Origins of Psychoanalysis

Chapter 2
Psychoanalysis Today

- Although popular for decades, Psychoanalysis is rarely practiced in its classical form today.
- Much of Freud’s initial theoretical framework has been modified, some has been discarded.
- Psychoanalysis represents the foundation of what we today know as the science of Psychology.
- Rise of “brief” therapies.
Origins of Psychoanalysis

- **Sigmund Freud (1856-1939)**
  - Originator of Psychoanalysis
  - Favored son
  - Ambivalent towards parents
  - Initially trained as a Physician
  - Began research career studying animal biology, cocaine
Origins of Psychoanalysis (cont.)

- Trained in Hypnosis (Joseph Breuer)
- Became interested in Breuer’s “talking cure”
- Breuer and Freud collaborated, later separated owing to conceptual differences
  - Freud’s emphasis on the role of sexuality
Emphasis on Unconscious Forces

- **Hysteria**
  - Greek for “wandering uterus”
  - Believed to occur in women
  - Manifested by paralysis in a limb, loss of feeling, amnesia, etc.
  - “La belle indifference”
  - Terminology reflects the long history of sexism in medicine
  - *Now uncommon*, called Hypochondrias or Conversion Disorder
The Case of Anna O.

- Originally a patient of Joseph Breuer
- Twenty-one years old at the time
- Experienced “glove anesthesia” of her right arm and partial paralysis of right leg, impaired vision, nausea, difficulty understanding her native language, “absence” – dissociation?
- Breuer noticed she often muttered same words during her “absences”
- Breuer repeated the words to Anna O. under hypnosis
The Case of Anna O. (cont.)

- Under hypnosis, Anna O. recounted stories of her father’s death, etc.
- Emotional retelling of storied → paralysis lifted
- Breuer concluded that the hypnosis had a cathartic effect
  - Catharsis defined as an emotional release
- Breuer terminates therapy, Anna responded with a “phantom pregnancy”
- Breuer avoids cathartic method in future
Psychoanalytic Terminology

- Freud used hypnosis to assist patients in remembering *repressed* traumatic memories
  - During “trauma” a *wish* is evoked that goes against the ego ideal
  - Rendered unconscious to render them less threatening or painful
- Freud supposed that *unconscious forces* were at play since patients consciously wanted to change
  - Forces of which the individual is unaware
- Coined the term “*resistance*” to describe phenomenon
Psychoanalytic Terminology (cont.)

- Most memories not available in consciousness
- Freud asserts they are “repressed” by unconscious forces
- Repression not necessarily harmful
- Can be protective and functional
- However, too much of a good thing can cause problems
- Repressing painful memories difficult and energy intensive
  - Takes away from available energy pool
  - Still, tension escapes in an altered form
Free Association

However, because Freud found that not all patients could be hypnotized, he developed an additional technique.

Free Association

- Patient verbalizes whatever comes to mind.
- No matter how trivial, unpleasant, etc.
- Eventually will lead to thoughts, feelings, etc. associated with unconscious conflict (follow chain of associations).
- Analyst will help patient interpret content of free association → reflect the associations back to client.
- Pauses or flood of material may imply presence of important content.
- “Freudian” slips offer important meaning.
Dream Analysis

- Freud believed dreams represented “unsatisfied wishes”
- Wishes that may be unacceptable to the conscious mind, society, etc.
- Patient describes the “manifest dream”
  - The part that can be remembered in consciousness
- Analyst assists patient to access the “latent dream”
  - True meaning
- Manifest dream masks meaning of latent dream because of the threatening nature of the latent content
# Dream Symbols

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
<td>Human body</td>
</tr>
<tr>
<td>Smooth fronted house</td>
<td>Male body</td>
</tr>
<tr>
<td>House w/ledges</td>
<td>Female body</td>
</tr>
<tr>
<td>King and Queen</td>
<td>Parents</td>
</tr>
<tr>
<td>Little animals</td>
<td>Children</td>
</tr>
<tr>
<td>Children</td>
<td>Genitals</td>
</tr>
<tr>
<td>Playing with children</td>
<td>Guess?</td>
</tr>
<tr>
<td>Going on a journey</td>
<td>Dying</td>
</tr>
<tr>
<td>Clothes</td>
<td>Nakedness</td>
</tr>
<tr>
<td>Going Up Stairs</td>
<td>Having sex</td>
</tr>
<tr>
<td>Bath</td>
<td>Birth</td>
</tr>
</tbody>
</table>
Drive

- **Drive** refers to an instinct or impulse
  - Implied an innateness
  - Attempted to avoid pure reductionism to physiological forces (mind has drives as well as the body)
- Unity of mind and body (vs. Cartesian duality)
  - Source (stimulus or need)
  - Impetus (amount of energy/intensity of need)
  - Aim (goal or purpose)
  - Object (person/object in environment needed to satisfy need)
Two Main Drives

- **Eros**
  - Refers to life impulses, reproduction
  - Survival instincts
  - Tied to sexual drive *libido*
    - Freud’s term for psychic energy derived from sexuality, a biological drive
    - Emphasized the role that sexual gratification plays throughout the lifespan

- **Thanatos**
  - The death impulse
  - The source of aggressiveness
  - Our ultimate resolution with our tension with death
Sexual Repression and Hysteria

What do you know about Victorian Austria?

