

## 2221 Theory & Practice 1: Lecture 3

# SIGMUND FREUD (1856-1939)

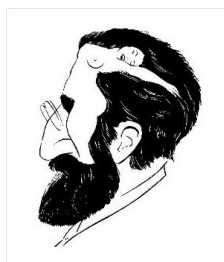
© *Dr Ian Ridgway PhD*

**[For] the new soul-researchers each and every human activity originates from sexual sources. Their own method could thus be attributed to a concupiscent Confessor Complex**

--Karl Kraus cited in Szasz (1990: 103).

|   |    |
|---|----|
| Introduction .....  | 1  |
| 1. Unconscious .....  | 3  |
| 2. Oedipus Conflict .....   | 4  |
| 3. Practice – Strategy.....   | 5  |
| 4. Historical Influences .....  | 6  |
| 5. General Elements of Theory-Practice .....                          | 6  |
| a) Dreams .....   | 6  |
| b) Id, Ego, Superego.....   | 7  |
| c) Developmental Stages.....  | 8  |
| i) Anal Stage (1-3 years of age) .....                                | 9  |
| ii) Phallic Stage (3-5 years of age).....                             | 9  |
| iii) Latency Stage (primary school years, 6-12 years of age).....     | 9  |
| iv) Genital Stage (12-18+, adolescence) .....                         | 9  |
| 6. Psychoanalytic Techniques .....                                    | 10 |
| a) Free association.....  | 10 |
| b) Fostering the transference relationship .....                      | 10 |
| c) Dream analysis.....  | 11 |
| d) Resistance analysis, transference analysis and interpretation..... | 11 |
| References .....  | 12 |
| Appendix .....  | 13 |

### Introduction



Freud was born in Freiberg, Moravia,<sup>1</sup> first child of the possible third<sup>2</sup> marriage of his father, Jakob<sup>3</sup> and Amalia in 1856. When Freud was 4 the family moved to Vienna where he stayed until 1937 when the Nazis annexed Austria and permitted him to emigrate to England (Thornton, 2005: n. p.). He considered himself a scientist above all but to earn a living he undertook medical training and specialised in neurology. He received medical degree in 1881, became engaged in 1882 to Martha a non-observant Jew from a very traditional

<sup>1</sup> Modern day Pribor, Czech Republic.

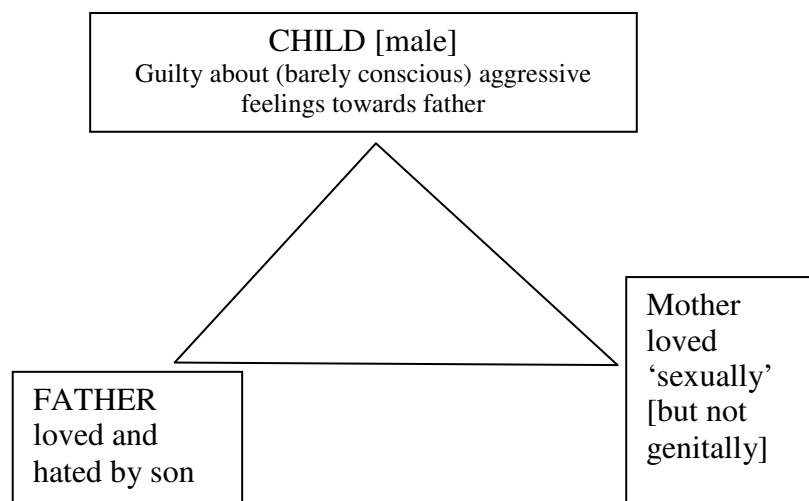
<sup>2</sup> But, definitely the second marriage of Jakob.

<sup>3</sup> He had two sons, Emmanuel and Philipp by first marriage.

Jewish family. He practised as a doctor and married in 1886, the marriage producing 6 children and being apparently very happy.<sup>4</sup>

Freud worked with an older colleague Josef Breuer, Freud formulated and developed the idea that many neuroses had their origins in deeply traumatic experiences which had occurred in the past life of the patient but which were now forgotten. His method was one of remembering from what was hidden, to confront it both intellectually and emotionally. This process was believed to lead to the discharging of the ill and thus, to remove the underlying psychological causes of the neurotic symptoms (Thornton, 2005).

