to cure them with Mesmer's magic stone, which in a modern production might be this giant horseshoe magnet. The girlfriends are singing. The boyfriends aren't singing because they're lying on the ground here. And that music is [VOCALIZING].

And now they're singing. Oh, they're twitching. They're writhing. All sorts of stuff is happening. And the doctor says, stand back.

Well, that's good. That worked, as you could tell, of course. And they're very excited. They're saying, this doctor is worth more than all the gold in Peru.

Oh, no. We're stuck. Stop. No. Stop. Die. All right. I think I got it. There we go. It's a lovely opera. All right. So--

**AUDIENCE:** What opera?

**JEREMY WOLFE:** Well, of course that's the question. I gave away part of the answer here. I played this before and asked, what was that? And somebody says opera. Now I know that. OK, so anybody know who wrote it? Yeah?

**AUDIENCE:** [INAUDIBLE]

**JEREMY WOLFE:** Oh, good. Good. All right. You don't turn out to be like a person one year who sang the role.

[LAUGHTER]

I thought that was pretty cool. All right, so definitely Mozart. OK, now for the \$200 question. Do you know which opera?

**AUDIENCE:** *Così fan tutte*.

**JEREMY WOLFE:** Ooh. She's good. Give her round of applause.



[APPLAUSE]

It's with an E, right? Not an I. And of course, the relevant question here is why. And for that, I got to tell you a little bit of the plot.

So what's going on here-- we'll do this in good MIT terms. So we need some equations, I think, or at least, symbolic representations of the plot. What we have is two guys and two women.

[LAUGHTER]

Oh, and the X factor here. So they're together. They're in love. They sing beautiful stuff. And their buddy comes along and tells the guys, women are all fickle.

And *così fan tutti* means something like, they're all like that. And you can't trust them. And the guys sing for another few hours. No, no, our girlfriends are good and true and stuff. Blah, blah, blah.

OK, so here's what we'll do. You guys pretend you've been called up to go to war. And then you sneak back into town disguised as Albanian soldiers. And we'll try to cross product or something like that.

We'll see if we can do-- we'll see if we can make this work. And so a pile more singing ensues. And the girls are being very faithful.

And so the guys decide they're going to resort to desperate measures-- well, not terribly desperate, semi-desperate. They'll fake taking poison because there's so much in, you know-- Take poison. They're dead.

And so the women are very upset by this, and so they need to cure these guys. Now, there's a maid whose name is Despina. So she can be D. That's who you heard singing as the doctor. She pretends to be a doctor. So it's a comic role, rather than a terribly tragic we've taken poison thing.

And what she's doing is attempting-- she's claiming to cure them with Mesmer's magic stone, which is basically a magnet. Now, you've heard the term, mesmerize, to mesmerize somebody. That actually comes from one Franz Anton Mesmer, who was working in Vienna and then later in Paris at the same time as Mozart. In fact, he was a friend of the Mozart families.

And this was a time of a lot of scientific advances in the study of magnetism. And Mesmer concluded that there were magnetic forces everywhere. And the planets, in particular, had important magnetic forces and that these could be channeled if you were an appropriately receptive individual.

You've heard of animal magnetism, right? Well, animal magnetism, a term which is also lost its original meaning-- animal magnetism, which today is sort of like I'm awash in musk or something like that. I've got great animal magnetism or whatever. It originally is Mesmer's term for the notion that you could channel-- or specifically, that he could channel these magnetic forces of the heavens and channel them for curative purposes.

And he set himself up with a clinic in Vienna and then in Paris to do just that. And it sounds like it must have been quite a scene. If you went to Mesmer's-- Mesmer would have liked this room, actually, because he was into purple, apparently, from what I read.

But in any case, you'd come into Mesmer's waiting room. And there would be a string band playing quiet music on magnetized instruments and a tub often in some of his establishment, a big tub filled with magnetized water. And people could sit in the tub. Or there were some metal rods coming out of the tub that you would poke into the part of your body that was afflicted. But this was all sort of warm up.

The critical piece was when Mesmer, himself, would sweep in from all the descriptions like something out of *Harry Potter* in flowing purple robes with a purple hat on, extremely charismatic guy to all appearances. And then what he would do is he'd come in and lay-- and you'll forgive me-- lay hands on you. And you, having bought into this general notion, and rather, this notion that you would know how you're supposed-- what the options are for going insane, you would also know that your job here was to have a seizure and to lose consciousness.

