

# *Psychodynamic Theories*

**Chapter 2 *Freud***

Psychoanalysis 16

**Chapter 3 *Adler***

Individual Psychology 64

**Chapter 4 *Jung***

Analytical Psychology 97

**Chapter 5 *Klein***

Object Relations Theory 134

**Chapter 6 *Horney***

Psychoanalytic Social Theory 160

**Chapter 7 *Fromm***

Humanistic Psychoanalysis 184

**Chapter 8 *Sullivan***

Interpersonal Theory 210

**Chapter 9 *Erikson***

Post-Freudian Theory 240

## Freud: Psychoanalysis

### ◆ *Overview of Psychoanalytic Theory*

### ◆ *Biography of Sigmund Freud*

### ◆ *Levels of Mental Life*

Unconscious  
Preconscious  
Conscious

### ◆ *Provinces of the Mind*

The Id  
The Ego  
The Superego

### ◆ *Dynamics of Personality*

Drives  
Sex  
Aggression

Anxiety

### ◆ *Defense Mechanisms*

Repression  
Reaction Formation  
Displacement  
Fixation  
Regression  
Projection  
Introjection  
Sublimation

### ◆ *Stages of Development*

Infantile Period  
Oral Phase  
Anal Phase  
Phallic Phase  
Male Oedipus Complex  
Female Oedipus Complex  
Latency Period



Freud

Genital Period  
Maturity

### ◆ *Applications of Psychoanalytic Theory*

Freud's Early Therapeutic Technique  
Freud's Later Therapeutic Technique  
Dream Analysis  
Freudian Slips

### ◆ *Related Research*

Unconscious Mental Processing  
Pleasure and the Id: Inhibition and the Ego  
Repression, Inhibition, and Defense Mechanisms  
Research on Dreams

### ◆ *Critique of Freud*

Did Freud Understand Women?  
Was Freud a Scientist?

### ◆ *Concept of Humanity*

### ◆ *Key Terms and Concepts*

From ancient history to the present time, people have searched for some magic panacea or potion to lessen pain or to enhance performance. One such search was conducted by a young, ambitious physician who came to believe that he had discovered a drug that had all sorts of wonderful properties. Hearing that the drug had been used successfully to energize soldiers suffering from near exhaustion, this physician decided to try it on patients, colleagues, and friends. If the drug worked as well as he expected, he might gain the fame to which he aspired.

After learning of the drug's successful use in heart disease, nervous exhaustion, addiction to alcohol and morphine, and several other psychological and physiological problems, the doctor decided to try the drug on himself. He was quite pleased with the results. To him, the drug had a pleasant aroma and an unusual effect on the lips and mouth. More importantly, however, was the drug's therapeutic effect on his serious depression. In a letter to his fiancée whom he had not seen in a year, he reported that during his last severe depression, he had taken small quantities of the drug with marvelous results. He wrote that the next time he saw her he would be like a wild man, feeling the effects of the drug. He also told his fiancée that he would give her small amounts of the drug, ostensibly to make her strong and to help her gain weight.

The young doctor wrote a pamphlet extolling the benefits of the drug, but he had not yet completed the necessary experiments on the drug's value as an analgesic. Impatient to be near his fiancée, he delayed completion of his experiments and went off to see her. During that visit, a colleague—and not he—completed the experiments, published the results, and gained the recognition the young doctor had hoped for himself.

These events took place in 1884; the drug was cocaine; the young doctor was Sigmund Freud.

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## Overview of Psychoanalytic Theory

Freud, of course, was fortunate that his name did not become indelibly tied to cocaine. Instead, his name has become associated with **psychoanalysis**, the most famous of all personality theories.

What makes Freud's theory so interesting? First, the twin cornerstones of psychoanalysis, sex and aggression, are two subjects of continuing popularity. Second, the theory was spread beyond its Viennese origins by an ardent and dedicated group of followers, many of whom romanticized Freud as a nearly mythological and lonely hero. Third, Freud's brilliant command of language enabled him to present his theories in a stimulating and exciting manner.

Freud's understanding of human personality was based on his experiences with patients, his analysis of his own dreams, and his vast readings in the various sciences and humanities. These experiences provided the basic data for the evolution of his theories. To him, theory followed observation, and his concept of personality underwent constant revisions during the last 50 years of his life. Evolutionary though it was, Freud insisted that psychoanalysis could not be subjected to eclecticism, and disciples who deviated from his basic ideas soon found themselves personally and professionally ostracized by Freud.

Although Freud regarded himself primarily as a scientist, his definition of science would be somewhat different from that held by most psychologists today. Freud relied more on deductive reasoning than on rigorous research methods, and he made observations subjectively and on a relatively small sample of patients, most of whom were from the upper-middle and upper classes. He did not quantify his data, nor did he make observations under controlled conditions. He utilized the case study approach almost exclusively, typically formulating hypotheses after the facts of the case were known.

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## Biography of Sigmund Freud

Sigmund (Sigmund) Freud was born either on March 6 or May 6, 1856, in Freiberg, Moravia, which is now part of the Czech Republic. (Scholars disagree on his birth date—the first date was but 8 months after the marriage of his parents.) Freud was the firstborn child of Jacob and Amalie Nathanson Freud, although his father had two grown sons, Emanuel and Philipp, from a previous marriage. Jacob and Amalie Freud had seven other children within 10 years, but Sigmund remained the favorite of his young, indulgent mother, which may have partially contributed to his lifelong self-confidence (E. Jones, 1953). A scholarly, serious-minded youth, Freud did not have a close friendship with any of his younger siblings. He did, however, enjoy a warm, indulgent relationship with his mother, leading him in later years to observe that the mother/son relationship was the most perfect, the most free from ambivalence of all human relationships (Freud, 1933/1964).

When Sigmund was three, the two Freud families left Freiberg. Emanuel's family and Philipp moved to England, and the Jacob Freud family moved first to Leipzig and then to Vienna. The Austrian capital remained Sigmund Freud's home for nearly 80 years, until 1938 when the Nazi invasion forced him to emigrate to London, where he died on September 23, 1939.

When Freud was about a year and a half old, his mother gave birth to a second son, Julius, an event that was to have a significant impact on Freud's psychic development. Sigmund was filled with hostility toward his younger brother and harbored an unconscious wish for his death. When Julius died at 6 months of age, Sigmund was left with feelings of guilt at having caused his brother's death. When Freud reached middle age, he began to understand that his wish did not actually cause his brother's death and that children often have a death wish for a younger sibling. This discovery purged Freud of the guilt he had carried into adulthood and, by his own analysis, contributed to his later psychic development (Freud, 1900/1953).

Freud was drawn into medicine, not because he loved medical practice, but because he was intensely curious about human nature (Ellenberger, 1970). He entered the University of Vienna Medical School with no intention of practicing medicine. Instead, he preferred teaching and doing research in physiology, which he continued even after he graduated from the university's Physiological Institute.

Freud might have continued this work indefinitely had it not been for two factors. First, he believed (probably with some justification) that, as a Jew, his opportunities for academic advancement would be limited. Second, his father, who helped finance his medical school expense, became less able to provide monetary aid. Re-

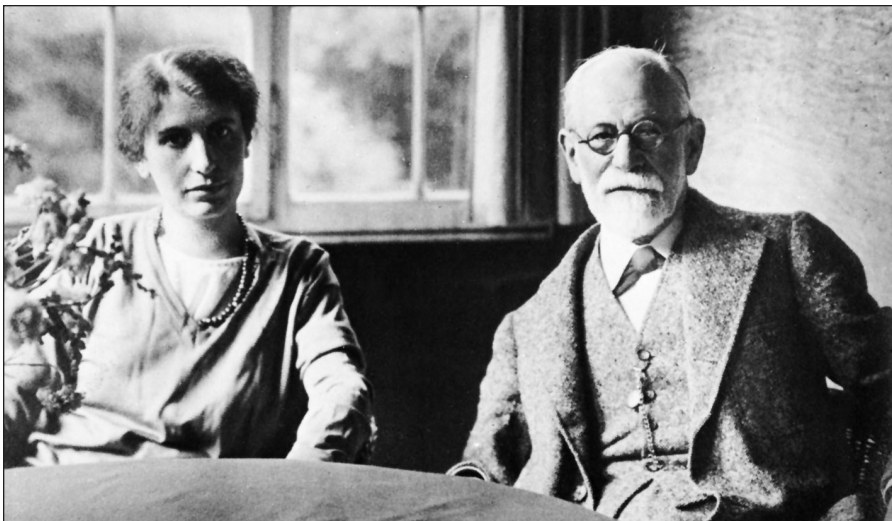
luctantly, Freud turned from his laboratory to the practice of medicine. He worked for 3 years in the General Hospital of Vienna, becoming familiar with the practice of various branches of medicine, including psychiatry and nervous diseases (Freud, 1925/1959).

In 1885, he received a traveling grant from the University of Vienna and decided to study in Paris with the famous French neurologist Jean-Martin Charcot. He spent 4 months with Charcot, from whom he learned the hypnotic technique for treating **hysteria**, a disorder typically characterized by paralysis or the improper functioning of certain parts of the body. Through hypnosis, Freud became convinced of a psychogenic and sexual origin of hysterical symptoms.

While still a medical student, Freud developed a close professional association and a personal friendship with Josef Breuer, a well-known Viennese physician 14 years older than Freud and a man of considerable scientific reputation (Ferris, 1997). Breuer taught Freud about **catharsis**, the process of removing hysterical symptoms through “talking them out.” While using catharsis, Freud gradually and laboriously discovered the *free association* technique, which soon replaced hypnosis as his principal therapeutic technique.

From as early as adolescence, Freud literally dreamed of making a monumental discovery and achieving fame (Newton, 1995). On several occasions during the 1880s and 1890s he believed he was on the verge of such a discovery. His first opportunity to gain recognition came in 1884–1885 and involved his experiments with cocaine, which we discussed in the opening vignette.

Freud’s second opportunity for achieving some measure of fame came in 1886 after he returned from Paris, where he had learned about *male* hysteria from Charcot. He assumed that this knowledge would gain him respect and recognition from the Imperial Society of Physicians of Vienna, whom he mistakenly believed would be impressed by the young Dr. Freud’s knowledge of male hysteria. Early physicians



Sigmund Freud with his daughter, Anna, who was a psychoanalyst in her own right.

had believed that hysteria was strictly a female disorder because the very word had the same origins as uterus and was the result of a “wandering womb,” with the uterus traveling throughout women’s bodies and causing various parts to malfunction. However, by 1886, when Freud presented a paper on male hysteria to the Society, most physicians present were already familiar with the illness and knew that it could also be a male disorder. Because originality was expected and because Freud’s paper was a rehash of what was already known, the Viennese physicians did not respond well to the presentation. Also, Freud’s constant praise of Charcot, a Frenchman, cooled the Viennese physicians to his talk. Unfortunately, in his autobiographical study, Freud (1925/1959) told a very different story, claiming that his lecture was not well received because members of the learned society could not fathom the concept of male hysteria. Freud’s account of this incident, now known to be in error, was nevertheless perpetuated for years, and as Sulloway (1992) argued, it is but one of many fictions created by Freud and his followers to mythologize psychoanalysis and to make a lonely hero of its founder.

Disappointed in his attempts to gain fame and afflicted with feelings (both justified and otherwise) of professional opposition due to his defense of cocaine and his belief in the sexual origins of neuroses, Freud felt the need to join with a more respected colleague. He turned to Breuer, with whom he had worked while still a medical student and with whom he enjoyed a continuing personal and professional relationship. Breuer had discussed in detail with Freud the case of Anna O, a young woman Freud had never met, but whom Breuer had spent many hours treating for hysteria several years earlier. Because of his rebuff by the Imperial Society of Physicians and his desire to establish a reputation for himself, Freud urged Breuer to collaborate with him in publishing an account of Anna O and several other cases of hysteria. Breuer, however, was not as eager as the younger and more revolutionary Freud to publish a full treatise on hysteria built on only a few case studies. He also could not accept Freud’s notion that childhood sexual experiences were the source of adult hysteria. Finally, and with some reluctance, Breuer agreed to publish with Freud *Studies on Hysteria* (Breuer & Freud, 1895/1955). In this book, Freud introduced the term “psychical analysis,” and during the following year, he began calling his approach “psycho-analysis.”

At about the time *Studies on Hysteria* was published, Freud and Breuer had a professional disagreement and became estranged personally. Freud then turned to his friend Wilhelm Fliess, a Berlin physician who served as a sounding board for Freud’s newly developing ideas. Freud’s letters to Fliess (Freud, 1985) constitute a firsthand account of the beginnings of psychoanalysis and reveal the embryonic stage of Freudian theory. Freud and Fliess had become friends in 1887, but their relationship became more intimate following Freud’s break with Breuer.

During the late 1890s, Freud suffered both professional isolation and personal crises. He had begun to analyze his own dreams, and after the death of his father in 1896, he initiated the practice of analyzing himself daily. Although his self-analysis was a lifetime labor, it was especially difficult for him during the late 1890s. During this period, Freud regarded himself as his own best patient. In August of 1897, he wrote to Fliess, “the chief patient I am preoccupied with is myself. . . . The analysis is more difficult than any other. It is, in fact what paralyzes my psychic strength” (Freud, 1985, p. 261).

A second personal crisis was his realization that he was now middle-aged and had yet to achieve the fame he so passionately desired. During this time he had suffered yet another disappointment in his attempt to make a major scientific contribution. Again he believed himself to be on the brink of an important breakthrough with his “discovery” that neuroses have their etiology in a child’s seduction by a parent. Freud likened this finding to the discovery of the source of the Nile. However, in 1897 he abandoned the seduction theory and once again had to postpone the discovery that would propel him to greatness.

Why did Freud abandon his once-treasured seduction theory? In a letter dated September 21, 1897, to Wilhelm Fliess, he gave four reasons why he could no longer believe in his seduction theory. First, he said, the seduction theory had not enabled him to successfully treat even a single patient. Second, a great number of fathers, including his own, would have to be accused of sexual perversion because hysteria was quite common even among Freud’s siblings. Third, Freud believed that the unconscious mind could probably not distinguish reality from fiction, a belief that later evolved into the Oedipus complex. And fourth, he found that the unconscious memories of advanced psychotic patients almost never revealed early childhood sexual experiences (Freud, 1985). After abandoning his seduction theory and with no Oedipus complex to replace it, Freud sank even more deeply into his midlife crisis.

Freud’s official biographer, Ernest Jones (1953, 1955, 1957), believed that Freud suffered from a severe psychoneurosis during the late 1890s, although Max Schur (1972), Freud’s personal physician during the final decade of his life, contended that his illness was due to a cardiac lesion, aggravated by addiction to nicotine. Peter Gay (1988) suggested that during the time immediately after his father’s death, Freud “relived his oedipal conflicts with peculiar ferocity” (p. 141). But Henri Ellenberger (1970) described this period in Freud’s life as a time of “creative illness,” a condition characterized by depression, **neurosis**, psychosomatic ailments, and an intense preoccupation with some form of creative activity. In any event, at midlife, Freud was suffering from self-doubts, depression, and an **obsession** with his own death.

Despite these difficulties, Freud completed his greatest work, *Interpretation of Dreams* (1900/1953), during this period. This book, finished in 1899, was an outgrowth of his self-analysis, much of which he had revealed to his friend Wilhelm Fliess. The book contained many of Freud’s own dreams, some disguised behind fictitious names.