However, as with others later, Breuer did not agree with Freud's over emphasis on the sexual origins and content of neurosis and their collaboration ended. Freud worked on to refine his theory and practice producing his most important work, *The Interpretation of Dreams* (1900). Preceding this book's publication Freud undertook a self-analysis which seems to have been largely prompted by his father's death in 1896. In that analysis, he discovered not only feelings of love for his father but also hostility. Secondly, he found that he had sexual-like feelings for his mother! These observations from his dreams laid the foundation for the oedipal theory: the triangle father, mother and child [male].



**Figure 1 Oedipal Triangle**

<sup>4</sup> However, Jung believed that Freud had an affair with Martha's younger sister and that relations became strained between the two scientists because of Jung's knowledge. (Ironically, Jung later had a much more serious long-term affair with a Toni Wolff.)

## 1. Unconscious

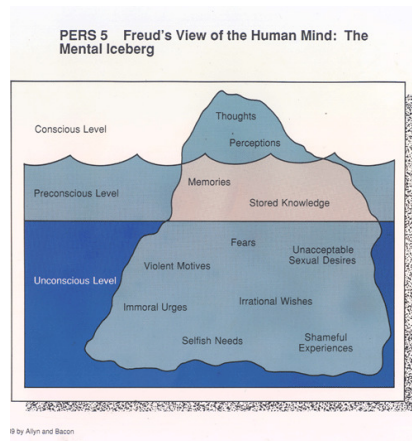


Figure 2 from (Kazlev, 2004)

However, before developing the oedipal theme further we must ask, ‘Why did Freud have need of an unconscious part of the mind for his theories?’ According to Thornton (2005), Freud moved in this direction because he insisted against tradition that symptoms had to have causes. For example, hysterical symptoms did not seem to have obvious conscious causes.

Therefore, the cause is hidden elsewhere. This elsewhere we call ‘the unconscious.’ He applied the same reasoning to ‘slips of the tongue and pen, obsessive behaviour, and dreams’ (Thornton, 2005: n. p.). Hence, the mind [psyche] is more than the conscious realm but also contains the exceedingly much larger unconscious.

### **Instincts**

Like Charles Darwin, Freud regarded humans as primarily primates driven by instincts. The instincts are buried in the unconscious as the Figure 2 shows and energise the mind’s functions (Thornton, 2005). Although many instincts exist Freud divided them all into ‘two broad generic categories, *Eros* (the life instinct), which covers all the self-preserving and erotic instincts, and *Thanatos* (the death instinct), which covers all the instincts towards aggression, self-destruction, and cruelty’ (Thornton, 2005). *Thanatos* is the irrational urge to destroy the source of all sexual energy (*libido*) by the annihilation of the self.

Hence, according to Thornton, Freud did not contend that all behaviour originates from sexual motivation because he also viewed behaviour (e. g., the compulsion to repeat self-destructive practices) as stemming from the *thanatos* instinct. But, be reminded that Freud came to this two-instinct formulation later in life perhaps affected by tragic family deaths (daughter and grandson) and the devastation of the Great War (WW1). Nevertheless, Freud did give the sexual drive a centrality in human life, arguing both that the ‘sexual drives exist and can be discerned in children from birth (the theory of infantile sexuality), and that sexual energy . . . is the single

most important motivating force in adult life' (Thornton, 2005). However, Freud defined the sexual instinct very broadly to mean general bodily pleasure. Hence, the sexual drive is the desire to promote pleasure rather than simply the desire to be genitally active (Thornton, 2005).

## **2. Oedipus Conflict**<sup>5</sup>

A deeply controversial aspect of Freud's theories is their adherence to a belief in childhood sexuality which is extended into adolescence and adulthood. He arrived at this understanding through his clinical work which firstly suggested to him that many of his patients had been sexually abused as children by parents, older siblings, or servants. He believed this sexual abuse caused their present problems<sup>6</sup>.