So you don't need to do that. It's OK. And you'd then be carried off to another room where you would recover. And with luck, your symptoms would be ameliorated.

Now, what Mesmer had discovered, or rediscovered, since the various forms of it over history was hypnosis. To mesmerize and to hypnotize have a similar kind of meaning to them, particularly, in the earlier literature. And it probably didn't do much for the people who came to him with cancer and various other things that 18th century science couldn't do anything about. But the people who came to him with hysterical symptoms apparently got some degree of relief.

Now, hypnosis fell into disfavor in part because he was a bit of an act. And the Paris scientific establishment was very dubious of him. They put together a panel to investigate him.

The panel is an interesting one in its own right. Its members included Benjamin Franklin, then US ambassador to Paris, the chemist, Lavoisier, and one Dr. Guillotin later famous for a different invention. But they concluded that he was a quack. And he died in disgrace. And hypnosis has come in and out of fashion. As we talked about in the context of multiple personality disorder, it's considered an important piece of-- an important tool for some therapists today.

In the late 19th century, it was revived again in Paris, particularly, by a psychiatrist named Charcot. Charcot was the leading French-- Parisian mental institution had some very disturbed patients and was working to treat them with hypnosis by inducing symptoms in them and then suggesting-- basically, putting them under hypnosis and telling them how to be. It was essentially manipulating a passive kind of a patient.

Now, Freud was in Vienna at the time. Came to Paris to start with Charcot because Freud wasn't sure what to do with his patients. Let me tell you about one of his patients, known in the literature as Anna O.

And she's known in the literature as Anna O. because when Freud wrote about her, he attempted to preserve her privacy by giving her a pseudonym. Her real name is Bertha Pappenheim. I'm not actually violating patient confidentiality here. Like almost every important patient Freud ever had, she wrote a memoir. You can spend your life reading the memoirs of Freud's patients.

Anyway, she was Bertha Pappenheim, but no known in the literature as Anna O. She was a grab bag of hysterical symptoms precipitated most immediately by the crisis of attending her father through his final illness. And she was actually being treated originally not by Freud, but by Freud's colleague, Josef Breuer, whose name I think I put on the handout. Yes. There we go.

And they took to using hypnosis, but they took to using hypnosis in a new way. Rather than using it to manipulate the patient or to cause a seizure or something like that, they used it in the context of what Anna, herself, called a talking cure. They talked to her.

Under hypnosis, she seemed to be able to recover memories that she could not reach otherwise, that these memories were often accompanied by violent emotional reactions, and that this emotional eruption had an effect of purging the symptom. Borrowing a term from Greek tragedy, Freud called this catharsis. Borrowing a term from the neighbors or something, Anna called this chimney sweeping.

But it seemed to-- the difficulty was that it seemed, in her case, to be a rather temporary business. In fact, Freud abandoned hypnosis eventually because of this problem. Hypnosis seemed to be useful for treating symptoms, but somehow not getting at whatever the underlying cause was because she'd go away, her symptom cured, and then something else would pop up. And she'd be back for another round.

Now, the reason we know about Freud and not Breuer is that Breuer ended up running away from this, and Freud ended up jumping into it. What Breuer ran away from was Anna coming back with a new symptom. And this new symptom was a hysterical pregnancy, which is to say, she thought she was pregnant she was convinced she was pregnant. And she was convinced Breuer was the father.

Now, there's no particular evidence that Breuer was sexually involved with her at all. But you've got to imagine being a psychiatrist with a practice with a young women. What's it going to do to your reputation if one of these young women, even mistakenly thinks she's pregnant?

It doesn't matter that she's not pregnant. It matters that she thinks she knows how she got pregnant. And that's just trouble. And he said, I can't see you anymore.

Freud, on the other hand, I believe actually continued to treat her. But more to the point, what Freud became interested in were the more fundamental questions like, look, if there really are these memories here somewhere that we're only getting to by this hypnotic technique in this particular case, where are those memories? And why do they only come out when we're doing this psychotherapy with her?

Why are they hidden? And what's their connection with the symptoms? Those were the questions that he really wanted to know the answer to.

He wanted to be able to treat patients too. But these was the underlying, interesting, scientific questions that he wanted to get to. And he came to the conclusion that there was something that was actively interfering with these memories.

It wasn't just like you can't remember the answer to some multiple choice question on the final because you're just having a retrieval problem. He thought that in these cases, there was something that was actively fighting against you remembering anything. And he wanted to know what that might be.

