

The Freud Reader Study Guide

The Freud Reader by Sigmund Freud

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Plot Summary

This is an impressive assemblage and summary of Sigmund Freud's work in psychology. He is on the side of science during an era where science and theology were often in conflict so severe that they could not effectively function together. One of the great advances for twentieth and twenty-first century humanity is that these two are reconciled much more of the time without science having been reduced to a mockery of itself by religion.

Sigmund Freud is now recognized as being one of the most highly valued individuals in the development of psychology. During this era, psychology has been moving from being at the very earliest stages of development as a science into a field that has more to go on, more grounding, better research methods, more effective and extensive therapeutic techniques. Freud did something that at the time was viewed as drastic. At this point in history, his work is considered to be an incredibly valuable contribution: he introduced the idea that traumas related to some kind of sexual assault or abuse could be deciphered and that the problems that resulted could be treated - people who had suffered such things could actually be helped and disclosure could be done either directly or through the use of symptoms. He showed that hysteria was not strictly limited to women, even though the whole psychology of it was different. He began to make some effort to differentiate between the psychologies of women from men in an effort to create a more accurate framework for understanding and treating women. He argued that homosexuality was a rather natural, if limited orientation. He claimed that all humans have a bisexual element to them, rooted in prepubescent orientations towards parents and siblings. He introduced the idea of child psychology and pre-pubescent nascent sexuality in children even in terms of their self-orientations and orientation towards the world. He also was willing to include women in the field on a professional basis. This is exemplified in two extended activities: one is that he nurtured his daughter Anna's efforts to become a psychoanalyst in her own right - it worked. The other is that he and other women relatives included Louise Andreas-Salome, often known as Lou. While this Lou somehow never had an overt and clear career, she was a renowned intellectual of her era. The book covers in much greater detail these strides forward in the development of psychology as a real science through its chapters.



Chapter 1, Introductory Material

Chapter 1, Introductory Material Summary and Analysis

There are five separate sections of introductory material to this book. The sections are: Preface, Introduction, Sigmund Freud a Chronology, A Note on Symbols and Abbreviations, Overture, An Autobiographical Study. These are followed by six parts, each of which contains a number of chapters followed by concluding remarks after the main body of the text.

Editor Peter Gay introduces Freud as one of the select men to have given shape to the twentieth century: he is one of the major contributors to improvements in knowledge that serve culture and humanity. The editor then explains that Freud's works have not been as well read or by as many people as would be best. During the Introduction, Peter Gay explains that Freud had the psychology of being an outsider. The Introduction has four headings. The second reports that the culture of philosophy in Vienna, Austria at the time had lost its proverbial mind altogether as far as Freud was concerned when it began to advocate the use of fallacy as a legitimate substitute for the truth. Partly due to this prevalent attitude, Freud hated philosophy, even though to some extent he practiced philosophy himself. It was the lack of dedication to practical truth that had really turned him off; this ties in directly to his experience as a scientist, which is the next section. He did research into cocaine, in how this strange plant could be used in medicine as an effective local anesthetic. The remainder of his research was in psychology. This was an area in which research had some specific difficulties, including intangibility of the subject matter. The fourth section is "Organizer". Here, Peter Gary shows how Freud was able to build up his ideas, and to create a platform for them. He began informally, but then it grew into the Vienna Psychoanalytic Society. Prior to his death this became an international organization.

The edition of the book used to create the summary is the 1989 W.W. Norton & Company, Inc. version. There is not clear referencing of who did the translations of Sigmund Freud's writings from the original German into English prior to being assembled for The Freud Reader first edition. Peter Gay is not listed as the translator but purely the editor. The norm in many cases of translated texts would be for the translator to be referred to. The incredible import of Sigmund Freud's work on the field of psychology internationally is most likely responsible. Translations have likely proliferated, making multiple versions of his various writings available in English forms rather than the editor having needed to be able to translate them in order to compile The Freud Reader.



Chapter 2, Concluding Introductions & The Making of a Psychoanalysis

Chapter 2, Concluding Introductions & The Making of a Psychoanalysis Summary and Analysis

The analysis of and use of hypnosis is addressed. Freud believed that it was both real and that it had applications in psychotherapy. Charcot was one of Freud's eminent intellectual mentors. Freud reports Charcot as having been attentive and a good listener. Charcot made progress in psychology because in his clinical practice he made numerous observations. He would order his findings and make efforts to test their validity within the practice. It is significant that Charcot was French and that he did his work in France. His students and his work colleagues were very obviously important to him. Charcot was able to decipher hysterical and neurotic symptoms in men and women. He admitted that he had simply overlooked a great many clues until sufficient thought led him to the breakthrough. Thanks to him, awareness and categorization of neurotic symptoms have been made more widely available in many countries.

Anna O. becomes the first official and classical patient of psychotherapy. It turns out that she a brilliant and creative woman who loses her mind while her father is dying. She begins to recover when she has a successful attachment to a therapist. Sigmund Freud listens to her a great deal. Peter Gay explains that even though she is this classical patient and had fallen into that deep of a disturbance, she was healed and proceeded to have a career in which she used her extreme intelligence and other talents. Among other things, this shows the temporary nature of mental illness.

The remainder of Part One is devoted to well formed case descriptions. In the world of psychology, the case study is a major form of organization and research. Compared to other empirical sciences, the case studies amount largely to anecdotes from the personal lives of each patient. These are then interspersed with notes from Freud about who the patient was, what the problems were like in the first place, the case studies, and then Sigmund's analysis of what the patient had described. Symptoms were frequently reduced by repeatedly listening attentively and with compassion to the patient as he or she re-told the personal story. Often times, the psychologist was able to advance the patient's condition by making some suggestions. Psycho-analysis, the system Sigmund Freud was devising, was dominated by the 'talking cure' and the 'listening cure'. The special method of uncensored honest speech and the carefully cultivated mode of listening are what makes this most effective.



Chapter 3, Dreams

Chapter 3, Dreams Summary and Analysis

The main concern is whether the contents of anyone's dreams can be effectively interpreted. The case studies show this is done when it's done for the purposes of psycho-therapy. Dreams have been interpreted to other ends, and it should be understood that the goals influence the way dream ideas are interpreted. This is followed by another section entitled On Dreams. This is followed by Fragment of and Analysis of a Case of Hysteria ("Dora"): This was a short case of eleven weeks. As was often the case, the patient was a woman. She was quite a young woman, and he had known the family for some time prior to her coming into treatment. Freud did not think that the therapy was in any way complete, but the patient ceased showing up. He was left puzzled. Decades later, other psychologists had in some cases altered their practices because of the implications of such patient's behavior with respect to therapy. Eventually, therapists figured out that there was a pattern. The pattern was that when the patient improved, the family dynamics were altered, at times severely, and problems or conflicts that had been hidden before quickly saw the light of day. This has been shown to be so true that often more contemporary therapists will insist on treating the whole family in order to solve the actual problems that have caused one of the relatives to go crazy or to otherwise be sick rather than well. Sigmund Freud was not the one to solve those troubles, but he is one of the early psychologists who laid the groundwork for what could be achieved decades later by the next generation of psychologists. "Dora" is a false name for an adolescent female patient. Her parents were alarmed because they discovered that she was verging on suicidal behavior or running away, was not friendly with her father, and seemed to have had some change of character or personality that the parents found worrisome. The trouble is actually that the teen has excessive and disconcerting knowledge of her father's extramarital affair. The husband of her father's mistress had made sexual advances. The worst he did was grab and kiss her, but he was a full grown man and she was only fourteen years old. Freud referred to this as having been a sexual trauma for her. Her father either doesn't care or thinks this is good. It has made her hysterical - migraine headaches, small doses of amnesia, and other symptoms are cited. "For therapeutic purposes the most important determinants are those given by the fortuitous psychical material; the clearing-up of the symptoms is achieved by looking for their psychical significance," (p. 193).



