“But Doctor, I’m not asleep, you know; I can’t be hypnotized.” Those words, half apologetic yet half taunting, rang in the ears of a young Viennese physician one afternoon in 1892. The doctor felt sure he could cure this patient of her troublesome symptoms if only he could hypnotize her. And yet, in spite of his repeated assertions—“You are feeling drowsy; your eyelids are heavier and heavier; soon you will be fast asleep!”—the patient remained disconcertingly awake.¹

The patient suffered from hysteria, a condition that irritated or baffled most other doctors at that time because its symptoms had no apparent physical basis. Most doctors minimized the condition’s importance, sometimes even dismissing hysterical patients as idlers or fakers, trying to avoid their responsibilities through imaginary illnesses. This doctor knew otherwise, however, because he had studied in France with Charcot, who taught that the symptoms were real and worthy of serious attention; and with Bernheim, who’d had some success in treating hysteria by hypnotizing patients and then simply and directly suggesting that the symptoms disappear (see Chapter 10).
Now, in his own practice, the young doctor confirmed the partial success of direct hypnosis but also learned about an even more effective technique that used hypnosis indirectly. A major problem, however, was that too many patients like the one above remained unresponsive to hypnotic induction. The search for a different method, applicable to almost everyone, became an essential step in the development of the world-altering theory that would become known as psychoanalysis.

THE ORIGINS OF PSYCHOANALYSIS
The Viennese physician was Sigmund Freud (1856–1939). As he began his practice, he was supported, both financially and intellectually, by his older friend and mentor Josef Breuer (1842–1925). As a successful conventional physician Breuer seldom treated patients with hysteria, but he made one exception for a family friend: a remarkable young woman named Bertha Pappenheim (1859–1936; Figure 11.1). While nursing her terminally ill father in the early 1880s, Bertha developed a bewildering array of hysterical symptoms. Somehow, working and talking together virtually as collaborators, the doctor and patient developed a process that alleviated her symptoms.

Figure 11.1 Josef Breuer (1842–1925) and his patient Bertha Pappenheim (1859–1936).
In this treatment, known as the **cathartic method**, Breuer would hypnotize Pappenheim and then ask her to think about one of her symptoms and try to recall the first time she experienced anything like it. Often, a previously “forgotten” but highly emotion-laden memory would occur to her, followed by her expression of the previously suppressed emotion. After this emotional catharsis, the symptom improved or even disappeared. For example, a severe and involuntary squinting of the eyes was associated under hypnosis with an occasion when she had sat by her dying father’s bed, highly distressed, with tears in her eyes. Her father had suddenly roused himself and asked for the time. Trying to hide her upset, Bertha had had to squint to see her watch and reply. Afterward, memory for the incident disappeared but the squint remained as a symptom. But after remembering the scene and expressing its associated emotion, her eyesight became normal again.

As the treatment progressed, however, a complication arose when Pappenheim became increasingly and openly attached to Breuer emotionally—a development that disturbed the proper doctor greatly, and his wife even more so. At the earliest possible moment he terminated treatment and could never be persuaded to accept another hysteria patient. Over the next several years, Pappenheim gradually recovered from both her infatuation with Breuer and her hysteria. She moved to Frankfurt and became one of Germany’s first social workers and a feminist leader—accomplishments that led to her being commemorated on a German postage stamp in 1954 and recognized as an important historical figure in her own right.

Although Breuer never treated another hysteria patient, he told his young colleague Freud about the case; Freud remembered it years later when he began treating his own patients. He tried the cathartic method himself and found it worked better than direct hypnosis on some of his patients. In 1895 he persuaded Breuer to collaborate in writing *Studies on Hysteria*, a book describing the cathartic method, using as the first main example the Pappenheim case (disguised as the case of “Anna O.”).

Freud and Breuer’s book offered the startling general hypothesis that “hysterics suffer mainly from reminiscences.” They referred here to memories of emotionally charged experiences that have been forgotten and placed beyond the reach of consciousness, to become disease-causing **pathogenic ideas**. Because the emotional energy from pathogenic ideas could not be expressed and thereby gradually reduced in the normal way, it presumably remained bottled up. Stimuli that would usually trigger the memory now activated the repressed emotional energy instead, which “discharged” into the muscles, causing a hysteria symptom. Freud and Breuer referred to many such symptoms as **conversions** of emotional into physical energy. With hypnotic assistance, however, patients could regain
conscious access to their pathogenic ideas and therefore to the normal expression of their bottled-up emotional energy. The causes of their symptoms could thus be removed.

Unfortunately, this promising cathartic method of treatment worked only with people who could be deeply hypnotized, and Freud had found that many patients could not be. Instead of falling into a sleeplike state in which their memories became exceptionally fluent, they remained puzzled, anxious, or even defiant. Freud’s efforts to solve this problem led to an expanded and ambitious theory—not just of hysteria, but of human nature in general. But his remarkable solution did not emerge suddenly, nor was it simply the result of his own isolated efforts. Developing over a period of several years, the theory that Freud called psychoanalysis integrated and synthesized many ideas he had been exposed to during his rich educational and personal experiences.

Freud’s Early Life
Sigmund Freud (Figure 11.2) was born in 1856, in Freiberg, Moravia (now called Príbor, in the Czech Republic). In 1860 his family moved to Vienna, where Freud remained until the Nazi menace forced him to London in 1938, for the final year of his life. Freud’s father, twenty years older than his mother, had had two sons by a previous wife, and one of them had a son of his own just before Sigmund was born. Being the first of his mother’s eight children, he grew up as the oldest child in his immediate household, but with half-brothers as old as his mother and a nephew older than himself. This unusual family constellation may have particularly sensitized Freud to the vagaries of family relationships, which he emphasized in his later theories.

Young Sigmund became an outstanding student at the top of his secondary school class. He also developed independent talents, such as teaching himself Spanish so he could read *Don Quixote* in its original language. His early interests in history and the humanities drew him toward a career in law, until a chance reading of an inspiring essay aroused more scientific ambitions. On an impulse, the 17-year-old Freud enrolled in the University of Vienna’s medical school in 1873.

He encountered several outstanding teachers, beginning with the philosopher Franz Brentano (1838–1917). In 1874, the year of Wundt’s *Principles of Physiological Psychology,*
Brentano published his own important book, *Psychology from an Empirical Standpoint*. He promoted what he called **act psychology**, an approach that differentiated the basic nature of psychology’s subject matter from that of the physical sciences. While the physical sciences study *objects*, for Brentano the fundamental unit of psychological analysis was an *act* that always refers to or “contains” an object. For example, while a unit of physical analysis might be an atom, a psychological unit would be an act such as *thinking about* an atom, or *believing* that a particular kind of atom must exist, or *wanting* such a kind of atom to exist. Brentano named this quality of “aboutness” that all mental acts **have intentionality**: their referring to, and taking attitudes of belief and/or desire toward, their objects. Intentionality is a purely subjective quality, detectable only through introspection, and we’ll see in Chapter 14 how some modern researchers of artificial intelligence debate the question of whether a highly sophisticated computer or other machine can ever experience it.

Brentano further taught that any adequate psychological theory must be “dynamic,” or capable of accounting for the influence of ever-changing **motivational factors** on thought. He also distinguished sharply between the “objective reality” of physical objects and the “subjective reality” of private thought, and he skeptically but seriously examined the literature on unconscious thought. Brentano thus introduced the young Freud to several issues that would preoccupy him in his later career. Freud took five elective courses with Brentano and might have abandoned medicine for philosophy had he not encountered, in his third year, an even more influential teacher.

**Ernst Brücke** (1819–1892), director of the university’s Physiological Institute, had been a classmate under Müller with Helmholtz and du Bois-Reymond; with them, he had promoted the new physiological mechanism that rejected vitalism and sought mechanistic explanations for all organic phenomena (see Chapter 4). Captivated by Brücke and his mechanistic physiology, Freud began devoting all his spare time to volunteer research, even delaying progress toward his medical degree. By 1880 he published several articles on neuroanatomy and hoped for a career in that field.

As a Jew in an anti-Semitic society, Freud’s chances for that kind of career were limited, however, and following his engagement in 1882 to Martha Bernays he realized he would have to find a paying job relatively quickly. He began the practical training at Vienna’s General Hospital that would qualify him for a private medical practice.

At the hospital, Freud gravitated toward specialties connected with neurophysiology and worked primarily with the famous brain anatomist Theodor Meynert. Meynert had previously taught Wernicke, whose pioneering
work on brain localization and aphasia was covered in Chapter 3. Freud became another prize pupil, developing particular skill in the diagnosis of localized brain injuries. In 1885 Meynert sponsored Freud for a traveling grant to study in Paris with the celebrated Charcot, just then at the height of his influence. Freud impressed the French master well enough to win permission to translate some of his writings into German. He returned to Vienna with sufficient credentials to begin a private practice in the treatment of neurological diseases.

Things started slowly, however, and when Freud reported favorably on Charcot’s opinion that men as well as women could be hysterics, he lost favor with the Viennese medical establishment and felt he had become an outsider. Although he published some substantial works on aphasia and cerebral palsy, he found he could not make a living by treating only ordinary neurological cases. Almost by default he decided to augment his income by accepting patients with hysteria. Because he was one of the few Viennese doctors with the background and willingness to take their symptoms seriously, several patients came to him for help. Quite unintentionally then, Freud arrived at his position at the beginning of this chapter, seeking a more widely applicable substitute for hypnosis in the cathartic treatment of hysteria.

**Free Association**

Freud took a first step toward solving his problem after recalling an incident from his visit to the clinic in Nancy. A recently hypnotized subject had shown a typical posthypnotic amnesia until Bernheim, the hypnotist, placed a hand on the man’s forehead and said, “Now you can remember.” The subject immediately recalled his entire hypnotic experience in detail. Wondering whether a similar technique might enhance his patients’ memory for pathogenic ideas while not under hypnosis, he experimented with what he called a *pressure technique*. Patients would lie on a couch with their eyes closed as for hypnosis, remaining normally awake while being asked to recall their earliest experiences of their symptoms. When blockages inevitably occurred, Freud simply pressed their foreheads with his hand and confidently assured them that further memories would follow. Sometimes they did, and sometimes after repeated tries some apparently genuine pathogenic ideas emerged, followed by emotional catharsis and symptom relief.

