

A REEXAMINATION
OF FREUD'S BASIC
CONCEPTS FROM
STUDIES OF
MULTIPLE
PERSONALITY
DISORDER

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ABSTRACT

Freud derived his fundamental concepts, which became the basis for his metapsychology, primarily from his early experiences with hysteria. These basic concepts included the unconscious, repression, resistance, the Oedipus complex and psychosexual development. Later speculations were predicated upon these postulates. It is contended that these concepts were faulted by both his failure to accept Breuer's observations on self-hypnotic (hypnoid) states and by his creation of a fantasy theory of sexual molestation.

Despite Freud's eminence and his influence upon Western thought, his theories remain controversial. Over the course of his long and productive life he wrote many books and papers, but his fundamental concepts were developed early in his career, primarily from his experiences with patients suffering hysteria. These concepts became the foundation of and remained the key elements in his metapsychology.

The origin of dynamic psychiatry has a lengthy history (Ellenberger, 1970; Bliss, 1986), but for the sake of brevity we will begin in 1889 when Pierre Janet in Paris published a remarkable volume on psychological automatism (1889) in which he expounded the novel thesis that hysterical symptoms were due to noxious childhood experiences which had been isolated and forgotten. Furthermore, he observed that the dissociation of these experiences from the mainstream of consciousness produced a variety of symptoms. The cause of this dissociation or split for Janet was a congenital weakness of psychological synthesis that allowed this fragmentation of the mind to occur.

Virtually simultaneously but independently in Vienna, from 1880 to 1882 Josef Breuer was treating "Anna O.," the most famous case in the annals of psychoanalysis (Breuer & Freud, 1895/1957). "Anna O." was a severe hysteric who suffered a galaxy of conversion symptoms—probably an undetected multiple personality. Breuer was making identical observations to those of Janet, but he also identified another crucial feature of the hysterical state undetected by Janet. Breuer recognized that "Anna O." spontaneously was

entering "hypnoid" or "self-hypnotic" states.

She would enter altered states of consciousness spontaneously, and in these "hypnoid" states a remarkable shift would occur. In her normal alert state she would have no inkling of why a symptom was present, but when she converted to self-hypnosis she would recognize why and how the symptom had been generated. When the forgotten episode was revealed and the feelings attending it were expressed, the symptom would disappear.

Furthermore, Breuer asserted that the basis of hysteria was the existence of these hypnoid states that had the power to create an amnesia. In turn, the amnesia created an unconscious so that the individual then had three, rather than the normal two states of mind. The hysteric had the normal waking and sleeping states, but in addition had a hypnoid state.

The next element in this tale was introduced in November, 1882, when Breuer told his young friend, Sigmund Freud, the details of this unusual case. It made a deep impression upon Freud, and the two discussed the case on many occasions.

There next followed perhaps the most remarkable twist to this tale. Freud rejected Breuer's concept of self-hypnosis. In both the monograph on hysteria (Breuer & Freud, 1895/1957) and in his autobiography (Freud, 1948), Freud summed up the issue rather cryptically. In essence, he contended that he had never encountered a "self-hypnotic" hysteria—only "defense" neuroses. Breuer had offered him a potent concept, that of self-hypnosis, but for reasons still not fully explicable Freud had disclaimed it and instead postulated "repression."

But why is spontaneous self-hypnosis such a powerful concept? If one accepts the concept, it then explains the amnesias, an unconscious, and resistances. Furthermore, it leads to the question of the phenomena of hypnosis. By the end of the 19th century these were known. Bramwell summarized these hypnotic capabilities in his 1903 textbook on hypnosis. He noted subjects in deep hypnosis were able to demonstrate catalepsy, paralysis and flaccidity of muscles; to affect all sensations—vision, audition, smell, taste, touch, pressure, temperature and pain—and to make them more acute, to diminish or arrest them; to produce anesthesia, analgesia or amnesia; or to induce delusions, hallucinations and illusions. I would summarize this by concluding that deep hypnosis can manipulate all functions of the neocortex with a sense of realism because deep hypnosis creates an inner world that is perceived as real as the real world—

a domain of subjectively realistic fantasy and subjectively realistic memory (Bliss, 1986).