Chapter 4, The Theory of Sexuality

Chapter 4, The Theory of Sexuality Summary and Analysis

There have been a number of technical terms introduced so far. Hysteria is one. This is one or a bundle of symptoms, behavioral ones, that indicate that something is 'wrong'. Neuroses are also defined by one or more specific symptoms. Sigmund did much to elaborate on these and also to delve into how to remove the symptoms by actually curing the underlying problem. Most of the neuroses had to do with fears that had been caused by actual events. The events did not always seem to the therapist proportionate to the reaction of the patient. This would vary from person to person. Neuroses and trauma were daringly linked to sexual, or sexuality related experiences. These were not the sole cause of neuroses, but prior to this, sexuality had been rejected or ignored as a relevant component to these concerns. Therapy had tended to either dismiss or overlook the consequences of a sexually triggered trauma or to collude in the denial of this. For their part, patients probably suffered from serious inhibitions over and above fears surrounding the perpetrator and collusion on the part of other adults in society. The anxiety was likely rooted and directed towards the greatest source of harm - women in the case of female perpetrators, men in the case of male perpetrators.

Freud calls 'periodic depression' a specific type of anxiety neurosis. Like the other types of neuroses, it is curable. Also, like the other disorders, transference is a necessary part of the therapy. Another term for this used by Freud is 'melancholia'. In many cases, dammed up strong drives can contribute to the cause. In normal circumstances, new ways can be found to handle the same old problems. As with the disorders in general, there a number of determinable symptoms of this. Social withdrawal and irritability can both be signs. Peter Gay does not include any case studies involving the cure of this particular ailment. Nevertheless, it is normally referred to only as a 'side issue'. By this point in the book, readers begin to have a clearer understanding of Freudian psychology. As it has been so successful as to have entered the popular culture, it is quite beneficial for readers to develop a more precise understanding of Freud's theory and method of psycho-analysis. The constant reminder that hysterical and neurotic symptoms can be cured is important. Even current American society continues to suffer from anxiety related to recognizing and treating such disorders as neuroses and types of hysteria.



Chapter 5, The Theory of Sexuality Continued

Chapter 5, The Theory of Sexuality Continued Summary and Analysis

Freud repeatedly writes that there is something he believes to be innate that is or is best described as bisexuality. While Freud's work is very limited, he lays the groundwork for childhood development psychology in which the issue he has discovered comes to be better understood. Many boys and girls under five years of age would like to marry both parents, and while each may be interested in masturbation, neither have anything like genuine sexual mature desires or even orientations at that stage. When the same children are twelve years old, most lose their desire to marry either parent, let alone both...and their emergent sexual identities begin to take hold in new forms. There are a number of headings in this chapter. Sigmund Freud is intending to clearly set forth his theories regarding human sexuality. One factor included in this organization for understanding of human sexuality is that the author separates aberrations from healthy sexuality. Included in this is some description about distinguishing between healthy infantile sexuality and also healthy adult sexuality. He explores bisexuality, heterosexuality, and homosexuality in an effort to discern and to clarify what is a type of normal and what are degradation and aberration. These headings are all quoted. 1. The Sexual Aberrations, (1) Deviations in respect of the sexual object, (A) Inversion, absolute, amphigenic and contingent. The former are the pure, true homosexual. The second are psychologically of mixed gender and may have attractions that manifest as bisexual due largely to their own psychology. These can manifest homosexual and heterosexual relationships and attractions. The third type is contingent, which means that while predominantly heterosexual, they will experience or manifest their more homosexual leanings under certain conditions.

Freud's description of bisexuality may not be what readers would imagine. It isn't sexual at all, in the adult sense. It is in the sense that infantile masturbatory behavior and parental reactions to that influence this. The other main element of it is that the child, who will have natural inclinations of loving adoration towards both parents, may learn to adopt the attitude of a member of the opposite sex towards both parents - making it role reversal in one case but not in the other. This is what Freud means by 'infantile bisexuality'. Freud also uses the term 'inversion' as an alternate to homosexual. He describes three separate kinds of these and writes that they seem to be dominated by 'role reversal' behavior patterns, internalized from relations with a parent or with others. Freud does not address the theory that there are those born with a bisexual or homosexual orientation which is as built-in as heterosexual orientation.



Chapter 6, The Theory of Sexuality Continued

Chapter 6, The Theory of Sexuality Continued Summary and Analysis

Section 3, The Transformations of Puberty. [1] The Primacy of the Genital Zones and Fore-pleasure: sexual tension, The Mechanism of fore-pleasure, Dangers of fore-pleasure, [2] The Problem of Sexual Excitation, Part Played by the Sexual Substances, Importance of the Internal Sexual Organs, Chemical Theory [3] The Libido Theory [4] the Differentiation between Men and Women, Leading Zones in Men and Women, [5] The Finding of an Object, The Sexual Object During Early Infancy, Infantile Anxiety, The Barrier against Incest, After-effects of Infantile Object-Choice, Prevention of Inversion. Each of these categories is a rather brief exposition. Mainly, it pertains to infantile masturbation along with childhood development of normal affections. The author explains that in some cases, a child falls in love with a relative. When this happens in early childhood, it is liable to be entirely forgotten during the later pre-pubescent latency period. Even in normal people, the combination of self-gratification associated with masturbation as part of self-exploration and knowledge along with affectionate relationships with loved ones, especially family members, form the earliest characteristics of an individual's sexuality. The author also includes a section on how to prevent inversion. He does not deny that there are cases in which this is natural, but he strongly argues that for the vast majority of individuals, the sexual orientation tendencies can be reasonably well directed towards members of the opposite sex. He admits that the heterosexual norm among the parents often leads to specific dynamics towards opposite sex children in contrast to the normal dynamic for the same sex children of the same parents. He also recognizes that it may require repetitious efforts for the young to learn to find their way into these special relationships with members of the opposite sex.

Character and Anal Eroticism is the next section. There is a note from the editor. What follows is one of Sigmund Freud's papers, published in 1908. He begins by reminding readers that the whole purpose of this work is to heal others through psycho-analysis. He then begins to address how it is that the character of some individuals shows, upon analysis, some discernible relationship with a particular part of the body and its sensitivities. Freud's work has grown so prevalent - he asserts that he felt exceptionally well received in America, that most adults bandy about terms divined from this section of the text, where he describes the 'anal character'. Freud explains that these people exhibit a definitive set of character traits. These are orderly, parsimonious and obstinate.



Chapter 7, Character and Anal Eroticism

Chapter 7, Character and Anal Eroticism Summary and Analysis

The Final Paper in this Part of The Freud Reader is Formulations on the Two Principles of Mental Functioning. This classic of psycho-analysis was originally presented in the German language in 1911. It actually revolves around the replacement of what Freud calls the pleasure principle by the reality principle. There is at least some extent to which it might be wiser to call this the unpleasure principle, as tendencies towards any fixations on pain are relinquished as are attachments to pleasure. Freud insists that pleasure is blinding. Not every reader will agree with this after a thorough examination. He writes that the sexual instincts undergo a radical transformation when the ego actually shifts from the pleasure principle to the reality principle. He claims that those living under the pleasure principle confuse their fantasies for facts - which in the case of some neurotics may be true. He does not include strong understanding of females in this section. While frustrating in many respects, in other ways it simply means that women and men should take care to not read into this actual or imagined slights of exclusion or distortions of what Freud believes to be the truth for women. Freud ends this with a comment that he hopes this paper is a beginning, not an end of this topic.