At first Freud applied pressure often, whenever it seemed to him that memories were flowing in an unpromising direction. But he soon learned it was impossible to distinguish unpromising from promising; trains of thought that initially appeared to be dead ends could lead to highly charged and pathogenic material if allowed to go on longer.
Gradually Freud learned he did not have to apply physical pressure at all in order to stimulate the memory. He finally adopted a technique he called free association. As with hypnosis, he still asked his patients to lie on his soon-to-be-famous couch and close their eyes (Figure 11.3). But instead of making direct suggestions, he asked them to let their thoughts run free and to report fully and openly whatever came to mind, even if it seemed irrelevant, silly, embarrassing, or anxiety-provoking. He also learned that he, as the therapist, would have to restrain himself from interrupting or interfering in the patient’s train of thought, even when it seemed to be going in an unproductive direction. Although more difficult to completely follow in practice than the word free suggests, free association became Freud’s standard method of treatment, and he abandoned hypnosis altogether.

With his new technique, Freud became increasingly attuned to several subtle but important phenomena that had been masked by his previous reliance on hypnosis. With the old method, any peculiarity or difficulty in the treatment was too easily explained away as some deficiency of the hypnosis, such as the shallowness of the trance. But now, with attention more focused on the patient’s associations and on the therapeutic relationship, Freud observed several new and interesting features of hysteria.
He noticed that the pathogenic ideas recalled under free association lacked the one-to-one relationship with particular symptoms that were typical in patients like Pappenheim. Instead, a whole series of pathogenic ideas seemed to lie behind each hysterical symptom. A patient with hysterical hand tremors, for example, eventually associated three different emotion-laden memories with her symptom: one of being struck on the hand as a childhood punishment, another of being badly frightened while playing the piano, and still another of being asked to massage her father’s shoulders. The only common feature these memories had was that they all involved her hands; but with each recollection, and the expression of the emotion connected with it, her symptom’s intensity decreased. In Freud’s new terminology, this was an example of **overdetermination**, in which one symptom was caused not by a single factor but by two or more acting together. He came to believe that most hysteria symptoms were similarly overdetermined.

Patients’ attempts to recover memories through free association led Freud to another important insight, as he became increasingly convinced that pathogenic ideas were not simply “forgotten” like unimportant details. Instead, these ideas seemed to have been subjected to a willful and active—although largely unconscious—process of **repression**. He noted, for example, that his patients invariably resisted the free-association process somewhere along the line, and in widely differing ways. Often they would interrupt their associations suddenly and at crucial points, just as important and emotion-laden memories seemed likely to be recalled. Sometimes they showed obvious signs of anxiety or embarrassment and directly admitted that what had come to mind was too ridiculous or obnoxious to be expressed. More often, however, their resistance was indirect and unconscious. Their minds suddenly and mysteriously went blank, for example, or they subtly changed the subject or decided to question Freud’s medical credentials and the justification for his unorthodox treatment methods. From the regularity of such direct and indirect resistances, Freud concluded his patients at some level did not want to recall some of their pathogenic ideas, although often they remained consciously unaware of that fact.

This unconscious resistance suggested to Freud that his patients had complicated attitudes about their illnesses, and the emotion-laden and often painful memories that lay behind them. It seemed that a conscious part of each patient wanted to face the problem and be cured, while another, unconscious part dreaded the emotional pain of addressing the memories and tried to sabotage the process. In short, Freud detected **intrapsychic conflict** in his patients, with different aspects of each personality clamoring for mutually exclusive goals. Later, he would come to see intrapsychic conflict as extending far beyond hysteria and pervading virtually all human activity.
A further and highly controversial hypothesis emerged when Freud observed that many of the most strongly resisted memories and ideas seemed to involve sexual experiences from childhood. Several patients reluctantly recalled scenes of early sexual mistreatment, often by parents or other close relatives. The patient with the hand tremor, for example, eventually recalled that her father had sexually accosted her following the shoulder massage. After several such reports, Freud speculated that repressed sexual experiences may have been necessary for hysteria to begin, thereby being the most important pathogenic ideas that in some way began the entire repressive pattern.

In 1896 Freud publicly adopted this seduction theory of hysteria. All hysterics, he now asserted, must have undergone sexual abuse as children. At that time Freud believed the capacity for genuinely sexual feelings arises only after puberty, so the children presumably did not immediately experience their seductions as actually sexual. But with the onset of puberty and the natural arousal of the sex drive, the memories of those experiences presumably became sexualized upon later recall. As the memories became increasingly and unexpectedly emotionally charged, Freud proposed, they were more likely to be repressed. So now, instead of consciously remembering their seductions and experiencing new and uncomfortable emotions along with the memories, the patients unconsciously produced hysterical conversion symptoms as a substitute. The symptoms thus functioned as defenses against the now-disturbing sexualized memories, appearing in consciousness as the lesser of two evils: unpleasant perhaps, but causing less anxiety than the pathogenic ideas.

Perhaps understandably, Freud’s seduction theory was poorly received by most of his medical colleagues, who regarded him as something of a crank and stopped referring patients to him. Still worse, Freud himself soon found that despite the sincerity with which the seduction scenes were recalled and reported, the accounts did not always stand up to credible independent evidence; in such cases the seductions seem to have been imagined rather than real. In 1897, Freud ruefully confessed to a friend that he no longer believed in his theory.

But if these seduction scenes were not real memories, what were they? Freud was haunted by this question for many months. He could not accept that his entire approach to hysteria was wrong. His therapy often helped, and it still made sense to regard symptoms as defenses against pathogenic ideas of some kind, even if they were not actual memories. Sexuality must have been important in some way, or else why would so many patients report scenes of childhood seduction in their free associations? The seduction theory was clearly wrong in detail, yet promising in its general direction. Freud’s eventual answer to these questions
came in an unexpected way after he undertook the investigation of a new and seemingly unrelated subject: the meaning and nature of dreams.

**The Interpretation of Dreams**

Freud became interested in dreams partly because his teacher Meynert had noted some similarities between dreams and certain psychiatric conditions, and his patients occasionally brought up dream material in the course of their free associations. More importantly, however, Freud himself was a “good” dreamer—someone who frequently retained vivid recollections of his own dreams. He began explicitly asking his patients to free-associate to their dreams, while doing the same thing himself. When he did so, he found that the free associations suggested a surprising new explanation for these perplexing nighttime experiences. In 1900 he described this in *The Interpretation of Dreams*, a long book commonly regarded as the most important of all his works.⁶

Freud distinguished between the consciously experienced content of a dream, which he called its **manifest content**, and a hidden or **latent content**, which originally inspired the dream but emerged in consciousness only after free association. The manifest content, typically marked by disjointed chronology and fantastic images, often seemed unintelligible and failed to make sense in terms of the dreamer's normal waking experience. But the latent content—those ideas and memories recalled after extensive free association to the manifest content—seemed to have the greatest personal significance for the dreamer. In addition, dreamers often resisted the uncovering of this latent content, much as hysteria patients resisted the recollection of their pathogenic ideas.

Freud's associations to his own “Dream of Irma's Injection” exemplified his general findings. In this dream, Irma, one of Freud’s real-life patients, had fallen ill and was given an injection of the chemical propyl by one of his medical colleagues. Then Freud vividly hallucinated the letters and numbers making up the formula for trimethylamin, yet another chemical substance. This strange manifest content made little immediate sense to Freud, for neither propyl nor trimethylamin was a real medicine, and a propyl injection would in fact have been dangerous.

But free association led to several ideas that did make sense. For one, Freud thought with relief that at least it was not he himself who had administered the ridiculous injection, so his colleague would have to bear responsibility for any unfavorable outcome. And he remembered that in real life Irma’s nose had been operated on by his best friend, who had neglected to remove all the surgical packing, and the patient, legally under Freud’s care, had nearly died. Though Freud made excuses for his friend and had been unwilling to blame him for
negligence, he now had to admit to feelings of anger and reproach. Finally, he remembered a recent conversation with this same friend about the chemistry of sex, in which the substance trimethylamin had been mentioned. This led to the idea that Irma’s illness must have been sexual in nature and, more dimly, to the thought that she was an attractive woman.

This fragmentary analysis illustrates several essential relationships between latent and manifest content, which Freud came to believe held true generally. He argued that a dream originates with a series of latent thoughts which the sleeping mind transforms into manifest content by means of three processes he referred to collectively as the dream work. First, because the latent content invariably included thoughts that triggered more anxiety or conflict than those of the manifest content, Freud concluded that the manifest content symbolizes the latent content in a relatively “safe” way, with images less distressing than the unvarnished latent content. In his language, a process of displacement occurs, with the emotional energy of the highly charged latent content being deflected or displaced onto the related but emotionally more neutral ideas of the manifest content. Displacement thus serves a defensive purpose, enabling the dreamer to experience images less disturbing than the thoughts that originally inspired them.

In the second process of the dream work, several latent thoughts may be symbolized by a single image or element of the manifest content. In Freud’s Irma dream, for example, trains of thought involving both sexuality and Freud’s troublesome relationship with his friend were associated with the single image of trimethylamin. Freud called this process condensation, based on the notion that two or more latent thoughts sometimes condense onto a single manifest dream image.

The third process Freud observed was that the manifest content typically represents latent ideas by means of concretely experienced sensations, or hallucinations. Dreams are not subjectively experienced as mere thoughts, but as sights, sounds, feelings, and so on. Freud argued that the latent dream thoughts receive concrete representation in the subjectively real sensations of the manifest content. Significantly, these three processes of the dream work closely resembled processes Freud had already observed in his hysteria patients: several emotion-laden and resistance-causing pathogenic ideas were indirectly and “defensively” symbolized by a single and highly concrete physical sensation: the overdetermined symptom. The unconscious “meaning” of a symptom—that is, its originating pathogenic ideas—could only be determined by free association, just like the latent content that gave meaning to dreams. Freud saw both dreams and hysteria symptoms as resulting from similar unconscious symbolic processes.
Freud further reflected that these processes were directly opposite to those involved in logical or scientific thinking. There, one uses terms that refer to concepts explicitly, rather than indirectly. Those concepts have precisely limited rather than surplus meanings, and thought progresses from concrete particulars to abstract generalizations, rather than the reverse. In addition, in logical or scientific explorations, the various steps are available to consciousness and are subject to some degree of voluntary control. In dream or symptom creation, by contrast, the processes of displacement, overdetermination or condensation, and concrete representation all occur unconsciously, and the dreams or symptoms finally seem to appear involuntarily and out of nowhere as far as the dreamer or patient is concerned.

Freud hypothesized two idealized and contrasting modes of thought, one unconscious and associated with dream and symptom formation, the other conscious and responsible for rational thinking. Because he believed infants are born with the capacity for dreams but have to learn how to think rationally, he labeled the unconscious mode of thought the primary process and the conscious mode the secondary process. Freud saw adult dreams and hysteria symptoms as instances in which mature, secondary-process thinking is abandoned in favor of the developmentally earlier primary process—where a “regression” to earlier and more primitive ways of thinking has occurred.