However, he began to doubt this hypothesis for a number of reasons. First, the fact that patients did not get well after disclosing what had allegedly happened to them. Second, the plausibility of widespread parental perversion (usually fathers) did not seem high. (Freud, who believed he also had various neuroses, would have had to accept that his own father's perverse actions were to blame.) Thirdly, because he believed the unconscious did not distinguish between reality and myth there is no way to tell if what person is relating is the actual truth. Therefore, Freud jumped to the conclusion that these accounts indicated the infantile sexual wishes of the child for the parent! The male child wants the mother but cannot have the mother because of the father's presence. [A parallel process occurs for female children.] Freud based this on the story of Oedipus Rex<sup>7</sup> and his own self-analysis.

Freud was overly fond of jumping to conclusions (Crewes, 1998: 5-6). Another possible conclusion rejected by Freud was to consider these client reports as reflections of the power of suggestion to unwittingly manufacture evidence for a desired position. We can also add the well-established fact that what therapists and investigators of all types suggest they may readily receive back from interviewees. In

---

<sup>5</sup> Later the word complex used, a word Freud derived from Jung's research.

<sup>6</sup> This contention is still believed by many therapists today. However, we need to exercise great caution in this area because of the real danger of 'false-memory syndrome'.

<sup>7</sup> The idea is based on the Greek myth of Oedipus who kills his father Laius [inadvertently] and marries his mother Jocasta [again without knowing it]. The Oedipus conflict, or Oedipus complex, was described as a state of psychosexual development and awareness first occurring around the age of 5 and a half years (a period known as the phallic stage in Freudian theory) from Wikipedia [http://en.wikipedia.org/wiki/Oedipus\\_complex](http://en.wikipedia.org/wiki/Oedipus_complex)

reality, we find what we are looking for (Crewes, 1998: 5-6). Yet, another conclusion we might tentatively draw is that the oedipal complex arises in some families but is not universal.

### **3. Practice – Strategy**

Psychoanalytic therapy<sup>8</sup> is based on the understanding that something happened to the sufferer in the past, some trauma, which has been repressed into the unconscious. That repressed trauma is now causing the psychological problems he has. In order to correct that disorder, the emotional import of the trauma has to be brought into the conscious realm. However, the unconscious resists attempts to do this because of the pain associated with the original trauma.

Hence, the practice of psychoanalytic therapy is centred on the seemingly simple, therapist directive to the patient: ‘Say whatever comes into your mind and try not to censor it’. The patient lies on a couch. She cannot see the therapist who remains a shadowy, distant, withdrawn figure.

These practical elements are integrally related to Freud’s convictions about the:

- 1) centrality of the *unconscious* in conscious life and the
- 2) *repressing* of painful and distressing [sexual] feelings into the unconscious.

We believe ourselves to be in control of our actions through our rational wills but, Freud thought we are actually controlled by unseen, irrational forces in the unconscious<sup>9</sup>. Freud’s theory is that personality can be represented by the picture of an iceberg. (See Figure 1 above.) Most of its character lies below the visible sphere of existence; only by going into the depths can its true nature be revealed. However, the unconscious contents will not come to the surface easily and if they do not come to the light of consciousness then healing cannot be experienced. Hence, the patient lies on the couch because this posture encourages ‘regression’, a going back into the past. In this way, unconscious material is more likely to emerge.

---

<sup>8</sup> The therapy is to be distinguished from psychoanalysis proper (= a scientific methodology).

<sup>9</sup> However, reflect about what such a position might imply for Freud’s own theory!

## **4. Historical Influences**

Freud was influenced by 19<sup>th</sup> century **Romanticism**. Romanticism's spirit, first articulated by the famous Jean Jacques Rousseau, revelled in irrationality. Intuition, passion, unconventionality and feeling are more important than rationality, order and tradition<sup>10</sup>. (Romanticism was a reaction to the late 17<sup>th</sup> century *Enlightenment's* belief in rationality as the dominant force in human life.) Other Romantics were to emphasise all aspects of the seemingly irrational: dreams, slips of the tongue, enthusiasm, visions, and feelings. Romanticism also taught that humankind was misaligned with human society. The individual needs to free herself from society's constraints. All these themes find a place in Freud's work. The individual and her needs are more important than societal demands.