Almost immediately after the publication of *Interpretation of Dreams*, his friendship with Fliess began to cool, eventually to rupture in 1903. This breakup paralleled Freud’s earlier estrangement from Breuer, which took place almost immediately after they had published *Studies on Hysteria* together. It was also a harbinger of his breaks with Alfred Adler, Carl Jung, and several other close associates. Why did Freud have difficulties with so many former friends? Freud himself answered this question, stating that “it is not the scientific differences that are so important; it is usually some other kind of animosity, jealousy or revenge, that gives the impulse to enmity. The scientific differences come later” (Wortis, 1954, p. 163).

Although *Interpretation of Dreams* did not create the instant international stir Freud had hoped, it eventually gained for him the fame and recognition he had sought. In the 5-year period following its publication, Freud, now filled with renewed



self-confidence, wrote several important works that helped solidify the foundation of psychoanalysis, including *On Dreams* (1901/1953), written because *Interpretation of Dreams* had failed to capture much interest; *Psychopathology of Everyday Life* (1901/1960), which introduced the world to Freudian slips; *Three Essays on the Theory of Sexuality* (1905/1953b), which established sex as the cornerstone of psychoanalysis; and *Jokes and Their Relation to the Unconscious* (1905/1960), which proposed that jokes, like dreams and Freudian slips, have an unconscious meaning. These publications helped Freud attain some local prominence in scientific and medical circles.

In 1902, Freud invited a small group of somewhat younger Viennese physicians to meet in his home to discuss psychological issues. Then, in the fall of that year, these five men—Freud, Alfred Adler, Wilhelm Stekel, Max Kahane, and Rudolf Reitler—formed the Wednesday Psychological Society, with Freud as discussion leader. In 1908, this organization adopted a more formal name—the Vienna Psychoanalytic Society.

In 1910, Freud and his followers founded the International Psychoanalytic Association with Carl Jung of Zürich as president. Freud was attracted to Jung because of his keen intellect and also because he was neither Jewish nor Viennese. Between 1902 and 1906, all 17 of Freud's disciples had been Jewish (Kurzweil, 1989), and Freud was interested in giving psychoanalysis a more cosmopolitan flavor. Although Jung was a welcome addition to the Freudian circle and had been designated as the “Crown Prince” and “the man of the future,” he, like Adler and Stekel before him, eventually quarreled bitterly with Freud and left the psychoanalytic movement. The seeds of disagreement between Jung and Freud were probably sown when the two men, along with Sandor Ferenczi, traveled to the United States in 1909 to deliver a series of lectures at Clark University near Boston. To pass the time during their travels, Freud and Jung interpreted each other's dreams, a potentially explosive practice that eventually led to the end of their relationship in 1913 (McGuire, 1974).

The years of World War I were difficult for Freud. He was cut off from communication with his faithful followers, his psychoanalytic practice dwindled, his home was sometimes without heat, and he and his family had little food. After the war, despite advancing years and pain suffered from 33 operations for cancer of the mouth, he made important revisions in his theory. The most significant of these were the elevation of *aggression* to a level equal to that of the sexual drive, the inclusion of repression as one of the defenses of the ego; and his attempt to clarify the female Oedipus complex, which he was never able to completely accomplish.

What personal qualities did Freud possess? A more complete insight into his personality can be found in Breger (2000), Clark (1980), Ellenberger (1970), Ferris (1997), Gay (1988), Handlbauer (1998), Isbister (1985), E. Jones (1953, 1955, 1957), Newton (1995), Noland (1999), Roazen (1993, 1995, 2001), Silverstein (2003), Sulloway (1992), Vitz (1988), and dozens of other books on Freud's life. Above all, Freud was a sensitive, passionate person who had the capacity for intimate, almost secretive friendships. Most of these deeply emotional relationships came to an unhappy end, and Freud often felt persecuted by his former friends and regarded them as enemies. He seemed to have needed both types of relationship. In *Interpretation of Dreams*, Freud both explained and predicted this succession of interpersonal ruptures: “My emotional life has always insisted that I should have an in-



timate friend and a hated enemy. I have always been able to provide myself afresh with both” (Freud, 1900/1953, p. 483). Until he was well past 50, all these relationships were with men. Interestingly, Freud, the man who seemed to be constantly thinking of sex, had a very infrequent sex life himself. After Anna, his youngest child was born in 1895, Freud, not yet 40 years old, had no sexual intercourse for several years. Much of his sparse sexual life stemmed from his belief that use of a condom, coitus interruptus, as well as masturbation were unhealthy sexual practices. Because Freud wanted no more children after Anna was born, sexual abstinence was his only alternative (Berger, 2000; Freud, 1985).

In addition to balancing his emotional life between an intimate friend and a hated enemy, Freud possessed an outstanding talent as a writer, a gift that helped him become a leading contributor to 20th century thought. He was a master of the German tongue and knew several other languages. Although he never won the coveted Nobel prize for science, he was awarded the Goethe prize for literature in 1930.

Freud also possessed intense intellectual curiosity; unusual moral courage (demonstrated by his daily self-analysis); extremely ambivalent feelings toward his father and other father figures; a tendency to hold grudges disproportionate to the alleged offense; a burning ambition, especially during his earlier years; strong feelings of isolation even while surrounded by many followers; and an intense and somewhat irrational dislike of America and Americans, an attitude that became more intense after his trip to the United States in 1909.

Why did Freud have such a disdain for Americans? Perhaps the most important reason is that he rightly believed Americans would trivialize psychoanalysis by trying to make it popular. In addition, he had several experiences during his trip to the United States that were foreign to a proper bourgeois Viennese gentleman. Even before he embarked on the *George Washington*, he saw his name misspelled as “Freund” on the passenger list (Ferris, 1997). A number of other events—some of which seem almost humorous—made Freud’s visit more unpleasant than it might have been. First, Freud experienced chronic indigestion and diarrhea throughout his visit, probably because the drinking water did not agree with him. In addition, he found it both peculiar and problematic that American cities did not provide public restrooms on street corners, and with his chronic indigestion he was frequently in search of a public lavatory. Also, several Americans addressed him as Doc or Sigmund while challenging him to defend his theories, and one person tried—unsuccessfully, of course—to prevent him from smoking a cigar in a nonsmoking area. Moreover, when Freud, Ferenczi, and Jung went to a private camp in western Massachusetts, they were greeted by a barrage of flags of Imperial Germany, despite the fact that none of them was German and each had reasons to dislike Germany. Also at camp, Freud, along with the others, sat on the ground while the host grilled steaks over charcoal, a custom Freud deemed to be both savage and uncouth (Roazen, 1993).

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## Levels of Mental Life

Freud’s greatest contribution to personality theory is his exploration of the unconscious and his insistence that people are motivated primarily by drives of which they have little or no awareness. To Freud mental life is divided into two levels, the **unconscious** and the **conscious**. The unconscious, in turn, has two different levels, the

unconscious proper and the **preconscious**. In Freudian psychology the three levels of mental life are used to designate both a process and a location. The existence as a specific location, of course, is merely hypothetical and has no real existence within the body. Yet, Freud spoke of *the* unconscious as well as unconscious processes.

## Unconscious

The unconscious contains all those drives, urges, or instincts that are beyond our awareness but that nevertheless motivate most of our words, feelings, and actions. Although we may be conscious of our overt behaviors, we often are not aware of the mental processes that lie behind them. For example, a man may know that he is attracted to a woman but may not fully understand all the reasons for the attraction, some of which may even seem irrational.

Because the unconscious is not available to the conscious mind, how can one know if it really exists? Freud felt that its existence could be proved only indirectly. To him the unconscious is the explanation for the meaning behind dreams, slips of the tongue, and certain kinds of forgetting, called *repression*. Dreams serve as a particularly rich source of unconscious material. For example, Freud believed that childhood experiences can appear in adult dreams even though the dreamer has no conscious recollection of these experiences.

Unconscious processes often enter into consciousness but only after being disguised or distorted enough to elude censorship. Freud (1917/1963) used the analogy of a guardian or censor blocking the passage between the unconscious and preconscious and preventing undesirable anxiety-producing memories from entering awareness. To enter the conscious level of the mind, these unconscious images first must be sufficiently disguised to slip past the *primary censor*; and then they must elude a *final censor* that watches the passageway between the preconscious and the conscious. By the time these memories enter our conscious mind, we no longer recognize them for what they are; instead, we see them as relatively pleasant, non-threatening experiences. In most cases, these images have strong sexual or aggressive motifs, because childhood sexual and aggressive behaviors are frequently punished or suppressed. Punishment and **suppression** often create feelings of anxiety, and the anxiety in turn stimulates **repression**, that is, the forcing of unwanted, anxiety-ridden experiences into the unconscious as a defense against the pain of that anxiety.

Not all unconscious processes, however, spring from repression of childhood events. Freud believed that a portion of our unconscious originates from the experiences of our early ancestors that have been passed on to us through hundreds of generations of repetition. He called these inherited unconscious images our **phylogenetic endowment** (Freud, 1917/1963, 1933/1964). Freud's notion of phylogenetic endowment is quite similar to Carl Jung's idea of a collective unconscious (see Chapter 4). However, one important difference exists between the two concepts. Whereas Jung placed primary emphasis on the collective unconscious, Freud relied on the notion of inherited dispositions only as a last resort. That is, when explanations built on individual experiences were not adequate, Freud would turn to the idea of collectively inherited experiences to fill in the gaps left by individual experiences. Later we will see that Freud used the concept of phylogenetic endowment to explain several important concepts, such as the Oedipus complex and castration anxiety.

Unconscious drives may appear in consciousness, but only after undergoing certain transformations. A person may express either erotic or hostile urges, for example, by teasing or joking with another person. The original drive (sex or aggression) is thus disguised and hidden from the conscious minds of both persons. The unconscious of the first person, however, has directly influenced the unconscious of the second. Both people gain some satisfaction of either sexual or aggressive urges, but neither is conscious of the underlying motive behind the teasing or joking. Thus the unconscious mind of one person can communicate with the unconscious of another without either person being aware of the process.

Unconscious, of course, does not mean inactive or dormant. Forces in the unconscious constantly strive to become conscious, and many of them succeed, although they may no longer appear in their original form. Unconscious ideas can and do motivate people. For example, a son's hostility toward his father may masquerade itself in the form of ostentatious affection. In an undisguised form, the hostility would create too much anxiety for the son. His unconscious mind, therefore, motivates him to express hostility indirectly through an exaggerated show of love and flattery. Because the disguise must successfully deceive the person, it often takes an opposite form from the original feelings, but it is almost always overblown and ostentatious. (This mechanism, called a *reaction formation*, is discussed later in the section titled Defense Mechanisms.)

## Preconscious

The preconscious level of the mind contains all those elements that are not conscious but can become conscious either quite readily or with some difficulty (Freud, 1933/1964).

The contents of the preconscious come from two sources, the first of which is conscious perception. What a person perceives is conscious for only a transitory period; it quickly passes into the preconscious when the focus of attention shifts to another idea. These ideas that alternate easily between being conscious and preconscious are largely free from anxiety and in reality are much more similar to the conscious images than to unconscious urges.

The second source of preconscious images is the unconscious. Freud believed that ideas can slip past the vigilant censor and enter into the preconscious in a disguised form. Some of these images never become conscious because if we recognized them as derivatives of the unconscious, we would experience increased levels of anxiety, which would activate the final censor to repress these anxiety-loaded images, forcing them back into the unconscious. Other images from the unconscious do gain admission to consciousness, but only because their true nature is cleverly disguised through the dream process, a slip of the tongue, or an elaborate defensive measure.

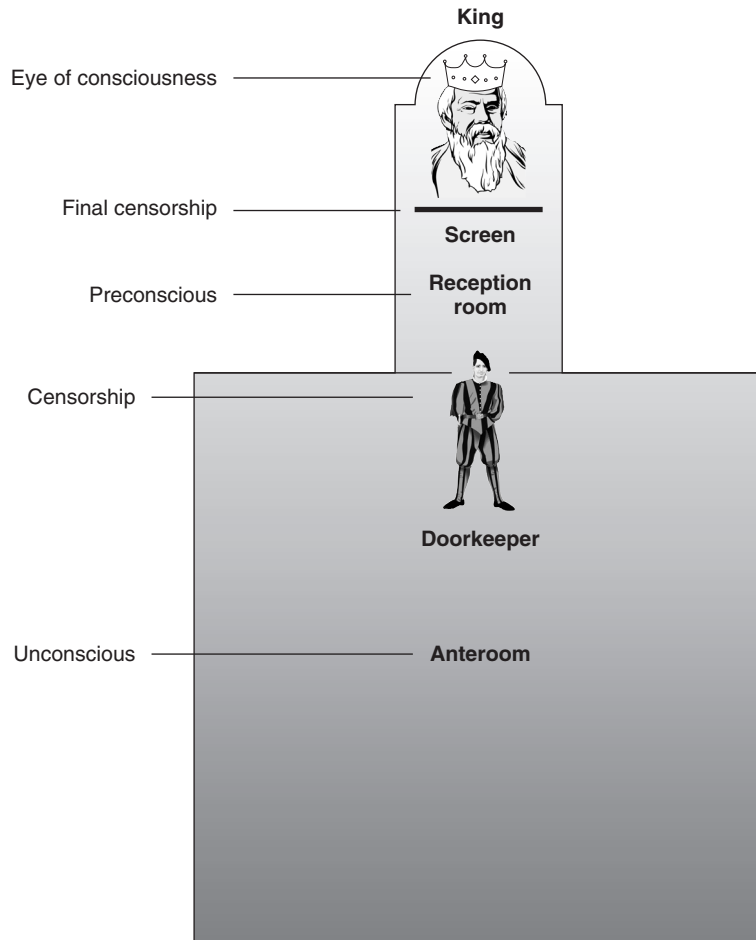
## Conscious

Consciousness, which plays a relatively minor role in psychoanalytic theory, can be defined as those mental elements in awareness at any given point in time. It is the only level of mental life directly available to us. Ideas can reach consciousness from two different directions. The first is from the **perceptual conscious** system, which is

turned toward the outer world and acts as a medium for the perception of external stimuli. In other words, what we perceive through our sense organs, if not too threatening, enters into consciousness (Freud, 1933/1964).

The second source of conscious elements is from within the mental structure and includes nonthreatening ideas from the preconscious as well as menacing but well-disguised images from the unconscious. As we have seen, these latter images escaped into the preconscious by cloaking themselves as harmless elements and evading the primary censor. Once in the preconscious, they avoid a final censor and come under the eye of consciousness. By the time they reach the conscious system, these images are greatly distorted and camouflaged, often taking the form of defensive behaviors or dream elements.

In summary, Freud (1917/1963, pp. 295–296) compared the unconscious to a large entrance hall in which many diverse, energetic, and disreputable people are milling about, crowding one another, and striving incessantly to escape to a smaller adjoining reception room. However, a watchful guard protects the threshold between



**FIGURE 2.1** *Levels of Mental Life.*

the large entrance hall and the small reception room. This guard has two methods of preventing undesirables from escaping from the entrance hall—either turn them back at the door or throw out those people who earlier had clandestinely slipped into the reception room. The effect in either case is the same; the menacing, disorderly people are prevented from coming into view of an important guest who is seated at the far end of the reception room behind a screen. The meaning of the analogy is obvious. The people in the entrance hall represent unconscious images. The small reception room is the preconscious and its inhabitants represent preconscious ideas. People in the reception room (preconscious) may or may not come into view of the important guest who, of course, represents the eye of consciousness. The doorkeeper who guards the threshold between the two rooms is the primary censor that prevents unconscious images from becoming preconscious and renders preconscious images unconscious by throwing them back. The screen that guards the important guest is the final censor, and it prevents many, but not all, preconscious elements from reaching consciousness. The analogy is presented graphically in Figure 2.1.