Freud later came to believe that primary-process thought was not restricted to states such as dreaming and hysteria but could also play a positive role in creative and artistic thinking. He noted that artists and poets use symbols to make points indirectly by allusion (displacement); produce works that may be interpreted on several different levels of meaning (overdetermination or condensation); and often symbolize abstract ideas by means of concrete scenes and images (concrete representation). In addition, creative people often say their inspirations occur involuntarily—just the way dreams and hysteria symptoms intrude into consciousness. In these cases, the “regression” to the primary-process modes of thought serves a positive functional purpose.

With all these ideas, Freud did not “discover” the unconscious. He knew from his study with Brentano that many predecessors, starting with Leibniz and his “minute perceptions” (see Chapter 2), had already postulated the existence of unconscious psychological activity. But Freud broke new ground by hypothesizing specific rules for the unconscious, describing it as a lawful phenomenon. This conceptualization of the primary process as an unconscious mode of thought characterized by overdetermination, displacement, condensation, and concrete representation was an important step in the study of unconscious psychological processes.
Wish Fulfillment and the Seduction Theory

Freud’s growing appreciation of the primary process in dreams helped him arrive at an apparent solution to his dilemma about hysteria and the seduction theory. As he and his patients analyzed their dreams by free association, in virtually every case at least some elements of the latent content seemed to include significant though often conflict-laden wishes, even when the manifest content did not correspond. One patient, for example, dreamed of the death of her favorite nephew—the very opposite of a wish fulfillment. But her free associations included recollections of an old boyfriend she still felt strongly attracted to, whom she had last seen at the real funeral of her nephew’s older brother. Her dream therefore expressed a latent wish for a chance to see this desirable man again. On the basis of many similar experiences, often when the patient’s expressed wishes emerged only after considerable anxiety and embarrassment, Freud formulated his wish fulfillment hypothesis: the idea that the latent content of every dream includes a wish of some sort, which is the most important motivator for the dream itself. Often the wishes were disagreeable to acknowledge, like the pathogenic ideas of hysteria patients.

Freud found himself in an interesting logical position. Manifest dreams and hysteria symptoms had striking similarities in that both symbolized unconscious and anxiety-arousing ideas via the processes of displacement, overdetermination or condensation, and concrete representation. They differed strikingly only in their presumed causes, with dreams apparently being stimulated by latent wishes, symptoms by sexual memories.

But here, of course, was precisely where the seduction theory erred! Many of the sexual experiences so distinctly “remembered” by Freud’s patients had never actually occurred. Freud now saw a possible explanation. Perhaps dreams and symptoms were similar in their origins as well as in their structure, and the sexual scenes reported by hysterical patients indirectly reflected wishes rather than actual experiences. Such wishes would contradict the polite and consciously adopted values of his patients, who would deny and repress them. But maybe the wishes were still active; perhaps they demanded at least partial and symbolic expression in their symptoms, through the unconscious primary process. This idea, shocking as it seemed at first, gained unexpected reinforcement when Freud seriously examined his own free associations during a personally difficult time in the late 1890s.

Self-Analysis and Childhood Sexuality

After hypothesizing that hysterics’ pathogenic ideas typically represented disguised sexual wishes, Freud had to do some hard thinking about the nature
of human motivation. It appeared that his patients, while outwardly proper and morally virtuous, secretly and unconsciously harbored sexual ideas and fantasies that respectable society would not tolerate. Furthermore, these ideas seemed to originate as far back as childhood. As noted earlier, Freud initially shared the common belief that the normal human sexual instinct arises with the onset of puberty. Probably at first he was tempted to speculate that hysteria resulted from an abnormally precocious sexuality—that hysterics were people with a strong sexual instinct that arose prematurely, thereby triggering the extreme defensive reactions that produced their symptoms.

While this idea may have seemed plausible at first, Freud soon rejected it for personal and painful reasons. In autumn of 1896, his elderly father died after a lingering illness. Though he had been expecting it for some time, Freud was severely shaken by his father’s death, and for months he felt depressed, anxious, and unable to work productively. Finally, he decided to regard himself as a patient and subject his own dreams and symptoms to systematic free association. He found some disturbing things in his self-analysis, which led him to see his hysteria patients in a new and more sympathetic light.

As part of this exploration, Freud examined the recurrence of a vivid childhood dream. “I saw my beloved mother, with a peculiarly peaceful, sleeping expression on her features, being carried into the room by two (or three) people with birds’ beaks and laid upon the bed.” His associations to this highly condensed manifest content included many significant and disturbing latent thoughts. The beaked figures resembled pictures of Egyptian burial gods young Sigmund had seen in the family Bible, and the expression on his mother’s face was exactly like the one on the face of his dying grandfather shortly before the original dream. These death-related images concerning his mother and grandfather led to the thought of a dying father, and Freud concluded with a shock that one of his dream’s latent wishes must have been for the death of his father. In childhood, he apparently had harbored unconscious hostile wishes toward his consciously beloved father.

Equally disturbing sexual associations soon followed when Freud recalled that the German slang for sexual intercourse (vögeln) derived from the word for “bird” (vogel). He had first learned that word from an older boy named Phillip, and the family Bible with the beaked figures was an edition known as Philippsen’s Bible. Therefore, notions of sexuality were strongly associated with the image of his sleeping mother, and Freud felt forced to conclude that even as a child he must have had sexual thoughts about her.

Freud interpreted his recurring childhood dream as expressing two repugnant yet deeply felt wishes: for his father’s death, and for his mother’s sexual attention. “Death” and “sexuality” had not meant the same things to him as a boy that they did
as an adult, with death implying simply absence or removal, and sexuality meaning any kind of sensual, physical gratification. But Freud concluded that these were logical precursors to the adult concepts. And now he interpreted his peculiarly intense adult reaction to his father’s death as the result of the fulfillment of his conflict-laden childhood wish. The conscious, conventional side of his personality had understandably rejected this wish, creating severe internal conflict and the eruption of his symptoms. Freud’s admirers have suggested that it took considerable courage to uncover and acknowledge such distressing truths about himself.

Soon, however, Freud came to believe he was not alone, and that virtually anyone who openly subjected himself or herself to analysis by free association would discover traces of similar uncomfortable childhood wishes. Popular myths and legends, as well as ordinary dreams, seemed to corroborate Freud’s findings with hysteria patients and himself: the childish desire to obtain sensual pleasure from the opposite-sex parent, and for the disappearance of the same-sex parent as the major rival for such attentions. Oedipus Rex, the classic Greek tragedy by Sophocles, portrays a story in which these events occur: The hero, Oedipus, unwittingly kills his father and marries his mother. Freud therefore named this apparently universal constellation of unconscious wishes the Oedipus complex.

Further observations of his own and his patients’ free associations suggested to Freud that these Oedipal feelings about parents were often accompanied by disturbing memories involving their own bodies. Disgusting and “perverted” ideas involving the mouth, anus, or genitals were reluctantly expressed. Freud concluded that these, too, represented childhood wishes—wishes that were regarded with horror and repressed from normal awareness by the mature and civilized side of the personality, but that remained active and sought to find expression indirectly in dreams, symptoms, and other primary-process activities. Freud elaborated on these ideas in a radically new theory of both childhood and sexuality in his 1905 book, Three Essays on the Theory of Sexuality.

In the early 1900s, childhood was conventionally viewed as a period of innocence and purity, completely devoid of sexual feelings and lasting until the physiological changes of puberty. When the sexual instinct did arise, it was assumed to be highly specific, pointing toward the single goal of propagating the species through heterosexual intercourse. Freud’s new theory flatly contradicted this popular view. From the apparent universality of repressed, disturbing childhood memories, he inferred that sexuality profoundly influences every child’s mental life. The sexuality of childhood, however, was apparently much broader than adult sexuality, involving all kinds of sensual gratification, including many that were considered abnormal from the adult perspective.
Freud’s new theory asserted that every baby is born in a state he called **polymorphous perversity**, and is capable of taking sensual pleasure from the gentle stimulation of any part of the body. Over the course of normal development, however, certain parts of the body become **erogenous zones**, specific areas of intense satisfaction and sensual pleasure. An infant’s primal experience of nursing causes the mouth or **oral zone** to predominate as the location of heightened sensitivity. When toilet training begins and the child starts to find pleasure in the voluntary control of bodily functions, the **anal zone** assumes particular importance. Once the child has developed fuller bodily control, the stimulation of the **genital zone** becomes a major source of sexual pleasure.

Freud believed social factors within the family strongly interact with these psychosexual developments. Because many pleasurable activities lead to parental disapproval, the child learns that only certain gratifications are socially acceptable, and gradually he or she channels sexual impulses into just those forms. Typically (although not universally) by late adolescence sexual expression results in the socially conventional heterosexual-genital orientation. Freud emphasized, however, that this “normal” expression of sexuality was not a biologically fixed consequence of a fixed instinct, but just one of the many possible results of a complicated developmental channeling of the initial drive for physical gratification.

In sum, Freud argued that the conventional wisdom had things backward. Children are not innocents who become corrupted sexually by the evils of the world; instead they are born with primitive, undisciplined, and (from an adult perspective) perverted tendencies they must learn to curb as they mature. Only after pushing the memories of their Oedipal and childish sexual impulses into the unconscious do individuals become “civilized” and sexually normal.

Freud emphasized, however, that these highly charged memories are never **destroyed** but are merely **repressed**. They persist beneath the surface of consciousness, seeking indirect or disguised forms of expression. Dreams are one natural and usually benign outlet; hysteria symptoms a more extreme and harmful one. And highly significantly for his broader theory, Freud soon came to believe that variations in childhood sexual experiences lead to some distinctive individual personality traits in adulthood.

While believing that all childhood sexual experiences follow the same general sequence, focusing first on the oral, then the anal, and finally the genital regions of the body, Freud also noted that in the course of their free associations, patients differed in their emphasis on the three stages. Some reported particularly intense images and experiences dating back to toilet training and the anal period of their development. He speculated that the parents of these individuals
must have been relatively strict in their enforcement of toilet training, leading to an overemphasis or fixation of infantile sexuality at the anal stage. Freud also detected a particular pattern of adult personality characteristics in these patients; they tended to be relatively orderly in arranging their affairs, thrifty in managing their money and resources, and obstinate in many of their interpersonal interactions. This triad of traits became the prime markets for what Freudian theorists call the anal character.