The other important influence on Freud's work was 19<sup>th</sup> century **Positivism** – 'a doctrine contending that sense perceptions are the only admissible basis of human knowledge and precise thought' (answers.com).

## **5. General Elements of Theory-Practice**

### **a) Dreams**

Dreams are very important for Freud's therapy because they were for him expressions of 'wish fulfilment' and the secret language of the unconscious. Freud actually called them 'the royal road to the unconscious' (Freud, cited in Stafford-Clark 1965: 51). Hence, a study of the patient's dreams would reveal aspects of her secret desires that she did not want to reveal to anyone, not even herself. But, dreams are not given in a clear form but in a disguised arrangement. The former, Freud called the manifest content of the dream. However, the unconscious meaning, the latent significance was its true meaning, a meaning the dreamer usually wants to avoid usually of a sexual nature.

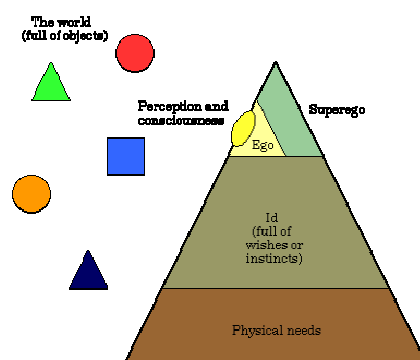
---

<sup>10</sup> Rousseau even declared that conscience never lies! He believed in God but stated that intellectual arguments for his existence were useless; sentiment was a more certain way.

**Relate a dream to your neighbour. Are there elements of the dream that may be explained through application of a ‘wish fulfilment’ hermeneutic? That is, can you explain the dream as a message from the unconscious about what it wishes, wants, desires?**

Many of Freud’s assumptions about dreams have now had serious doubts cast upon them by experimental work. Certainly, his main contention that all dreams are expressions of ‘wish fulfilment’ cannot be sustained. Even Freud admitted that the repetitive nightmares of WW1 soldiers with ‘war neuroses’ (now called post-traumatic stress disorder) were not simply wish fulfilment (Domhoff, 2000).

### b) Id, Ego, Superego



Freud began with the assumption that humans are organisms directed towards the goals of survival and reproduction. To fulfil these goals, they are guided by their needs revealed in the experiences of ‘hunger, thirst, the avoidance of pain, and sex’. See Boeree’s diagram (1997: n. p.) below.

Figure 3 Freud's psychodynamic system from Boeree (1997).

Psychically we are born as centres of unconscious desire, as instinctive beings yearning for satisfaction and pleasure. This unconscious centre he termed the Id<sup>11</sup> (=it); this centre operates on the *pleasure principle*: ‘I see it, I like it, I want it, I am going to get it’. We are and remain essentially Id throughout our lives.

However, the Id ‘realises’ that in order to cope with the demands of the outside world it must take steps to protect itself from itself by compromising with the world’s dictates. Hence, a conscious Ego is generated out of the Id. The Ego acts to protect the individual by mediating between the laws of society and the pressures of the Id. The

<sup>11</sup> Bruno Bettelheim in *Freud and man’s soul*, has argued that Id should be translated ‘it’, Ego ‘I’ or ‘self’, Superego, ‘over me’, ‘over I’ as those usual translations are classical forms rather than 19<sup>th</sup> century German.

Ego acts according to the *reality principle* as Freud termed it. The Id says, 'I want that', but the Ego says, 'If you have that you will be punished and suffer'. Ego is formed at about the age of 2-3 years. The Ego has at its disposal a number of *defences*<sup>12</sup> against incursions of the Id to restore order and harmony.