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## Provinces of the Mind

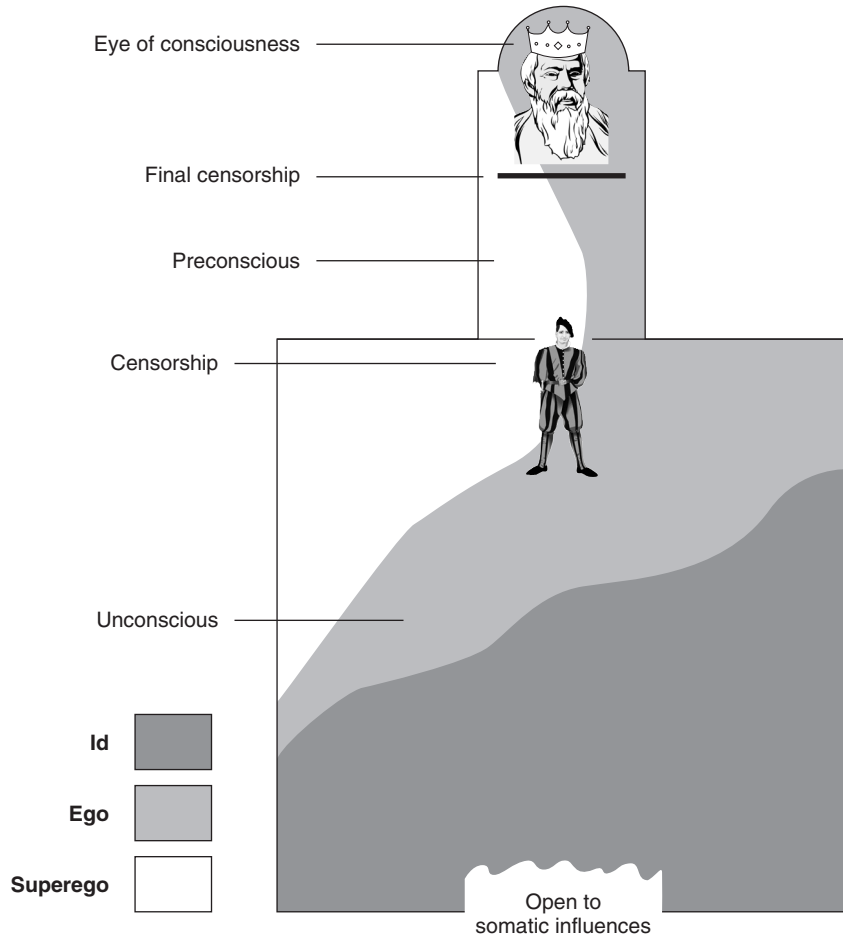
For nearly 2 decades, Freud's only model of the mind was the topographic one we have just outlined, and his only portrayal of psychic strife was the conflict between conscious and unconscious forces. Then, during the 1920s, Freud (1923/1961a) introduced a three-part structural model. This division of the mind into three provinces did not supplant the topographic model, but it helped Freud explain mental images according to their functions or purposes.

To Freud, the most primitive part of the mind was *das Es*, or the “it,” which is almost always translated into English as **id**; a second division was *das Ich*, or the “I,” translated as **ego**; and a final province was *das Uber-Ich*, or the “over-I,” which is rendered into English as **superego**. These provinces or regions have no territorial existence, of course, but are merely hypothetical constructs. They interact with the three levels of mental life so that the ego cuts across the various topographic levels and has conscious, preconscious, and unconscious components, whereas the super-ego is both preconscious and unconscious and the id is completely unconscious. Figure 2.2 shows the relationship between the provinces of the mind and the levels of mental life.

### The Id

At the core of personality and completely unconscious is the psychical region called the id, a term derived from the impersonal pronoun meaning “the it,” or the not-yet-owned component of personality. The id has no contact with reality, yet it strives constantly to reduce tension by satisfying basic desires. Because its sole function is to seek pleasure, we say that the id serves the **pleasure principle**.

A newborn infant is the personification of an id unencumbered by restrictions of ego and superego. The infant seeks gratification of needs without regard for what is possible (that is, demands of the ego) or what is proper (that is, restraints of the superego). Instead, it sucks when the nipple is either present or absent and gains pleasure in either situation. Although the infant receives life-sustaining food only by



**FIGURE 2.2** *Levels of Mental Life and Provinces of the Mind.*

sucking a nurturing nipple, it continues to suck because its id is not in contact with reality. The infant fails to realize that thumb-sucking behavior cannot sustain life. Because the id has no direct contact with reality, it is not altered by the passage of time or by the experiences of the person. Childhood wish impulses remain unchanged in the id for decades (Freud, 1933/1964).

Besides being unrealistic and pleasure seeking, the id is illogical and can simultaneously entertain incompatible ideas. For example, a woman may show conscious love for her mother while unconsciously wishing to destroy her. These opposing desires are possible because the id has no morality; that is, it cannot make value judgments or distinguish between good and evil. However, the id is not immoral, merely amoral. All of the id's energy is spent for one purpose—to seek pleasure without regard for what is proper or just (Freud, 1923/1961a, 1933/1964).

In review, the id is primitive, chaotic, inaccessible to consciousness, unchangeable, amoral, illogical, unorganized, and filled with energy received from basic drives and discharged for the satisfaction of the pleasure principle.



As the region that houses basic drives (primary motivates), the id operates through the **primary process**. Because it blindly seeks to satisfy the pleasure principle, its survival is dependent on the development of a **secondary process** to bring it into contact with the external world. This secondary process functions through the ego.

## The Ego

The ego, or I, is the only region of the mind in contact with reality. It grows out of the id during infancy and becomes a person's sole source of communication with the external world. It is governed by the **reality principle**, which it tries to substitute for the pleasure principle of the id. As the sole region of the mind in contact with the external world, the ego becomes the decision-making or executive branch of personality. However, because it is partly conscious, partly preconscious, and partly unconscious, the ego can make decisions on each of these three levels. For instance, a woman's ego may *consciously* motivate her to choose excessively neat, well-tailored clothes because she feels comfortable when well dressed. At the same time, she may be only dimly (i.e., *preconsciously*) aware of previous experiences of being rewarded for choosing nice clothes. In addition, she may be *unconsciously* motivated to be excessively neat and orderly due to early childhood experiences of toilet training. Thus, her decision to wear neat clothes can take place in all three levels of mental life.

When performing its cognitive and intellectual functions, the ego must take into consideration the incompatible but equally unrealistic demands of the id and the superego. In addition to these two tyrants, the ego must serve a third master—the external world. Thus, the ego constantly tries to reconcile the blind, irrational claims of the id and the superego with the realistic demands of the external world. Finding itself surrounded on three sides by divergent and hostile forces, the ego reacts in a predictable manner—it becomes anxious. It then uses repression and other *defense mechanisms* to defend itself against this anxiety (Freud, 1926/1959a).

According to Freud (1933/1964), the ego becomes differentiated from the id when infants learn to distinguish themselves from the outer world. While the id remains unchanged, the ego continues to develop strategies for handling the id's unrealistic and unrelenting demands for pleasure. At times the ego can control the powerful, pleasure-seeking id, but at other times it loses control. In comparing the ego to the id, Freud used the analogy of a person on horseback. The rider checks and inhibits the greater strength of the horse but is ultimately at the mercy of the animal. Similarly, the ego must check and inhibit id impulses, but it is more or less constantly at the mercy of the stronger but more poorly organized id. The ego has no strength of its own but borrows energy from the id. In spite of this dependence on the id, the ego sometimes comes close to gaining complete control, for instance, during the prime of life of a psychologically mature person.

As children begin to experience parental rewards and punishments, they learn what to do in order to gain pleasure and avoid pain. At this young age, pleasure and pain are ego functions because children have not yet developed a conscience and ego-ideal: that is, a superego. As children reach the age of 5 or 6 years, they identify with their parents and begin to learn what they should and should not do. This is the origin of the superego.

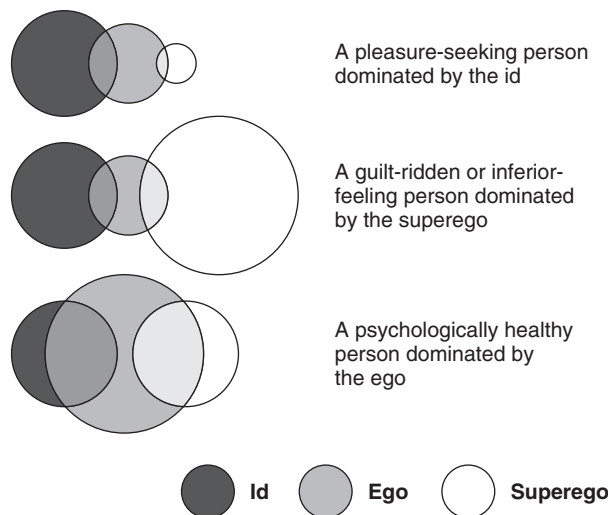
## The Superego

In Freudian psychology, the superego, or above-I, represents the moral and ideal aspects of personality and is guided by the **moralistic** and **idealistic principles** as opposed to the pleasure principle of the id and the realistic principle of the ego. The superego grows out of the ego, and like the ego, it has no energy of its own. However, the superego differs from the ego in one important respect—it has no contact with the outside world and therefore is unrealistic in its demands for perfection (Freud, 1923/1961a).

The superego has two subsystems, the **conscience** and the **ego-ideal**. Freud did not clearly distinguish between these two functions, but, in general, the conscience results from experiences with punishments for improper behavior and tells us what we *should not do*, whereas the ego-ideal develops from experiences with rewards for proper behavior and tells us what we *should do*. A primitive conscience comes into existence when a child conforms to parental standards out of fear of loss of love or approval. Later, during the Oedipal phase of development, these ideals are internalized through identification with the mother and father. (We discuss the Oedipus complex in a later section titled Stages of Development.)

A well-developed superego acts to control sexual and aggressive impulses through the process of *repression*. It cannot produce repressions by itself, but it can order the ego to do so. The superego watches closely over the ego, judging its actions and intentions. Guilt is the result when the ego acts—or even intends to act—contrary to the moral standards of the superego. Feelings of inferiority arise when the ego is unable to meet the superego's standards of perfection. Guilt, then, is a function of the conscience, whereas inferiority feelings stem from the ego-ideal (Freud, 1933/1964).

The superego is not concerned with the happiness of the ego. It strives blindly and unrealistically toward perfection. It is unrealistic in the sense that it does not take



**FIGURE 2.3** *The Relationship among Id, Ego, and Superego in Three Hypothetical Persons.*

into consideration the difficulties or impossibilities faced by the ego in carrying out its orders. Not all its demands, of course, are impossible to fulfill, just as not all demands of parents and other authority figures are impossible to fulfill. The superego, however, is like the id in that it is completely ignorant of, and unconcerned with, the practicability of its requirements.

Freud (1933/1964) pointed out that the divisions among the different regions of the mind are not sharp and well defined. The development of the three divisions varies widely in different individuals. For some people, the superego does not grow after childhood; for others, the superego may dominate the personality at the cost of guilt and inferiority feelings. For yet others, the ego and superego may take turns controlling personality, which results in extreme fluctuations of mood and alternating cycles of self-confidence and self-deprecation. In the healthy individual, the id and superego are integrated into a smooth functioning ego and operate in harmony and with a minimum of conflict. Figure 2.3 shows the relationships among id, ego, and superego in three hypothetical persons. For the first person, the id dominates a weak ego and a feeble superego, preventing the ego from counterbalancing its incessant demands of the id and leaving the person nearly constantly striving for pleasure regardless of what is possible or proper. The second person, with strong feelings of either guilt or inferiority and a weak ego, will experience many conflicts because the ego cannot arbitrate the strong but opposing demands of the superego and the id. The third person, with a strong ego that has incorporated many of the demands of both the id and the superego, is psychologically healthy and in control of both the pleasure principle and the moralistic principle.

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## Dynamics of Personality

Levels of mental life and provinces of the mind refer to the *structure* or composition of personality; but personalities also *do* something. Thus, Freud postulated a *dynamic*, or motivational principle, to explain the driving forces behind people's actions. To Freud, people are motivated to seek pleasure and to reduce tension and anxiety. This motivation is derived from psychical and physical energy that springs from their basic drives.

### Drives

Freud used the German word *Trieb* to refer to a drive or a stimulus within the person. Freud's official translators rendered this term as *instinct*, but more accurately the word should be "drive" or "impulse." Drives operate as a constant motivational force. As an internal stimulus, drives differ from external stimuli in that they cannot be avoided through flight.

According to Freud (1933/1964), the various drives can all be grouped under two major headings: sex or Eros and aggression, distraction, or Thanatos. These drives originate in the id, but they come under the control of the ego. Each drive has its own form of psychic energy: Freud used the word **libido** for the sex drive, but energy from the aggressive drive remains nameless.

Every basic drive is characterized by an impetus, a source, an aim, and an object. A drive's *impetus* is the amount of force it exerts; its *source* is the region of the

body in a state of excitation or tension; its *aim* is to seek pleasure by removing that excitation or reducing the tension; and its *object* is the person or thing that serves as the means through which the aim is satisfied (Freud, 1915/1957a).

## **Sex**

The aim of the sexual drive is pleasure, but this pleasure is not limited to genital satisfaction. Freud believed that the entire body is invested with libido. Besides the genitals, the mouth and anus are especially capable of producing sexual pleasure and are called **erogenous** zones. The ultimate aim of the sexual drive (reduction of sexual tension) cannot be changed, but the path by which the aim is reached can be varied. It can take either an active or a passive form, or it can be temporarily or permanently inhibited (Freud, 1915/1957a). Because the path is flexible and because sexual pleasure stems from organs other than the genitals, much behavior originally motivated by Eros is difficult to recognize as sexual behavior. To Freud, however, all pleasurable activity is traceable to the sexual drive.

The flexibility of the sexual *object* or person can bring about a further disguise of Eros. The erotic object can easily be transformed or displaced. Libido can be withdrawn from one person and placed in a state of free-floating tension, or it can be reinvested in another person, including the self. For example, an infant prematurely forced to give up the nipple as a sexual object may substitute the thumb as an object of oral pleasure.

Sex can take many forms, including narcissism, love, sadism, and masochism. The latter two also possess generous components of the aggressive drive.

Infants are primarily self-centered, with their libido invested almost exclusively on their own ego. This condition, which is universal, is known as **primary narcissism**. As the ego develops, children usually give up much of their primary narcissism and develop a greater interest in other people. In Freud's language, narcissistic libido is then transformed into object libido. During puberty, however, adolescents often redirect their libido back to the ego and become preoccupied with personal appearance and other self-interests. This pronounced **secondary narcissism** is not universal, but a moderate degree of self-love is common to nearly everyone (Freud, 1914/1957).

A second manifestation of Eros is love, which develops when people invest their libido on an object or person other than themselves. Children's first sexual interest is the person who cares for them, generally the mother. During infancy children of either sex experience sexual love for the mother. Overt sexual love for members of one's family, however, ordinarily is repressed, which brings a second type of love into existence. Freud called this second kind of love aim-inhibited because the original aim of reducing sexual tension is inhibited or repressed. The kind of love people feel for their siblings or parents is generally aim-inhibited.

Obviously, love and narcissism are closely interrelated. Narcissism involves love of self, whereas love is often accompanied by narcissistic tendencies, as when people love someone who serves as an ideal or model of what they would like to be.