The first chapter is a paper about Obsessional Neurosis; the patient is nicknamed "Rat Man". The editor has included a note that many people have a misperception of the therapeutic meeting. The author reiterates that the first rule of psycho-analysis is that the patient must speak entirely freely. The Rat Man quickly reported having suffered from difficult thoughts. Much of the time they had not interfered and he had dominated them, but obviously something went terribly wrong or he never would have been in a hospital receiving treatment for severe mental illness. The paper on this case runs up to page 350. The organized notes will be of interest to readers on two levels. One level is for the information about Rat Man; the other is to find out more details about psychotherapy really works. Part of therapy is to let the patient report information rather voluntarily. It is also imperative for the therapist to see what recurs and what is presenting itself in alternative forms so that readers can see how the therapy deciphers clues given by the patient when directness has been somehow thwarted. At times, the Rat Man gives accounts from his childhood. In other instances, he provides descriptions of the ideas that have plagued him to an extent that the therapist has defined them as obsessive in their quality.



Chapter 8, Therapy & Technique

Chapter 8, Therapy & Technique Summary and Analysis

The first of these two sections is the "Wild" Psycho-Analysis. This is mainly a criticism. Sigmund Freud writes about errors that others have made in practicing this. When an individual endeavors to practice psycho-therapy but is not thoroughly well versed in technique, errors can be made. Freud calls these types of experiences "Wild". As is the custom, he shares this information through notes from a case study. In this case, there is a woman patient who arrives complaining about the advice from another physician. She has been told something which, in certain parts of contemporary American society, would be viewed as a perfectly acceptable bit of advice: go back to her husband, or take another lover, or masturbate. Sigmund gives some account of his doubts about her criticism of the previous therapist. He knows the patient is not lying, but feels that there has probably been some distortion of what the therapist meant caused by how it was handled. He is able to help this patient overcome her anxiety neurosis.

Transference is again cited as a requirement for the therapeutic process to be effective. Transferences include the full spectrum of emotion but feelings associated with love and security are of great importance and greatly assist the therapy process. Unless the patient has such feelings towards the therapist, the work cannot progress. However, Freud also explains to readers that suspiciousness, distrust, and fear are all emotions that a good psycho-therapist can legitimately assure a patient won't impede the therapy. Repressed material is what is hidden from view from the patient's own consciousness. Here, Freud is writing about anxiety neuroses, which is only a kind of mental pathology. Repressed material must be addressed, but Freud writes that even when the therapist can see it clearly, it is best to help or allow the patient to get near to it. He writes that the patient need only get into the right neighborhood of the repressed material. He asserts that the Psycho-Analytic Society was developed in part to maintain quality. He explains that anyone who intends to give therapy should also be able to take it; meaning that it does require a particularly mentally healthy type, but also someone who really understands what is happening. Normal friendship really is different from the therapy relationship, and the relationship between therapist and patient is one of good-will and it is hoped, trust.



Chapter 9, Beginning Treatment, Transference-Love and A Male Choice

Chapter 9, Beginning Treatment, Transference-Love and A Male Choice Summary and Analysis

Freud reminds readers that the first rule of psycho-analytic theory is to be entirely honest, to not censor oneself. Here, the therapist must combine both patience and insistence. It may take the patient some time to open up; this typically includes working through his or her own inhibitions in this regard. Freud refers to "complexes"; these are combinations of thoughts and behaviors that are interconnected within the psyche of an individual. Both when the analyst can see these clearly and when he or she cannot, the patient needs to find these. Regarding this lack of censorship: Sigmund Freud writes on page 374 that it does not bode well if a patient has to confess to their therapist that he or she was even considering withholding information from the therapist. He writes that women who have been either sexually assaulted or particularly frightened by or threatened with this type of assault and men with intensely repressed homosexual material are often the most hesitant to share information without censorship during psycho-therapy, at least at first. He writes of how patients often naturally divide their therapy into two sections: the official and the unofficial, with the latter being less formal. Freud explains that both are therapy, and that the patient may initially give the best information during the 'informal' part of the session. The typical therapeutic session lasts an hour. The next issue Freud brings up is how to tell the patient what has been discovered. He tells readers that the timing for these things is important. Here he brings up transference and resistance. Much of the cure comes from overcoming unhealthy methods of resistance, to some extent, resistance to communication. Symptoms are destroyed as their causes are laid bare.

Freud describes what forces are set in motion through therapy. Foremost is the patient's desire to be released from suffering. Behaviors that seem strange to normal people are decipherable to psycho-analysts. Transferences can 'prop someone up' on their own, but the patient is only truly cured when these are no longer needed. When transference alone gets rid of symptoms, this is called treatment by suggestion - which is more connected with hypnosis. Transferences are used in psycho-therapy to remove mental internal resistances that have given the patient trouble. These resistances are not to be confused with what would be considered healthy inhibitions and other sane forms of self-control mechanisms. The next section is: Observations on Transference-Love. Here he reports that there is healthy transference and unhealthy forms. He also mentions "ambivalence" as a technical term for when an a patient has both love and hate for the same person, condition, or thing.



Chapter 10, Therapy & Technique

Chapter 10, Therapy & Technique Summary and Analysis

Freud writes frequently about unconscious material related to incestuous feelings and barriers surrounding them. The predominant cases do not include physically incestuous activity among the people. Nevertheless, Freud writes that there are numerous occasions when there is some kind of incestuous feeling because of the connections within a family of how individuals learn to love and who they are among during puberty and adolescence. These are often sources of repressions and are involved with the neuroses of neurotic patients. Freud again overtly admits to and alludes to the existence of differences between men and women that preclude him to being able to generate an adequate psycho-analytic theory for women. Particular challenges are presented when people very evidently most love people it is not acceptable for them to romance, and are pressured to or forced towards people they do not even love for sexual expression and fulfillment. The case of the "Wolf Man" who suffered from a form of infantile neurosis comes up next.

Freud informs readers that he hopes to set forth a complete theory. It must be understood that he means encompassing and effective for use with normal and pathological people. Everyone cured has regained totally or completely, a normal mind. The editor includes a note that shows that Sigmund Freud did not view homosexuality negatively, at least not with any kind of extreme. His contemporary Carl Jung was not particularly disturbed by it and wrote that in India, the men had an attitude that intimacies among men friends that some would call homosexual activities were more or less accepted even among generally heterosexual men. What follows is a study of Leonardo DaVinci; the famous genius. The scope of his abilities was not viewed as exceptional, but the level at which he was able to achieve was. He was also handsome and charming, which obviously made it easier to persuade others to support his efforts. Leonardo was known to have been sexually celibate most or all of the time. This was not unheard of in the time and place. While Michelangelo had a special intellectual friendship with a woman which was well known, Leonardo did not. Freud's description of this celibate man's homosexuality is considered to be a matter of common knowledge. It is founded what Freud describes as an individual's emotional attitude rather than through their overt behavior. The restraint of the artist's behavior - he was not romantic or sexual with anyone during his lifetime and everyone knew this, has meant that this conclusion was drawn from more subtle and perhaps delicate experiences and perceptions than would often be the case.