- Non-reproductive sexuality (masturbation/homosexuality) are perverse
- Repression of fundamental drives
- Sexual act “beastly”
  - Tolerated because of shortcomings of men, need for reproduction
- Natural excretory functions viewed with shame

Prohibition of sexual behaviors leads to anxiety, fear, worry, repression, and hysteria
And Yet...

- Cultural renaissance in philosophy, music, literature
- More and more, people were questioning prohibitions against sex and sexuality
  - Freud proposes *pleasure* as an important underlying function of sex
Psychosexual Stages of Development

- Freud said that we possessed multiple erogenous zones
  - Body areas that provide pleasure
- The importance of various erogenous zones changes as we grow and develop
- Move from autoeroticism to reproductive sexuality
Oral Stage

- From birth to Age 1
- Breast-feeding with mother
- Crying to meet needs
- Babies put everything in their mouths
- The mouth is source of pleasure or conflict
  - Source of understanding/discovery of the world
  - Prohibited behaviors (biting, thumb sucking)
Anal Stage

- Age 1 to Age 2
- Pleasure derived from the anus
- Greater focus on defecating
- Children begin potty-training
  - Conversion of involuntary to voluntary behavior
  - First attempt controlling instinctual impulse
- Derive praise from parents for completing potty training
- Punishment often targets buttocks
Phallic Stage

- Between Age 3 and Age 6
- Focus on genital
  - Pleasurable physiological sensations
  - Conflictual feelings arise
- Children notice differences between girls and boys
- May fantasize about sexual acts and masturbate
Phallic Stage (cont.)

- Oedipus Complex
  - Greek tragedy written by Sophocles
    - Oedipus kills his father and weds his mother
    - Oedipus unaware of the taboos he has transgressed
    - Oedipus blinds himself upon learning of his deeds
  - Children have unconscious desire to possess the opposite-sexed parent and do away with the same-sexed parent
    - Not literally sexual
- Boys are fond of mothers
- Girls are “Daddy’s little girl”
Phallic Stage

- Oedipus Complex
  - Boys experience *castration anxiety* or fear that affection for Mom will be met by emasculation by Dad
    - A mixture of love and affection for father, but also fears father’s reprisals
  - Girl version called *Electra Complex*
    - Not Freud’s term, considered Oedipus complex as universal
  - Girls experience *penis envy* where they feel inferior to males for lack of a penis
    - Not having a penis is their castration anxiety
Oedipus Complex

- Boys identify with their Fathers to overcome wishes for Mother
- Eventually girls identify with Mothers to overcome anger at not having a penis
- Both boys and girls are then prepared to later seek out members of the opposite sex for marriage and procreation
Latency Period

- Sexual forces driven dormant by psychic forces
  - Culturally unacceptable sexual thoughts/behaviors are channeled into other activities (sports, intellectual interests, peer relationships)
- Preference for same-sex peers
- Modern critics say that children simply learn to “hide” their sexuality at this point
Genital Period

- Around the age of puberty
- Return of overt sexual and aggressive desires
- Emergence of interest in the opposite sex
- Sexual needs satisfied through socially acceptable means
- *Lieben & arbeiten*
  - To love in an appropriate way and to contribute as a productive member of society
Psychosexual Stages of Development

- According to Freud, this developmental trajectory was not negotiable.
- It is inevitable that we all must negotiate these stages of development despite the obstacles presented in each stage.
- Individuals who experience problems along the way will have adult personality characteristics represented by that stage.
Fixations

- Lingering effects of a psychosexual stage is called a **fixation** in that stage

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**FIGURE 2.1** Freud’s Psychosexual Stages

The gradual change from one stage to another is not as distinct as Freud’s outline implies. Each stage begins gradually, swells to a climax, and then wanes as the following stage begins to emerge. The emergence of the genital stage does not signify the end of the earlier ones; instead it transforms them.
Fixations (cont.)

- **Oral Fixation**
  - Dependent on others
  - Optimism, trusting, possibly gullible

- **Anal Fixation**
  - Possibly orderly, miserly, and obstinate

Freud believed that all “abnormal” sexual behaviors were at one time acceptable for children but represent fixations on early stages of development.
Psychoanalytic Structure of Personality

- Freud’s terminology of id, ego, and superego came relatively late in his career.
- The personality is a single entity comprised of these three facets:
  - Not divided, separate, or fragmented.
- Rather, they are different processes that regulate and manage our thoughts, feelings, and actions.
Id

- First personality structure that develops
- Characterizes our instinctual, “hard wired” responses, reactions, drives, etc.
  - “I am hungry” etc.
- **Primary process** thinking
  - Hallucinating or forming a mental representation of an object to satisfy its needs
- Never known to us directly in consciousness
- Operates on the “**pleasure principle**” or a desire for **immediate** tension reduction
Ego