The heart of his depth psychology was the idea that these thoughts that they were dredging up were thoughts that had been locked away in the Freudian unconscious, different, if you like, from the cognitive unconscious from earlier in the term. These things had been deliberately locked away down here and kept away from consciousness. He didn't invent the idea of the unconscious. It existed as sort of a literary metaphor in 19th century European writings, for instance.

But he gave it a place in a theory of the mind. And he had an explanation for why it was populated with these thoughts that were somehow hidden from the user. And I'll tell you about that at 3:00.

**AUDIENCE:** Like you said, if most of the psychology functions Freud was wrong.

**JEREMY WOLFE:** Yeah.

**AUDIENCE:** Then why are psychologists and scientists so still obsessed with proving that he was wrong? So much of--

**JEREMY WOLFE:** I think most would answer that at this point, it's a done deal. But to the extent that they are-- no, to the extent that they are, it's because Freud is still-- if you go out on the street and ask people, tell me the first 10 things that come to your mind if I say psychology, one of them is going to be Freud, and two others will be terms that have something to do with Freud. And if you think that that's all hokey, it's going to drive you nuts. And if this is your own particular area, you're going to work to kill it off, I suppose.

**AUDIENCE:** When I was writing my paper and I was reading all these books about sex, and sexual orientation, and how it comes to be in development, half the books were like, well, Freud is wrong.

**JEREMY WOLFE:** That'll depend a little on how old the books that you were writing. But Freud was actually-- if you're talking about sexual orientation, Freud was actually interesting, more interesting than his followers. Freud regarded homosexuality not as a biological issue, but as a developmental issue, but did not think that it was abnormal.

He thought it was a variant. And he's got a famous letter written to the mother of a gay man, where he says basically, it's not the main line path. But don't worry about it. It's just one of the ways that things work out.

The American Psychological Establishment then declared it to be a disorder and only in the '70s declared that it was not. But Freud, in that sense, was-- well, assuming that we are right, at this point, that it is biological in its roots. He was wrong. But he would have been cool about that, I think.

**AUDIENCE:** I have a question about him.

**JEREMY WOLFE:** Yeah?

**AUDIENCE:** Is it true that they can't make you do something you don't want to do, or is that--

**JEREMY WOLFE:** I would lecture about that, but my hunch is that it's not really true, that you can make-- I think that it's a little like this Mesmer thing, that we have a set of things that we believe about what hypnosis does. It can make me behave like a child. It can make me behave like a chicken. It can't make me murder you.

I don't know of any clear evidence one way or the other on that. It's probably the case-- I mean, it's not a complete secession of the will in some sense. So there is some chunk of you saying, I'm going to do that. But could you make somebody do something modestly wrong? I bet you could. But anyway, very interesting topic.

Freud began to understand-- Freud's understanding about what was going on or what was stuffed away down here in the dungeon of the unconscious starts with Freud's understanding of what it means to be a baby. He thought that babies came into the world as amoral creatures. This has been systematic-- certainly, his contemporaries at the time tended to misunderstand this to mean that he meant that babies were immoral. That wasn't what he meant.

What he was really doing-- had he taken my version of Intro to Psych, he probably would have drawn a little-- one of those little developmental pictures that I was drawing when we were doing development and said, well, look, here's units of moralness or something. Here's time. Here's the adult state.

And I, Freud, am asserting that the starting place is here and that there's some function that gets you up to the adult state. And isn't that interesting? The naive, probably, Victorian era notion was probably something more like, babies start here.

They are pure. They have little wings. And only when they grow up do they become sinful nasty things like you and me.

And so this notion of babies as amoral agents was not something that his contemporaries were really thrilled with. Freud was probably wrong about this, right? We've already seen that babies seem to have some rudiments of something like empathy. So all right. Let's start them there.

But the larger point that babies do not come into the world with anything like adult moral reasoning is an interesting one because you got to imagine, as Freud did, what's going on in the little kid's brain? Sorry, a little kid's mind. So here you are, you little amoral baby. Let's give that to Freud for the time being.

And I don't know, a year later, there's a new baby, right? New baby wants stuff, wants stuff that you used to get all the time, like mom, for instance. So you're amoral. There's a baby. What do you want to do?

**AUDIENCE:** [INAUDIBLE].

**JEREMY WOLFE:** Get rid of the baby. Well, how are we going to do that?

[LAUGHTER]

Eat it? That might be good. The teeth. We'll go kill it in some fashion. The details aren't terribly important if you're a one-year-old.