Two other drives that are also intertwined are sadism and masochism. **Sadism** is the need for sexual pleasure by inflicting pain or humiliation on another person. Carried to an extreme, it is considered a sexual perversion, but in moderation, sadism is a common need and exists to some extent in all sexual relationships. It is

perverted when the sexual aim of erotic pleasure becomes secondary to the destructive aim (Freud, 1933/1964).

**Masochism**, like sadism, is a common need, but it becomes a perversion when Eros becomes subservient to the destructive drive. Masochists experience sexual pleasure from suffering pain and humiliation inflicted either by themselves or by others. Because masochists can provide self-inflicted pain, they do not depend on another person for the satisfaction of masochistic needs. In contrast, sadists must seek and find another person on whom to inflict pain or humiliation. In this respect, they are more dependent than masochists on other people.

### ***Aggression***

Partially as a result of his unhappy experiences during World War I and partially as a consequence of the death of his beloved daughter Sophie, Freud (1920/1955a) wrote *Beyond the Pleasure Principle*, a book that elevated aggression to the level of the sexual drive. As he did with many of his other concepts, Freud set forth his ideas tentatively and with some caution. With time, however, aggression, like several other tentatively proposed concepts, became dogma.

The aim of the destructive drive, according to Freud, is to return the organism to an inorganic state. Because the ultimate inorganic condition is death, the final aim of the aggressive drive is self-destruction. As with the sexual drive, aggression is flexible and can take a number of forms, such as teasing, gossip, sarcasm, humiliation, humor, and the enjoyment of other people's suffering. The aggressive tendency is present in everyone and is the explanation for wars, atrocities, and religious persecution.

The aggressive drive also explains the need for the barriers that people have erected to check aggression. For example, commandments such as "Love thy neighbor as thyself" are necessary, Freud believed, to inhibit the strong, though usually unconscious, drive to inflict injury on others. These precepts are actually *reaction formations*. They involve the repression of strong hostile impulses and the overt and obvious expression of the opposite tendency.

Throughout our lifetime, life and death impulses constantly struggle against one another for ascendancy, but at the same time, both must bow to the reality principle, which represents the claims of the outer world. These demands of the real world prevent a direct, covert, and unopposed fulfillment of either sex or aggression. They frequently create anxiety, which relegates many sexual and aggressive desires to the realm of the unconscious.

### **Anxiety**

Sex and aggression share the center of Freudian dynamic theory with the concept of **anxiety**. In defining anxiety, Freud (1933/1964) emphasized that it is a felt, affective, unpleasant state accompanied by a physical sensation that warns the person against impending danger. The unpleasantness is often vague and hard to pinpoint, but the anxiety itself is always felt.

Only the ego can produce or feel anxiety, but the id, superego, and external world each are involved in one of three kinds of anxiety—neurotic, moral, and realistic. The ego's dependence on the id results in neurotic anxiety; its dependence on

the superego produces moral anxiety; and its dependence on the outer world leads to realistic anxiety.

**Neurotic anxiety** is defined as apprehension about an unknown danger. The feeling itself exists in the ego, but it originates from id impulses. People may experience neurotic anxiety in the presence of a teacher, employer, or some other authority figure because they previously experienced unconscious feelings of destruction against one or both parents. During childhood, these feelings of hostility are often accompanied by fear of punishment, and this fear becomes generalized into unconscious neurotic anxiety.

A second type of anxiety, **moral anxiety**, stems from the conflict between the ego and the superego. After children establish a superego—usually by the age of 5 or 6—they may experience anxiety as an outgrowth of the conflict between realistic needs and the dictates of their superego. Moral anxiety, for example, would result from sexual temptations if a child believes that yielding to the temptation would be morally wrong. It may also result from the failure to behave consistently with what they regard as morally right, for example, failing to care for aging parents.

A third category of anxiety, **realistic anxiety**, is closely related to fear. It is defined as an unpleasant, nonspecific feeling involving a possible danger. For example, we may experience realistic anxiety while driving in heavy, fast-moving traffic in an unfamiliar city, a situation fraught with real, objective danger. However, realistic anxiety is different from fear in that it does not involve a specific fearful object. We would experience fear, for example, if our motor vehicle suddenly began sliding out of control on an icy highway.

These three types of anxiety are seldom clear-cut or easily separated. They often exist in combination, as when fear of water, a real danger, becomes disproportionate to the situation and hence precipitates neurotic anxiety as well as realistic anxiety. This situation indicates that an unknown danger is connected with the external one.

Anxiety serves as an ego-preserving mechanism because it signals us that some danger is at hand (Freud, 1933/1964). For example, an anxiety dream signals our censor of an impending danger, which allows us to better disguise the dream images. Anxiety allows the constantly vigilant ego to be alert for signs of threat and danger. The signal of impending danger stimulates us to mobilize for either flight or defense.

Anxiety is also self-regulating because it precipitates repression, which in turn reduces the pain of anxiety (Freud, 1933/1964). If the ego had no recourse to defensive behavior, the anxiety would become intolerable. Defensive behaviors, therefore, serve a useful function by protecting the ego against the pain of anxiety.

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## Defense Mechanisms

Freud first elaborated on the idea of **defense mechanisms** in 1926 (Freud, 1926/1959a), and his daughter Anna further refined and organized the concept (A. Freud, 1946). Although defense mechanisms are normal and universally used, when carried to an extreme they lead to compulsive, repetitive, and neurotic behavior. Because we must expend psychic energy to establish and maintain defense mechanisms, the more defensive we are, the less psychic energy we have left to satisfy id



impulses. This, of course, is precisely the ego's purpose in establishing defense mechanisms—to avoid dealing directly with sexual and aggressive impulses and to defend itself against the anxiety that accompanies them (Freud, 1926/1959a).

The principal defense mechanisms identified by Freud include repression, reaction formation, displacement, fixation, regression, projection, introjection, and sublimation.

## Repression

The most basic defense mechanism, because it is involved in each of the others, is *repression*. Whenever the ego is threatened by undesirable id impulses, it protects itself by repressing those impulses; that is, it forces threatening feelings into the unconscious (Freud, 1926/1959a). In many cases the repression is then perpetuated for a lifetime. For example, a young girl may permanently repress her hostility for a younger sister because her hateful feelings create too much anxiety.

No society permits a complete and uninhibited expression of sex and aggression. When children have their hostile or sexual behaviors punished or otherwise suppressed, they learn to be anxious whenever they experience these impulses. Although this anxiety seldom leads to a complete repression of aggressive and sexual drives, it often results in their partial repression.

What happens to these impulses after they have become unconscious? Freud (1933/1964) believed that several possibilities exist. First, the impulses may remain unchanged in the unconscious. Second, they could force their way into consciousness in an unaltered form, in which case they would create more anxiety than the person could handle, and the person would be overwhelmed with anxiety. A third and much more common fate of repressed drives is that they are expressed in displaced or disguised forms. The disguise, of course, must be clever enough to deceive the ego. Repressed drives may be disguised as physical symptoms, for example, sexual impotency in a man troubled by sexual guilt. The impotency prevents the man from having to deal with the guilt and anxiety that would result from normal enjoyable sexual activity. Repressed drives may also find an outlet in dreams, slips of the tongue, or one of the other defense mechanisms.

## Reaction Formation

One of the ways in which a repressed impulse may become conscious is through adopting a disguise that is directly opposite its original form. This defense mechanism is called a **reaction formation**. Reactive behavior can be identified by its exaggerated character and by its obsessive and compulsive form (Freud, 1926/1959a). An example of a reaction formation can be seen in a young woman who deeply resents and hates her mother. Because she knows that society demands affection toward parents, such conscious hatred for her mother would produce too much anxiety. To avoid painful anxiety, the young woman concentrates on the opposite impulse—love. Her “love” for her mother, however, is not genuine. It is showy, exaggerated, and overdone. Other people may easily see the true nature of this love, but the woman must deceive herself and cling to her reaction formation, which helps conceal the anxiety-arousing truth that she unconsciously hates her mother.

## Displacement

Freud (1926/1959a) believed that reaction formations are limited to a single object; for example, people with reactive love shower affection only on the person toward whom they feel unconscious hatred. In **displacement**, however, people can redirect their unacceptable urges onto a variety of people or objects so that the original impulse is disguised or concealed. For example, a woman who is angry at her roommate may displace her anger onto her employees, her pet cat, or a stuffed animal. She remains friendly to her roommate, but unlike the workings of a reaction formation, she does not exaggerate or overdo her friendliness.

Throughout his writings, Freud used the term “displacement” in several ways. In our discussion of the sexual drive, for example, we saw that the sexual object can be displaced or transformed onto a variety of other objects, including one’s self. Freud (1926/1959a) also used displacement to refer to the replacement of one neurotic symptom for another; for example, a compulsive urge to masturbate may be replaced by compulsive hand washing. Displacement also is involved in dream formation, as when the dreamer’s destructive urges toward a parent are placed onto a dog or wolf. In this event, a dream about a dog being hit by a car might reflect the dreamer’s unconscious wish to see the parent destroyed. (We discuss dream formation more completely in the section on dream analysis.)

## Fixation

Psychical growth normally proceeds in a somewhat continuous fashion through the various stages of development. The process of psychologically growing up, however, is not without stressful and anxious moments. When the prospect of taking the next step becomes too anxiety provoking, the ego may resort to the strategy of remaining at the present, more comfortable psychological stage. Such a defense is called **fixation**. Technically, fixation is the permanent attachment of the libido onto an earlier, more primitive stage of development (Freud, 1917/1963). Like other defense mechanisms, fixations are universal. People who continually derive pleasure from eating, smoking, or talking may have an oral fixation, whereas those who are obsessed with neatness and orderliness may possess an anal fixation.

## Regression

Once the libido has passed a developmental stage, it may, during times of stress and anxiety, revert back to that earlier stage. Such a reversion is known as **regression** (Freud, 1917/1963). Regressions are quite common and are readily visible in children. For example, a completely weaned child may regress to demanding a bottle or nipple when a baby brother or sister is born. The attention given to the new baby poses a threat to the older child. Regressions are also frequent in older children and in adults. A common way for adults to react to anxiety-producing situations is to revert to earlier, safer, more secure patterns of behavior and to invest their libido onto more primitive and familiar objects. Under extreme stress one adult may adopt the fetal position, another may return home to mother, and still another may react by remaining all day in bed, well covered from the cold and threatening world. Regressive behavior is similar to fixated behavior in that it is rigid and infantile. Regressions,

however, are usually temporary, whereas fixations demand a more or less permanent expenditure of psychic energy.

## Projection

When an internal impulse provokes too much anxiety, the ego may reduce that anxiety by attributing the unwanted impulse to an external object, usually another person. This is the defense mechanism of **projection**, which can be defined as seeing in others unacceptable feelings or tendencies that actually reside in one's own unconscious (Freud, 1915/1957b). For example, a man may consistently interpret the actions of older women as attempted seductions. Consciously, the thought of sexual intercourse with older women may be intensely repugnant to him, but buried in his unconscious is a strong erotic attraction to these women. In this example, the young man deludes himself into believing that he has no sexual feelings for older women. Although this projection erases most of his anxiety and guilt, it permits him to maintain a sexual interest in women who remind him of his mother.

An extreme type of projection is **paranoia**, a mental disorder characterized by powerful delusions of jealousy and persecution. Paranoia is not an inevitable outcome of projection but simply a severe variety of it. According to Freud (1922/1955), a crucial distinction between projection and paranoia is that paranoia is always characterized by repressed homosexual feelings toward the persecutor. Freud believed that the persecutor is inevitably a former friend of the same sex, although sometimes people may transfer their delusions onto a person of the opposite sex. When homosexual impulses become too powerful, persecuted paranoiacs defend themselves by *reversing* these feelings and then projecting them onto their original object. For men, the transformation proceeds as follows. Instead of saying, "I love him," the paranoid person says, "I hate him." Because this also produces too much anxiety, he says, "He hates me." At this point, the person has disclaimed all responsibility and can say, "I like him fine, but he's got it in for me." The central mechanism in all paranoia is projection with accompanying delusions of jealousy and persecution.

## Introjection

Whereas projection involves placing an unwanted impulse onto an external object, **introjection** is a defense mechanism whereby people incorporate positive qualities of another person into their own ego. For example, an adolescent may introject or adopt the mannerisms, values, or lifestyle of a movie star. Such an introjection gives the adolescent an inflated sense of self-worth and keeps feelings of inferiority to a minimum. People introject characteristics that they see as valuable and that will permit them to feel better about themselves.

Freud (1926/1959a) saw the resolution of the Oedipus complex as the prototype of introjection. During the Oedipal period, the young child introjects the authority and values of one or both parents—an introjection that sets into motion the beginning of the superego. When children introject what they perceive to be their parents' values, they are relieved from the work of evaluating and choosing their own beliefs and standards of conduct. As children advance through the latency period of development (approximately ages 6 to 12), their superego becomes more personalized;

that is, it moves away from a rigid identification with parents. Nevertheless, people of any age can reduce the anxiety associated with feelings of inadequacy by adopting or introjecting the values, beliefs, and mannerisms of other people.

## Sublimation

Each of these defense mechanisms serves the individual by protecting the ego from anxiety, but each is of dubious value from society's viewpoint. According to Freud (1917/1963), one mechanism—sublimation—helps both the individual and the social group. **Sublimation** is the repression of the genital aim of Eros by substituting a cultural or social aim. The sublimated aim is expressed most obviously in creative cultural accomplishments such as art, music, and literature, but more subtly, it is part of all human relationships and all social pursuits. Freud (1914/1953) believed that the art of Michelangelo, who found an indirect outlet for his libido in painting and sculpting, was an excellent example of sublimation. In most people, sublimations combine with direct expression of Eros and result in a kind of balance between social accomplishments and personal pleasures. Most of us are capable of sublimating a part of our libido in the service of higher cultural values, while at the same time retaining sufficient amounts of the sexual drive to pursue individual erotic pleasure.

In summary, all defense mechanisms protect the ego against anxiety. They are universal in that everyone engages in defensive behavior to some degree. Each defense mechanism combines with repression, and each can be carried to the point of psychopathology. Normally, however, defense mechanisms are beneficial to the individual and harmless to society. In addition, one defense mechanism—sublimation—usually benefits both the individual and society.

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## Stages of Development

Although Freud had little firsthand experience with children (including his own), his developmental theory is almost exclusively a discussion of early childhood. To Freud, the first 4 or 5 years of life, or the **infantile stage**, are the most crucial for personality formation. This stage is followed by a 6- or 7-year period of **latency** during which time little or no sexual growth takes place. Then at puberty, a renaissance of sexual life occurs, and the **genital stage** is ushered in. Psychosexual development eventually culminates in **maturity**.

### Infantile Period

One of Freud's (1905/1953b, 1923/1961b) most important assumptions is that infants possess a sexual life and go through a period of pregenital sexual development during the first 4 or 5 years after birth. At the time Freud originally wrote about infantile sexuality, the concept, though not new, was met with some resistance. Today, however, nearly all close observers accept the idea that children show an interest in the genitals, delight in sexual pleasure, and manifest sexual excitement. Childhood sexuality differs from adult sexuality in that it is not capable of reproduction and is exclusively autoerotic. With both children and adults, however, the sexual impulses

can be satisfied through organs other than the genitals. The mouth and anus are particularly sensitive to erogenous stimulation (Freud, 1933/1964).

Freud (1917/1963) divided the infantile stage into three phases according to which of the three primary erogenous zones is undergoing the most salient development. The oral phase begins first and is followed in order by the anal phase and the phallic phase. The three infantile stages overlap, with one another and each continues after the onset of later stages.