At about 5 years of age, the Superego appears, formed out of the ego (Hall, 1954:35). The latter, also unconscious, includes conscience and ego ideals (usually parental models but also other leaders plus racial and cultural values). The Superego judges much of the strivings of the Id to be dangerous and morally bad. Consequently, the Ego is called on to regulate the transactions between the Id and the Superego AND between the person and the outside world so that a reasonable degree of pleasure and reality are achieved. Freud did not appear to teach any sort of sexual *license*<sup>13</sup> though he believed that a poor sex life led to psychological problems. Freud rather lived for his work and mission.

Id, Ego and Superego are together an energy system. Libido, sexual energy, is what drives the system. Ego operates to maintain a balance among the competing elements. When balance is tipped too far towards one element (say the superego) then anxiety occurs. In that instance, the therapist would attempt to side with the Ego and the Id against the Superego to reduce the latter's influence. If the Id forces are too firmly in power, the therapist will side with the Ego and the Superego against the Id.

### c) Developmental Stages

Freud believed that humans pass through a number of psycho-sexual stages from infancy to adulthood. (Note that sexual does not equal genital for these stages do not become *genitally* oriented towards others until the last stages.) When we fail to completely pass through a stage we can remain stuck with certain characteristics relating to the stage even into adult life.

In the **ORAL** stage, pleasure centres on the mouth. We observe young children in their first year particularly putting everything into their mouths. Freud believed that some people did not come through this stage successfully and remained dependent

---

<sup>12</sup> Anna Freud, Freud's youngest child, the only one of his 6 children to become a psychoanalyst, is known in particular for detailing a full list and description of these ego defences.

<sup>13</sup> Jung can be more readily accused of doing that.



and depression-prone. Such people also find it hard to make intimate friends with others and fear loss (which may be accompanied by 'grief').

**i) Anal Stage (1-3 years of age)**

This stage focuses on the anus and its products as children struggle to gain control over their excretory functions! To unsuccessfully go through this stage is believed to be associated with obsessive-compulsive behaviours (concern about meticulous cleanliness) or (more seriously), with O-C personality disorder.

**ii) Phallic Stage (3-5 years of age)**

Genitals are the focus of sexual activity. Important stage because of development of Oedipal complex in boys (and Electra complex in girls). Boys desire to have the mother but are prevented by the presence of the father. Males' job is to relinquish the mother and identify with the father to learn what it is to be a male. Opposite process was believed to take place in girls' lives. If this complex is not resolved, males (or females) will remain attracted to women (or men) who are like their respective mothers (or fathers) perhaps to their great detriment. Freud understood this stage to be a problem-generating stage for later life because of the Oedipal complex.

**iii) Latency Stage (primary school years, 6-12 years of age)**

No direct sexual activity as such takes place in this stage. Children become even more social, developing same-sex and cross-sex friendships. [Interestingly, Freud includes this stage when it might seem to contradict his main contentions that humans are essentially sex [pleasure]-driven.]

**iv) Genital Stage (12-18+, adolescence)**

Adolescents become interested in the opposite sex and often begin to experiment sexually. Traditionally, this period has always been the time when cultures have recognised the appearance of overt sexuality in youth. Freud appeared to shock those who had not considered that sexual, libidinal, hedonistic desire (not located in the genitals of course) was part of pre-adolescent years.

## **6. Psychoanalytic Techniques**

Freud had seemingly unbounded confidence in **'insight'** as the curative factor<sup>14</sup> in psychotherapy.

If only patients were to develop insight into the causes of their problems then they would be freed from them. [However, experience shows that CTs can develop all sorts of insight and yet still be bound by their problems.]

### **a) Free association**

Free association is the major technique used in psychoanalytic psychotherapy in order for unconscious contents to be revealed. Without this revelation, troublesome symptoms cannot be relieved because insight cannot occur without repressed material becoming conscious.

Therapist uses the 'basic rule' of asking the patient to say whatever comes into his head. The therapist needs to be aware when the patient appears to have trouble talking about certain issues as this may signal resistance. Therapist does not assume what the patient is telling her is true (because the unconscious is eager not to be uncovered) but tries to 'read between the lines'. She particularly tries to assess the emotional temperature of what is being said.