Freud and some of his followers soon observed certain character types resulting from fixations at the other stages. The oral character, which presumably results from relative overindulgence or underindulgence in the earliest years, was marked by a continuing interest throughout life in such oral activities as eating, drinking, smoking, and even talking. If overindulged in childhood, adults were likely to be cheerful and optimistic; if underindulged, they were envious, acquisitive, and pessimistic. The phallic/genital character, by contrast, seemed marked by adult traits of curiosity, competitiveness, or exhibitionism.

Psychoanalytic Therapy and the Case of Dora
Even as Freud theorized about normal people’s character, dreams, and the psychology of children, he continued to earn his living as a psychotherapist for disturbed adults. And like his general theories, his therapeutic technique changed and developed over the years.

At first, Freud saw his therapeutic task as simple and straightforward. All he had to do, it seemed, was encourage free association until the repressed pathogenic ideas became conscious and the symptoms became unnecessary. But he increasingly found his patients’ unconscious resistance to the treatment could be very subtle, and he often had to accept modest improvement rather than complete cures. Sometimes treatments that began promisingly ended disastrously, as in the instructive example of Ida Bauer (1882–1945), a gifted but troubled young woman referred to in Freud’s published account as the case of Dora. Suffering from mild hysteria, 18-year-old Ida was brought to Freud by her father after threatening suicide. Intelligent and verbal, she took quickly to free association and seemed to understand Freud’s early interpretations of her associations in terms of infantile sexuality. After just a few sessions, Freud wrote confidently to a friend that “the case has opened smoothly to my collection of picklocks.”

Ida’s conflicts arose from her relationships with her parents and their close friends, a couple Freud called “Herr and Frau K.” Ida’s father was often ill and in need of nursing, a service more often provided by Frau K. than by Ida’s mother, whom she described as a drab and unaffectionate woman obsessed with housecleaning. As Ida entered adolescence, she recognized that Frau K. had
become her father’s mistress as well as his nurse. Herr K. apparently made no fuss about his wife’s affair with his friend but contented himself with amorous adventures with his servants. As Ida grew into an attractive young woman, however, he also turned his attention toward her. He presented her with an expensive jewel-case and once tried to kiss her—an act Ida said disgusted her because of the strong smell of cigar smoke on his breath.

This unfortunate situation reached a climax shortly before Ida saw Freud, when her family shared a vacation house with the Ks. Herr K. openly complained to her that he got nothing from his wife and propositioned her directly. Ida indignantly refused but said nothing to her parents. Then every night for two weeks she had the same vivid nightmare, after which she insisted on accompanying her father on a business trip away from the vacation house. On the trip she told her father about Herr K. and her nightmare ceased, although she began to experience hysterical symptoms. After they worsened and she threatened suicide, Ida’s father brought her to Freud.

During psychoanalysis with Freud, Ida’s dream recurred, with this manifest content:

A house was on fire. My father was standing beside my bed and woke me up. I dressed myself quickly. Mother wanted to stop and save her jewel-case; but father said: “I refuse to let myself and my two children be burnt for the sake of your jewel-case.” We hurried downstairs, and as soon as I was outside I woke up.10

Ida’s fluent free associations to this dream made Freud initially optimistic. Herr K. was obviously involved through associations to the jewel-case and the fire, which recalled the smell of tobacco smoke on his breath. Ida remembered she had always dressed quickly in the vacation house, as in the dream, because her bed was in an exposed hall and she feared being seen partially undressed by Herr K. The fire also seemed to symbolize the sexual stirrings Ida admitted she was beginning to feel. She finally acknowledged a certain attraction to Herr K., along with her fear and repugnance.

Freud was not surprised when Ida also produced associations to childhood sexuality. The fire led to thoughts of water, which in turn recalled childhood memories of bedwetting. After Ida remarked that her father used to wake her up at night and take her to the bathroom to prevent the bedwetting, Freud felt sure he understood the major latent wish expressed by the dream.

He believed the dream had substituted Ida’s original Oedipal attraction to her father for her current, conflict-laden attraction to Herr K. He summarized: “She
summoned up an infantile attraction for her father so that it might protect her against her present affection for a stranger.”[11] The wish expressed by the dream was to run away with her father and to be protected by him from the disturbing impulses of her maturing sexuality, just as she had been protected by him from her bedwetting as a child. When Ida went with her father on the business trip, she fulfilled that wish in reality and the dream consequently ceased to recur.

Ida seemed to accept this interpretation, lending Freud added confidence that she would soon have full insight into her problems and be cured. Shortly afterward, however, she stunned him by announcing that she had had enough of his treatment and would return no more, even though many of her problems remained unresolved. She kept her word and never returned.

In retrospect, Freud realized he had been insensitive to one whole dimension of the case, and that he had failed to carry his interpretation of the dream as far as he should have. Although he had explained why the dream had originally occurred at the vacation house, he had not asked why it recurred during the course of the treatment. Its reappearance, he now believed, signified not only Ida’s previous complicated feelings toward Herr K. but also her current ambivalence toward Freud himself. He too was a heavy cigar smoker, and he had frequently used the expression “There can be no smoke without fire” in their sessions. And while he was not a philanderer like Herr K., he did openly discuss highly charged sexual topics with her. Therefore, her dream was once again useful in expressing complex feelings about her emotional entanglement with a “stranger” and her wish to flee to the relative safety of her father—only this time the stranger was Freud and not Herr K. And just as Ida fulfilled the first wish by fleeing from Herr K., so she now fled from Freud.

This experience, reinforced by similar if less dramatic exchanges with other patients, convinced Freud that therapy sessions were inevitably complicated by what he called transference feelings. In the process of transference, patients would transfer onto him, as the therapist, attributes of the important people from their past lives who were involved in their neurotic symptoms. Regardless of what Freud was actually like as a person, his patients often reacted to him as if he were like their mothers, fathers, or other emotion-charged figures, such as Herr K. All too easily, as with Ida, transference feelings could become part of the resistance and hinder therapeutic progress. In short, Freud learned that for therapy to proceed optimally, he and his patients would have to pay just as much attention to the transference occurring between themselves as to the symptoms.
Individual symptoms now seemed less important to Freud. He saw them as relatively superficial manifestations of underlying emotional conflicts, each one capable of expressing itself in many ways, including dreams, symptoms, character traits—and also in the transference. Symptoms were not independent entities, and the disappearance of a single one signified little because the conflict that had caused it might recur in another, equally harmful substitute. Any enduring cure therefore required the uncovering and analysis of the entire complex network of underlying conflicts—a process likely to take months or even years to finish.

To judge when an analysis approached successful completion, Freud now attended more to the transference relationship than to the symptoms. Both symptoms and transference reflected the same disturbances, but the transference lay closer at hand for constant scrutiny. When Freud could sense a patient was beginning to respond to him more as he really was and less as if he were a shadowy figure from the past, he judged that the long psychoanalytic process was coming to an end.

Ultimately, Freud did not provide the quick and specific cures for hysteria symptoms he had originally hoped for. Instead, he provided psychoanalysis—a long and often difficult process of self-examination that offered symptom relief almost as an incidental consequence of increased insight into one’s unconscious mental life.

**LATER PSYCHOANALYTIC THEORY**

Until he was nearly 50, Freud practiced and theorized primarily on his own, and his writings were directed toward a broad educated readership. For many scholars today, these remain his most fundamental and important works, laying the basis for such concepts as unconscious motivation, the inevitability of intrapsychic conflict, and the importance of such primary-process mechanisms as overdetermination, displacement, condensation, and concrete representation as means of dealing with that conflict.

Beginning in about 1905, his work began to attract the admiration of a small but growing number of other physicians and intellectuals. Gradually psychoanalysis was transformed from being the creation of a single person into a movement. While it continued to be dominated by Freud, it also involved many disciples, collaborators, and eventually dissidents. From this point on, many of his writings would become more technical and aimed at a more specialized audience. Although less fundamental than his earlier work, several attracted considerable attention and/or controversy.
Metapsychology and the Defense Mechanisms

From the beginning of his career, Freud occasionally tried to place his clinical discoveries within a broader theoretical context, by focusing on the general features of the human mind that enabled it to produce the symptoms, dreams, and transferences he observed in his patients and himself. He referred to his theoretical models of the mind (or psyche, as he sometimes called it), as his metapsychology. His earliest metapsychological theorizing occurred in the 1890s when he proposed neurological structures and mechanisms capable of producing the dreams and symptoms of hysteria he saw in his psychotherapy practice. He sketched his ideas in 1895 in a long draft manuscript never intended for publication; it was found by his editors after his death and published as Project for a Scientific Psychology.12

This incomplete and sometimes obscure manuscript has proven extraordinarily interesting to Freud scholars. It played an important role in the development of his ideas about dreams and primary-process thinking, but was limited by the rudimentary state of knowledge about the nervous system at that time. Believing the nervous system was too poorly understood to enable him to specify detailed mechanisms for all the psychological phenomena that interested him, Freud decided to avoid neurological technicalities by expressing his metapsychology in completely psychological terms. Keeping his concepts consistent with but not dependent upon current scientific knowledge, he hoped future neurological discoveries by others would suggest precise mechanisms to explain his ideas. As he wrote in 1900:

I shall entirely disregard the fact that the mental apparatus with which we are . . . concerned is also known to us in the form of an anatomical preparation, and I shall carefully avoid the temptation to determine psychical locality in any anatomical fashion. I shall remain upon psychological ground.13

Freud’s most famous descriptions of “psychical localities” appeared in a short 1923 work entitled The Ego and the Id.14 Here he argued that the psyche is constantly influenced by three different kinds of demands that inevitably conflict with one another. First are the instincts: biologically based urges arising from within the body, for nourishment, warmth, sexual gratification, and so on. A second kind of demand is imposed by external reality; in order to survive, a person must learn to manipulate the environment to avoid physical dangers and obtain proper resources for satisfying the instincts. From his
earliest metapsychological writings onward, Freud had emphasized situations in which reality-based demands conflicted with instinctual urges, whose satisfactions had to be delayed, modified, or abandoned because of the constraints of the real world.

Third, Freud recognized that moral demands influence the mind independently of the instincts and external reality. Sometimes people refrain from satisfying their impulses because they think it would be wrong, even if there is nothing in the physical environment to prevent them from doing so. They might ignore the dangers of external reality and risk their lives in the service of a moral ideal. Because moral demands could motivate people in directions contrary to both the instincts and the demands of external reality, Freud believed a complete model of the human psyche would have to make an important and separate place for them.

Freud’s 1923 model proposed three separate systems representing the three kinds of psychic demands. He postulated the id as the origin and container of unconscious, powerful impulses and energies from the instincts. Then he hypothesized a “perception-consciousness system,” abbreviated as pcpt.-cs., that conveys information about external reality to the psyche. This system not only produces immediate consciousness of whatever is being perceived, it also leaves behind memories that remain open to future consciousness in a region of the psyche Freud described as “preconscious.” Moral demands, arising independently of instincts and external reality alike, presumably originated from a separate part within the psyche that Freud called the superego.