### ***Oral Phase***

Because the mouth is the first organ to provide an infant with pleasure, Freud's first infantile stage of development is the **oral phase**. Infants obtain life-sustaining nourishment through the oral cavity, but beyond that, they also gain pleasure through the act of sucking.

The sexual aim of *early oral* activity is to incorporate or receive into one's body the object-choice, that is, the nipple. During this *oral-receptive* phase, infants feel no ambivalence toward the pleasurable object and their needs are usually satisfied with a minimum of frustration and anxiety. As they grow older, however, they are more likely to experience feelings of frustration and anxiety as a result of scheduled feedings, increased time lapses between feedings, and eventual *weaning*. These anxieties are generally accompanied by feelings of ambivalence toward their love object (mother), and by the increased ability of their budding ego to defend itself against the environment and against anxiety (Freud, 1933/1964).

Infants' defense against the environment is greatly aided by the emergence of teeth. At this point, they pass into a second oral phase, which Freud (1933/1964) called the *oral-sadistic* period. During this phase, infants respond to others through



Infants satisfy oral needs one way or another.

biting, cooing, closing their mouth, smiling, and crying. Their first autoerotic experience is thumb sucking, a defense against anxiety that satisfies their sexual but not their nutritional needs.

As children grow older, the mouth continues to be an erogenous zone, and by the time they become adults, they are capable of gratifying their oral needs in a variety of ways, including sucking candy, chewing gum, biting pencils, overeating, smoking cigarettes, pipes and cigars, and making biting, sarcastic remarks.

### *Anal Phase*

The aggressive drive, which during the first year of life takes the form of oral sadism, reaches fuller development during the second year when the anus emerges as a sexually pleasurable zone. Because this period is characterized by satisfaction gained through aggressive behavior and through the excretory function, Freud (1933/1964) called it the *sadistic-anal phase*, or more briefly the **anal phase** of development. This phase is divided into two subphases, the early anal and the late anal.

During the *early anal period*, children receive satisfaction by destroying or losing objects. At this time, the destructive nature of the sadistic drive is stronger than the erotic one, and children often behave aggressively toward their parents for frustrating them with *toilet training*.

Then, when children enter the *late anal period*, they sometimes take a friendly interest toward their feces, an interest that stems from the erotic pleasure of defecating. Frequently, children will present their feces to the parents as a valued prize (Freud, 1933/1964). If their behavior is accepted and praised by their parents, then children are likely to grow into generous and magnanimous adults. However, if their “gift” is rejected in a punitive fashion, children may adopt another method of obtaining anal pleasure— withholding the feces until the pressure becomes both painful and erotically stimulating. This mode of narcissistic and masochistic pleasure lays the foundation for the **anal character**—people who continue to receive erotic satisfaction by keeping and possessing objects and by arranging them in an excessively neat and orderly fashion. Freud (1933/1964) hypothesized that people who grow into anal characters were, as children, overly resistant to toilet training, often holding back their feces and prolonging the time of training beyond that usually required. This anal eroticism becomes transformed into the **anal triad** of *orderliness*, *stinginess*, and *obstinacy* that typifies the adult anal character.

Freud (1933/1964) believed that, for girls, anal eroticism is carried over into penis envy during the phallic stage and can eventually be expressed by giving birth to a baby. He also believed that in the unconscious the concepts of penis and baby—because both are referred to as a “little one”—mean the same thing. Also, feces, because of its elongated shape and because it has been removed from the body, is indistinguishable from baby, and all three concepts—penis, baby, and feces—are represented by the same symbols in dreams.

During the oral and anal stages, no basic distinction exists between male and female psychosexual growth. Children of either gender can develop an active or a passive orientation. The active attitude often is characterized by what Freud (1933/1964) considered the masculine qualities of dominance and sadism, whereas the passive orientation is usually marked by the feminine qualities of voyeurism and



masochism. However, either orientation, or any combination of the two, can develop in both girls and boys.

### ***Phallic Phase***

At approximately 3 or 4 years of age, children begin a third stage of infantile development—the **phallic phase**, a time when the genital area becomes the leading erogenous zone. This stage is marked for the first time by a dichotomy between male and female development, a distinction that Freud (1925/1961) believed to be due to the anatomical differences between the sexes. Freud (1924/1961, p. 178) took Napoleon’s remark that “History is destiny” and changed it to “Anatomy is destiny.” This dictum underlies Freud’s belief that physical differences between males and females account for many important psychological differences.

Masturbation, which originated during the oral stage, now enters a second, more crucial phase. During the phallic stage, masturbation is nearly universal, but because parents generally suppress these activities, children usually repress their conscious desire to masturbate by the time their phallic period comes to an end. Just as children’s earlier experiences with weaning and toilet training helped shape the foundation of their psychosexual development, so too does their experience with the *suppression of masturbation* (Freud, 1933/1964). However, their experience with the Oedipus complex plays an even more crucial role in their personality development.

**Male Oedipus Complex** Freud (1925/1961) believed that preceding the phallic stage an infant boy forms an *identification* with his father; that is, he wants to be his father. Later he develops a sexual desire for his mother; that is, he wants to *have* his mother. These two wishes do not appear mutually contradictory to the underdeveloped ego, so they are able to exist side by side for a time. When the boy finally recognizes their inconsistency, he gives up his identification with his father and retains the stronger feeling—the desire to have his mother. The boy now sees his father as a rival for the mother’s love. He desires to do away with his father and possess his mother in a sexual relationship. This condition of rivalry toward the father and incestuous feelings toward the mother is known as the simple male **Oedipus complex**. The term is taken from the Greek tragedy by Sophocles in which Oedipus, King of Thebes, is destined by fate to kill his father and marry his mother.

Freud (1923/1961a) believed that the bisexual nature of the child (of either gender) complicates this picture. Before a young boy enters the Oedipus stage, he develops some amount of a feminine disposition. During the Oedipal period, therefore, his feminine nature may lead him to display *affection toward his father* and express *hostility toward his mother*, while at the same time his masculine tendency disposes him toward hostility for father and lust for mother. During this ambivalent condition, known as the *complete Oedipus complex*, affection and hostility coexist because one or both feelings may be unconscious. Freud believed that these feelings of ambivalence in a boy play a role in the evolution of the **castration complex**, which for boys takes the form of **castration anxiety** or the fear of losing the penis.

To Freud (1905/1953b, 1917/1963, 1923/1961b), the castration complex begins after a young boy (who has assumed that all other people, including girls, have genitals like his own) becomes aware of the absence of a penis on girls. This

awareness becomes the greatest emotional shock of his life. After a period of mental struggle and attempts at denial, the young boy is forced to conclude that the girl has had her penis cut off. This belief may be reinforced by parental threats to punish the boy for his sexual behaviors. The boy is then forced to conclude that the little girl has been punished by having her penis removed because she masturbated or because she seduced her mother. For the boy, the threat of castration now becomes a dreaded possibility. Because this castration anxiety cannot long be tolerated, the boy represses his impulses toward sexual activity, including his fantasies of carrying out a seduction of his mother.

Prior to his sudden experience of castration anxiety, the little boy may have “seen” the genital area of little girls or his mother, but this sight does not automatically instigate the castration complex. Castration anxiety bursts forth only when the boy’s ego is mature enough to comprehend the connection between sexual desires and the removal of the penis.

Freud believed that castration anxiety was present in all boys, even those not personally threatened with the removal of their penis or the stunting of its growth. According to Freud (1933/1964), a boy does not need to receive a clear threat of castration. Any mention of injury or shrinkage in connection with the penis is sufficient to activate the child’s phylogenetic endowment. *Phylogenetic endowment* is capable of filling the gaps of our individual experiences with the inherited experiences of our ancestors. Ancient man’s fear of castration supports the individual child’s experiences and results in universal castration anxiety. Freud stated: “It is not a question of whether castration is really carried out; what is decisive is that the danger threatens from the outside and that the child believes in it.” He went on to say that

hints at . . . punishment must regularly find a phylogenetic reinforcement in him. It is our suspicion that during the human family’s primaeval period castration used actually to be carried out by a jealous and cruel father upon growing boys, and that circumcision, which so frequently plays a part in puberty rites among primitive peoples, is a clearly recognizable relic of it. (pp. 86–87)

Once his Oedipus complex is dissolved or repressed, the boy surrenders his incestuous desires, changes them into feelings of tender love, and begins to develop a primitive superego. He may identify with either the father or the mother, depending on the strength of his feminine disposition. Normally identification is with the father, but it is not the same as pre-Oedipal identification. The boy no longer wants to be his father; instead, he uses his father as a model for determining right and wrong behavior. He introjects or incorporates his father’s authority into his own ego, thereby sowing the seeds of a mature superego. The budding superego takes over his father’s prohibitions against incest and ensures the continued repression of the Oedipus complex (Freud, 1933/1964).

***Female Oedipus Complex*** The phallic phase takes a more complicated path for girls than for boys, and these differences are due to anatomical differences between the sexes (Freud, 1925/1961). Like boys, pre-Oedipal girls assume that all other children have genitals similar to their own. Soon they discover that boys not only possess different genital equipment, but apparently something extra. Girls then become envious of this appendage, feel cheated, and desire to have a penis. This experience

of **penis envy** is a powerful force in the formation of girls' personality. Unlike castration anxiety in boys, which is quickly repressed, penis envy may last for years in one form or another. Freud (1933/1964) believed that penis envy is often expressed as a wish to be a boy or a desire to have a man. Almost universally, it is carried over into a wish to have a baby, and eventually it may find expression in the act of giving birth to a baby, especially a boy.

Preceding the castration complex, a girl establishes an identification with her mother similar to that developed by a boy; that is, she fantasizes being seduced by her mother. These incestuous feelings, according to Freud (1933/1964), are later turned into hostility when the girl holds her mother responsible for bringing her into the world without a penis. Her libido is then turned toward her father, who can satisfy her wish for a penis by giving her a baby, an object that to her has become a substitute for the phallus. The desire for sexual intercourse with the father and accompanying feelings of hostility for the mother are known as the *simple female Oedipus complex*. Incidentally, Freud (1920/1955b, 1931/1961) objected to the term *Electra complex*, sometimes used by others when referring to the female Oedipus complex, because it suggests a direct parallel between male and female development during the phallic stage. Freud believed that no such parallel exists and that differences in anatomy determine different courses in male and female sexual development after the phallic stage.

Not all girls, however, transfer their sexual interest onto their father and develop hostility toward their mother. Freud (1931/1961, 1933/1964) suggested that when pre-Oedipal girls acknowledge their castration and recognize their inferiority to boys, they will rebel in one of three ways. First, they may give up their sexuality—both the feminine and the masculine dispositions—and develop an intense hostility toward their mother; second, they may cling defiantly to their masculinity, hoping for a penis and fantasizing being a man; and third, they may develop normally: that is, they may take their father as a sexual choice and undergo the simple Oedipus complex. A girl's choice is influenced in part by her inherent bisexuality and the degree of masculinity she developed during the pre-Oedipal period.

The simple female Oedipus complex is resolved when a girl gives up masturbatory activity, surrenders her sexual desire for her father, and identifies once again with her mother. However, the female Oedipus complex is usually broken up more slowly and less completely than is the male's. Because the superego is built from the relics of the shattered Oedipus complex, Freud (1924/1961, 1933/1964) believed that the girl's superego is usually weaker, more flexible, and less severe than the boy's. The reason the girl's superego is not as strict as the boy's is traceable to the difference between the sexes during their Oedipal histories. For boys, castration anxiety follows the Oedipus complex, breaks it up nearly completely, and renders unnecessary the continued expenditure of psychic energy on its remnants. Once the Oedipus complex is shattered, energy used to maintain it is free to establish a superego. For girls, however, the Oedipus complex *follows* the castration complex (penis envy), and because girls do not experience a threat of castration, they experience no traumatic sudden shock. The female Oedipus complex is only incompletely resolved by the girl's gradual realization that she may lose the love of her mother and that sexual intercourse with her father is not forthcoming. Her libido thus remains partially expended to maintain the castration complex and its relics, thereby blocking some

psychic energy that might otherwise be used to build a strong superego (Freud, 1931/1961).

In summary, the female and male phallic stages take quite different routes. First, the castration complex for girls takes the form of penis envy—not castration anxiety. Second, penis envy *precedes* the female Oedipus complex, whereas for boys the opposite is true; that is, the castration anxiety *follows* the male Oedipus complex. Third, because penis envy takes place prior to the female Oedipus complex, little girls do not experience a traumatic event comparable to boys' castration anxiety. Fourth, because girls do not experience this traumatic event, the female Oedipus complex is more slowly and less completely dissolved than the male Oedipus complex.

The simple male and female Oedipus complexes are summarized in Table 2.1.

Freud presented his views on the female Oedipus complex more tentatively than he did his ideas regarding the male phallic stage. Although he framed these views on femininity in a tentative and provisional manner, he soon began to vigorously defend them. When some of his followers objected to his harsh view of women, Freud became even more adamant in his position and insisted that psychological differences between men and women could not be erased by culture because they were the inevitable consequences of anatomical differences between the sexes (Freud, 1925/1961). This rigid public stance on feminine development has led some writers (Breger, 2000; Brannon, 2005; Chodorow, 1989, 1991, 1994; Irigaray, 1986; Krausz, 1994) to criticize him as being sexist and uncomplimentary to women.

Despite his steadfast public position, Freud privately was uncertain that his views on women represented a final answer. One year after his pronouncement that “anatomy is destiny,” he expressed some doubts, admitting that his understanding of girls and women was incomplete. “We know less about the sexual life of little girls than of boys. But we need not feel ashamed of this distinction; after all, the sexual life of adult women is a ‘dark continent’ for psychology” (Freud 1926/1959b, p. 212).

**TABLE 2.1**

**Parallel Paths of the Simple Male and Female Phallic Phases**

<b>Male Phallic Phase</b>	<b>Female Phallic Phase</b>
1. <i>Oedipus complex</i> (sexual desires for the mother/hostility for the father)	1. <i>Castration complex</i> in the form of <i>penis envy</i>
2. <i>Castration complex</i> in the form of <i>castration anxiety</i> shatters the Oedipus complex	2. <i>Oedipus complex</i> develops as an attempt to obtain a penis (sexual desires for the father; hostility for the mother)
3. <i>Identification</i> with the father	3. Gradual realization that the Oedipal desires are self-defeating
4. Strong <i>superego</i> replaces the nearly completely dissolved Oedipus complex	4. <i>Identification</i> with the mother
	5. Weak <i>superego</i> replaces the partially dissolved Oedipus complex

Throughout his career, Freud often proposed theories without much clinical or experimental evidence to support them. He would later come to see most of these theories as established facts, even though he possessed no intervening substantiating evidence. For as long as he lived, however, he remained doubtful of the absolute validity of his theories on women. Freud once admitted to his friend Marie Bonaparte that he did not understand women: “The great question that has never been answered and which I have not yet been able to answer, despite my thirty years of research into the feminine soul is ‘What does a woman want?’ ” (E. Jones, 1955, p. 421). Such a question posed after many years of theorizing suggests that Freud regarded women not only as quite different from men, but as enigmas, not comprehensible to the male gender.



***Beyond Biography*** Did Freud misunderstand women? For information on Freud’s lifelong struggle to understand women, see our website at <http://www.mhhe.com/feist6>

## Latency Period

Freud believed that, from the 4th or 5th year until puberty, both boys and girls usually, but not always, go through a period of dormant psychosexual development. This *latency stage* is brought about partly by parents’ attempts to punish or discourage sexual activity in their young children. If parental suppression is successful, children will repress their sexual drive and direct their psychic energy toward school, friendships, hobbies, and other nonsexual activities.