Let's just kill it. The nice thing is that it's not easy for you to do that, so your little brother grows up anyway. And there's lots of things like that in your life where-- not only your little baby brother, but dad. Dad's a problem. Man, he comes home.

And I spent all day with mom. And mom's been nice and everything. And then dad comes home, and mom's ignoring me. Let's kill dad, and let's take mom all for ourselves.

Stuff like that. We got to get-- Freud thought-- so what's driving the baby? Freud proposed that what's driving infants and young children-- this is what he called the pleasure principle. It doesn't take an awful lot to decode that.

Freud thought, baby wants pleasure. Baby wants it now. But look, you're going to work your way up-- if you end up as an adult in that state, you are a psychologically deformed adult.

An amoral adult is a real problem. An adult who's governed entirely by something like the pleasure principle is a real problem. It's not going to work.

So you're working your way up there. And you got to imagine, some day, you wake up. And you've moved to the next moral level in some fashion.

Now, how do you know who you are? Well, you ask yourself, what kind of a person am I? And you go and examine this stuff. And you say, I'm a good, honest, loving person, except for that time.

All right. So you wake up. You look in your head and ask, what kind of a person am I? And you go rummaging around, and you say, kill little brother.

Kill daddy. Hurt daddy. Grab mommy. Hurt mommy because mommy didn't like to be grabbed. Wait a second. I don't like this.

This is not a me that I can live with, a me who-- look. Or imagine this. Suppose you woke up tomorrow with your head full of thoughts that said, I'm going to kill my roommate.

[LAUGHTER]

This is how I'm going to do it. I've been thinking about this for a while. If I'm describing you, by the way, well, we should talk.

[LAUGHTER]

But you would be deeply disturbed if you had what felt to you like an obsessive set of thoughts about going off and doing harm to somebody or sexual thoughts of-- every time your mind is completely filled with thoughts about doing something with somebody, and it's for some reason either inappropriate, unlikely, or whatever-- if you've got a brain full of thoughts like that, it's going to be disturbing. And Freud figured that that's basically what happened as kids got older. They found that they had a mind full of these infantile thoughts that were simply unacceptable, and they stuffed them down here.

That's Freudian repression. They repressed these thoughts. Now, that seems stupid. Why do that? Why don't we just get rid of them?

Well, you have only rather limited abilities to actually deliberately forget stuff, as you probably discovered at various emotional times in your life. You break up with somebody, and you think, I'm just going to wash that man right out of my hair or something like that. It turns out to not be quite that easy.

And there are probably good reasons for that like, waking up-- well, not waking up, going to class, getting back the calculus test with the score on it in single digits and thinking, oh, man, I hate this. I wish I could just forget calculus completely. Oh, man.

It wouldn't be good if that worked, right? That's why your computer asks you, do you want to erase your disk drive? And your version of this is to simply not have that ability in any very comprehensive fashion.

So you don't have the option of just getting rid of these thoughts. They're there, so you stuff them down here. Now, an important piece of this is that what Freud is describing is normal that the fact that you have-- I mean, again, Freudian jargon that we tend to use out on the street, you say to somebody, oh, he's so repressed, sounding like that's wrong.

Freud thought that this repression was absolutely required for adult psychological human life, maybe not if you're a chimp or something like that or a gorilla. But if you were going to be a human, you were going to need to repress this stuff because you weren't-- now, the patients he was seeing, in his view, were patients where this had gone bad in some fashion where it wasn't working for them. But all of us, in Freud's view, are built like this. And all of us have an unconscious that's filled with these unacceptable thoughts.

And all of those unacceptable thoughts-- there is no capital punishment down here. You may be able to forget everything that I taught you in psychology. But it turns out, according to Freud, that you're not forgetting any of this stuff. It's there.

And it's like a collection of prisoners who are trying to make a break for it. They always want out. So if you, the king, got this jail full of characters who want to get out and trash the castle, you'd better have guards.

And the defense mechanisms, like projection that I talked about before, are the guards who are there to keep the repressed material repressed or to keep-- or to channel its energies in ways that are harmless to you, to avoid exposing to you the stuff that would be unacceptable. So this stuff is sitting here protesting. How does it make a break for freedom? Typically by association with something in the outside conscious kind of world.

So you wanted to kill off your little brother. And now you're-- oh, I don't know, playing football. And I'm making this up.

And there's a little guy playing football. And some chunk of all of this says, association time. Association time. Reminds me of little brother. Let's kill it. Let's kill it and a little bit of that channeled into sport. It's called sublimation in Freudian terms.