The id, the pcpt.-cs. (external-perception system), and the superego all introduce differing and conflicting demands into the psyche, which must sort them out and achieve some sort of compromise. Specific responses must be devised and executed that will permit some degree of instinctual satisfaction but that will not endanger the individual from the real world or violate the dictates of conscience. Freud’s term for the part of the psyche that governed these compromises was the ego.*

While recognizing that graphical representations of abstract concepts may not appeal to everyone, Freud drew a simple sketch of his psychic structures (Figure 11.4). The id lies open to the instincts from the body at the bottom of the diagram, while the pcpt.-cs. is perched like an eye on the top, oriented to the external world. The

---

*In his original German publication, Freud used the common words Es (“it”), Ich ("I"), and Uber-Ich ("over-I"), which his English translators for some reason converted into the Latin terms id, ego, and superego. Some have argued that the Latinizations make Freud’s writings appear unfortunately more technical and abstract in English than they are in the original German.
superego is contained within the psyche to one side. Squarely in the middle, where it functions as mediator of all the conflicting demands, is the ego.

Consistent with its central location in Freud’s diagram, the ego attracted much theoretical attention during the latter part of his career. He came to see virtually everything a person does as the result of some sort of compromise among conflicting demands, and therefore a product of the ego. Some of the ego’s compromises favor one kind of demand over others, and some are more beneficial than others. Hysteria symptoms represent relatively harmful compromises, in which considerations of external reality are ignored and the wishful pressures of the id are confronted mainly by the superego; thus, the id impulses receive disguised rather than overt expression. Dreams are similar, although not as harmful because they occur in a sleeping state in which the consequences of ignoring reality are not as severe. These dramatic kinds of compromises, of course, had been the starting points for Freud’s analysis of intrapsychic conflict.

Increasingly, however, the older Freud saw everyday life as dominated by other, less dramatic ego compromises he called defense mechanisms. Collaborating in this theorizing was his youngest daughter Anna Freud (1895–1982; Figure 11.5). The only one of his several children to follow in his footsteps, Anna became a pioneer in the psychoanalysis of children. Her book The Ego and the Mechanisms of Defense provided the definitive descriptions of the major defense mechanisms.

One of these was displacement (the same term Freud used for an aspect of dream work). As a defense mechanism, displacement is the redirection of an impulse toward a substitute target that resembles the original in some way but is psychologically safer. A woman who suffers the taunts of her boss in silence might displace her anger by yelling at her husband and children when she gets home, for example. Repressed Oedipal impulses from childhood are presumably displaced when people fall in love with partners who resemble their opposite-sex parents in some significant way—a very common occurrence, according to the Freuds.

The defense mechanism of projection occurs when one does not directly acknowledge one’s own unacceptable impulses, but attributes them to someone else.
instead. If you become angry at someone but have a superego that interprets the feeling as morally wrong, you may project your anger onto that person and see him or her as being angry and hostile toward you instead. You might then act aggressively toward your target but believe your action is self-defense or retaliation rather than unprovoked hostility. In **intellectualization**, an emotion-charged subject is directly approached, but in a strictly intellectual manner that avoids emotional involvement. An adolescent beset by sexual urges might read technical literature on sexuality, for example, while avoiding any direct sexual entanglements. Academics and professors may demonstrate intellectualization when they become technical experts in subjects associated with their personal emotional conflicts. A somewhat related defense mechanism is **rationalization**, in which people act because of one motive but explain the behavior (to themselves as well as to others) on the basis of another, more acceptable one. For instance, a father may get a certain amount of anger relief from spanking his child but argue and believe afterward that, according to some expert, it had all been “for the child’s own good.”

The defense mechanism of **identification**, the unconscious adoption of the characteristics of some other emotionally important person, acquired considerable theoretical importance in Freud’s later writings. He suggested that in the process of mourning, for example, a bereaved person may unconsciously keep a lost loved one alive by “internalizing” and taking on his or her characteristic behaviors and attitudes. More consequentially, Freud argued that identification can be a way of dealing with someone who is feared—a process he believed to be central in the creation of a child’s superego.

Born without an innate sense of conscience, children learn from experience that certain acts and impulses will cause parental disapproval and might lead to punishment. As previously noted, Freud believed that in early childhood a sequence of broadly sexual experiences and feelings unfolds, including Oedipal feelings toward the parents that are unacceptable from an adult perspective. He also believed such impulses and feelings become particularly intense at age 5 or 6, along with an acute recognition that all-powerful parents strongly disapprove of them. The seething cauldron of childish sexuality becomes a source of intense anxiety, to which the children presumably respond by unconsciously identifying with the parents, internalizing their moral rules and prohibitions.
internalization, the moral demands for restraint come from within, and the new part of the psyche that contains the internalized parents is the superego.

**Male and Female Superegos**

Further considerations about the superego led to one of the most controversial and bizarrely fanciful episodes of Freud’s career (which occurred during a particularly difficult time in his personal life). Freud became convinced, on the basis of some fragmentary free associations from his patients, that there is an important difference between men’s and women’s typical superegos.

He came to believe that during the Oedipal period that immediately precedes superego formation, little boys and girls become acutely aware of the major obvious anatomical difference between them: the presence or absence of a penis. This observation gives rise, he argued, to a *castration complex* which takes different forms for boys and girls. For boys, the predominant response is supposedly enhanced *anxiety*: now knowing that there are people without penises, they irrationally but intensely fear that their fathers might castrate them too if they openly revealed their Oedipal wishes. Girls, who by contrast have already been “castrated,” presumably respond not with anxiety but with envy, an unconscious wish to be like a boy and have a penis. A major consequence of this difference, Freud concluded, is that boys have a greater burden of Oedipal anxiety and therefore need a stronger and more severe internalization of parental restraint to deal with it. In other words, boys develop stronger superegos than girls.

When Freud described his concept of the castration complex in a short 1925 paper, he candidly admitted that it was based on just “a handful of cases” and excused its early publication because he believed “the time before me is limited.” But he went on to state, quite provocatively:

I cannot evade the notion (though I hesitate to give it expression) that for women the level of what is ethically normal is different from what it is in men. Their superego is never so inexorable, so impersonal, so independent of its emotional origins as we require it to be in men. Character traits which critics of every epoch have brought up against women—that they show less sense of justice than men, that they are less ready to submit to the great exigencies of life, that they are more often influenced in their judgements by feelings of affection or hostility—all these would amply be accounted for by the modification in the formation of their superego which we have inferred. . . . We must not allow ourselves to be deflected from such conclusions by the denials of the feminists, who are anxious to force us to regard the two sexes as completely equal in position and worth.
Predictably, Freud’s outspoken statement caused a great deal of controversy both within and outside the psychoanalytic movement. There was surprise, too, because throughout his career Freud had been unusually (for his time) open to the participation of women in the psychoanalytic community he created. Both before and after his inflammatory article, he corresponded with and referred important patients to several female analysts, and he took particular pride in the professional development of his daughter Anna into a leadership role in the psychoanalytic movement. The noted feminist scholar Juliet Mitchell, while highly critical of the male-dominated society of which Freud was both a part and a product, also observed that “Psychoanalysis must be one of the very few scientific professions that, from its inception, exercised no discrimination against women.”

Despite the absence of institutional discrimination against her, the prominent German psychoanalyst Karen Horney (1885–1952; Figure 11.6) became an outspoken critic of Freud’s new theory of the castration complex. One of the first women to have earned a medical degree in Germany, she joined the psychoanalytic movement in 1920 and soon became respected as one of its most gifted practitioners and writers. Freud himself had cited her “valuable and comprehensive studies” in his controversial 1925 paper. Brushing aside the compliment, Horney argued that Freud’s conception of female sexuality was excessively biased by his male point of view and misrepresented the actual physiological and psychological experience of being female. In a comprehensive and theoretically sophisticated rebuttal to Freud, she stated that the penis takes on particular symbolic importance only in societies dominated by male privilege and power, and argued that boys and men should rightfully envy women, because they miss out on the creative joy and “blissful consciousness” of pregnancy and childbirth.

A few years later the American psychoanalyst Clara Thompson (1893–1958) built on Horney’s work and further disputed Freud’s position that female inferiority was rooted in women’s lack of a penis and an underdeveloped superego. She argued instead for a culturally and historically based analysis of women’s experiences, especially as they were affected by views about male superiority. Thompson emphasized that the socially conditioned negative attitudes toward women’s sexuality and sexual organs, rather than some innate inadequacy of the organs themselves, led to women’s feelings of inferiority. She also pointed out that
Freud’s theories about the psychology of women were artificially influenced by the particular cultural and historical position of the female patients he happened to treat.21

During his final years, Freud wrote speculatively and often pessimistically about a number of broadly philosophical issues, and in a somber 1930 work entitled *Civilization and Its Discontents*, he returned to reflections on the superego.22 Haunted by memories of the catastrophe of World War I and now disturbed by the growing popularity of Hitler in Germany, Freud had speculated that humans are often driven by an aggressive “death instinct” that he called Thanatos, which vies for control with the life-giving sexual instinct he now called Eros. He further theorized that a major vehicle for the expression of the death instinct’s aggressive energy was the superego—sometimes by producing self-destructive feelings of excessive guilt, and other times by displacing the aggressive impulses outward. In the name of moral values such as patriotism, religion, and justice, all sorts of acts of murder and carnage could be committed and approved by the superego. With the rise of the technologies of war, even before the atomic bomb, Freud feared that these tendencies threatened the very survival of the human species. In this new context, the hypothetically weak feminine superego—“never so inexorable, so impersonal, so independent of its emotional origins as we require it to be in men” (as quoted earlier)—does not come across as so inferior. Freud himself, however, never explicitly emphasized this rather obvious point.

As Freud’s fears came true and Hitler’s rise made Vienna increasingly dangerous for Jews throughout the 1930s, he and his immediate family finally fled to London in June 1938. His four elderly sisters were denied exit visas and stayed behind, later to perish in the Nazi gas chambers. Perhaps fortunately, Freud himself never learned of this, for he succumbed to cancer on September 23, 1939, as Europe lay on the brink of World War II.