However, the latency stage may also have roots in our phylogenetic endowment. Freud (1913/1953, 1925/1951b) suggested that the Oedipus complex and the subsequent period of sexual latency might be explained by the following hypothesis. Early in human development, people lived in families headed by a powerful father who reserved all sexual relationships to himself and who killed or drove away his sons, whom he saw as a threat to his authority. Then one day the sons joined together, overwhelmed, killed, and devoured (ate) their father. However, the brothers were individually too weak to take over their father’s heritage, so they banded together in a clan or totem and established prohibitions against what they had just done; that is, they outlawed both killing one’s father and having sexual relations with female members of one’s family. Later, when they became fathers, they suppressed sexual activity in their own children whenever it became noticeable, probably around 3 or 4 years of age. When suppression became complete, it led to a period of sexual latency. After this experience was repeated over a period of many generations, it became an active though unconscious force in an individual’s psychosexual development. Thus, the prohibition of sexual activity is part of our phylogenetic endowment and needs no personal experiences of punishment for sexual activities to repress the sexual drive. Freud (1926/1951b) merely suggested this hypothesis as one possible explanation for the latency period, and he was careful to point out that it was unsupported by anthropological data.

Continued latency is reinforced through constant suppression by parents and teachers and by internal feelings of shame, guilt, and morality. The sexual drive, of course, still exists during latency, but its aim has been inhibited. The sublimated libido now shows itself in social and cultural accomplishments. During this time

children form groups or cliques, an impossibility during the infantile period when the sexual drive was completely autoerotic.

## Genital Period

Puberty signals a reawakening of the sexual aim and the beginning of the *genital period*. During puberty, the diphasic sexual life of a person enters a second stage, which has basic differences from the infantile period (Freud, 1923/1961b). First, adolescents give up autoeroticism and direct their sexual energy toward another person instead of toward themselves. Second, reproduction is now possible. Third, although penis envy may continue to linger in girls, the vagina finally obtains the same status for them that the penis had for them during infancy. Parallel to this, boys now see the female organ as a sought-after object rather than a source of trauma. Fourth, the entire sexual drive takes on a more complete organization, and the component drives that had operated somewhat independently during the early infantile period gain a kind of synthesis during adolescence; thus, the mouth, anus, and other pleasure-producing areas take an auxiliary position to the genitals, which now attain supremacy as an erogenous zone.

This synthesis of Eros, the elevated status of the vagina, the reproductive capacity of the sexual drive, and ability of people to direct their libido outward rather than onto the self represent the major distinctions between infantile and adult sexuality. In several other ways, however, Eros remains unchanged. It may continue to be repressed, sublimated; or expressed in masturbation or other sexual acts. The subordinated erogenous zones also continue as vehicles of erotic pleasure. The mouth, for example, retains many of its infantile activities; a person may discontinue thumb sucking but may add smoking or prolonged kissing.

## Maturity

The genital period begins at puberty and continues throughout the individual's lifetime. It is a stage attained by everyone who reaches physical maturity. In addition to the genital stage, Freud alluded to but never fully conceptualized a period of *psychological maturity*, a stage attained after a person has passed through the earlier developmental periods in an ideal manner. Unfortunately, psychological maturity seldom happens, because people have too many opportunities to develop pathological disorders or neurotic predispositions.

Although Freud never fully conceptualized the notion of psychological maturity, we can draw a sketch of psychoanalytically mature individuals. Such people would have a balance among the structures of the mind, with their ego controlling their id and superego but at the same time allowing for reasonable desires and demands (see Figure 2.3). Therefore, their id impulses would be expressed honestly and consciously with no traces of shame or guilt, and their superego would move beyond parental identification and control with no remnants of antagonism or incest. Their ego-ideal would be realistic and congruent with their ego, and in fact, the boundary between their superego and their ego would become nearly imperceptible.

Consciousness would play a more important role in the behavior of mature people, who would have only a minimal need to repress sexual and aggressive urges.



Indeed, most of the repressions of psychologically healthy individuals would emerge in the form of sublimations rather than neurotic symptoms. Because the Oedipus complex of mature people is completely or nearly completely dissolved, their libido, which formerly was directed toward parents, would be released to search for both tender and sensual love. In short, psychologically mature people would come through the experiences of childhood and adolescence in control of their psychic energy and with their ego functioning in the center of an ever-expanding world of consciousness.

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## Applications of Psychoanalytic Theory

Freud was an innovative speculator, probably more concerned with theory building than with treating sick people. He spent much of his time conducting therapy not only to help patients but to gain the insight into human personality necessary to expound psychoanalytic theory. This section looks at Freud's early therapeutic technique, his later technique, and his views on dreams and unconscious slips.

### Freud's Early Therapeutic Technique

Prior to his use of the rather passive psychotherapeutic technique of free association, Freud had relied on a much more active approach. In *Studies on Hysteria* (Breuer & Freud, 1895/1955), Freud described his technique of extracting repressed childhood memories:

I placed my hand on the patient's forehead or took her head between my hands and said: "You will think of it under the pressure of my hand. At the moment at which I relax my pressure you will see something in front of you or something will come into your head. Catch hold of it. It will be what we are looking for.— Well, what have you seen or what has occurred to you?"

On the first occasions on which I made use of this procedure . . . I myself was surprised to find that it yielded me the precise results that I needed. (pp. 110–111)

Indeed, such a highly suggestive procedure was very likely to yield the precise results Freud needed, namely, the confession of a childhood seduction. Moreover, while using both dream interpretation and hypnosis, Freud told his patients to expect that scenes of childhood sexual experiences would come forth (Freud, 1896/1962).

In his autobiography written nearly 30 years after he abandoned his seduction theory, Freud (1925/1959) stated that under the pressure technique, a majority of his patients reproduced childhood scenes in which they were sexually seduced by some adult. When he was obliged to recognize that "these scenes of seduction had never taken place, and that they were only phantasies which my patients had made up or which *I myself had perhaps forced upon them* [italics added], I was for some time completely at a loss" (p. 34). He was at a loss, however, for a very short time. Within days after his September 21, 1897, letter to Fliess, he concluded that "the neurotic symptoms were not related directly to actual events but to phantasies. . . . I had in fact stumbled for the first time upon the *Oedipus complex*" (Freud, 1925/1959, p. 34).



Freud's consulting room.

In time, Freud came to realize that his highly suggestive and even coercive tactics may have elicited memories of seduction from his patients and that he lacked clear evidence that these memories were real. Freud became increasingly convinced that neurotic symptoms were related to childhood *fantasies* rather than to material reality, and he gradually adopted a more passive psychotherapeutic technique.

### Freud's Later Therapeutic Technique

The primary goal of Freud's later psychoanalytic therapy was to uncover repressed memories through free association and dream analysis. "Our therapy works by transforming what is unconscious into what is conscious, and it works only in so far as it is in a position to effect that transformation" (Freud, 1917/1963, p. 280). More specifically, the purpose of psychoanalysis is "to strengthen the ego, to make it more independent of the superego, to widen its field of perception and enlarge its organization, so that it can appropriate fresh portions of the id. Where id was, there ego shall be" (Freud, 1933/1964, p. 80).

With **free association**, patients are required to verbalize every thought that comes to their mind, no matter how irrelevant or repugnant it may appear. The purpose of free association is to arrive at the unconscious by starting with a present conscious idea and following it through a train of associations to wherever it leads. The process is not easy and some patients never master it. For this reason, *dream analysis* remained a favorite therapeutic technique with Freud. (We discuss dream analysis in the next section.)

In order for analytic treatment to be successful, libido previously expended on the neurotic symptom must be freed to work in the service of the ego. This takes

place in a two-phase procedure. “In the first, all the libido is forced from the symptoms into the transference and concentrated there; in the second, the struggle is waged around this new object and the libido is liberated from it” (Freud, 1917/1963, p. 455).

The transference situation is vital to psychoanalysis. **Transference** refers to the strong sexual or aggressive feelings, positive or negative, that patients develop toward their analyst during the course of treatment. Transference feelings are unearned by the therapist and are merely transferred to her or him from patients’ earlier experiences, usually with their parents. In other words, patients feel toward the analyst the same way they previously felt toward one or both parents. As long as these feelings manifest themselves as interest or love, transference does not interfere with the process of treatment but is a powerful ally to the therapeutic progress. Positive transference permits patients to more or less relive childhood experiences within the nonthreatening climate of the analytic treatment. However, **negative transference** in the form of hostility must be recognized by the therapist and explained to patients so that they can overcome any **resistance** to treatment (Freud, 1905/1953a, 1917/1963). Resistance, which refers to a variety of unconscious responses used by patients to block their own progress in therapy, can be a positive sign because it indicates that therapy has advanced beyond superficial material.

Freud (1933/1964) noted several limitations of psychoanalytic treatment. First, not all old memories can or should be brought into consciousness. Second, treatment is not as effective with **psychoses** or with constitutional illnesses as it is with phobias, hysterias, and obsessions. A third limitation, by no means peculiar to psychoanalysis, is that a patient, once cured, may later develop another psychic problem. Recognizing these limitations, Freud felt that psychoanalysis could be used in conjunction with other therapies. However, he repeatedly insisted that it could not be shortened or modified in any essential way.

Ideally, when analytic treatment is successful, patients no longer suffer from debilitating symptoms, they use their psychic energy to perform ego functions, and they have an expanded ego that includes previously repressed experiences. They do not experience a major personality change, but they do become what they might have been under the most favorable conditions.

## Dream Analysis

Freud used **dream analysis** to transform the manifest content of dreams to the more important latent content. The **manifest content** of a dream is the surface meaning or the conscious description given by the dreamer, whereas the **latent content** refers to its unconscious material.

The basic assumption of Freud’s dream analysis is that nearly all dreams are *wish fulfillments*. Some wishes are obvious and are expressed through the manifest content, as when a person goes to sleep hungry and dreams of eating large quantities of delicious food. Most wish fulfillments, however, are expressed in the latent content and only dream interpretation can uncover that wish. An exception to the rule that dreams are wish fulfillments is found in patients suffering from a traumatic experience. Dreams of these people follow the principle of **repetition compulsion** rather than wish fulfillment. These dreams are frequently found in people with

**posttraumatic stress disorder** who repeatedly dream of frightening or traumatic experiences (Freud, 1920/1955a, 1933/1964).

Freud believed that dreams are formed in the unconscious but try to work their way into the conscious. To become conscious, dreams must slip past both the primary and the final censors (refer again to Figure 2.1). Even during sleep these guardians maintain their vigil, forcing unconscious psychic material to adopt a disguised form. The disguise can operate in two basic ways—condensation and displacement.

*Condensation* refers to the fact that the manifest dream content is not as extensive as the latent level, indicating that the unconscious material has been abbreviated or condensed before appearing on the manifest level. *Displacement* means that the dream image is replaced by some other idea only remotely related to it (Freud, 1900/1953). Condensation and displacement of content both take place through the use of symbols. Certain images are almost universally represented by seemingly innocuous figures. For example, the phallus may be symbolized by elongated objects such as sticks, snakes, or knives; the vagina often appears as any small box, chest, or oven; parents appear in the form of the president, a teacher, or one's boss; and castration anxiety can be expressed in dreams of growing bald, losing teeth, or any act of cutting (Freud, 1900/1953, 1901/1953, 1917/1963).

Dreams can also deceive the dreamer by inhibiting or reversing the dreamer's affect. For example, a man with homicidal feelings for his father may dream that his father has died, but in the manifest dream content, he feels neither joy nor sorrow; that is, his affect is inhibited. Unpleasant feelings can also be reversed at the manifest dream level. For example, a woman who unconsciously hates her mother and would unconsciously welcome her extinction may dream of her mother's death, but the unconscious joy and hatred she feels is expressed as sorrow and love during the manifest level of the dream. Thus, she is fooled into believing that hate is love and that joy is sorrow (Freud, 1900/1953, 1901/1953, 1915/1957a).

After the dream's latent (unconscious) content has been distorted and its affect inhibited or reversed, it appears in a manifest form that can be recalled by the dreamer. The manifest content, which nearly always relates to conscious or preconscious experience of the previous day, has little or no psychoanalytic significance; only the latent content has meaning (Freud, 1900/1953).

In interpreting dreams, Freud (1917/1963) ordinarily followed one of two methods. The first was to ask patients to relate their dream and all their associations to it, no matter how unrelated or illogical these associations seemed. Freud believed that such associations revealed the unconscious wish behind the dream. If the dreamer was unable to relate association material, Freud used a second method—dream symbols—to discover the unconscious elements underlying the manifest content. The purpose of both methods (associations and symbols) was to trace the dream formation backward until the latent content was reached. Freud (1900/1953, p. 608) believed that dream interpretation was the most reliable approach to the study of unconscious processes and referred to it as the “royal road” to knowledge of the unconscious.

Anxiety dreams offer no contradiction to the rule that dreams are wish fulfillments. The explanation is that anxiety belongs to the preconscious system, whereas the wish belongs to the unconscious. Freud (1900/1953) reported three typical anx-

xiety dreams: the embarrassment dream of nakedness, dreams of the death of a beloved person, and dreams of failing an examination

In the embarrassment dream of nakedness, the dreamer feels shame or embarrassment at being naked or improperly dressed in the presence of strangers. The spectators usually appear quite indifferent, although the dreamer is very much embarrassed. The origin of this dream is the early childhood experience of being naked in the presence of adults. In the original experience, the child feels no embarrassment but the adults often register disapproval. Freud believed that wish fulfillment is served in two ways by this dream. First, the indifference of the spectators fulfills the infantile wish that the witnessing adults refrain from scolding. Second, the fact of nakedness fulfills the wish to exhibit oneself, a desire usually repressed in adults but present in young children.

Dreams of the death of a beloved person also originate in childhood and are wish fulfillments. If a person dreams of the death of a younger person, the unconscious may be expressing the wish for the destruction of a younger brother or sister who was a hated rival during the infantile period. When the deceased is an older person, the dreamer is fulfilling the Oedipal wish for the death of a parent. If the dreamer feels anxiety and sorrow during the dream, it is because the affect has been reversed. Dreams of the death of a parent are typical in adults, but they do not mean that the dreamer has a present wish for the death of that parent. These dreams were interpreted by Freud as meaning that, as a child, the dreamer longed for the death of the parent, but the wish was too threatening to find its way into consciousness. Even during adulthood the death wish ordinarily does not appear in dreams unless the affect has been changed to sorrow.

A third typical anxiety dream is failing an examination in school. According to Freud (1900/1953), the dreamer always dreams of failing an examination that has already been successfully passed, never one that was failed. These dreams usually occur when the dreamer is anticipating a difficult task. By dreaming of failing an examination already passed, the ego can reason, "I passed the earlier test that I was worried about. Now I'm worried about another task, but I'll pass it too. Therefore, I need not be anxious over tomorrow's test." The wish to be free from worry over a difficult task is thus fulfilled.

With each of these three typical dreams, Freud had to search for the wish behind the manifest level of the dream. Finding the wish fulfillment required great creativity. For example, one clever woman told Freud that she had dreamed that her mother-in-law was coming for a visit. In her waking life, she despised her mother-in-law and dreaded spending any amount of time with her. To challenge Freud's notion that dreams are wish fulfillments, she asked him, "Where was the wish?" Freud's (1900/1953) explanation was that this woman was aware of Freud's belief that a wish lies behind every nontraumatic dream. Thus, by dreaming of spending time with a hated mother-in-law, the woman fulfilled her wish to spite Freud and to disprove his wish fulfillment hypothesis!