But the traumas concealed by the amnesia of hypnosis can produce phobias, irrational behaviors, depressions, delusions, hallucinations, mood swings, conversion symptoms and much else. The creation of personalities is only one of its myriad capabilities (Bliss, 1986).

It can be shown that almost any symptom and almost any syndrome known to psychiatry can be simulated by this spontaneous self-hypnotic process. If Freud had explored this self-hypnotic process, it might have led him in a quite different direction and his findings might have dictated a different conceptual system.

Breuer had observed these self-hypnotic states in "Anna O." and had given the concept to Freud, but Freud had repudiated it. One can only speculate about the reasons for this oversight. Freud was admittedly uncomfortable with hypnosis, although he did use it for several years. Another factor was his legitimate concern with the defensive component of the hysterical process; his preoccupation with this idea of defense may have closed his mind to other considerations. This concept was valid, but unfortunately it was only one important element in the process. I contend that the more powerful concept was the self-hypnosis, which contrived the defense.

The major reason for the repudiation of Breuer's observation could have been what I would consider bad luck. Freud may have had the ill fortune not to have patients like "Anna O." early in his career. I speculate that once he came to his final conclusions and rejected "self-hypnosis," his mind then probably closed to this possibility. Whatever the reasons, he was deprived of the concept. By the end of the 19th century, there was an abundance of information about the capabilities of hypnosis readily available, and he might well have unravelled their implications.

Instead, he posited "repression," which was a euphemism for "forgetting." It contained little conceptual direction, whereas self-hypnosis would have led to the well-known amnesia of hypnosis, which is the defensive capability of hypnosis. This, in turn, goes to the concept of a hypnotic concealment, ergo a hypnotic unconscious. Instead of recognizing a variety of unconscious processes, he was forced to postulate an unconscious with a confusing conglomerate of elements which defied scientific examination.

In his letters to Fleiss, Freud wrote (1948) that the theory of repression became the foundation stone of the understanding of neuroses. If he had replaced "repression" with "self-hypnosis," such a sweeping generalization would not have been possible since many people are poor hypnotic subjects. In the same volume, he also stated that the theory of resistance, repression, the unconscious, sexual life, and infantile experiences were the principle constituents of the theoretical structure of psychoanalysis.

I will now address what I perceive to be the second conceptual problem, which is important but less fundamental than the first (i.e., the rejection of the implications of the "self-hypnosis" paradigm). Freud initially discovered sexual molestation by fathers of their daughters as the basis for

later neuroses (Freud, 1896a/1949, 1896b/1949, 1905/1949). These memories had been "repressed," but later were revealed in therapy. I would suggest instead that they had been self-hypnotically concealed. But there then came an embarrassing insight. Freud reversed himself and became convinced that what his patients reported were not real experiences but were fantasies (Freud, 1905/1949, 1954). This was startling, because logically it led to the assumption that young children must have heterosexual fantasies. What was his evidence for the reversal of this opinion? He asked whether perverted acts against children could be so common, but that seemed "hardly credible." At the time this was certainly a powerful objection, but it could only have been settled by a careful inquiry directed at the other persons who were involved. Freud was in no position to pursue such investigations, and logically this assumption should have remained moot. There was next his legitimate consideration that in the unconscious there is no criterion of reality, so that truth cannot be distinguished from an emotional fiction. I would revise this somewhat, but my conclusion would be identical. In the state of spontaneous deep hypnosis, within the unconscious domain that it creates, fantasies can become perceived as facts, so that when the individual exits this state, not realizing where he has been, the experience can be perceived as very real, and can be believed.

He finally cited the fact that such memories never emerge in the deliria of even the most severe psychoses. This may not be a valid observation. In hysterical psychoses elements of such experiences may be found, but again even in these disturbed states a total emergence is often defended.

This repudiation of real infantile sexual traumas by Freud proved to be a second turning point in his scientific career. Henceforth, these repressed infantile recollections would be considered to be fantasies—an assumption and a reversal of opinion destined to move psychoanalytic theory in new directions.

Such vivid fantasies in children could only mean that children were not sexually innocent. They must have had a rich early sexual life which had gone undetected. Furthermore, if girls had fantasized seduction by their fathers, it indicated, following this reasoning, that they wished such experiences. Why else should such fantasies be present? As a result of this speculation, he had "stumbled for the first time upon the Oedipus complex," and it became a fundamental assumption of psychoanalysis.