**DISCIPLES AND DISSIDENTS**

By 1905, Freud’s works had begun to attract the attention of a growing group of admirers. The first of these came from his native Vienna, and they began meeting regularly at his home for psychoanalytic discussions, calling themselves the Wednesday Psychological Society. Prominent early members included the physician Alfred Adler and the young student Otto Rank, who had greatly impressed Freud with an essay on the psychology of the artist. The group quickly outgrew its local roots, and in 1906 it was visited by the Swiss psychiatrist Carl Jung, followed shortly afterwards by the Berlin-based Karl Abraham and the Welsh neurologist Ernest Jones, among many others. By 1910 the members had begun participating in formal meetings in different
European cities, and they changed the group’s name to the International Psychoanalytic Association (IPA).

All these figures became prominent during subsequent decades—some as faithful disciples of Freud himself, others as dissidents who established their own competing schools of psychological theory. Among the former, Rank became a close personal friend to Freud and extended the theoretical emphasis on childhood back to the birth experience, which he believed could leave lasting unconscious psychological effects. Abraham elaborated significantly on the effects of childhood sexual experience on character development, and Jones became a close family confidant and, eventually, Freud’s first serious biographer. From 1912 to 1924, these three joined with four other disciples to create a secret and protective inner circle around Freud—a development precipitated by the angry defections of Adler and Jung.

In the years following Freud’s death several younger therapists—while still considering themselves Freudian—proposed modifications to psychoanalysis. Anna, who had accompanied her father to London, extended psychoanalytic therapy to the treatment of young children, while maintaining Freud’s emphasis on the centrality of the Oedipus complex in their development. Also in London was Hungarian-born Melanie Klein (1882–1960), a protégé of Abraham and Jones who also specialized in child analysis. Gradually she came to believe that Anna Freud overemphasized the Oedipal period and that by far the most crucial formative relationship was the very first one, between the infant and mother. With its greater emphasis on the child’s relationship to its first “love object,” Klein’s theory generated an offshoot movement that became known as the object relations school of psychoanalysis.

Another approach to child psychoanalysis was developed by Erik Erikson (1902–1994), the son of Danish parents but raised in Germany, who studied with Anna Freud in Vienna before emigrating to the United States. Although he accepted the orthodox Freudian theory of childhood sexuality, he postulated a complementary series of psychosocial stages to parallel the psychosexual events Freud proposed. Erikson extended the developmental analysis by postulating the “identity crisis” as characteristic of adolescence, and writing about early adulthood and even later stages of the life cycle.

The previously mentioned Horney emigrated to the United States in 1930, where she continued to promote feminist issues while downplaying the importance of sexual factors and emphasizing social adaptation. As we shall see in Chapter 12, she became an important influence on the future humanistic psychologist Abraham Maslow. Horney, by coincidence, was joined in New York by Adler, another Jewish emigré who also influenced Maslow, but whose break from
Freud had been much earlier and more dramatic than hers. Adler had been Freud's most prominent early supporter, and also the first to publicly break from him. Adler, closely followed by Jung, became the most famous of the Freudian dissidents.

**Adler and Individual Psychology**

**Alfred Adler** (1870–1937; **Figure 11.7**), like Freud, grew up in a large, lower middle-class Jewish family in Vienna. The two boys’ circumstances were quite different, however. As the oldest child in his immediate family, and also intellectually precocious, young Freud was treated as a shining star and given special privileges by his parents. Adler, by contrast, was a second son with an active and popular older brother (named Sigmund, coincidentally). Crippled by a severe case of early childhood rickets (a softening of the bones now known to be caused by vitamin D deficiency), young Alfred at first could not possibly keep up. He developed a keen determination to overcome his handicap, however, and after much hard work and a presumably healthier diet, he succeeded. He became strong and popular in his own right—and highly competitive in his relationship with his brother.

Like Freud before him, Adler earned a medical degree from the University of Vienna. He began his career as an eye doctor before switching to general practice in a poor section of Vienna. In both of those capacities he encountered patients with a wide variety of organic disabilities, and provided counselling on how to deal with them. In the early 1900s Adler read *The Interpretation of Dreams*; when Freud somehow learned of the young doctor's interest, he invited him to join his new Wednesday Psychological Society. Adler immediately became the group’s most active participant and, after Freud, its leader. Gradually, however, tensions arose, partly because of theoretical disagreements based on their differing medical backgrounds, and also due to personality differences.

Both men believed that a “complex”—a constellation of highly charged and conflict-laden issues dating from childhood—plays a central role in both normal and abnormal psychological development. Freud naturally emphasized the Oedipus complex, with its tangled network of “perverse” sexual attitudes and impulses, directed mainly toward the parents. Adler, however, was more impressed by the omnipresence of *inferiority feelings* during childhood. In his own case, these feelings had focused intensely on his frail physical condition,
relative to the strength and vigor of his older brother. But all human children, he recognized, come into the world in a state of extreme general inferiority, incapable of fending for themselves and completely dependent on others for survival. Adler believed the deepest source of human motivation lies in the attempt to overcome this inferiority and to become independent masters of our environment.

While Adler believed the general feeling of inferiority is universal, he also argued that every child will experience a unique inferiority complex: an individual's most basic pattern of inferiority feelings and attitudes, determined by a combination of innate and environmental factors from childhood. Some complexes, like Adler's own, are built upon early physical defects or disadvantages that a child is strongly motivated to overcome. Adler was fond of citing historical cases like the ancient Greek politician Demosthenes, who was born with a severe speech impediment which he overcame so well that he became the most famous orator of his time. Although such physical inferiorities are obviously important, their role in a particular complex is modified by the child's environment; in Adler's case, the constant presence of his older and stronger brother brought his own physical weakness into sharper relief. Adler also emphasized the importance of the child's subjective assessment of personal inferiority. A gifted child who is raised in an extremely demanding environment, for example, may develop a much sharper sense of intellectual inferiority than an average child from whom much less is expected.

By 1911 Adler's divergences from Freud became serious enough that he formally broke from the psychoanalytical group and created his own school of theory and therapy. Although the concept of inferiority would be its dominant theme, Adler's conviction that everyone experiences and reacts to inferiority in his or her unique way led him to name his system individual psychology.

Adler and his followers continued to probe memories from early life for the sources of symptoms and conflicts, and to investigate dreams and fantasies to bring to light unconscious or deeply suppressed memories and ideas, similar to Freud's approach. Unlike Freud, however, Adler did away with the analytic couch and seated his patients in a chair directly facing him, symbolically treating them as equals, thereby minimizing any sense of the inherent inferiority relative to the therapist. The therapeutic conversations in Adlerian therapy had quite a different focus from Freud's. Whereas Freud probed the deeply personal and private roots of the patients' problems, Adler focused on their social contexts. For Freud, the social conscience or superego was not an innate psychic feature, but something acquired following an emotionally fraught repression of Oedipal and sexual wishes. Adler saw humans as innately social, with an inborn motive or capacity
he called **social interest**: a desire to relate harmoniously and constructively with fellow humans.

Consistent with his emphasis on socialization, Adler focused more attention than Freud on the full dynamics within a child’s family, and on the **birth order effect**. Without claiming universality, Adler theorized that different types of inferiority feelings, and compensations for them, are typical for children according to their birth order. Oldest children, for example, spend their earliest years as only children who bask in the undivided attention of their parents, whose approval assumes great importance. But when a younger sibling arrives, they are supplanted as the prime object of attention, and as a result their inferiority complexes will often entail feelings of vulnerability, of never being completely exempt from displacement by an unforeseen rival. Only children never get supplanted, but grow up without other children in their immediate environment and have to cope with often being alone. Second or middle children have older and more competent siblings to contend with, and so, like Adler himself, may develop compensatory competitive strivings. Youngest children in large families face the burden of being last in a large group, but this may be moderated if they are pampered or treated as special. None of these outcomes is automatic, and individual variations are inevitable. But Adler believed a child’s role in his or her family constellation was bound to be important in **some** way, and it was invariably discussed in Adler’s therapy sessions.

Another feature of Adlerian therapy developed after he read a book by the German writer Hans Vaihinger entitled (in translation) *The Philosophy of “As If,”* which argued that many behavioral patterns are based on assumptions that are actually false but are accepted as if they are true. Adler detected something similar in many of his patients: they ran their lives according to what he called **guiding fictions**—partially or completely incorrect ideas about the self, often dating from childhood, that are believed to be true and may consciously or unconsciously influence behavior. Sometimes their effects may be positive, as when the fiction that “I can do anything I want as long as I put my mind to it” inspires someone to complete a difficult task. But sometimes they can be negative, as when the childhood idea that “I am physically weaker than my older brother and will never be able to keep up with him” leads to either helpless depression or exaggerated and harmful competitiveness.

Much of Adlerian therapy attempted to uncover not the dark and deeply repressed memories and impulses said to inhabit the Freudian unconscious, but rather fictions and misconceptions about the self. Rightly or wrongly, these kinds of ideas were regarded by Freud as less deeply repressed than his own
theory’s pathogenic ideas. Freud acknowledged that Adler’s techniques were all right as far as they went, but added that ultimately they were superficial, scratching only the surface of the psyche. Adler was content to remain relatively close to the surface, and numbered among his successful cases several patients who had previously undergone full psychoanalysis but still remained unhappy and uncured.

In 1932 Adler emigrated to New York, where he attracted a strong following among younger psychologists. Although never as universally famous as Freud, his basic therapeutic and theoretical ideas have been continuously maintained and developed in the *Journal of Individual Psychology*, and by the North American Society of Adlerian Psychology, which has several local affiliates.

**Jung and Analytical Psychology**

Freud’s second great disciple-turned-dissenter, Carl Jung (1875-1961; Figure 11.8), grew up in the northern German-speaking region of Switzerland, the son of a poor pastor in the Swiss Reformed Church and a mentally unstable mother. His mother, Jung recalled, could seem relatively normal during the day but was haunted by visions at night, and had to be hospitalized for several months during his boyhood. Young Carl seemed to have inherited or acquired some of his father’s scholarly and philosophical attitudes and his mother’s more mystical and sometimes destabilizing tendencies. At one point he had a fantasy of being two people: a schoolboy of his own time and a dignified gentleman from the past. For a time he experienced fainting fits resembling epilepsy. Throughout his life, he was fascinated with his own inner experiences. His autobiography, written late in life, dealt less with documented facts and more with recollections of his fantasies, dreams, and highly subjective reactions to events from childhood onwards. The book was appropriately entitled *Memories, Dreams, and Reflections*.24

Jung overcame his early emotional difficulties sufficiently to become an outstanding student, and at age 20 he began medical training at the University of Basel. There his attention was captured by a textbook on the newly named field of psychiatry, and in 1900 he went to work at the large Burghölzi Hospital in Zurich with the most famous psychiatrist of his time, Eugen Bleuler. Bleuler had recently coined the diagnostic term *schizophrenia* for severe mental disturbances marked by delusions, hallucinations, and other breaks with objective reality.
Under Bleuler Jung gathered considerable experience with schizophrenic and other severely disturbed patients, becoming fascinated by their often strange trains of association.