### **b) Fostering the transference relationship**

Transference relationships contain unconscious material that belongs to the archaic relationships with parents. Hence, it is most desirable to foster such relationships so that their characteristics can be used to challenge the patient.

This relationship can be developed by the therapist remaining neutral and keeping her distance from the patient (as some medical doctors do even today). Sitting behind the patient so that the patient cannot easily see the face of the therapist is believed to assist in this process.

---

<sup>14</sup> One way of distinguishing among the various therapies is to identify their particular answers to the question of the curative factor(s) in psychotherapy. What is it that helps CTs to get better?

### **c) Dream analysis**

As mentioned before dreams are centrally important in this type of therapy. They are the royal road to the unconscious. Hence, the therapist will ask the patient to bring in the details of her dreams and analyse them in terms of the manifest and latent levels of meaning. Dream elements are interpreted by Freud in terms of phallic meanings. [It's amazing how many ordinary items can be interpreted as being either a penis (e.g., cigars, guitars, chair legs) or a vagina (e.g., purses)! In fact, this range of application renders such interpretations non-falsifiable.]

### **d) Resistance analysis, transference analysis and interpretation**

When resistance is observed in either free association session or in response to dream interpretations therapist can challenge the patient to consider why she may be resisting the interpretation.

For example, suppose the female patient comes to therapy beset with loneliness and depression. She shows a great reluctance to talk about her father and her relationship with him. However, her dreams show many phallic symbols showing her desire for the male, her father when she was young which she has by now forgotten (repressed).

When this desire for him finally comes to the surface, it hurts keenly. She feels angry with her father because he ignored her. It now emerges that she hates all men because they do the same to her today. (She is also hinting that she hates her male therapist because he is repeating this pattern by his neutrality and distance –a noted feature of psychoanalytic therapy. This hint would need to be skilfully drawn out into the open.)

The patient begins to see that she also drives other women away because, like her mother, they continue to steal male company from her. No wonder she is lonely and depressed! She rejects both men and women as companions!

This woman may also attempt to 'seduce' the therapist. To counteract this action, the therapist must recognise this behaviour, interpret this behaviour to the patient as an attempt to restore the long-lost relationship with the father and not be drawn into this

beguiling net.<sup>15</sup> Other non-Freudians might also say that the CT is genuinely seeking freedom with the therapist.

**TIME PERMITTING, work with the material in J & B and/or Corey that critiques the work of Freud. List at least 6 problems that Freud's theories/practices possess.**

### References

- Boeree, C. G. W. (1997). Sigmund Freud. Available Internet: (<http://www.ship.edu/~cgboeree/freud.html>) (15th February 2005).
- Crewes, F. C. (1998). Introduction. In F. C. Crewes (Ed.), *Unauthorised Freud: Doubters confront a legend*. NY: Penguin.
- Domhoff, G. W. (2000). Moving dream theory beyond Freud and Jung. Available Internet: ([http://psych.ucsc.edu/dreams/Library/domhoff\\_2000d.html](http://psych.ucsc.edu/dreams/Library/domhoff_2000d.html)) (7th February 2005).
- Hall, C. S. (1954). *A primer of Freudian psychology: Freud's great discoveries on human behavior*. NY: Mentor.
- Kazlev, A. (2004). Freud's view of the human mind: The mental iceberg. (<http://www.wilderdom.com/personality/L8-3TopographyMindIceberg.html>) (6th February).
- Szasz, T. (1990). *Anti-Freud: Karl Kraus's criticism of psychoanalysis and psychiatry*. NY: Syracuse University.
- Thornton, S. P. (2005). Sigmund Freud (1856-1939). In *The Internet Encyclopedia of Philosophy*. (<http://www.iep.utm.edu/f/freud.htm>) (6th February 2006).

---

<sup>15</sup> Such enticements are always a danger in counselling, particularly longer-term counselling. But, they can also be used for the CR's benefit if we have our wits about us and know where our own weaknesses lie.