Chapter 11, Psycho-Analysis in Culture , Leonardo Da Vinci

Chapter 11, Psycho-Analysis in Culture , Leonardo Da Vinci Summary and Analysis

While the discussion of Leonardo Da Vinci is somewhat interesting, it stands in the overall body of *The Reader* as secondary in importance to *Totem and Taboo*. Freud defines homosexuality, which he calls inversion, in this context as being defined by an emotional attitude towards others rather than by the actual behavior. Readers may agree or disagree, but that is how Freud explains it. Freud has attempted to discern the truth or falsehood of claims made by homosexual men to determine whether nature made them that way, and if so, was there a decipherable process. Readers may agree or disagree, but Freud's psycho-analysis showed that his homosexual male patients had loved their mothers very much; so much in fact, that she is entirely irreplaceable and that the homosexual man has somehow also taken on a behavior that may have been reflected in the father - that of being a faithful partner to his mother. However, given the incest taboo and other societal issues, the boy's love faces challenges, and in those cases where even in its great intensity it becomes repressed, the man will tend towards homosexual behavior later in life. Freud writes that many homosexual men are even attracted to women, but that they engage in behaviors to avoid the other women as if they want to avoid being unfaithful to their mothers. Often these men have strong, energetic mothers. Freud suspects that in some cases, it might have been avoided if the father's presence had had a little more strength in the mother and son dynamics.

While intimacy between mother and son does not always cause homosexuality at all, where Freud's patients were homosexual men, there was a consistent erotic connection between the man when he was a boy and his mother; this connection was exceptionally strong. Freud assesses Da Vinci's painted smile - the one type of smile turned into a characteristic of his style as a painter. He was simply a celibate who took in students based more upon their beauty and charm than their talent. He looked after the boys both in a fatherly way and as their teacher and mentor. Freud does not doubt that Leonardo has been viewed as a homosexual, although the evidence is really only that he was a celibate man who had more associations with other males than females. Freud states that temporary mental illness (properly treated, most mental illness is temporary) is not a sign of a person's general inferiority. This has cultural implications. If nothing else, this point at least bears repeating as many continue to view people having their mental health problems healed by going to mental health care healers as something to be mocked, whereas others view it simply as a 'wise move'.



Chapter 12, Totem & Taboo

Chapter 12, Totem & Taboo Summary and Analysis

Freud schematically sets out what a totem is. Essentially, it is an especially protected species or subspecies of animal. In short, if it is a pet, then it is being treated as a totem animal rather than as a wild adversary or a creature that is not a totem. For many who have had pets and hoped this theory to be more exotic this may be a disappointment. However, for those who have experienced or can conceive of nature with all her animals and plant life, to differentiate an entire group of animals as ones that we - as a group of humans, won't hunt don't and kill, is a to make a major distinction. These animals are often offered apologies if they are killed out of the need for food. Finally, the kinds that are able to be highly dangerous to humans are, when they are totems, able to serve a protective role. Totem animals' names are often used in clans and on ceremonial items. Their skins may be worn for special occasions and if they are used in rituals then they are treated in a special way. Freud lists twelve characteristics of totem animals in an anthropological manner. Some tribes view the animals as having a common ancestor, and that totem animals would provide prophecies or foresight. JG Frazer's four volume work *Totemism and Exogamy* was published in 1910 and was used by Freud. Sexual relations among members of or at least born and raised within the same clan were banned. Totems descended through the female line. Freud refers to Reinach as well as Frazer as experts but also delves into their disagreements.

Freud discusses the incest taboo, and the horror of incest. He examines the taboo. It becomes rather clear that it is associated with horror when someone really didn't want to, but did anyway through intimidation, force, either directly or by implication - perhaps an elder subjects a younger to something sexual. The other causes of horror would be that this made someone else in the family dangerously jealous, or rendered the family as a side effect of jealousy. The father is lost when the collusion between mother and son is overwhelming and consolidated, or the mother leaves in horror if her daughter and husband became lovers. Perhaps a child runs away in horror because the parents have grown hostile because they are angry about the child's interference in their love life and sexual relations with one another. The child is jealous, and ends up leaving. There are cases when the taboo has been broken without personal horror - typically when those involved were genuinely willing. Within the current civilized societies there would still be apt to be great trouble if only that of systematic deceit on the part of the couple to dissuade others of the realities of their intimacy to avoid being despised by everyone else.



Chapter 13, Psychoanalysis in Culture Continued

Chapter 13, Psychoanalysis in Culture Continued Summary and Analysis

Not only is it soft and heavy and may on the surface appear to be worthless, it isn't. In one case, the suitor wins and readers are assured that part of what has happened is that the suitor has already secured the lady's affections. In part it has to do with great value that is less flashy, and in part it is about the seriousness of marriage and the importance of a relationship that won't necessarily financially benefit the groom but will be beneficial in other ways. There is the dutiful love, which is sometimes the best and most true, albeit less flashy. There is also the idea of the third, youngest and best daughter, which stirs up competitive jealousies or gives great hope for youngest daughters. By sheer coincidence, the editor explains that Sigmund Freud's third and youngest daughter Anna was becoming of some especial interest to him in part emotionally but also because he realized that she was brilliant. Readers will likely have heard of Anna Freud, who in fact, was able to be included in psychology and progressed the field like her father before her, only in her own way and with the advantages of the work that he had achieved. To some extent, it is just that by being his daughter she was able to become one of his younger generation work colleagues instead of being left out by accident or on purpose. There is a brief discussion of the relevance of the fact that King Lear is a dying man, and that this play by Shakespeare, the English playwright, takes good account of what that means.

The next section was published anonymously but is still known to be the work of Sigmund Freud. Doubtless, there were many who had no idea this was the case. It includes an almost bizarre ornate write-up about a statue of Moses. There are two figures, one in which his hand is away from his very long beard and another wherein he has taken his beard well into his own hand. There is some discussion about how to interpret this and along with it substantial discussion of the perceived emotions and actions of God and Moses with respect to the faithless Jews having made themselves an idol of a golden calf and dancing and enjoying vigorous celebrations. Sigmund Freud was one of those professed atheists who did not feel that atheism would be the ruination of his code.

Following Totem and Taboo there is a section entitled The Theme of the Three Caskets. The theme in this story is that when it comes to marriage and love it is better to choose than either gold or silver. In one version it is about accepting the limitations of one's partner, whether it is less beauty or money, than some other. In another case, the idea is simply for the suitor to be able to choose the woman because he actually knows her, knows her essence well enough not to mistake something or someone else for her.



Chapter 14, Transitions & Revisions

Chapter 14, Transitions & Revisions Summary and Analysis

The first section is devoted to narcissism, which occurs when healthy self-love has been taken much too far. Editor Peter Gay writes a note before the paper which remarks that on the whole, other psychologists found the contents of this message to be "disturbing". He proceeds to characterize and to explain the libido in terms of the ego, and in relation to objects. Narcissism in its simplest form is described as 'caring and attentive masturbation,' where an individual gets engrossed in stroking himself or herself. In these cases, he writes that the individual is treating his or her own body as a sexual object. He then goes on to distinguish external sexual objects - others, and ego-instincts and ego-objects. Then he explains that there is ego-libido and object-libido. Here, again, Freud informs readers that he has developed these concepts for application in and towards the healthy mind, and yet he conducted his research with patients - people who came to him mentally ill and left mentally healthy, or at least, less sick. He suggests that the norm for people is to have a threshold of how much of their own libido they can manage without including a partner, without entirely selfish motives. Freud writes that people need to love and he is discussing the libido, so he is neither excluding sexual activity nor suggesting sexual intercourse without love.