Bleuler had been impressed by Freud’s *Interpretation of Dreams* and recommended it to Jung. An intrigued Jung combined the ideas of Freud’s free association with Galton’s earlier invention of the word-association technique (see Chapter 7) and developed a more formal version. Jung’s **word-association test** consisted of a list of words presented to subjects with instructions to respond to each “as quickly as possible [with] the first word that occurs to your mind.” The examiner would record each response verbatim, as well as the amount of time the subject took before producing it, and note any signs of anxiety or confusion. As a more formally standardized approach to obtaining the data of Freudian free association, the test provided clues to the nature of possible psychic “complexes,” as Jung referred to them.

In 1906 Jung sent Freud a complimentary letter along with a copy of his word-association test, and the next year accepted an invitation to visit Freud at his home in Vienna. Jung completely charmed both Freud and his family. Freud quickly concluded that this young and charismatic figure should become his successor; not only was he clinically gifted, but as a non-Jew from Switzerland his prominence in the movement would ensure that psychoanalysis was not dismissed only as a special creation of Viennese Jewish culture. The two corresponded with each other regularly and in 1909, after Freud was invited to visit America, he persuaded his host G. Stanley Hall to invite Jung as a fellow participant.

In the following few years Jung increasingly chafed under Freud’s affectionate but sometimes overbearing attitude and demand for total loyalty. More importantly, Jung was starting to believe that although Freud’s theory was correct for some cases, it told only part of the full story. He agreed that there is a “personal unconscious” with major sexual content, but came to feel it could contain other kinds of wishes and conflicts as well. Freud used the term *libido* to denote the specifically sexual energy that activates the unconscious; Jung used the term to represent psychic energy *in general*, with sexuality being just one variety of it. Tensions came to a head in late 1912, leading Jung to follow Adler’s example and formally break from the psychoanalytic group and create his own movement called **analytical psychology**.

Underlying Jung’s break was a fundamental philosophical difference from Freud. From his own dreams and those of his patients, and from other sources such as mythology, the artwork of children, and decorative art from various cultures, Jung concluded that there are certain **archetypes**—universal images,
themes, and ideas—that originate not out of personal experience but rather from an innate collective unconscious. In some ways resembling Plato’s ideal forms and Descartes’s innate ideas, Jung’s archetypes included the basic inspirations for dreams or myths concerning the mother, the father, the “trickster,” or cultural memories of a great flood.

Many of Jung’s presumed archetypes were visual, and one that he particularly emphasized was the image of a mandala (Sanskrit for “circle”), a spiritual and ritual symbol representing the universe. Examples of mandalas ranged from a simple radiating sun in children’s drawings, to highly elaborate rose windows in cathedrals or the beautiful circular designs found in Buddhist art. In addition to symbolizing the totality of the universe, for Jung the mandala represented the potential unity and wholeness of the human psyche. The ideal psychological condition, he believed, was one of balance among many tendencies, some of them diametrically opposed, and the mandala symbolized this sense of harmony.

The notion of balance remained a constant theme throughout Jung’s theorizing. He famously proposed a personality dimension he called extroversion-introversion, denoting a person’s relative orientation toward the outer world or the inner world. In current popular usage, these terms have assumed a primarily social connotation. Extroverts tend to be gregarious, talkative, and most comfortable in groups; introverts prefer reflective solitary activities, such as reading and writing, and often feel shy in large groups. For Jung, the terms signified a more general tendency to be temperamentally oriented either externally toward the objective, outside world, or internally toward one’s own deeply subjective experiences. Significantly, he saw this as a major differentiator between Freud and himself.

Freud, Jung believed, saw the inner world as essentially a seething mass of largely unconscious and sexual impulses (the id) striving for satisfactions in the external world, and in the service of that goal the psyche’s “eye” (the pcpt.-cs. on top in Figure 11.4) is firmly pointed toward the external world. Jung, by contrast, saw the unconscious with its inherited collective features as much larger than Freud did, with its archetypes containing germs of potential insight and wisdom. As Jung summarized in his autobiography:

[Freud] was blind to the paradox and ambiguity of the contents of the unconscious, and did not know that everything which arises out of the unconscious has a top and a bottom, an inside and an outside. When we speak of the outside—and that is what Freud did—we are considering only half of the whole.
For Jung, the ideal psychic condition was to achieve a balance between extroversion and introversion, or an ability to alternate voluntarily between the two.

As Jung went on to elaborate his own model of the psyche, shown in Figure 11.9, the notion of balance was further emphasized. The top half, oriented toward the outer world, closely approximates the totality of Freud’s version (see Figure 11.4). Jung’s top half is dominated by an ego that attempts to resolve the conflicting demands arising from external reality and those from the body and the personal unconscious. It creates the compromises and defenses that result in one’s overt and public behavior. Jung used the term *persona* (Greek for “mask”) to denote the public face or appearance that one presents to the external world.

The bottom half of Jung’s model, oriented toward that inner world to which the extroverted Freud was presumably blind, was essentially a mirror image of the top. Drawing on the collective as well as the personal unconscious, it is dominated by the *shadow*, a structure that is essentially the inverse of the ego, containing representations of all of the conflict-reducing decisions not made by the ego. Deepest within the shadow lies the opposite of the public persona one presents to the world. Perhaps reflecting the gender-role stereotypes of his time, Jung referred to this as either the *animus* (signifying the repressed masculine characteristics of someone with a feminine persona) or the *anima* (the reverse for someone with a masculine persona).

Central in Jung’s model was something he called the *Self*, representing a person’s subjective awareness and appreciation of the coexistence of his or her ego and shadow. Jung thought that during childhood, while the ego and persona are developing into their early adult forms, the Self remains relatively small. As a person ages, however, Jung thought it desirable for the Self to expand, at least to acknowledge, and at best to partially express, those qualities that had been relegated to the shadow. Freud, for all of his courage and skill in probing the personal unconscious, was for Jung an extreme extrovert who never achieved this desirable state: “He remained the victim of the one aspect [of his personality] he could recognize, and for that reason I see him as a tragic figure.”

These concepts represent a high level of abstraction. In concrete Jungian analysis, the traditional techniques of free association to dreams and fantasies
would be applied, but with a focus on extracting meaning not so much from repressed sexual experience as from the more philosophical and “spiritual” issues emphasized by Jung. The main goal was helping the patient achieve balance in his or her psychic life.

Although Jungian psychology never achieved the same level of fame and popularity as psychoanalysis, it attracted considerable favorable attention from people with strong interests in cultural history and the arts. Among Jung’s wealthy clients were Paul Mellon of the famous banking family and his wife Mary Conover Mellon, who in 1945 established the Bollingen Foundation, named after Jung’s country home in Bollingen, Switzerland. The Foundation supported the publication of a uniform edition of Jung’s own collected works, plus more than 200 other volumes on broadly Jungian topics, including the history of art and mythology, and symbolism in the arts.

In 2009 Jung scholarship was enhanced with the publication of an annotated facsimile edition of his *Red Book*, a large red leatherbound notebook in which Jung privately recorded his most intimate thoughts and reflections, illustrated with many hand-drawn mandalas and other images, over a period of fifteen years. Although much less accessible to a general reader than his *Memories, Dreams, and Reflections*, this volume reveals the personal origins of many of his ideas, as well as the highly introverted and introspective side to his own personality.

In the universities, several early twentieth-century psychologists acknowledged Jung’s word-association procedure as an early example of an objective psychological test, and more significantly, his concept of extroversion-introversion was eagerly adopted by pioneering researchers in the new field of personality psychology (see Chapter 12). In the early 1920s, Jung expanded this concept in his theory of *psychological types*, in which he proposed two additional dimensions defining a person’s preferred mode of *perception* and mode of *judgement*. In perception, he argued, a person’s conscious experiences arise primarily through *sensations* from the external world or from *intuitions* arising from within. Judgments about those perceptions then occur along a dimension ranging from a coldly rational *thinking* process to a highly emotionalized *feeling* about them. Although few people lie at the far extremes of any of these dimensions, Jung believed that most would show general preferences for one or the other. Therefore, any person could be classified as one of eight possible types: introverted or extroverted in basic attitude, senser or intuiter in perception, and thinker or feeler in judgment. In the 1940s a slightly modified version of these dimensions became the basis for a highly successful personality test, the *Myers-Briggs Type Indicator*, developed by the mother and daughter team of Catherine Cook Briggs and Isabel Briggs Myers.
FREUD AND ACADEMIC PSYCHOLOGY

Like Jung, Adler, and most of the other pioneers in this chapter, Freud was primarily a clinician, and although his work involved psychological issues, his direct contact with academic psychologists was limited. As noted, he studied briefly with Brentano while a young university student, and his early writings made occasional and usually fleeting reference to the work of Fechner and Wundt. But his primary emphasis was clinical, and his German-language works attracted little attention from academic psychologists until 1906. That year a few Boston psychiatrists published a short article on new approaches to the treatment of hysteria, concluding with “Remarks on Freud’s Method of Treatment by ‘Psycho-Analysis.” This appeared in the very first issue of the new Journal of Abnormal Psychology, created by Prince and Allport, and directed at psychologists interested in psychopathology (see Chapter 10).

Among the psychologists who read the article was the formidable G. Stanley Hall, President of Clark University and director of America’s largest graduate program in psychology. As described in Chapter 8, Hall had also popularized the word adolescence. Newly alerted to Freud’s growing significance, Hall noted that the psychoanalyst’s recently published Three Essays on the Theory of Sexuality suggested the two shared common interests in children’s development and sexuality. Seeing Freud as a potentially important ally, Hall invited him to participate as a speaker at Clark University’s twentieth-anniversary celebration, joining a group that included several distinguished experimental psychologists. Freud agreed, and also convinced Hall to invite his then-protégé Jung to accompany him and be the youngest speaker.

At that event in the autumn of 1909, Freud delivered five informal lectures in German, telling the chronological story of how he had arrived at the main points of his theory and technique. Although Freud was not the only distinguished speaker, Hall made sure his lectures received wide coverage in the popular press. More importantly, Hall persuaded Freud to reproduce his lectures in writing, which he promptly had translated into English and published in the American Journal of Psychology under the title “The Origin and Development of Psychoanalysis.” These articles vividly and clearly presented Freud to the English-speaking world, and they remain excellent introductions to his thought. The success of this publication opened the gates for English translations of Freud’s longer works, with The Interpretation of Dreams appearing in 1913, followed by translations of most of his major works, many appearing almost immediately after their publication in German.