## Appendix

### DISPUTED FACTS IN THE FORMATION OF PSYCHOANALYSIS

Crewes (1998: 3) refers to 6 elements of what is known as the Freud legend and are important aspects in the formation of psychoanalysis. You will find the points below repeated in various texts, however, each of them has had serious objections raised to them.

#### **1. Jean-Martin Charot's lesson**

The latter was a neuropathologist who tried to cure 'hysteria' using hypnosis. Freud learned from him that 'unconscious ideas can produce symptoms' (p. 3) and that hypnosis is a reliable means of triggering those symptoms. What is important to note is that Freud believed that a hypnotist could do this without suggesting to the patient what she should produce in order to fulfil the therapist's expectations. Later, Freud adopted hypnosis to examine his hysterical patients. He failed to appreciate 'that hypnosis is essentially compliance with instructions' (p. 5).

Crewes (5) reports that Freud was misdirected by Charcot. Neither seemingly was aware of the enormous power of suggestion. Hysteria was probably created by a 'suggestive collusion between doctors and patients' (p. 5). If patients had been cured, they would have been cured by simply abandoning symptoms generated by 'hypochondriacal contrivance'; they would not have cured by treating a condition stemming from 'repressed memories'. Hysteria, claims Crewes, was a non-disease and yet psychoanalysis was founded on treating it.

Freud did give up hypnosis in favour of his pressure technique: he placed a hand on the patient's head and demanded that memories and confessions be produced (6). Then he used 'free association'. However, these two methods infect data just as much as hypnosis because of their intimidating nature.

#### **2. Breuer's success – and his reputed failure of nerve**

The story told in book after book that Josef Breuer successfully treated a famous patient, Anna O (Bertha Pappenheim) by bringing repressed memories to the surface. However, when Anna developed a (sexually-tinged) fixation on Breuer to the point of

saying that she was pregnant by him (!) he could not face it; nor could he be courageous enough to accept that neuroses were caused by infant sexuality.

The fact is that Breuer did not *successfully* treat Anna O. at all. Both Breuer and Freud knew that but Freud prevailed upon Breuer to allow this success story to be put about. However, when the story began to be questioned Freud put out the above version implying that had he, Freud, been treating Anna that he would not have fled from her.

### **3. Sexual candour and professional isolation (p. 4)**

Freud found his patients presenting him with loads of sexual material. Although this was social dynamite, he courageously presented his views and then had to endure the ostracism of 'prudish and disbelieving colleagues' (p. 4).

However, Freud was by no means the only researcher dealing with 'sexual problems and perversions' (p. 6) during the 1880s and 90s. Collegiate disapproval stemmed from Freud's penchant for prematurely rushing to conclusions that he himself later would abandon.

### **4. 'Seduction stories' and their true basis. (p. 4)**

Originally, Freud believed the stories of his female patients who claimed their fathers had molested them in early childhood. He further believed that hysteria was created by repressing these terrible experiences. However, he began to have doubts as he surveyed the number of such tales but grasped the world-shattering truth that patients had repressed memories of their own offensive desires.

Freud's writings show that he was suggesting to female patients much of what they related back to him. In any case, his original theory does not fit with ease with which patients spoke of their abuse. This situation clearly do not comport with the assumption that these memories were repressed.

### **5. Self-analysis (p. 4)**

From 1895-1899 Freud analysed himself and claimed that his experience could be generalised.

Recovering memories from an early age as Freud claimed to do is open to the objection that, memory at that age is not long-term. One might also have qualms about accepting the experience of one man as definitive for all others. The universality of the oedipal complex 'has been subjected to independent anthropological scrutiny' (p. 8) and found to be wanting.

#### **6. Farewell to Wilhelm Fliess (p. 5)**

Fliess had been Freud's friend since 1887. Freud finally said goodbye to him and Freud's theory became free of Fliess' influence.

However, Freud's theories became more Fliessian not less. Freud plagiarised Fliess' ideas who, in disgust, wanted nothing further to do with Freud.