There is an eleven page paper on the unconscious. Sigmund Freud claims that one of the weaknesses of philosophy is the high value they place on consciousness without including what he views as unconscious. Section 1: 'Justification for the Concept of the Unconscious'. Freud calls it self-evident that the majority of knowledge each person has is unconscious much of the time; that is, whenever it is not being used. He refutes the term 'subconscious' and calls it 'misleading'. He mentions 'double mindedness' or 'double conscience,' where two diverse psychic attributes drive behavior along different lines.

2: Various Meanings of 'the Unconscious - The Topographical Point of View', Freud mentions neurology and psychology in this section. "On superficial consideration this would seem to show that conscious and unconscious ideas are distinct registrations, topographically separated, of the same content," (p.580) 3: [there is no 3 in the text - this is not an error], 4: Topography and Dynamics of Repression: Here is an excellent description of the relationship between the unconscious and the conscious: "When two wishful impulses whose aims must appear to us incompatible become simultaneously active, the two impulses do not diminish each other or cancel each other out, but combine to form an intermediate aim, a compromise. 5: The Special Characteristics of the System Unconscious. This includes a subsection on mourning and melancholia.



Chapter 15, The Dependant Relationships of the Ego and The Dissolution of the Oedipus Complex

Chapter 15, The Dependant Relationships of the Ego and The Dissolution of the Oedipus Complex Summary and Analysis

Psycho-analytic treatment begins with a search to unveil the trouble beneath symptoms of a patient. The doctor normally meets with what are called resistances in the patient. When setting about the work of overcoming these resistances for the purpose of actually healing the patient, the character of the individual becomes apparent. The exceptions are described first. The reality principle as indicative of a mature adult is distinguished from childhood, which Freud claims is governed by the pleasure principle. Part of therapy involves foregoing some immediate pleasure for a superior pleasure later on. Exceptions have, as part of their psychological complex, this feeling that he or she deserves to be an exception to make up for some injustice that has been endured.

Section 5 'The Dependent Relationships of the Ego' begins with Freud referring to the complexity of the reality of the topic, and how it has given rise to what is or appears to be some disorderliness to the organization of these sections of the the book. He writes that criminality often emerges as a response or reaction to a pre-established sense of guilt within the criminal. This guilt is often unconscious but may be uncovered through therapy. He writes that the super-ego conscience in men patients tends to intensify in its severity proportionately to the curtailment of his own aggressiveness in action.

Part 6 - The Last Chapter begins on a leaf between pages 658 and 659. The Dissolution of the Oedipus Complex. During the 1920s, Otto Rank put forth the notion of 'birth trauma' and its significance in psychology. Also, new work was done in the terrain of female psychology in the arena of female sexuality. Here, Freud felt it was important to again check for gender differences rather than focusing upon the similarities. For the first time, Freud clarifies that in normal human development, the Oedipal complex is truly vanquished, and that it is done so through more than a simple mental mechanism of repression. These works are lectures which he prepared to help one of his favored organizations to repair their financial problems. The entire book covers the scope of Freud's work. Any serious student of practical psychology will find this to be an excellent work for useful historical knowledge. It will be clear that there are some things that are still current for practitioners of psychology today. At the same time, some will surely strike experienced psychologists as an old outmoded way of going about things. Readers receive elementary foundations of the theories, including some of the revisions. Readers are also introduced to the methodology of this emergent science. It is hoped that humankind will grow accustomed to and happy with these advancements

so that mental health care will be viewed with the same level of respect for both the patients and healers.

The Freud Reader

Summary and Analysis



Characters

Sigisimund Freud

This is the subject of the book. He was born in Freiberg in Moravia. Moravia was included and renamed Czechoslovakia during Sigmund Freud's life. He is often called Sigmund in America. He was born May 6, 1856. He died September 23, 1923. When he was still very young, his family moved him to Vienna, Austria. He received his education there and conducted the vast majority of his professional life there as well. He was not the first to continue the development of psychology, but was one of the earliest workers to transform this questionable idea into a real science and into an actually effective portion of practical medicine. He was mentored by eminent men and once established he brought others up after him. He also did this in his family. In fact, one of his daughters appeared to have arrived with the most suitable gift - the knack for psychology and the ability to take her father's work to the next level. Her father supported her in this matter. Anna Freud has become renowned in her own right as well. Sigmund Freud had five sisters and one brother prior to becoming a husband and a father. He had his daughter make a public report during an illness, introducing her publicly as another of the younger generation to be associated with his work. She read on the first efforts to set up an understanding of females within the field. He also included a number of younger men.

Sigmund Freud is closely associated with developing a psychological theoretical framework and therapy system that includes sexuality. There are those who feel his work overemphasizes the role of sexuality. Others feel that he has performed the world a great service in bringing sexuality out of the darkness. He included healthy and unhealthy sexuality. He included innocent prepubescent 'sexuality' and he also included problems that he publicly wrote and acknowledged as having been the destructive results of sexually related crimes and abuses. To many in the Americas and abroad, this was a major breakthrough since disclosure could result in successful healing of the patient and removed the 'curse' of silence that protected the perpetrator/s.

Sigmund developed as an excellent student and was able to develop enough leadership ability to establish the Vienna Psychoanalytic Society. He had many friendships, with others also pioneering in the same field including Carl Jung. Even in cases where there was a major falling out, many friendships between such colleagues caused everyone involved great benefit. However, Freud turned downright hostile to Carl Jung for many years, perhaps because he was more in favor of hypnosis. Hypnosis, the listening cure, talk therapy, and knowledge of what the normal and abnormal human psychology is like were determined and catalogued at this time. Both Jung and Freud were friendlier to women and to homosexuals. Freud claimed that everyone has a bisexual element rooted prior to puberty. Freud claimed that homosexuality was not a form of mental illness at the same time as he addressed that homosexuals and heterosexuals were typically effected if they suffered any kind of sexual abuse. For many, these are precious strides forward in civilization and medicine.



Charcot

This was a French psychologist of the nineteenth century. Sigmund Freud was a great admirer of the man and his work. He worked as a neuroscientist. He was a hospital physician. He worked on psychology from the neurological science end and from the intangible or communicative element. He changed the department that he worked for; this was relatively normal for the French but would not be the norm in many other locations. A new Chair was created for him so that he could give up the Neuroscience Chair.

Charcot reported that he made a great deal of progress by contemplating what he did not understand. He wrote that he did this in relation to his work. He had many breakthroughs this way. More than once he discovered that he had overlooked a substantial amount of important information that had been present the entire time within the clinical atmosphere. That which had been incomprehensible suddenly made sense, and he was able to formulate a systematic way of understanding what he had realized, or figured out. He attributed the bulk of his success with neuroses to this process of observing and working with his patients within the mental illness portions of the hospitals and giving matters a lot of thinking over when he ran into things that did not seem to make sense.

Freud attributes the existence of most of the neuroses, and the theory of neuroses and being thanks to the work of Charcot. By the end of Part 1, Freud writes that he is considering abandoning the theory of neurosis. Nevertheless, Charcot's willingness to continue making observations and to revise and amend his knowledge and understanding throughout the many years of his practice accumulated such that he was one of the most powerful influences in contemporary psychology.

Wilhelm Fleiss

This is another of Freud's more mature colleagues. He had also made substantial advancement in psychology. Early in Sigmund Freud's career, there was a 'seduction theory' of neurosis. Sigmund Freud changed this. Fleiss encouraged his colleague's work at including and coming to recognize the reality of both the good and bad ways that sexuality operates in the lives of people. Fleiss often benefited Sigmund Freud through correspondence.