The Clark conference marked Freud’s only venture to the United States, and his only personal interaction with the country’s academic psychologists. The
famous photograph in Figure 11.10 shows all the conference participants. Hall is the tall figure in the center of the front row, with Freud to his right and Jung next to Freud. E. B. Titchener is second left in the front row, with William James to the right of him.

Hall’s positive reaction to Freud was not shared by most of the other psychologists. Freud’s method of free association ran directly counter to Titchener’s rules for scientific and objective introspection (see Chapter 5). Titchener insisted that introspectors must be rigorously trained to strip subjective meanings from their analyses and to reduce consciousness to its most elemental sensations; free association aimed to discover the subjective meaning of apparently meaningless dreams and fantasies. Therefore, when Freud first met Titchener at the conference’s opening reception he remarked, “Oh, you are the opponent!”—to which Titchener replied that he was less an opponent than someone who could “translate” Freud’s theories “into modern psychological terms.” Freud responded that if Titchener would only spend some time with him, he would see that all modern psychology needed to be “revolutionized” along psychoanalytic lines.
Titchener reportedly thought but refrained from saying aloud: “Revolutionised, ye gods! That means, set back just about two generations.”

A frail William James, ailing with a serious heart condition, visited Clark for just one day “to see what Freud was like.” The two had a polite private conversation, in which James impressed Freud with his fortitude in the face of severe illness but which left James unconvinced. He remarked privately that Freud seemed to be a “regular halluciné” and “a man obsessed with fixed ideas.” He admired Freud’s sincerity, however, and hoped the psychoanalysts “would push their ideas to their utmost limits.”

As Freud’s translated works became increasingly prominent in the popular media, however, other mainstream American psychologists showed less restraint and began publicly treating psychoanalysis with contempt. Knight Dunlap, who was John B. Watson’s senior colleague at Johns Hopkins, described psychoanalysis as waging “an assault on the very life of the biological sciences,” an attempt to “creep in wearing the uniform of science, and to strangle it from the inside.”

As noted in Chapter 9, Watson himself took a sarcastic swipe at Freud in the case report of Little Albert by portraying a fictional psychoanalyst twenty years later investigating Albert’s continuing fear of furry objects and “teas[ing] from him a dream which upon their analysis will show that Albert at three years of age attempted to play with the pubic hair of the mother and was scolded violently for it.” The powerful James McKeen Cattell publicly described Freud at a 1923 psychology convention as someone “who lives in the fairyland of dreams among the ogres of perverted sex.” Consistent with these attitudes, most conventional psychology textbooks throughout the 1920s paid little or no attention to psychoanalysis.

These objections ran against the tide of popular culture, however, as the potential relevance of psychoanalysis to everyday issues made Freud’s name a household word in America. By the early 1920s he had been featured on the cover of *Time* magazine, and the lyrics of a popular song declaimed, “Don’t tell me what you dream’d last night, For I’ve been reading Freud!” As Freud’s popularity grew, the words *psychology* and *psychoanalysis* became increasingly confused with each other in the public mind.

By the early 1930s, the tide began to turn. Some younger psychologists began arguing that psychoanalytic ideas should not be dismissed but instead they should be regarded as hypotheses to be investigated experimentally in laboratory situations. Among the first of these was Saul Rosenzweig (1907–2004), whose doctoral research at Harvard investigated the memory for completed versus incompletely interrupted tasks. Previous research by Lewin’s student Bluma Zeigarnik had shown that when subjects were asked to remember a series
of tasks they had performed, some of which had been interrupted before their completion, their recall of the uncompleted tasks was significantly greater than for the completed tasks. Rosenzweig’s new twist was to deliberately lead some of his subjects to interpret the incompletion of their tasks as a personal failure, telling them that most people found the tasks very easy to complete. Under this condition Zeigarnik’s results were reversed, as the incompleted, “failed” tasks were more likely to be forgotten than the completed ones. Rosenzweig interpreted these results as an experimental demonstration of repression, the motivated forgetting of negative events.

When Rosenzweig sent Freud a copy of his study, the reply was unenthusiastic: “I cannot put much value on these confirmations because the wealth of reliable observations on which [psychoanalytic] assertions rest make them independent of experimental verification,” he wrote, but “still it can do no harm.”37 From the beginning, Freud had been indifferent to the results of laboratory investigations of his theory, believing that they inevitably lacked the real-life authenticity of actual clinical cases.

Despite Freud’s condescension, however, Rosenzweig’s study showed that at least some psychoanalytic concepts could be brought into the lab, and it initiated a new strategy for many psychologists. Instead of ignoring or denigrating Freudian ideas, they would design controlled experiments to determine validity. In the words of historian Gail Hornstein, they would presumably establish themselves “as arbiters of the mental world, able to make the final judgement about what would and would not count as psychological knowledge.” The extent to which they actually achieved that goal may be debatable, but Hornstein documented how research by psychologists on psychoanalytically related ideas quickly exploded into a growth industry.38 Empirical studies of topics such as dreams, childhood experience and character development, stages of sexual development, the role of conflict in learning, and the development of neurotic and psychotic responses proliferated in the psychology journals, with more than 400 published in the 1940s and 1950s and at least a thousand more by the mid-1970s.

Many of these studies, including those inspired by the theories of Jung, Adler, and other neo-Freudians, played an important role in the development of a new subdiscipline of personality psychology that began to flourish in the 1930s (as shall be described in Chapter 12). Today, personality psychology is taught in the psychology departments of virtually all colleges and universities. Ironically, however, many of these courses and their textbooks fail to acknowledge the formative role of Freudian and other psychoanalytical concepts in establishing the field.
Chapter Review

Summary

Freud developed the technique of free association, which encouraged patients simply to let their thoughts run free, as a nonhypnotic method of revealing the pathogenic ideas of his hysteria patients. This led him to appreciate the importance of intrapsychic conflict, repression, overdetermination, and unconscious sexual ideas. Following a self-analysis of his own dreams, he concluded that both dreams and hysteria result from a similar primary process, in which unconscious wishes of an anxiety-arousing and often sexual nature are transformed into the consciously experienced manifest content of the dream, or the physical conversion symptoms of hysteria. Following his self-analysis Freud postulated the Oedipus complex as a nearly universal consequence of childhood development and proposed a theory of childhood sexuality in which a child first experiences an undifferentiated state of polymorphous perversity and then passes through oral, anal, and genital stages before arriving at adult heterosexuality. Fixations during any of these stages can result in character traits in the adult personality. From the unsuccessful but instructive case of Dora, Freud learned that patients often unconsciously transfer feelings about important figures in their past lives onto the analyst.

Metapsychology was Freud’s term for his broad theoretical models of the mind, the most famous of which divided the psyche into the id, ego, and superego. The ego attempts to find compromises in response to conflicting instinctual demands from the id, moral demands from the superego, and reality demands from the external world. Late in life he hypothesized, very controversially, that the female superego is weaker than the male’s.

After 1905 psychoanalysis became a movement that attracted both supporters and influential dissidents. Among the latter, Adler developed individual psychology, which featured the inferiority complex, guiding fictions, and social interest. Jung established analytic psychology, featuring a collective unconscious, the concept of extroversion-introversion, and the importance of balance in a theory of psychological types. As psychoanalysis became increasingly well known and popular, academic psychologists, after initially treating it with contempt, gradually began to test some of its concepts in laboratory situations. This outcome helped lay the groundwork for a new subdiscipline of personality psychology.

Key Pioneers

- Sigmund Freud, p. 404
- Josef Breuer, p. 404
- Bertha Pappenheim, p. 404
- Franz Brentano, p. 406
- Ernst Brücke, p. 407
- Ida Bauer, p. 419
- Anna Freud, p. 425
- Karen Horney, p. 428
- Clara Thompson, p. 428
- Melanie Klein, p. 430
- Erik Erikson, p. 430
- Alfred Adler, p. 431
- Carl Jung, p. 434
- Saul Rosenzweig, p. 441
Key Terms

cathartic method, p. 405
pathogenic idea, p. 405
conversion, p. 405
psychoanalysis, p. 406
act psychology, p. 407
intentionality, p. 407
free association, p. 409
overdetermination, p. 410
repression, p. 410
intrapsychic conflict, p. 410
seduction theory, p. 411
The Interpretation of Dreams,
p. 412
manifest content, p. 412
latent content, p. 412
dream work, p. 413
displacement, p. 413
condensation, p. 413
concrete representation, p. 413
primary process, p. 414
secondary process, p. 414
wish fulfillment hypothesis,
p. 415
Oedipus complex, p. 417
polymorphous perversity, p. 418
erogenous zone, p. 418
oral zone, p. 418
anal zone, p. 418
genital zone, p. 418
fixation, p. 419
anal character, p. 419
oral character, p. 419

phallic/genital character,
p. 419
case of Dora, p. 419
transference, p. 421
metapsychology, p. 423
id, p. 424
pcpt.-cs., p. 424
superego, p. 424
ego, p. 424
defense mechanism, p. 425
displacement, p. 425
projection, p. 425
intellectualization, p. 426
rationalization, p. 426
identification, p. 426
castration complex, p. 427
Thanatos, p. 429
Eros, p. 429
object relations, p. 430
inferiority complex, p. 432
individual psychology,
p. 432
social interest, p. 433
birth order effect, p. 433
guiding fiction, p. 433
word-association test, p. 435
analytical psychology, p. 435
archetypes, p. 435
collective unconscious, p. 436
mandala, p. 436
extroversion-introversion, p. 436
psychological types, p. 438
Discussion Questions and Topics

1. One of the criticisms of psychoanalysis by academic psychologists was that, as a theory, it had not been subject to rigorous experimental testing. Freud had developed his theory largely from observations of patients and their clinical case material. What are the strengths and limitations of each approach to theory development?

2. Although Freud’s theories are not accepted by all, identify and describe a number of Freudian concepts or ideas that occur in everyday language and continue to shape our experience.

3. Horney and Thompson were two female analysts who disagreed with aspects of Freud’s theory of female development. What were some of their criticisms? What were their alternative proposals?

4. Important differences among the theories of Freud, Adler, and Jung arose partly because of their varying backgrounds and personalities. Describe some specific differences you would cite in support of that argument, and explain why.

5. In what ways do Freudian concepts influence how you interpret your own behaviors, and those of others?

Suggested Resources

The website http://www.freudfile.org/resources.html includes links to many useful online resources on Freud. There is no better introduction to Freud’s thought than his own The Origin and Development of Psychoanalysis (his 1909 Clark University lectures) which is available for free on Christopher Green’s Classics in the History of Psychology website at http://www.psychclassics.yorku.ca. Jung’s original articles describing his word-association test and his theory of psychological types are also available at that website.