The concept of infantile sexual fantasies had ineluctably led to the Oedipus Complex, and also to castration fears, psychosexual development, and further elaborations. Unfortunately, my data and much contemporary information support Freud's original hypothesis, but rejects his later reversal, which logically then mandated many of his favorite concepts. All evidence indicates that incest and the abuse, of children are surprisingly common. These infantile traumas, be they sexual abuse, physical abuse or psychological injuries, in at least many cases really occurred. A few may be concealed by screen memories, but the amnesias are not dictated by fantasies.

Since Freud's conceptual system has profoundly influ-

enced psychiatric thinking, a reappraisal of his basic principles from the perspective of more recent observations may further clarify the controversial issues. This would be only of historical interest if it were not for the continuing importance of his concepts to contemporary psychiatric thinking. Many contemporary systems of therapy rely upon Freud's theories in obvious or subtle ways, often without recognition of their indebtedness. A scholarly examination of his many insights must be left to historians. My purpose is only to examine the two key elements noted above.

From the perspective of my studies of hypnosis and experience with patients with multiple personality disorder and hysteria, Freud's system was flawed by these two conceptual commitments. Both came early, were fundamental to his formative thinking, and directed his later speculations.

The first error was the rejection of Breuer's concept of self-hypnotic states. But what is the evidence for self-hypnotic states?

There are many converging lines of evidence that support the importance of self-hypnosis as a major factor in the illness of multiple personality disorder, as well as in hysteria. These patients, in my experience, are excellent hypnotic subjects. Most are capable of posthypnotic amnesia, and many can do automatic writing. Some are hypnotic virtuosos who can perform all the feats described by the 19th century hypnotists. This clinical impression has been supported by formal hypnotic testing. Twenty-eight patients with multiple personality have been administered the Stanford Hypnotic Susceptibility Scale (Form C) (Weitzenhoffer & Hilgard, 1962). Scores on this test range from 0 to 12. The test was originally standardized on 307 Stanford University students. The mean score for this group and the standard error of the mean was 5.2 ± 0.18 . We have studied a group of 89 heavy cigarette smokers who scored 6.6 ± 0.28 . It is difficult to know which population should be designated as a "normal" one, but in this case it has not made any statistical difference since the patient population scored 10.1 ± 0.36 , a remarkably high level and one with a probability value of less than .001. These figures confirm the clinical impression that patients with multiple personality disorder have unusual hypnotic abilities.

But everyone does not have this hypnotic ability, since it is a trait (roughly) normally distributed throughout the population (Hilgard, 1965). Presumably many individuals do not have sufficient hypnotic talent to create realistic alter personalities or major conversion symptoms. In a study by London and Cooper (1969), 18 percent of adults scored in the high range of 9 to 12 on the Stanford Hypnotizability Scale. In contrast, 54 percent of children attained similar scores on a comparable scale. Since multiplicity begins in childhood, these figures suggest that close to one-half of all children could be at risk for the formation of alter personalities if other predisposing factors are present.

The fact that many of my patients entered trances rapidly when formally hypnotized, usually in a few minutes, also must be noted. This could not be attributed to the rare skills of this hypnotist nor to any unusual technique employed. Initially I was a hypnotic novice, yet rapid inductions occurred regularly on the first trial. Since these hypnotic per-

formances could not be ascribed to my abilities, and as subjects had only been asked to relax and to focus—commonplace behaviors in everyday living—I was led to believe that for multiple personality disorder patients this must be a much practiced exercise which goes unrecognized as hypnosis.

Most claimed to have never been hypnotized, but when they were questioned about past comparable hypnotic experiences many recalled them. These included visual, auditory, tactile, olfactory, mental and physical distortions as well as derealized and depersonalized experiences—all part of the repertoire of hypnotic phenomena, known for 200 years and well documented in the literature on hypnosis.

Furthermore, it was possible in some cases to obtain, without prompting, descriptions by personalities of how the patient created an alter ego, employing a process identifiable as akin to a hypnotic induction. Some personalities become allies to the therapist and often are perceptive observers. One such personality said of the patient, "She creates personalities by blocking everything from her head, mentally relaxes, concentrates very hard, and wishes." Another description was, "She lies down, but can do it sitting up, concentrates very hard, clears her mind, blocks everything out and then wishes for the person, but she isn't aware of what she is doing."