Anna O.

This is one of Sigmund Freud's most famous patients. Her condition was very bad for some time. She is an excellent example of how much therapeutic interventions can be helpful. It turned out that she was a brilliant woman. This worsened her illness in certain ways, but once released from her mental disability, this was of great benefit to herself and to others. Most of her mental illness hinged upon a few manageable factors. One of these was that she had been very close to her father and had been his nursemaid when



he was ill. However, after his illness reached some specific level of severity, she herself grew ill. The stress, to her, of making mistakes had grown into conditions that led to illness.

Another factor was simply grief. She was not looking forward to the loss of her father. She had to grieve; apparently she began this while he was still alive and it carried on, worsening after he had died.

Time was also significant. The amount of time that Anna O. had had available changed dramatically. Whatever had caused her to be sick forced or provided some excuse or escape from the responsibility of taking further care of her father. Once he was dead, she suffered from suddenly not being needed. There is a sense in which she also lost her reason for being sick.

The finances go unmentioned, but she ends up hospitalized. Sigmund Freud gets involved and begins with examination and then listening. She tells him all about her fantasies. It turns out that even when she wasn't mentally ill she had a vivid fantasy life balanced out by her awareness of reality. She had developed along these lines because she was bored, and found some comfort in this method of self-stimulation of the psychological kind.

Sigmund Freud, the therapist, figured out more and more of what was really going on with her. Once he did listen to her fantasies he also began to receive news of the truth in more accurate forms. Progressively, Anna grew to trust her therapist and to use her relationship with him to bring her increasingly back to reality. Working together, she began to figure out that when she had a strong symptom it typically related to some intense memory. In her own case, speaking of these things and being listened to really did help her to feel better. In fact, her cure seemed to depend more upon awareness and being heard than anything else. Once she knew why she had been upset by something and shared this with the therapist, her symptoms triggered by the memory declined, and she healed.

Dora

This is another major patient of Sigmund Freud's. She was also a hysteric, but a hallucinating neurotic. Like some of the other most difficult cases, she was able to be cured through the proper use of psycho-analysis. There is an entire paper devoted to her case in *The Freud Reader*. It turned out that most of her hallucinations were about specific events, part of which were retained, and that set her off. For example, there was a case where the quality of fabric of a dress triggered a memory of one particular day, and as a consequence through working with the analyst, her babbling about 'blue' was eventually deciphered. Once the incident was uncovered, progress was readily made. Like so many of his patients, Freud was very grateful to how much he learned through treating and curing them.



Macduff

This is a Scottish folk hero. He is referred to in the section of Part 3, entitled "A Special Type of Choice of Object Made by Men". He is described in terms of how he was born. Freud writes that he was 'ripped from his mother's womb'. This might indicate a cesarean section or some similar operation in which that is actually what happens.

Carl Jung

Carl Jung was another eminent and radically progressive psychologist. He was contemporary with Sigmund Freud. His approach to psychology was greatly benefited by knowledge of Freud, but the two of them also argued and went their separate ways. This often occurs when an individual outgrows a mentor or when two men discover that they are more equal than superior and subordinate. Freud and Jung both used talking and listening and analysis as part of effective therapy for patients. Both worked in hospitals. Both had numerous female clients. Both progressed women despite their biases and shortcomings with respect to women. Both agreed in the existence of unconscious and conscious materials. However, Jung focused upon archetypes, whereas Freud focused on uncovering difficult memories in the patients to work them through releasing symptoms.

Moses

This is a famous ancient Hebrew. He comes up for discussion during a section of Psychoanalysis in Culture, where he is writing about how to interpret two figures in a statue of Moses. The scene was the one about how the people had devised their own golden calf and proceeded to celebrate about it. God had instructed Moses to do something about this. The author writes about interpreting the anger and determination of Moses by interpreting the way he was holding his beard.

God

In The Freud Reader, God is mentioned a number of times, but not necessarily as readers might expect. While Sigmund Freud respects the history of mankind, including religion, Sigmund Freud, although a Jew and therefore of the chosen people of God [as known to many readers through Judaism and his son Jesus the Christ of the Jews] is an atheist and a smoker. As such, God, to Freud, is merely a vestige of human psychological and cultural evolution just as he and many of his contemporaries viewed the pagan gods of the pre-Christian Grecian philosophers. Despite his disbelief, as a nineteenth and twentieth century man, Sigmund Freud had of course heard of God, and was familiar with the Judaic form of cultural and religious practices most intimately associated with Him. Freud harbored no antipathy towards God, he simply believed that human beings are mistaken to have concluded or otherwise come to believe in the existence of such an entity, and that God does not exist except as a means of bringing

false comfort to human beings. Sigmund Freud does not believe that atheism is any cause for the abandonment of ethics - admittedly there is social division on this issue.

Napolean

This man is mentioned briefly during the last chapter as the source of a colloquialism. Sigmund Freud writes a variant of a Napoleonic phrase which is 'Anatomy is Destiny'. This is in part but not limited to, designations caused by gender differences.



Objects/Places

Czechoslovakia

This is a region in Northern Continental Europe. It has been an area having only minor political and military influence but it has maintained itself for over a millenia. The name of the governing bodies in the area have changed. The Czechs and the Slovaks have had separate and united republics: they are not exclusive but are major in the dynamics of that location. Freud's family spent part of his life in this region. They migrated from there to Austria.

Vienna, Austria

Austria is one of the small number of German speaking nations in Europe, the largest of which is Germany. Austria and Switzerland are both other nations where the German language figures prominently in the society. Austria borders Germany in the south and sports a vibrant trading community, cultural riches, and awe-inspiring mountain ranges.

Paper

In this case, a paper means an organized 'essay' form of the author's case studies. There are 'papers' within The Freud Reader. Not every section of the work is one of these 'papers'. Freud uses these in order to share information in an orderly manner with others who practice psychotherapy and have an interest in the subject matter. The editor has facilitated compiling a number of these into this book. Originally, many of them were published in magazines or other journals specific to the field.

Dreams

While not an object in the usual sense of the term, these are so important that an entire section of The Freud Reader is devoted to them. These are esteemed venues of the unconscious mind. They are often full of meaning, and the correct interpretation of them means a great deal. They are most prevalent in Part 2 - The Interpretation of Dreams, and On Dreams. Freud did not perform his most major work with dreams; however, the connection between daydreams and hallucinations in the cases of severe hysteria and neuroses was a well known fact.

Family

Families are typically involved with the therapy of individual patients in more than one way. Sigmund Freud often worked with patients who had been hospitalized for their mental illness. Normally, this could only occur if someone in the family took



responsibility for paying for the treatment. In many cases, the individual's symptoms were directly connected with problems within the family of the patient. As such, there was often much discussion of family within the therapeutic context.

One of Sigmund Freud's followers and younger generation of colleagues came from his family; his youngest daughter Anna was able to make great progress, having been strategically placed as his daughter to help him to avoid overlooking her due to gender issues.

Chronology

There is a chronological piece early in the book. This gives readers the opportunity to put the author's work into perspective with an efficiency not often found. It covers the entire duration of his life, marked by the year.

America

This term is used early on in the book when Freud remarks that he visited America and had a good experience. As with most nations, this seems like a specific term from outside of the country, but from within it is noticeably vague, although true.

The Vienna Psychoanalytic Society

This is the name for the formalized version of a group developed by Sigmund Freud. This first formed as an informal society so that Sigmund could combine socializing with pursuit, development, and explanation of his psychological work. After some time, this became a platform from which Sigmund Freud could launch his efforts to devise order and revise psychological therapy and technique for the purposes of healing.