In summary, Freud believed that dreams are motivated by wish fulfillments. The latent content of dreams is formed in the unconscious and usually goes back to childhood experiences, whereas the manifest content often stems from experiences of the previous day. The interpretation of dreams serves as the "royal road" to knowledge of the unconscious, but dreams should not be interpreted without the dreamer's

associations to the dream. Latent material is transformed into manifest content through the dream work. The dream work achieves its goal by the processes of condensation, displacement, and inhibition of affect. The manifest dream may have little resemblance to the latent material, but Freud believed that an accurate interpretation will reveal the hidden connection by tracing the dream work backward until the unconscious images are revealed.

## Freudian Slips

Freud believed that many everyday slips of the tongue or pen, misreading, incorrect hearing, misplacing objects, and temporarily forgetting names or intentions are not chance accidents but reveal a person's unconscious intentions. In writing of these faulty acts, Freud (1901/1960) used the German *Fehlleistung*, or "faulty function," but James Strachey, one of Freud's translators, invented the term **parapraxes** to refer to what many people now simply call "Freudian slips."

Parapraxes or unconscious slips are so common that we usually pay little attention to them and deny that they have any underlying significance. Freud, however, insisted that these faulty acts have meaning; they reveal the unconscious intention of the person: "They are not chance events but serious mental acts; they have a sense; they arise from the concurrent actions—or perhaps rather, the mutually opposing action—of two different intentions" (Freud, 1917/1963, p. 44). One opposing action emanates from the unconscious; the other, from the preconscious. Unconscious slips, therefore, are similar to dreams in that they are a product of both the unconscious and the preconscious, with the unconscious intention being dominant and interfering with and replacing the preconscious one.

The fact that most people strongly deny any meaning behind their parapraxes was seen by Freud as evidence that the slip, indeed, had relevance to unconscious images that must remain hidden from consciousness. A young man once walked into a convenience store, became immediately attracted to the young female clerk, and asked for a "sex-pack of beer." When the clerk accused him of improper behavior, the young man vehemently protested his innocence. Examples such as this can be extended almost indefinitely. Freud provided many in his book, *Psychopathology of Everyday Life* (1901/1960), and many of them involved his own faulty acts. One day after worrying about monetary matters, Freud strolled the tobacco store that he visited every day. On this particular day, he picked up his usual supply of cigars and left the store without paying for them. Freud attributed his neglect to earlier thoughts about budgetary issues. In all Freudian slips, the intentions of the unconscious supplant the weaker intentions of the preconscious, thereby revealing a person's true purpose.

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## Related Research

The scientific status of Freud's theory is one of the more hotly contested and disputed question in all Freudian theory. Was it science or mere armchair speculation? Did Freud propose testable hypotheses? Are his ideas experimentally verifiable, testable, or falsifiable?



Karl Popper, the philosopher of science who proposed the criterion of falsifiability, contrasted Freud's theory with Einstein's and concluded that the former was not falsifiable and therefore not science. It would be fair to say that for much of the 20th century, most academic psychologists dismissed Freudian ideas as fanciful speculations that may have contained insights into human nature but was not science.

During the last 5 to 10 years, the scientific status of Freudian theory has begun to change, at least among certain circles of cognitive psychologists and neuroscientists. Neuroscience is currently experiencing an explosive growth through its investigations of brain activity during a variety of cognitive and emotional tasks. Much of this growth has been due to brain imaging technology afforded by functional magnetic resonance imaging (MRI) that maps regions of the brain that are active during particular tasks. At about the same time, certain groups of cognitive psychologists began doing research on the importance of nonconscious processing of information and memory, or what they called "implicit" cognition. John Bargh, one of the leaders in the field of social-cognitive psychology, reviewed the literature on the "automaticity of being" and concluded that roughly 95% of our behaviors are unconsciously determined (Bargh & Chartrand, 1999). This conclusion is completely consistent with Freud's metaphor that consciousness is merely the "tip of the iceberg."

By the late 1990s the findings from neuroscience and cognitive psychology began to converge on many cognitive and affective processes that were very consistent with basic Freudian theory. These commonalities have become the foundation for a movement started by some cognitive psychologists, neuroscientists, and psychiatrists who are convinced that Freud's theory is one of the more compelling integrative theories—one that could explain many of these findings. In 1999, a group of scientists began a society called Neuro-Psychoanalysis and a scientific journal by the same name. For the first time, some eminent cognitive and neuroscience psychologists such as Nobel laureate for physiology, Eric Kandel, along with Joseph LeDoux, Antonio Damasio, Daniel Schacter, and Vilayanur Ramachandran, were publicly declaring the value of Freud's theory and contending that "psychoanalysis is "still the most coherent and intellectually satisfying view of the mind" (as cited in Solms, 2004, p. 84). Neuroscientist Antonio Damasio wrote: "I believe we can say that Freud's insights on the nature of consciousness are consonant with the most advanced contemporary neuroscience views" (as cited in Solms & Turnbull, 2002, p. 93). Twenty years ago, such pronouncements from neuroscientists would have been nearly unthinkable.

Mark Solms is probably the most active person involved in integrating psychoanalytic theory and neuroscientific research (Solms 2000, 2004; Solms & Turnbull, 2002). He argued, for instance, that the following Freudian concepts have support from modern neuroscience: unconscious motivation, repression, the pleasure principle, primitive drives, and dreams (Solms, 2004). Similarly, Kandel (1999) argued that psychoanalysis and neuroscience together could make useful contributions in these eight domains: the nature of unconscious mental processes; the nature of psychological causality; psychological causality and psychopathology; early experience and the predisposition to mental illness; the preconscious, the unconscious, and the prefrontal cortex; sexual orientation; psychotherapy and structural changes in the brain; and psychopharmacology as an adjunct to psychoanalysis.



Although there are some gaps in the evidence (Hobson, 2004), the overlap between Freud's theory and neuroscience is sufficient to make at least a suggestive, if not compelling, case for their integration. We have reviewed some of the empirical evidence for unconscious mental processing, the id and the pleasure principle and the ego and the reality principle, repression and defense mechanisms, and dreams.

## Unconscious Mental Processing

Many scientists and philosophers have recognized two different forms of consciousness. First is the state of not being aware or awake, and second is the state of being aware. The former is referred to as "core consciousness," whereas the latter is referred to as "extended consciousness." The brain stem, and the ascending activating system in particular, is the part of the brain most directly associated with core consciousness, or unconsciousness in the sense of not being awake. For instance, comas come from damage to this region of the brain stem and render a person unconscious. In contrast, being aware and able to reflect on one's knowledge and self is more a function of activity in the prefrontal cortex (the dorsal frontal cortex) (Solms, 2004; Solms & Turnbull, 2002).

Moreover, a major theme of cognitive psychology over the last 20 years has been the phenomenon of nonconscious mental processing, or what is referred to as "implicit," "nonconscious," or "automatic" thought and memory (Bargh & Chartrand, 1999; Schacter, 1987). By this, cognitive psychologists are referring to mental processes that are neither in awareness nor under intentional control, and thereby come close to Freud's definition of unconscious. Of course, Freud's concept of the unconscious was more dynamic, repressive, and inhibiting, but—as we see next—cognitive neuroscience is uncovering a similar kind of unconscious.

## Pleasure and the Id: Inhibition and the Ego

Findings from many different neuroscientific programs of research have established that the pleasure-seeking drives have their neurological origins in two brain structures, namely the brain stem and the limbic system (Solms, 2004; Solms & Turnbull, 2002). Moreover, the neurotransmitter dopamine is most centrally involved in most pleasure-seeking behaviors. In Freud's language, these are the drives and instincts of the id.

In 1923, when Freud modified his view of how the mind works and proposed the structural view of id, ego, and superego, the ego became a structure that was mostly unconscious, but whose main function was to inhibit drives. If the part of the brain that functions to inhibit impulses and drives is damaged, we should see an increase in the id-based pleasure-seeking impulses. That is precisely what happens when the frontal-limbic system is damaged. Many case studies and more systematic brain-imaging research have demonstrated the connection between the frontal-limbic system and impulse regulation (Chow & Cummings, 1999; Pincus (2001); Raine, Buchsbaum, & LaCasse, 1997). The first reported and best-known case of this was the 19th-century railroad worker Phineas Gage. While working on the railroad, an explosion caused a metal rod to shoot upward and through the bottom of his jaw

up and out the top of his forehead, damaging his frontal lobes. Amazingly, perhaps because the speed of the rod cauterized brain tissue, Gage never lost consciousness and survived. Physically (except for loss of brain tissue) he was relatively fine, but his personality changed. By all accounts, this rather mild-mannered, responsible, and reliable worker became, in the words of his doctor, “fitful, irreverent, indulging at times in the grossest profanity (which was not previously his custom), manifesting but little deference for his fellows, impatient of restraint or advice when it conflicts with his desires, at times pertinaciously obstinate, yet capricious and vacillating” (as cited in Solms and Turnbull, 2002, p. 3). In other words, he became hostile, impulsive, and not at all concerned with social norms and appropriateness. In Freudian lingo, his ego no longer could inhibit basic drives and instincts and he became very id-driven.

According to Solms, the underlying theme in the frontal lobe-injured patients is their inability to stay “reality-bound” (ego) and their propensity to interpret events much more through “wishes” (id); that is, they create the reality they wanted or wished for. All of this, according to Solms, provides support for Freud’s ideas concerning the pleasure principle of the id and the reality principle of the ego.

## Repression, Inhibition, and Defense Mechanisms

Another core component of Freud’s theory involved the defense mechanisms, especially repression. The unconscious actively (dynamically) keeps ideas, feelings, and unpleasant or threatening impulses out of consciousness. Solms (2004) reports cases from the neuropsychological literature demonstrating repression of unpalatable information when damage occurs to the right hemisphere and if this damaged region becomes artificially stimulated the repression goes away, that is, awareness returns. Additionally, these patients frequently rationalize away unwelcome facts by fabricating stories. In other words, they employ Freudian wish-fulfilling defense mechanisms. For instance, one patient, when asked about the scar on his head, confabulated a story about its being a result of dental surgery or a coronary bypass, both of which he had had years before. Furthermore, when the doctor asked this patient who he was, the patient would variously respond that he (the doctor) was either a colleague, a drinking partner, or a teammate from college. All of these interpretations were more wish than reality.

One study by Howard Shevrin and colleagues has recently examined the neurophysiological underpinnings of repression (Shevrin, Ghannam, & Libet, 2002). More specifically, they addressed the question of whether people with repressive personality styles actually require longer periods of stimulation for a brief stimulus to be consciously perceived. Prior research had established that people in general vary from 200 ms to 800 ms in how long a stimulus needs to be present before being consciously perceived. The study by Shevrin et al. included six clinical participants between the ages of 51 and 70, all of whom years prior had undergone surgical treatment for motoric problems (mainly parkinsonism). During these surgeries, a procedure had been performed in which electrodes stimulated parts of the motor cortex, and the length of time it took for the stimulus to be consciously perceived was recorded. The results of this procedure showed that these six participants also ranged from 200 ms to 800 ms in how long they took to consciously perceive the stimulus.

For this, four psychological tests were administered at the patients' homes and then scored on their degree of repressive tendencies. These tests were the Rorschach Inkblot Test, the Early Memories Test, the Vocabulary Test of the WAIS (an IQ test), and the Hysteroid-Obsessoid Questionnaire. The first three tests were rated by three "blind" clinical judges on their degree of repression, and the fourth test was scored objectively for its degree of repression.

The results showed that the combined ratings from the three judges were significantly and positively associated with the time it took for a stimulus to be consciously perceived. Moreover, the objectively-scored Hysteroid-Obsessoid Questionnaire confirmed the result. In other words, the more repressive style people have, the longer it takes them to consciously perceive a stimulus. Neither age nor IQ was related to the length of time it takes for the stimulus to be perceived. As the authors acknowledge, this finding is but a first step in demonstrating how repression might operate to keep things out of conscious awareness, but it is the first study to report the neurophysiological underpinnings of repression.

## Research on Dreams

In the 1950s, when the phenomenon of rapid eye movement (REM) sleep was first discovered and found to be strongly associated with dreaming, many scientists began to discount Freud's theory of dreams, which was based on the idea that dreams have meaning and are attempts at fulfilling unconscious wishes. Moreover, the REM research showed that only brain-stem regions and not higher cortical regions were involved with REM states. If these cortical structures were not involved in REM sleep and yet they were where higher level thinking took place, then dreams are simply random mental activity and could not have any inherent meaning. From the perspective of this so-called "activation-synthesis" theory, meaning is what the waking mind gives to these more or less random brain activities, but meaning is not inherent in the dream.

Solms's primary research area is dreams and based on current dream research, including his own, he takes issue with each of the assumptions of the activation-synthesis theory of dreams (Solms, 2000, 2004). Most importantly Solms argued that dreaming and REM are not one and the same. First, in about 5% to 30% of the wakings during REM sleep, patients report no dreams, and during about 5% to 10% of non-REM wakings patients do report dreaming. So there is no one-to-one correspondence between REM and dreaming. Secondly, lesions (due to injury or surgery) to the brain stem do not completely eliminate dreaming, whereas lesions to the fore-brain regions (in the frontal lobes and parietal-temporal-occipital juncture) have eliminated dreaming and yet preserved REM sleep.

In addition, dreams appear not to be random in content. Recently, Daniel Wegner and colleagues (2004) tested one aspect of Freud's theory of dreams. As Freud wrote in *Interpretation of Dreams*, "wishes suppressed during the day assert themselves in dreams" (1900/1953, p. 590). Wegner and colleagues examined whether this was so in a group of more than 300 college students. First, participants were instructed the night before bed (they opened the instructions only directly before going to sleep) to think of two people, one whom they had had a "crush" on and one whom they were "fond of" but did not have a crush on.

Next, participants were assigned to one of three conditions: suppression, expression, and mention. In the suppression condition, students were instructed not to think about a target person (either the “crush” or the “fond of” person) for 5 minutes; in the expression condition, different participants were instructed to think about the target person during this 5-minute period; and in the mention condition, other participants were instructed to think about anything at all after noting (mentioning) the target person’s initials. Moreover, during the 5-minute period when they were either to think or not think about the target person, they wrote a “stream-of-consciousness” report and put a check mark on the side of the report every time they thought of the target person. This was a validity check to establish whether the suppression manipulation technique worked. It did. When they awoke the next morning, participants reported whether they dreamed, how much they dreamed, and how much they dreamed of the target and nontarget people (self-rated dreaming). Lastly, they wrote a report describing the dream (dream report). The stream-of-consciousness and dream reports were coded by a rater blind to conditions on frequency of target and nontarget appearances.

Results showed that students dreamed more about the suppressed targets than nonsuppressed ones; they also dreamed more about the suppressed targets than the suppressed nontargets. In other words, students were more likely to dream about people they spend some time thinking about (target), but especially those targets they actively try not to think about (suppression). Suppressed thoughts, the authors concluded, are likely to “rebound” and appear in dreams. This finding is quite consistent with Freud’s theory and not consistent with the activation-synthesis theory that REM sleep provides random activation of brain activity that is devoid of meaning. In the words of Wegner et al. (2004, p. 236), “although there remains much to be learned about how dreams are formed, the finding that suppressed thoughts rebound in dreams provides a bridge linking an early insight of psychoanalysis to the discoveries of cognitive neuroscience.”