But that's OK. Just good hard tackle or something. If you actually then pound them into a pulp, that's less good. And you've got mechanisms there too to keep you from doing that and to keep you from ever recognizing any sort of association with any of these infantile thoughts.

So I already mentioned projection as one of these devices. You are angry at your brother. And you conclude that your brother is angry at you.

They talked about in the book. A bunch of them are rather straightforward in the sense that the term defines itself. So denial, simply saying, no, I don't think that-- I don't hate him. Not me.

--or rationalization. The great rationalization in my family's canon of stories is I have twin sisters. And one of them reported to my mother that she had pushed the other one down the stairs on purpose by mistake.

And the nice thing about little kids is sometimes-- you can understand where Freud was coming from if you watched little kids because sometimes the mechanisms that Freud's talking about are more transparently visible. So there she is giving an account, a rationalization of this act that she doesn't want-- not that a little kid is going to say, look, I really pushed my sister down the stairs because I have these deep infantile hostile intents towards her. I'm really tired of having a twin sister, and I was trying to kill her. That wouldn't be something that, fortunately, my sister would say.

Another example where you can see this in action in little kids, you can sort of see where Freud was coming from is the defense mechanism that he called-- or maybe it's his daughter who actually named it. But it's reaction formation. Reaction formation, it's easy to confuse with projection.

Projection is, I hate you is the truth. And you hate me is the result of the projection defense mechanism. I decide that you hate me. In reaction formation, the flipping is a little different. I hate you, but I decide I really love you.

You flip the emotion around to an acceptable emotion and the place to see this best. How many of you have younger siblings? Can any of you remember an occasion where you were told to stop hugging your little siblings so hard?

[LAUGHTER]

No? It doesn't ring any bells? You see this all the time. I just saw it with a three-year-old and a sister, a three-year-old and a one-year-old.

And it's an absolute classic-- if you're in a Freudian frame of mind, that's classic reaction formation. I love you so much, that I'm going to hug you until you turn blue.

[LAUGHTER]

And what's that about? The kid doesn't do that-- the observation is that it is unusual to see a kid take their teddy bear, for instance, and say, I love so much. Squish. Squish. Squish.

It's a characteristic behavior of older sibs to younger sibs. And if you're so inclined, it looks like Freud might have been on to something. Again, all normal stuff that you've got to have-- it's not that reaction formation is sick weird stuff or that denial means that you are an emotional cripple or something like that.

Freud says the only way that you can function is by having a set of mechanisms to defend yourself against this stuff. And what he thought he was seeing when he was seeing patients is cases where this didn't work so well. So let's continue with my football example.

This guy who somehow reminded you of your little brother, you've tackled him all right already, but now you're reaching for the ax that's conveniently located on the sidelines or something like that. And these defense mechanisms are sitting there working overtime saying, whoa, whoa, whoa, whoa, whoa. What are you going to do here?

Can we make him love him? No, no, no, no. Man, we don't have enough time. Let's just repress the whole thing. We'll repress everything.

Forget it. Forget this all ax business. And forget the whole arm too. We got to act fast to prevent a complete disaster from happening.

And so you end up in Dr. Freud's office saying, doc, I can't move my arm. I have no idea why. And the job of therapy-- what Freud decided once he abandoned hypnosis, what was therapeutic was to get that hidden material out in a safe atmosphere where its energy could be dissipated and that that would be curative. And his method of treatment was designed to do that.



So the idea of lying on a couch, the great image that everybody has of Freudian psychoanalysis of a patient lying on the couch with Freud behind him, with the analyst behind him not looking at him-- because there's something different, and in a sense, protected about conversations where you're not making eye contact with the person. The closest that most of us get to this is conversations had in the car-- I don't know if you've had this experience, but where both of you are sitting in the car looking out the front window. You can have conversations that you just don't have if you're looking at each other over the dinner table or something like that.

I certainly know that I've had conversations with both my parents and my children of that form where it really helps. One of them is the passenger, but the driver, he's not doing this because you're going to all die. It makes a real difference.

All right. What do you do then once you're lying on that couch? Well, what you don't do is lie down and say, doc, my hand is paralyzed. And he says, well, do you hate your brother? That's not the way it works.

The classic form of a psychoanalytic session would involve you lying there and just talking, doing what Freud called free association, saying whatever came into your mind. And so here's your mind. And in here somewhere is this nugget that we're trying to find.