France

This European nation has had its turn being the cultural hubub of Continental Europe. One of Freud's intellectual predecessors and perhaps mentors was Charcot. One major factor in Charcot's life and his work in psychology was that he was a Frenchman working in the French culture. The main way that Freud writes of as having importance is that among French hospital physicians it was not considered abnormal for any one doctor to change the department within the hospital in which he worked without actually leaving the hospital. In Austria, this was not considered 'reasonable behavior'.

England

Sigmund Freud spent time living in England. While far from the main location of his adulthood, England proved to be a pleasant enough alternative and a great relatively



safe place compared with Austria during the 1930s and 1940s particularly given that, despite his outspoken atheism, Sigmund Freud was definitely a real Jew.

Totem

In the context of this book, a totem animal is one that is viewed as especially sacred and has a number of privileges and protections not normally allowed. There is normally a ban against hunting a totem animal. Individuals of this type are often taken in as pets. The animal's name is also often used for naming clans or other groups within a higher level of the social order. Whenever individuals of the totem animal is killed, it is typically offered special apologies for its sacrifice. With the information provided in Totem and Taboo, readers can see how true it is that the domestic breed of feline is, in fact, a totem animal. Their reputation among the ancient Egyptians precisely represents much of the true 'totem animal' special treatment.

Sacrifice

These are combinations of killing with religious ceremonial attributes. The term is used in this context with respect to Totem and Taboo.



Themes

The Dynamic with Patients

In order for psycho-analysis to proceed there are a number of features of the special dynamic between doctor/therapist and patient that must be set up and then maintained. One of these is the sense of confidentiality. People who are accustomed to this will wonder at the apparent breach of discretion that the therapist is asking for - the therapist is asking the patient to open up. The therapist then promises not to tell others, in an effort to make the patient more comfortable. In reality, it is required that the patients speak honestly and openly to the therapist in order for the techniques to work. Otherwise, they really don't. Sigmund Freud asserts this, but also claims that the therapists need to be truthful with their patients, but they need to be 'closed' rather than 'open'. The real reason is that research has shown that when both people do this, the relationship will be transformed such that the therapist will lose the ability to cure the patient's neuroses.

For Sigmund Freud it was helpful that the patient not look at the therapist. He admitted that it was for more than one reason. His own reason was that he did not want to be stared at for eight hours daily five days per week. His reason for the patients was that he did not want them to cue off of his body language or facial expression, but wanted them to speak based on what came up for them as individuals.

The fees were often paid either up front, or soon after the services were rendered. Sigmund Freud very intentionally charged fees that allowed him to support himself and his family as a middle class group of people. He reveals that this is important to him when he refers to a specific personal fear of being poor. He also includes a clear description for why he won't help people for free, showing how rapidly it tears down his income and would lead to trouble for him.

Caring for Patients

Caring for patients: if Sigmund Freud did not care at all for his patients, then he would not have attempted this type of work. He claims that he was truly and whole heartedly benevolent towards his patients. His specialty was to cure neuroses. His patients were often severe enough when he met them as to have been hospitalized for their symptoms.

That being known, Freud also makes interpersonal boundaries quite clear. He describes multiple ways that the patient will come to love the therapist. He explains that the therapy depends for its functionality upon what he calls 'transference-love'. He distinguishes this from genuine interpersonal love between himself and any patient, partly because the therapy situation although not false, is again, one where the therapist is not communicating openly but the patient is. As such, the patient has a certain



perspective, and the therapist is using a specific attitude and has goals in mind. Also, the therapy is patient centered, which marriage and friendship are less so but are more than never. He writes of more than one way that a patient may claim to love or to be in love with the therapist. Sigmund Freud explains that are ways of handling this situation. Normally, the therapist will soothe the patient while preventing the situation from getting carried away. In cases with particularly passionate patients - he writes only of women here, he writes that the therapist is going to have to give up the therapeutic relationship and he is also going to have to decide whether he feels the same way and will act on it, or whether his friendship with the woman is entirely over and she is apt to be angry and scorned. In most cases, Freud found that all that was necessary was to calm the patient down and to encourage her that it was important for them to see through the therapy and ensure her cure.

The office was set up intentionally. There was a couch for the patient to sit or lie upon. The therapist would normally sit behind the sofa, in some way. Patients were encouraged to lie down on the sofa. The therapist would not hold a clipboard as that would influence the patient and might serve as a distraction.

Psycho-analytic theory

Sigmund Freud endeavored to give shape to the accumulation of knowledge he had obtained through training and practice with patients. The totality of this is called 'psychoanalytic theory'. This is most clearly formulated during portions of The Freud Reader. The majority of it is covered in Part 3. The theory's most basic components are that there is the conscious mind and the unconscious. There are special actions that the human mind can do in order to cope with intense perceptions of another nature. There are a few problematic ways of handling certain situations, an example of which is known as fixation. Once mechanism people use is called repression; it is a way of hiding unpleasant information from oneself. Most information residing in the unconscious is not repressed. It is possible to discover what is being repressed. People who have developed symptoms of mental illness are viewed as being pretty much like everyone else except for something that is causing their symptoms. Sigmund Freud did not repeat this too many times, but it is clear that to properly understand the sane and the temporary problems of mental illness requires this acknowledgment. Mental ailments are typically treatable problems just like broken legs or ailments that are curable through antibiotics and bed rest for a few days.

Freud explains that hysteria, neuroses, and phobias, which were his specialties, are rather close to the normal mind. He writes that this is especially true of the neuroses. In many cases, what is happening is that the patient needs to talk about certain memories. In several patients, the difficulty is that what most needs to be discussed has perhaps gone unmentioned. The patient may have literally blocked out the most painful aspects of the experience while the intensity of the memories are so powerful that the patient develops bizarre symptoms in an effort to enforce 'covering that location in his or her mind' that holds the especial pernicious memories.



Free speech, uncensored, along with the special methods for listening on the part of the therapist, are used together to make the needed changes in awareness and to uncover repressed material. Once the difficult events are known, the therapist is able to help the patient to release the symptoms and to complete healing.

Freud writes that commitment to the therapeutic process is important because in reality, there are phases of therapy where a patient can develop a new symptom as a consequence of having released an 'old' symptom.



Style

Perspective

Sigmund Freud was a nineteenth and twentieth century European man. He was an educated middle class fellow and more urbane than his contemporary 'poor boy from the countryside' Carl Jung. He was an Austrian Jew. Technically, he began his life outside of Austria - his family was apparently part of a large scale Jewish migration; political changes allowed them to move back into Austria where they settled in Vienna. He turned out to a rather worldly, and quite modern type of man for his era. This important scientist, courageously went on his quest to make science of the human mind - largely uncharted terrain at the turn of nineteenth to twentieth centuries. The Freud Reader shows a black and white photograph of him, placing him within conceivable temporal distance. While the Internet would shock him, railways and suits do not.

Sigmund Freud was one of two surviving sons in a sizable but not giant family. He had at least three sisters. He was marked by the death of a baby boy who would have been his next nearest sibling. He turned rather straightforwardly into a married man, and the reality is that this fellow was neither a fornicator nor the type to have extramarital affairs nor the kind to abandon his wife. He married once he and the woman and her family were well enough organized to do so. He did spend extensive time apart from his wife during their engagement, apparently to fulfill work demands rather than out of a spirit of negligence which it might be natural to conclude.

