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FACULTY of ARTS & SCIENCES  
PSYCHOLOGY DEPARTMENT  
PSY 313 FUNDAMENTAL CONCEPTS  
IN PSYCHOANALYTIC THEORY  
COURSE  
WEEK 2

# FUNDAMENTALS OF PSYCHOANALYSIS

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# THE CASE OF ANNA O.

- Freud's first collaborator, Josef **Breuer**, a highly respected Viennese internist. In 1880 Breuer was treating a brilliant young woman named **Bertha Pappenheim**, who later became a pioneer in the discipline of social work.
- While nursing her sick father, Pappenheim had developed a wide array of dramatic symptoms, including **paralyses and speech dysfunctions**. Breuer tried placing her in a **hypnotic trance** and, using the experimental procedures of Charcot and others for removing the symptoms.
- Although this attempt was ineffective, **Pappenheim, while in the hypnotic trance**, fell into **talking** about her various symptoms. **Breuer**, crucial in a psychoanalyst-curiosity and willingness, **allowed** her simply to talk. With some encouragement on his part, **her associations** would lead back to the point at which the **symptom originally appeared**, inevitably some disturbing, stressful event.
- Pappenheim and Breuer discovered that **this talk and the emotional discharge** produced when the memory of the original disturbing incident emerged **had a curative effect**. Through this process, which she called "**chimney sweeping**," the symptoms disappeared.

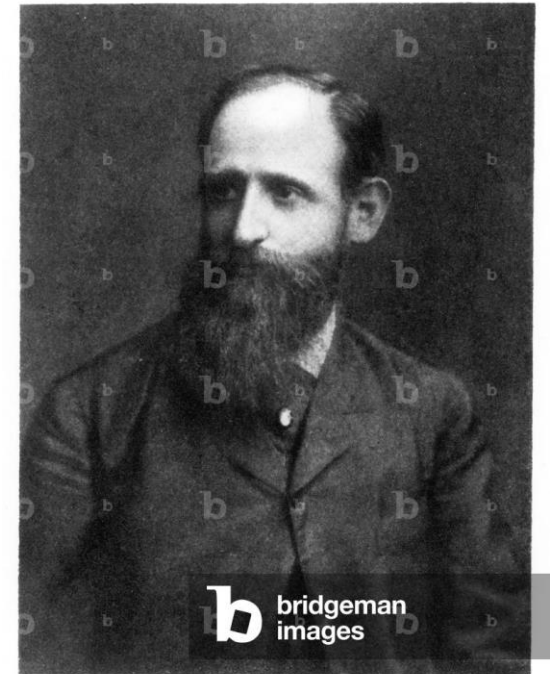


## THE CASE OF ANNA O.

- For example, Pappenheim found herself **unable to drink liquids**; she had no idea why. She became dehydrated and began to be seriously ill.
- Breuer placed her in a trance and encouraged her into talking about her disgust. She felt reluctant at the beginning. He pushed her. **Overcoming a strong resistance**, she remembered recently walking into her room to discover the **dog** of her "English ladycompanion, whom she did not care for" **lapping water from a glass**. She told with **great anger** that in order to be polite, she had held back at the time. She then emerged from the trance, and requested a glass of water.
- Breuer told Freud about these experiences, and in 1893 the two published the first psychoanalytic essay, "A Preliminary Communication," which stated, "*Hysterics stiffer mainly from reminiscences*" (Freud & Breuer, 1895, p. 7).

## FROM BRAIN TO MIND

- **Hysteria** was caused by **trapped memories** and the **feelings associated** with them, they argued. Those memories and feelings had **never been lived through in an ordinary way**; they had become **split off from the rest of the mind**, only **rise to the surface** in the form of **disturbing** and seemingly **puzzling symptoms**.
- If those symptoms were **traced to their origins**, their **meanings would become apparent** and the **feelings would be discharged in a cathartic burst**. Then the **symptoms would disappear**. Freud and Breuer added fuller theoretical chapters and extended case histories (including that of Bertha Pappenheim, whom they called Anna O.)' and published *Studies on Hysteria* in 1895.
- *(The name hysteria is derived from the Greek word **hysteria** which means **uterus**. No longer a clinical term, hysteria has instead been broken into a variety of specific conditions, like somatic symptom disorder, dissociative disorders, and histrionic personality disorder.)*



# FROM BRAIN TO MIND

- Why do certain experiences generate **feelings** that become **dissociated**, split off from the rest of the mind?
- In this first psychoanalytic work, Freud and Breuer actually wrote separate theoretical chapters, suggesting **two** very different **hypotheses**:
- Breuer thought, **certain people were more prone to hypnoid states** than others and therefore more likely to become hysterics. Breuer called "**hypnoid states**" (the experiences became dissociated and problematic that took place during altered states of consciousness)
- Pappenheim, for example, was exhausted and overstressed from nursing her sick father. The disturbing events could **not be integrated into her ordinary mental processes** because they were registered in **an altered state of mind**, when she was already **not herself**. By placing her in a trance and encouraging her to **relive the memories**, the **split was healed**, normal processing of emotions took place, and the mind was made whole once again.