But the most persuasive evidence for spontaneous self-hypnosis comes from observing these patients in therapy. Many will drop into trances when painful events are approached. One patient had been brutally assaulted with a snake. During the process of desensitizing her to snakes she initially would disappear into hypnosis when asked to look at a picture of a snake. In her case, there was an obvious marker to identify hypnosis since her eyeballs would roll upward just before she "disappeared" (Bliss, 1984).

Not only do patients with multiple personality disorder repeatedly and rapidly transform into these dissociated states, but also many in the process of therapy have for short periods become aphonic, blind, paralyzed, depersonalized, anesthetic, and amnesic. Most report many past hypnotic experiences of an identical nature dating back to childhood. In fact, they frequently recognize that an inordinate amount of their lives has been spent in this altered state of consciousness.

Finally, there are forgotten traumatic experiences, resurrected in the course of therapy. Many were identified by patients, in retrospect, as self-hypnotic concealments.

The crux of the syndrome of multiple personality disorder as well as grand hysteria (Bliss, 1984) seems to be these patients' unrecognized abuse of self-hypnosis. This unintentional misuse seems to be the primary mechanism of the disorder. The process begins very early in childhood, thereafter self-hypnosis becomes the dominant mode of coping. Unpleasant experiences are henceforth forgotten or delegated to a personality by the hypnotic switch. It seems likely that they are excellent hypnotic subjects by virtue of years of unrecognized practice as well as by genetic endowment (Morgan, Hilgard, & Davers, 1970; Morgan, 1973).

Next, what is the evidence that the sexual fantasy theory

was incorrect. It has not been possible to establish the veracity of these forgotten and then recalled experiences in all patients, but in many of my subjects collateral evidence was available from parents, siblings and other sources. In one case, a father was questioned and he verified early incest. In two other cases, the patient had been told by sisters that they also had been raped by the father. In another case, the patient consciously remembered fragments of the trauma at age seven, her pain, bruises, bleeding and vaginal infection. Unrecalled but resurrected in therapy, was the actual rape by a vagrant. A mother confirmed her daughter's molestation in another case.

In Freud's defense, it must be recognized that the frequency of incest was not recognized in his day, and it would have been a bold if not an unthinkable assumption to insist that so many middle-class fathers had sexually mistreated their daughters. It has been only in the last decade that articles and books have begun to appear verifying the magnitude of child abuse and sexual assaults upon children.

But all multiple personality disorder patients have not been sexually abused, raped and physically assaulted. One patient was never physically abused, but the psychological abuse by her mother proved to be devastating.

There are some who were not mistreated, and these seem to be overly "sensitive" or highly "imaginative" individuals, genetically endowed with excellent hypnotic capabilities. One was a delicate female who early felt rejected because

"my parents wanted a boy and got a girl." Later she felt disliked by playmates and classmates and so turned to imaginary companions and a fantasy world of hypnosis.

In science, incorrect hypotheses may sometimes lead to interesting findings. Freud's postulation of a "fantasy" theory led to an examination of children's behavior and thinking. Many young children have a knowledge of sexuality. They do masturbate and play sexual games. Some concoct weird fantasies, and there are those who have Oedipal wishes. Early sexual experiences and masturbation may lay the groundwork for guilt; while early indoctrination and misadventures may direct later sexual dysfunctions. But it seems unlikely, in my opinion, that heterosexual fantasies play a major role in the formation of neuroses.

Any further critique of Freud's analytic theories would go well beyond the scope of this paper. A lengthier analysis in greater detail has been published (Bliss, 1986). I am convinced, however, that his dismissal of Breuer's concept of self-hypnosis and his postulation of a fantasy theory were major errors. Since these occurred early in his career, they would inevitably influence and direct, as well as distort, his later metapsychological concepts. My criticism of Freud should not distract from his stature, nor should it be understood as an effort to diminish his contributions. Freud created a revolution in psychiatry that persists to this day; he convinced the world that an unconscious exists; and he enunciated the concept of a dynamic mind, reflecting the complex interplay of crucial structures and forces. ■

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