And Freud just sets you loose. [VOCALIZING] And you're wandering around in semantic network space if you like or something like that. Here I am. I'm lecturing in Intro to Psych, and that reminds me of other forms of combat. And it reminds me of playing football, which I don't do.

And remember that time I was playing with this guy and he reminded me of my brother, and I thought I'd kill him? No, that's not what happens. It's not that you somehow get sucked into this.

You're wandering around. And by chance at some point, you bump up against this. And what Freud was looking for was not some flash of realization. Oh, my goodness. I just found it.

But you'd be going, [VOCALIZING]. Football. I have a really interesting math problem I'd like to tell you about. Yeah? OK, tell me. [VOCALIZING]

And all of a sudden, you're going that way. And now you've reversed completely. What Freud was doing was listening for places where you ran into a barrier of some sort.

It could be a jump in the logic of the talk. It could be a reversal in direction if you like. It could just be a pause that all of a sudden, you couldn't think of anything.

Why aren't you talking? I got nothing to say. Well, yeah, right. Or it could be a speech error. Another place where I think Freud was wrong-- I don't remember if he actually ever said what's attributed to him in this case.

But Freud certainly believed that speech errors were informative. He may have said that all speech errors were Freudian slips. He wouldn't have called them Freudian slips, but were the result of a defense mechanism. That's not right.

When your mother calls you by the name of your sibling, it's probably not that she loves the sibling more than you or something like that. It's probably just that they're stored nearby. And in the effort to get speech out, you grabbed the wrong thing. There are lots of speech errors like that.

But there's no denying that there are speech errors that seem fraught with meaning. So years ago, there was a faculty mini course here given by the Course 21 folks where faculty could go, and we could sit and read Shakespeare together. Lots of fun.

The then head of the literature section of 21 was lecturing about *Measure for Measure*. *Measure for Measure* has a duke in it. He wanted to talk about the evil duke. And out of his mouth came a sentence about the evil dean.

[LAUGHTER]

This was a man who everyone in the audience knew was fighting tooth and nail with the then dean of humanities. And you listen to that, and you just say, Freud was on to something. But at the same time when-- not almost exactly, but same era.

I'm walking down the street with my wife. I look off to one side. I say to my wife, look at that beautiful bunch of lenses. And my wife looks at me like, oh, there he goes again, but then looks over there and realizes that what I had seen was a collection of irises, the flower.

[LAUGHTER]

If you are a vision researcher-- right? Lenses. Yeah, you got it. It is unlikely that what that was doing was reaching some deep unconscious desire of mine to poke out my wife's eyes or something unacceptable like that. It was just a speech error. And I suspect Freud knew that at some level too, whatever he may have written.

But what his job was as a therapist was to slowly painstakingly listen to his patient and see if he could find the lump, the lump. It's like those things you do at Halloween haunted houses. You stick your hand in someplace where you can't see. It's always spaghetti or something.

No? It's not spaghetti. It really is brains? Well, anyway, yeah, you don't know what it is. You're feeling around. It's like that.

Oh, and the last bit, since I know the terms are on the handout, two other clues that Freud believed were useful were what he called transference and countertransference. In the protected environment of the analytic session, analysts trained themselves-- Freud trained himself to be as emotionally neutral as possible. And this had the setting as neutral as possible.

And nevertheless, he would hear from time to time, with actually some regularity, accusations from his patient like, I'm having real trouble dealing with the hostility that I'm getting from you today or something like that. And he came to the conclusion that what this was a transference of emotions from the outside from the real problem on to the protected setting of the analytic session. Anna O's hysterical pregnancy could be seen as a transference here, that a love or a romantic attachment that might have been appropriate out there somewhere was being brought into the analytic session.

Part of the idea of keeping yourself emotionally neutral was that you might catch this feeling yourself, not hear it express directly by the patient, but you might find yourself feeling somehow inexplicably hostile to your patient. That's countertransference. You might think of it as a form of empathy, an odd form of empathy where you're feeling emotions that you don't think are really yours as the analyst.

It's not that you love your patient, or that you hate your patient, or that you are actually anxious. It's that you're picking up this as though you were an antenna for your patient. Now, of course, the difficulty is, do you really think it's possible to keep completely neutral about somebody you're working with maybe several times a week?

How do you know? How do you know when an emotion that you're feeling is really a countertransference to you, the analyst, or when it's really just a lapse in your own behavior? These are the sorts of problems that worried analysts in their practice. But the broader goal here is it's all detective work. You're looking for that lump, so you can bring it into the open, diffuse it, and release it, so that it doesn't trash the castle.