# FROM BRAIN TO MIND

- Freud introduced a very different hypothesis: The **pathogenic memories and feelings were dissociated** not because of a prior altered state of consciousness but **because the actual content of those memories and feelings was disturbing, unacceptable and in conflict with the rest of the person's ideas and feelings.**
- Those memories have fallen into a **different part of the patient's mind-they were incompatible with the rest of consciousness** and were therefore **actively kept out of awareness.**
- Whereas **Breuer saw hysterics as people susceptible to altered states of consciousness**, to being "spaced out," **Freud saw hysterics as people engage with conflicts and hiding secrets**, from themselves as well as from others.

# FROM HYPNOSIS TO PSYCHOANALYSIS

- From 1895 to 1905 Freud produced a burst of **creative theorizing and innovative clinical technique**.
- During this ten year period, psychoanalysis emerged **from hypnotism** and became **a distinct methodology** and treatment; many of the **basic concepts** that guide psychoanalytic thought **were established**.
- Freud began to find hypnosis **less helpful** in gaining access to pathogenic memories and feelings.
- Freud realized that the most important thing for the **permanent elimination of symptoms** was to make the **unpleasant, unconscious material accessible** to normal consciousness.
- (For Pappenheim, for example, the unconscious thought might be something like "I hate this woman's disgusting dog and it angers me that she lets it drink from my glass.")

# FROM HYPNOSIS TO PSYCHOANALYSIS

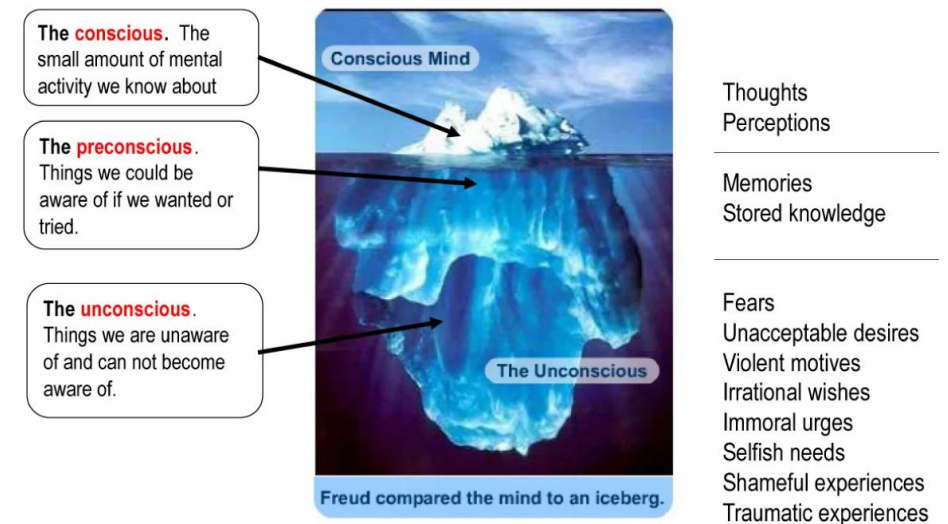
- Troublesome "reminiscences" (memories) that emerged during a hypnotic trance **slipped beyond reach** again as the patient came **out of the trance**. There was a **resistant force** in the patient's mind, which **Freud called the defense**, that actively **kept the memories out of awareness**. (A well-bred young woman of Pappenheim's time and class would not have such unseemly rage about the dog.)
- The **hypnotic trance artificially prevented the defense**, gaining **access for the analyst** to the infectious secrets. But the **patient was the one who needed to know**, and the patient **could not know** because of the **resistance** to that particular memory (and similar associatively linked memories).
- The memory was **restored when the trance ended**. The analyst simply informed the patient of the secret after the trance.
- The trance would give the **patient only intellectual, not experiential, awareness** of it. (Pappenheim would know that she must hate the dog and possibly the lady too, but she doesn't feel the hatred and disgust.)