Sigmund Freud was male biased but he wasn't as bad as some might fear. He made some efforts towards creating female psychology, but he wisely admitted that the gender difference left him inept at really knowing or understanding what really goes in for females. As such, he set the stage for women to come up who would take care of this important work within the field of psychology, which has fortunately happened, although the work is far from finished. Likewise, it is clear in the work that he does value women and has found some cases where nurturing her into a career seems warranted by her intelligence and her needs. He claims that the differential between men and women is caused by women needing to become ethically better than they are viewed as being through his lens: but if it is innate, and woman is really inferior, then the improvement won't amount to equality. The other difficulty he cites is one of getting women to submit to work and societal organization - to the necessities of life, he calls them. Even so, his conscious recognition of his limitations as a man are a breath of fresh air for women who had run into the hard line opposition of men who erroneously believed that they did know and understand women even though they weren't female. He fathered three daughters, including the also famous Anna Freud, who in fact did take the work of building the modern science of psychology a generation forward from his. Fortunately placed as his own daughter, he was able to not overlook her among a world in which he still predicted younger male colleagues to succeed him.



Finally, this modern man was a cultivated atheist Jew. Worldly enough, he dwelled in Britain and Germany as well as Austria. He is known to have at least visited the United States.

Tone

The tone of the work is educative. The editor Peter Gay has provided supplemental details for the benefit of the reader. These notes give information about when the paper originally came out, and often provide context for it within the overall career of Sigmund Freud. The notes also add a bit of cultural and historical perspective to the situation. This is quite helpful, since Freud's work began in the nineteenth century and worked its way through both of the two so-called World Wars of the first half of the twentieth century.

The work is meant to be helpful in more than one way. Freud 'invented' psycho-analysis. He wanted to further the science of psychology. He does claim that in order for a therapist to know how to provide therapy he or she really needs to observe and work with one as part of the training. At the same time, he feels that for physicians and others practicing therapeutic psychology, it is necessary to share what he has learned as clearly as possible. To do this, he has assembled well ordered notes and written up papers in the format of case studies. Case studies are the standard research report results format for the field of psychology, at least for this type of therapy. This is basic, essential information, as each of the sciences has its own formats. The unifying factor of 'the scientific method' for acquiring knowledge and making adjustments based upon facts is part of all the scientific domains.

Freud's area of specialty was the mental disorders known as neuroses. These had a variety of symptoms. Therapists were thrilled when they were able to figure out how to alleviate the suffering of their patients. Psycho-therapy was a set of techniques and beliefs organized into a theory. Freud's attitude towards theory was that it was helpful, but that no one should prevent the truth from forcing them to change the theory. This is the proper scientific attitude towards theory.

Structure

The structure of the book is introductory material followed by six parts. Each part is not so much divided but rather is compiled of papers. A number of these were reworked from his case files. He always kept anonymity and discretion for his patients in mind. More than once, however, he claims that as a scientist he felt it imperative that he find a way to share the information. He felt this method must be helpful for others working in the field, both therapists and especially the other patients.

The book is set up in chronological order. The editor puts in notes to acclimate the readers to the perspective at each part and supplies clarifications where necessary for sections. The first part is called Making of a Psychoanalyst; it includes some background information along with a lot of case studies. The second part is The Classic



Theory. It begins with dreams, and proceeds through discourse on what dreams are and how they are interpreted into his theories of sexuality. Part Three is Therapy and Technique. In these selections, a number of Freudian terms and concepts are explained and often contextualized within the framework of case studies.

Then there is part four, Psychoanalysis in Culture. These writings include more bizarre material, such as a case study on the artist Leonardo Da Vinci and the myth of the Three Caskets. This Part also includes a section called Totem and Taboo. The first portion, 'totem,' is predominantly anthropological in nature. The second portion delves more rapidly into material that would quite useful for the therapeutic context.

Part Five: Transitions and Revisions. The writings in this portion provide a number of technical terms that can be used for therapy. He defines and redefines substantial psychological theory during this part. By the end, readers have some idea of what the neuroses are, Freud's view of the mind, and some sense of how this ephemeral science really works in practice. Part Six is The Last Chapter. After the preceding section it comes off as extraneous. Once pursued, it turns out that it isn't without value. This returns the idea of therapy to a greater context, including that of the time and culture in which he lived.



Quotes

"Charcot, indeed, never tired of defending the rights of purely clinical work, which consists in seeing and ordering things, against the encroachments of theoretical medicine." p. 50

"...to the kindly openness which characterized his manner as soon as his relations with someone had overcome the stage of initial strangeness, to the willingness with which he put everything at the disposal of his students, and his lifelong loyalty to them." p. 51

"I have always paid dearly for whatever advantage I have had over other people." p. 146

"I should be obliged to betray many things which had better remain my secret, for on my way to discovering the solution of the dream all kinds of things were revealed which I was unwilling to admit even to myself." p. 147

"A woman patient of mine had given me an account...of her brother's illness....[that] showed me he had been overworking at his studies...the unfortunate young man subsequently mutilated his own genitals. He was eighteen at the time of his outbreak." p. 160

"In the course of his career as the first psycho-analyst, Freud presented in his published writings a good many vignettes from his clinical material." p. 172

"...the presentation of my case histories remains a problem which it is hard for me to solve. The difficulties are partly of a technical kind, but are partly due to the nature of the circumstances themselves." p. 173

"Thus it becomes the physician's duty to publish what he believes he knows of the causes and structure of hysteria...I think I have taken every precaution to prevent my patient suffering any such injury....I have from the very beginning kept the fact of her being under my treatment a such a careful secret." p. 174

"...the mystery turns upon your mother...She is, as you know, your former rival in your father's affections." p. 210

"...money is brought into the most intimate relationship with dirt." p. 296

"Since we demand strict truthfulness from our patients, we jeopardize our whole authority if we let ourselves be caught out by them in a departure from the truth." p. 383

"The love relationship in fact destroys the patient's susceptibility to influence from analytic treatment. A combination of the two would be an impossibility...The more plainly the analyst lets it be seen that he is proof against every temptation, the more readily will he be able to extract from the situation its analytic content." p. 383



"She is thus bringing out a resistance under the guise of being in love with him." p.385

"As regards the analyst's line of action, it is the first of these three features of transference-love that are the decisive factor. He has evoked this love by instituting the analytic treatment in order to cure the neurosis." p. 385

"Fear of castration could then become the motive power for the transformation of the affect." p. 410

"Later on, I shall carefully examine these and other doubts." p. 411

"Only in the case of flesh were there limitations and exceptions. The god shared the animal sacrifices with his worshippers, the vegetable offerings were for him alone." p. 496

"There can be no doubt, says Robertson Smith, that the slaughter of a victim was originally among the acts which 'are illegal to an individual, and can only be justified when the whole clan shares the responsibility of the deed.'" p. 497

"Let us now turn to the sacrificial animal." p. 497

"Pathological research has directed our interest too exclusively to the repressed." p. 631



Topics for Discussion

What is at the root of neurosis?

What was revolutionary about Sigmund Freud's theories about infantile sexuality?

Why is it so important that Sigmund Freud included sexual issues in his development of psycho-analysis?

Why are talking and listening used so much in psycho-therapy?

Differentiate a neurosis from a phobia.

What is repression?

Describe the psycho-analytic process from the physician and patient's view.

How does Freud describe homosexuality?

Why does Freud claim that everyone has an innate bisexual quotient?

What is the Oedipal Complex? How is it overcome?

What makes Anna Freud different from Sigmund Freud's other children?

Why does Freud not think that psycho-therapists need to be physicians?