- The “referee”
- Structure that balances the needs of the id against the demands and expectations of society
- Secondary process thinking
  - Cognitive and perceptual skills that distinguish fact from fantasy, allowing the ego to satisfy id needs in an appropriate manner
- Functions on reality principle
  - Satisfy tensions id needs at times it is safe and adaptive to do so in an appropriate manner
Superego

- **Representation of our societal rules**, morays, taboos, etc.
- **Consists of two components**
  - **Conscience** or capacity for self-evaluation, criticism, and reproach → scolds ego, creates guilt when social codes are violated
  - **Ego-ideal** or an idealized self-image in the eyes of societal rules
Psychoanalytic Structure of Personality

- Life is a constant juggling act between needs of the id and the dictates of society.
- Human Development creates the opportunity for the emergence of superego and ego.
- Life experiences lead to the degree that ego can keep the balls in the air between the instinctual needs of the id and the internalized societal demands represented by the superego.
Defense Mechanisms

- When the ego can’t effectively manage the demands of the id and superego
  - The ego has many defense mechanisms in its toolkit
- Short-term solutions
- Over-utilization leads to problems in the long run
<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Characteristic</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repression</td>
<td>Blocking wish or desire from consciousness</td>
<td>Being unaware of deep-seated anger</td>
</tr>
<tr>
<td>Denial</td>
<td>Refusing to believe reality</td>
<td>Unwilling to admit to having illness</td>
</tr>
<tr>
<td>Reaction Formation</td>
<td>Expressing an impulse by its opposite</td>
<td>Killing an enemy with kindness</td>
</tr>
<tr>
<td>Regression</td>
<td>Returning to an earlier state (mostly in children)</td>
<td>Re-emergence of bedwetting</td>
</tr>
</tbody>
</table>
Defense Mechanisms (cont).

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<th>Characteristic</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationalization</td>
<td>Dealing with an emotion intellectually to avoid the upset</td>
<td>Making the excuse that “everybody does it, so why feel guilty’</td>
</tr>
<tr>
<td>Identification</td>
<td>Modeling behavior from someone else</td>
<td>Modeling one’s father or mother</td>
</tr>
<tr>
<td>Displacement</td>
<td>Satisfying an impulse with a substitute object</td>
<td>Kicking the dog after getting in trouble with boss</td>
</tr>
<tr>
<td>Projection</td>
<td>Attributing an unconscious impulse, attitude, or behavior to another</td>
<td>Assuming someone else is frightened when it is actually you who are frightened (scapegoating)</td>
</tr>
</tbody>
</table>
## Defense Mechanisms (cont).

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</thead>
<tbody>
<tr>
<td><strong>Sublimation</strong></td>
<td>Re-channeling an impulse into a socially desirable outlet</td>
<td>Becoming a gynecologist to satisfy sexual urges</td>
</tr>
</tbody>
</table>
Psychoanalysis

- Therapeutic technique developed by Freud
- Intended to help individuals who developed neuroses while confronting conflicts between id and superego
  - Emotional disturbance, not necessarily debilitating
  - Anna O. on the extreme end of the spectrum
- Being neurotic is not an absolute level
  - Gradations—a spectrum of neuroses
Psychoanalysis

- **Transference** was an important point in the psychoanalysis
  - **Positive** (friendly, affectionate towards analyst)
  - **Negative** (hostile, angry towards analyst)
- The point where a patient had transferred emotions for one’s parents or important relationships onto the psychoanalyst
- “Working through” the transference was an important step
- **Counter-transference** was when the analyst developed feelings for the patient
Unburdening of thoughts/feelings to sympathetic listener (the analyst)

Positive transference

Exploration of emotion-laden thoughts and experiences

Negative transference

Reconstruction and reexperiencing of crucial childhood experiences

Transference interpreted with help of analyst

Reprocessing of crucial situations and converting new insights into the personality
Criticisms of Classical Psychoanalysis

- **Seduction Theory**
  - Initially, Freud held that neuroses were the result of childhood sexual abuse.
  - Later rejected this theory owing to criticism from contemporary society.
  - Today, this controversy is mirrored in the repressed memory debate.
Criticisms of Classical Psychoanalysis

- **Gender**
  - Freud’s writing focused on male development, implying that female development either mirrored male development or was inferior
    - “Anatomy is destiny”
    - Woman as the deficient man, lacking a penis
    - Neuroses and hysteria = inadequate superego
    - “psychoanalysis is not a recommendation for a patriarchal society, but the analysis of one”
      - Cultural *construction* of gender and gender roles
Criticisms of Classical Psychoanalysis

- **Empirical validation**
  - Biology does not support female as castrated male
  - Unconscious processes are not falsifiable
    - Difficult to operationalize constructs
  - Oral and anal personality types supported in both normal and psychiatric populations
Analysis and Evaluation

- Philosophy
  - Assumptions
  - Evaluation (coherence, relevance, comprehensiveness, compellingness)

- Science
  - Assumptions
  - Evaluation (verifiability, prediction, compatibility, simplicity, usefulness)

- Applications
  - Assessment, Research, Psychotherapy
    - Psychotherapy (Scholarly, Ethical, Curative)