# THE TOPOGRAPHIC MODEL

- In terms of theory, Freud proposed a **topographical model of the mind**, dividing it into three different realms:
  1. **an unconscious:** containing unacceptable ideas and feelings;
  2. **a preconscious:** containing acceptable ideas and feelings that are capable of becoming conscious; and
  3. **the conscious:** containing those ideas and feelings in awareness at any particular time.
- Freud struggled to find a method that would break down or **dissolve the defenses rather than temporarily soothe** them as hypnosis did. Then, he settled on **the method of free association**, the basic procedure that has been the **backbone of psychoanalytic technique** ever since.

## The Unconscious Mind



<https://www.simplypsychology.org/unconscious-mind.html>

# FREE ASSOCIATION

- Free association retained some of the trappings of hypnotism. The patient lies comfortably on a couch in a quiet, peaceful setting, a situation intended to **induce a state of mind midway between normal waking consciousness and a trance**.
- The **analyst** is behind the head of the couch, **out of direct vision**. The **patient says whatever comes into her mind**, with no effort to screen or select thoughts, and is encouraged to become **a passive observer of her own stream of consciousness**: "*Act as though ... you were a traveler sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which you see outside*" (Freud, 1913, p. 135).
- Free association **helps the analyst to determine** the patient's secrets, his unconscious wishes.
- The **defenses remain active** and can be addressed.
- By encouraging the patient to report on all fleeting thoughts, the analyst hopes that the **patient will bypass the normal selection process** that eliminates conflicting content.
- Yet the patient is **fully awake**, and the unwanted stream of thoughts can be shown to **contain hidden ideas and feelings** that he has kept **out of awareness**.

# TRANSFERENCE AND RESISTANCE

- Freud discovered that **free association is impossible to do for very long.**
- The **defenses block the emergence of thoughts** which are too closely linked to the repressed secrets.
- Furthermore, **conflictual thoughts and feelings** (that constitute the center of the patient's difficulties) are **soon transferred to the person of the analyst**, who becomes **an object of intense longing, love, and/or hate.**
- The patient refuses to speak of **embarrassing** or seemingly insignificant thoughts, particularly because those thoughts often **related to the analyst**; the patient often finds she has **no thoughts at all.**
- The **resistance to particular free associations** is the force that drove the original memories out of consciousness. It is precisely **this transference and this resistance** that need to be **exposed, identified, and dissolved.**

# TRANSFERENCE AND RESISTANCE

- By analyzing the patient's **free associations** and **resistances to free associations**, Freud believed, he could **gain access to both** sides of the pathogenic conflict:
  1. **the secret feelings and memories**, and
  2. **the defenses** (the thoughts and feelings rejecting those secret feelings and memories).
- We can see this conflict in the **case of Gloria**, a lawyer in her twenties who grew up in an upper-middle-class family in a large Western city. She sought analytic treatment because she was **paralyzed in trying to decide** whether to marry the man she had been living with for some time.
- "I just don't know if he is Mr. Right," she said. Marriage was **not the only area** in which Gloria was **indecisive**. Although she herself had never articulated it, even to herself, a pervasive **doubt shadowed all important areas** of her life and her life was consequently constricted. She constantly envisioned the **worst possible scenario**, and then **searched for clues** as to its likelihood.

## THE CASE OF GLORIA

- In the first months of analysis, these doubts, ruminations, and fears were **traced** increasingly **further back in her childhood**. She remembered being **very worried** that **something disastrous** would happen to her parents and other relatives. (She would make up games with imagined predictive powers: if an even number of cars came around the corner in the next two minutes, everything would be all right; an odd number meant disaster was sure to strike.)
- Then she had great difficulty in knowing what she "should" talk about. Sometimes she stopped speaking. She revealed that she had begun to **feel anxious** because she was **having trouble understanding** whatever the analyst said back to her. The analyst's questions and statements seemed **complicated and confusing**; his responses seemed "too big" and her mind seemed too small.
- According to Freud, the **patient's difficulties** in the analytic situation (*the resistance and transference*) are **not an obstacle** to the treatment **but the very heart of it**.

# TRANSFERENCE AND RESISTANCE

- After several months, it became apparent that Gloria's **fears about free-associating** and the **analyst's interpretations** derived from the **same fears** that had **dominated her childhood** and underlay her anxious, **inhibited adulthood**.
- She was convinced that dangerous and deeply **conflictual thoughts and fantasies** would **emerge** if she **allowed her ideas** simply to **flow**.
- Freud found that it was **most helpful to patients** like Gloria, **not to bypass her defenses** (through hypnotism) to discover her secrets, but **exploring** those **defenses** as they manifested themselves in the analytic situation.
- The central focus of the analytic process shifted to:
  1. **the analysis of transference** (the displacement onto the analyst of the patient's conflictual feelings and wishes) and
  2. **the analysis of resistance** (the barriers to free association).