On the individual level I think the concept, as Binion uses it, is far too narrow to be useful as part of a psychohistorical explanation. It applies to those who have experienced a severe trauma and have developed PTSD. Freud's use of the repetition compulsion to apply to a wider range of both "symptomatic" behavior and to a larger group than those who suffer from PTSD, ultimately to all of us, is of greater utility to psychohistorians. It also is in closer agreement to Binion's previous characterization of traumatic reliving when he says, "Whatever we do we tend to act out our past."

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Freud's Errors Were Part of His Learning Process

Joel Markowitz—Private Practice of Psychoanalysis

This erudite article discusses some errors and apparent errors in Freud's thinking. As Professor Binion seeks to do, and because Freud's thinking is so relevant to our self-understanding, we too must try to understand Freud's mistaken speculations. Errors in Freud's thinking also throw some light on the group mindset in which Freud grew up.

We must be grateful, of course, to Freud and others who were brave enough to speculate, to oppose conventional thinking, and to risk being wrong. Edison's 1,033 patents entailed thousands of failed experiments. He, however, was fortunate in ways Freud was not. Collective morality did not attack Edison's experiments, nor were his failed experiments

criticized as so many of Freud's invalid and valid theories have been.

In almost 60 years of psychiatric work, I have found Freud's fundamental thinking to be extremely accurate and incomparably valuable. Although his invalid theories have been emphasized by critics, Freud's many speculations included very few mistakes and those have been of little consequence relative to the vast importance of his valid discoveries.

Freud's repetition-compulsion principle involved the fundamental and powerful tendency to repeat an early experience, particularly a traumatic one. It is best understood, I think, if we use the military metaphor Freud used in his libido theory. Just as a general will pour his troops into a troubled area, so do we pour libido into a traumatic situation in trying to cope with it. Libido makes things important to us; in addition, accumulated libido produces pleasure.

As we know, traumas (particularly violence, sexual abuse, rejection, and abandonment) are often repeated during the formative years and people often repress those repetitions. However, my experience leads me to cautiously agree with Binion that single traumas may cause symptoms.

Freud's ingenious theories on psychohistory—e.g., *Totem and Taboo*, *Moses and Monotheism*—were among the least valid of his efforts (albeit, Moses may well have been an Egyptian aristocrat). Freud also clung to a belief in a death instinct—Shakespeare, Keats, Emily Dickenson, Stevie Smith, and others have written compellingly of the human longing for death. The incidence of suicide despite the major Christian injunction against suicide is among the evidence of the extent to which humans have wanted to die. An instinctive need to die seems to me unlikely because it is too difficult to reconcile with natural selection.

Many therapists still minimize the strength and ingenuity of our ego defenses, and of our need to "work them through" before interpretations can dismantle symptoms, and this tendency was greater in Freud's time. It's understandable, therefore, that therapists often underestimate the collective resistances (especially to Oedipal theory) and the extreme naiveté of Freud's time. There was then a less-critical tendency to "intellectualize." ("Intellectualizations," as you may know, restrict interpretations to being merely "interesting ideas" and prevent them from becoming truly useful.)

At that early stage of psychoanalytic development, it made sense to many analysts that a patient could be cured by intellectually learning how a symptom evolved from an early trauma. More often than today, therapists then conducted "wild analyses": they made interpretations before patients had been prepared to accept and use them. Freud may also have done so, as he did not detail the nature of his work between revealing his patients' symptoms and his interpretations. His therapies also seem too have been too brief to have involved elaborate working through.

On the other hand, we should consider that Freud's interpretations may have had more impact on people of that period than would be the case today. While Freud's contemporaries were far more naïve, repressed, and defensive than we are, the collective mind of Freud's period, paradoxically, hadn't built up the sophisticated resistances that societies later learned to mobilize against Freudian thinking. Freud's patients were in some ways less prepared than many people are today to defend effectively against Freudian constructs. Freud's contemporaries also respected authority more than we do and we can speculate that the impact of Freud's authoritarian manner, powerful personality, confidence, and brilliance must surely have added to the effectiveness of his pronouncements.

In other words, while our sophistication makes us freer with regard to acknowledging and accepting our primitive impulses and fantasies, our defenses have become more sophisticated against awarenesses we want to avoid. Binion quotes from Freud's letter to Fliess in 1898: "Dream life seems to me to derive entirely from the residues of the prehistoric period of life"—ages one to three. What can we do with that thought? I lack the skill to evaluate the validity of that; and I can only assume that his intuitive genius may still be unequalled and that he may have had valid insights that we cannot yet confirm.

We can be grateful that Freud freely abandoned weaker theories for better ones (and that he didn't waste time apologizing for the former). Freud's thinking may have been too restrictive; researchers have since revealed that some major symptoms do seem to derive from traumas during infancy. In my experience, however, much traumatic neurosis seems to originate during pre-pubertal development, and some trauma-inducing neurosis seems to take place during the adolescent period. Also, post-traumatic stress symptoms may be established at any time, and they are evidently different from "formative years" symptoms. Although repressed rage also seems to lead to some symptoms, Freud stresses the importance of sex in symptom formation. His writings have often been ridiculed for emphasizing sexual fantasies and motivations to the extent that they did, but I don't believe that he exaggerated. In retrospect, we may in fact find that he understated the importance of sex to the human condition. I believe that this viewpoint will be reinforced in the near future.

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