However, the current trends in neuropsychanalytic research neither confirms nor even mention Freud’s psychosexual stage theory, especially its more controversial elements of Oedipal conflicts, castration anxiety, and penis envy. Instead, neuropsychanalytic research has focused on those parts of Freud’s theory that appear to be empirically standing the test of time. The neglect of Freud’s psychosexual stage theory is somewhat consistent with much post-Freudian and neo-Freudian theorizing that has either downplayed or abandoned this part of Freud’s theory. So while many of Freud’s major ideas—unconscious, pleasure seeking, repression, id, ego, and dreams—might be garnering neuroscientific support, not all are, and still others are in need of modification. But the out-of-hand dismissal of Freud from a scientific perspective appears to be getting more and more difficult as findings from cognitive psychology and neuroscience accumulate that support basic assumptions of Freud’s theory.

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## Critique of Freud

In criticizing Freud, we must first ask two questions: (1) Did Freud understand women? (2) Was Freud a scientist?

## Did Freud Understand Women?

A frequent criticism of Freud is that he did not understand women and that his theory of personality was strongly oriented toward men. There is a large measure of truth to this criticism, and Freud acknowledged that he lacked a complete understanding of the female psyche.

Why didn't Freud have a better understanding of the feminine psyche? One answer is that he was a product of his times, and society was dominated by men during those times. In 19th century Austria, women were second-class citizens, with few rights or privileges. They had little opportunity to enter a profession or to be a member of a professional organization—such as Freud's Wednesday Psychological Society.

Thus, during the first quarter century of psychoanalysis, the movement was an all-men's club. After World War I, women gradually became attracted to psychoanalysis and some of these women, such as Marie Bonaparte, Ruth Mack Brunswick, Helene Deutsch, Melanie Klein, Lou Andreas-Salomé, and Anna Freud were able to exercise some influence on Freud. However, they were never able to convince him that similarities between the genders outweighed differences.

Freud himself was a proper bourgeois Viennese gentleman whose sexual attitudes were fashioned during a time when women were expected to nurture their husbands, manage the household, care for the children, and stay out of their husband's business or profession. Freud's wife Martha was no exception to this rule (Gay, 1988).

Freud, as the oldest and most favored child, ruled over his sisters, advising them on books to read and lecturing to them about the world in general. An incident with a piano reveals further evidence of Freud's favored position within his family. Freud's sisters enjoyed music and found pleasure in playing a piano. When music from their piano annoyed Freud, he complained to his parents that he couldn't concentrate on his books. The parents immediately removed the piano from the house, leaving Freud to understand that the wishes of five girls did not equal the preference of one boy.

Like many other men of his day, Freud regarded women as the "tender sex," suitable for caring for the household and nurturing children but not equal to men in scientific and scholarly affairs. His love letters to his future wife Martha Bernays are filled with references to her as "my little girl," "my little woman," or "my princess" (Freud, 1960). Freud undoubtedly would have been surprised to learn that 125 years later these terms of endearment are seen by many as disparaging to women.

Freud continually grappled with trying to understand women, and his views on femininity changed several times during his lifetime. As a young student, he exclaimed to a friend, "How wise our educators that they pester the beautiful sex so little with scientific knowledge" (quoted in Gay, 1988, p. 522).

During the early years of his career, Freud viewed male and female psychosexual growth as mirror images of each other, with different but parallel lines of development. However, he later proposed the notion that little girls are failed boys and that adult women are akin to castrated men. Freud originally proposed these ideas tentatively, but as time passed, he defended them adamantly and refused to compromise his views. When people criticized his notion of femininity, Freud responded by

adopting an increasingly more rigid stance. By the 1920s, he was insisting that psychological differences between men and women were due to anatomical differences and could not be explained by different socialization experiences (Freud, 1924/1961). Nevertheless, he always recognized that he did not understand women as well as he did men. He called them the “dark continent for psychology” (Freud, 1926/1959b, p. 212). In his final statement on the matter, Freud (1933/1964) suggested that “if you want to know more about femininity, enquire from your own experiences of life or turn to the poets” (p. 135).

Although some of Freud’s close associates inhabited the “dark continent” of womanhood, his most intimate friends were men. Moreover, women such as Marie Bonaparte, Lou Andreas-Salomé, and Minna Bernays (his sister-in-law), who did exert some influence on Freud, were mostly cut from a similar pattern. Ernest Jones (1955) referred to them as intellectual women with a “masculine cast” (p. 421). These women were quite apart from Freud’s mother and wife, both of whom were proper Viennese wives and mothers whose primary concerns were for their husbands and children. Freud’s female colleagues and disciples were selected for their intelligence, emotional strength, and loyalty—the same qualities Freud found attractive in men. But none of these women could substitute for an intimate male friend. In August of 1901, Freud (1985) wrote to his friend Wilhelm Fliess, “In my life, as you know, woman has never replaced the comrade, the friend” (p. 447).

Why was Freud unable to understand women? Given his upbringing during the middle of the 19th century, parental acceptance of his domination of his sisters, a tendency to exaggerate differences between women and men, and his belief that women inhabited the “dark continent” of humanity, it seems unlikely that Freud possessed the necessary experiences to understand women. Toward the end of his life, he still had to ask, “What does a woman want?” (E. Jones, 1955, p. 421). The question itself reveals Freud’s gender bias because it assumes that women all want the same things and that their wants are somehow different from those of men.

## Was Freud a Scientist?

A second area of criticism of Freud centers around his status as a scientist. Although he repeatedly insisted that he was primarily a scientist and that psychoanalysis was a science, Freud’s definition of science needs some explanation. When he called psychoanalysis a science, he was attempting to separate it from a philosophy or an ideology. He was not claiming that it was a natural science. The German language and culture of Freud’s day made a distinction between a natural science (*Naturwissenschaften*) and a human science (*Geisteswissenschaften*). Unfortunately, James Strachey’s translations in the *Standard Edition* make Freud seem to be a natural scientist. However, other scholars (Federn, 1988; Holder, 1988) believe that Freud clearly saw himself as a human scientist, that is, a humanist or scholar and not a natural scientist. In order to render Freud’s works more accurate and more humanistic, a group of language scholars are currently producing an updated translation of Freud. (See, for example, Freud, 1905/2002, 1918/2003.)

Bruno Bettelheim (1982, 1983) was also critical of Strachey’s translations. He contended that the *Standard Edition* used precise medical concepts and misleading Greek and Latin terms instead of the ordinary, often ambiguous, German words that



Freud had chosen. Such precision tended to render Freud more scientific and less humanistic than he appears to the German reader. For example, Bettelheim, whose introduction to Freud was in German, believed that Freud saw psychoanalytic therapy as a spiritual journey into the depths of the soul (translated by Strachey as “mind”) and not a mechanistic analysis of the mental apparatus.

As a result of Freud’s 19th century German view of science, many contemporary writers regard his theory-building methods as untenable and rather unscientific (Breger, 2000; Crews, 1995, 1996; Sulloway, 1992; Webster, 1995). His theories were not based on experimental investigation but rather on subjective observations that Freud made of himself and his clinical patients. These patients were not representative of people in general but came mostly from the middle and upper classes.

Apart from this widespread popular and professional interest, the question remains: Was Freud scientific? Freud’s (1915/1957a) own description of science permits much room for subjective interpretations and indefinite definitions:

We have often heard it maintained that sciences should be built up on clear and sharply defined basic concepts. In actual fact no science, not even the most exact, begins with such definitions. The true beginning of scientific activity consists rather in describing phenomena and then in proceeding to group, classify and correlate them. Even at the stage of description it is not possible to avoid applying certain abstract ideas to the material in hand, ideas derived from somewhere or other but certainly not from the new observations alone. (p. 117)

Perhaps Freud himself left us with the best description of how he built his theories. In 1900, shortly after the publication of *Interpretation of Dreams*, he wrote to his friend Wilhelm Fliess, confessing that “I am actually not at all a man of science, not an observer, not an experimenter, not a thinker. I am by temperament nothing but a conquistador—an adventurer . . . with all the curiosity, daring, and tenacity characteristic of a man of this sort” (Freud, 1985, p. 398).

Although Freud at times may have seen himself as a conquistador, he also believed that he was constructing a scientific theory. How well does that theory meet the six criteria for a useful theory that we identified in Chapter 1?

Despite serious difficulties in testing Freud’s assumptions, researchers have conducted studies that relate either directly or indirectly to psychoanalytic theory. Thus, we rate Freudian theory about average in its ability to *generate research*.

Second, a useful theory should be *falsifiable*. Because much of the research evidence consistent with Freud’s ideas can also be explained by other models, Freudian theory is nearly impossible to falsify. A good example of the difficulty of falsifying psychoanalysis is the story of the woman who dreamed that her mother-in-law was coming for a visit. The content of his dream could not be a wish fulfillment because the woman hated her mother-in-law and would not wish for a visit from her. Freud escaped this conundrum by explaining that the woman had the dream merely to spite Freud and to prove to him that not all dreams are wish fulfillments. This kind of reasoning clearly gives Freudian theory a very low rating on its ability to generate falsifiable hypotheses.

A third criterion of any useful theory is its ability to *organize knowledge* into a meaningful framework. Unfortunately, the framework of Freud’s personality theory, with its emphasis on the unconscious, is so loose and flexible that seemingly in-



consistent data can coexist within its boundaries. Compared with other theories of personality, psychoanalysis ventures more answers to questions concerning why people behave as they do. But only some of these answers come from scientific investigations—most are simply logical extensions of Freud's basic assumptions. Thus, we rate psychoanalysis as having only moderate ability to organize knowledge.

Fourth, a useful theory should serve as *a guide for the solution of practical problems*. Because Freudian theory is unusually comprehensive, many psychoanalytically trained practitioners rely on it to find solutions to practical day-to-day problems. However, psychoanalysis no longer dominates the field of psychotherapy, and most present-day therapists use other theoretical orientations in their practice. Thus, we give psychoanalysis a low rating as a guide to the practitioner.

The fifth criterion of a useful theory deals with *internal consistency*, including operationally defined terms. Psychoanalysis is an internally consistent theory, if one remembers that Freud wrote over a period of more than 40 years and gradually altered the meaning of some concepts during that time. However, at any single point in time, the theory generally possessed internal consistency, although some specific terms were used with less than scientific rigor.

Does psychoanalysis possess a set of operationally defined terms? Here the theory definitely falls short. Such terms as id, ego, superego, conscious, preconscious, unconscious, oral stage, sadistic-anal stage, phallic stage, Oedipus complex, latent level of dreams, and many others are not operationally defined; that is, they are not spelled out in terms of specific operations or behaviors. Researchers must originate their own particular definition of most psychoanalytic terms.

Sixth, psychoanalysis is not a simple or *parsimonious* theory, but considering its comprehensiveness and the complexity of human personality, it is not needlessly cumbersome.



## Concept of Humanity

In Chapter 1, we outlined several dimensions for a concept of humanity. Where does Freud's theory fall on these various dimensions?

The first of these is *determinism versus free choice*. On this dimension Freud's views on the nature of human nature would easily fall toward determinism. Freud believed that most of our behavior is determined by past events rather than molded by present goals. Humans have little control over their present actions because many of their behaviors are rooted in unconscious strivings that lie beyond present awareness. Although people usually believe that they are in control of their own lives, Freud insisted that such beliefs are illusions.

Adult personality is largely determined by childhood experiences—especially the Oedipus complex—that have left their residue in the unconscious mind. Freud (1917/1955a) held that humanity in its history has suffered three great blows to its narcissistic ego. The first was the rediscovery by Copernicus that the earth is not the center of the universe; the second was Darwin's discovery that humans are

quite similar to other animals; the third, and most damaging blow of all was Freud's own discovery that we are not in control of our own actions or, as he stated it, "the ego is not master in its own house" (p. 143).

A second and related issue is *pessimism versus optimism*. According to Freud, we come into the world in a basic state of conflict, with life and death forces operating on us from opposing sides. The innate death wish drives us incessantly toward self-destruction or aggression, while the sexual drive causes us to seek blindly after pleasure. The ego experiences a more or less permanent state of conflict, attempting to balance the contradictory demands of the id and superego while at the same time making concessions to the external world. Underneath a thin veneer of civilization, we are savage beasts with a natural tendency to exploit others for sexual and destructive satisfaction. Antisocial behavior lies just underneath the surface of even the most peaceful person, Freud believed. Worse yet, we are not ordinarily aware of the reasons for our behavior nor are we conscious of the hatred we feel for our friends, family, and lovers. For these reasons, psychoanalytic theory is essentially pessimistic.

A third approach for viewing humanity is the dimension of *causality versus teleology*. Freud believed that present behavior is mostly shaped by past causes rather than by people's goals for the future. People do not move toward a self-determined goal; instead, they are helplessly caught in the struggle between Eros and Thanatos. These two powerful drives force people to compulsively repeat primitive patterns of behavior. As adults, their behavior is one long series of reactions. People constantly attempt to reduce tension; to relieve anxieties; to repress unpleasant experiences; to regress to earlier, more secure stages of development; and to compulsively repeat behaviors that are familiar and safe. Therefore, we rate Freud's theory very high on causality.

On the dimension of *conscious versus unconscious*, psychoanalytic theory obviously leans heavily in the direction of unconscious motivation. Freud believed that everything from slips of the tongue to religious experiences is the result of a deep-rooted desire to satisfy sexual or aggressive drives. These motives make us slaves to our unconscious. Although we are aware of our actions, Freud believed that the motivations underlying those actions are deeply embedded in our unconscious and are frequently quite different from what we believe them to be.

A fifth dimension is *social versus biological influences*. As a physician, Freud's medical training disposed him to see human personality from a biological viewpoint. Yet Freud (1913/1953, 1985) frequently speculated about the consequences of prehistoric social units and about the consequences of an individual's early social experiences. Because Freud believed that many infantile fantasies and anxieties are rooted in biology, we rate him low on social influences.

Sixth is the issue of *uniqueness versus similarities*. On this dimension, psychoanalytic theory takes a middle position. Humanity's evolutionary past gives rise to a great many similarities among people. Nevertheless, individual experiences, especially those of early childhood, shape people in a somewhat unique manner and account for many of the differences among personalities.

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## Key Terms and Concepts

- Freud identified three *levels of mental life*—unconscious, preconscious, and conscious.
- Early childhood experiences that create high levels of anxiety are repressed into the *unconscious*, where they may influence behavior, emotions, and attitudes for years.
- Events that are not associated with anxiety but are merely forgotten make up the contents of the *preconscious*.
- *Conscious* images are those in awareness at any given time.
- Freud recognized three *provinces of the mind*—id, ego, and superego.
- The *id* is unconscious, chaotic, out of contact with reality, and in service of the *pleasure principle*.
- The *ego* is the executive of personality, in contact with the real world, and in service of the *reality principle*.
- The *superego* serves the *moral* and *idealistic principles* and begins to form after the Oedipus complex is resolved.
- All motivation can be traced to sexual and aggressive drives. Childhood behaviors related to *sex* and *aggression* are often punished, which leads to either *repression* or *anxiety*.
- To protect itself against anxiety, the ego initiates various *defense mechanisms*, the most basic of which is repression.
- Freud outlined three major *stages of development*—*infancy*, *latency*, and a *genital period*, but he devoted most attention to the infantile stage.
- The infantile stage is divided into three substages—*oral*, *anal*, and *phallic*, the last of which is accompanied by the Oedipus complex.
- During the simple *Oedipal stage*, a child desires sexual union with one parent while harboring hostility for the other.
- Freud believed that *dreams* and *Freudian slips* are disguised means of expressing unconscious impulses.