



# Chapter 2

## The Basis of the Psychoanalytic Approach to Personality

### Key themes

- Sigmund Freud and the psychoanalytic method
- Levels of consciousness
- Dreams and dream analysis
- Human nature and human motivation according to Freud
- The structure of personality and personality development
- Defence mechanisms
- Clinical applications of Freudian theory
- Evaluation of Freud's psychoanalytic theory

### Learning outcomes

After studying this chapter you should:

- Understand what is meant by the psychoanalytic method
- Understand the Freudian conception of human nature and human motivation
- Have developed an understanding of the way that psychoanalysis attempts to understand human behaviour
- Be aware of the way Freud structured personality and how he saw it developing
- Appreciate some of the clinical applications of Freudian theory
- Know how to critically evaluate the work of Freud

## Introduction

Sigmund Freud was a major intellectual figure of the twentieth century and founded the psychoanalytic approach to personality. At the core of the psychoanalytic approach is the belief that most of our behaviour is driven by motives of which we are unaware. These motives are conceptualised as unconscious forces that make it difficult for us to truly know ourselves. This may lead us occasionally to behave in ways that we have difficulty explaining. In our everyday life, for example, people frequently refer to factors in their unconscious having influenced their behaviour. A colleague might forget to go to a meeting, despite having it in his diary and being reminded about it earlier in the day. When thinking about it, he admits that he knew it was likely to be a boring meeting; and consequently, Freud would have suggested that he was unconsciously motivated to forget about it.

The psychoanalytic approach, as we shall see, explains how much of our psychological energy is taken up with suppressing our unconscious urges or finding socially acceptable ways of expressing them. Freud's theory is controversial, and some current psychologists are keen to dismiss him as merely a historical figure, albeit an important one. Freud is a central figure in the development of the clinical strand of personality theorising that we discussed in Chapter 1. Freud's work is important historically, but Freud and related psychoanalytic theories are included here because of the continuing influence that his concepts have, not just on psychology but in many other disciplines also. Many psychoanalytic concepts provide such useful descriptions of human behaviour that they have been incorporated into our everyday language. By the end of the chapter, you will have come across many of these examples.

We begin by exploring in some detail the work of Sigmund Freud. Biographical details of Freud are included in the Profile box on p. 23 to help us under-



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stand how his life experiences have helped shape the theory that he produced, as we discussed in Chapter 1. The discussion of Freud reflects on the importance and extent of his contribution to personality theory. At the end of the chapter, the criteria described in Chapter 1 are used to evaluate the theory.

## Description of Freud's theory of personality

We will first describe Freud's theory of personality that comprises:

- levels of consciousness;
- the nature of human beings and the source of human motivation;
- the structure of personality;
- the development of personality.

## Levels of consciousness

When Freud began theorising, there was a strong tradition within intellectual circles of regarding human beings as basically rational creatures whose behaviour is determined by will or the seeking of goals in a conscious manner. Human beings were conceptualised as being in control of their lives and exercising free will in their behaviour to the extent their social circumstances allowed. Freud did not create the idea of unconscious mind. Philosophers had been discussing the idea of unconscious mind for hundreds of



years. However, the predominant view as popularised by the German philosopher Johann Friedrich (1776–1841) in his two-volume book, *Psychology as Knowledge Newly Founded on Experience, Metaphysics and Mathematics* (1824–1825), was that unconscious ideas were weaker ideas that had been pushed from consciousness by the stronger conscious ideas. Freud (1940/1969) disagreed strongly both with the rational view of human beings and with the suggestion that unconscious ideas were weaker than conscious ones. Instead, Freud (1940/1969) suggested that there were levels of consciousness and unconsciousness.

Firstly, there is the level of **conscious** thought. This consists of material that we are actively aware of at any given time. For example, as I am writing this I am aware of trying to think of an example of conscious thought, indeed what to write next is my conscious thought at this moment. Next to this is what Freud termed **preconscious** mind. This consists of thoughts that are unconscious at this instant, but which can be easily recalled into our conscious mind. An example might be the colour of your car or what you did last evening. Preconscious material can easily be brought to mind when required. The final level is the **unconscious** mind. It consists of thoughts, memories, feelings, urges or fantasies that we are unaware of because they are being actively kept in our unconscious. Freud argued that they were kept in our unconscious due to their unacceptable nature. It may be sexual urges that we would find unacceptable, or aggressive instincts that frighten us, so they are kept repressed in our unconscious. The term he used for this process of keeping material unconscious was **repression**. He saw it as an active, continuous process and described repressed material as being dynamically unconscious to reflect this sense of activity.

Although three levels of thought are described, there are no clear-cut divisions between conscious, preconscious and unconscious thought; rather, there are different degrees or levels within each. For example, at times repression may weaken, so that previously unconscious material becomes conscious. This unconscious material is usually in a modified form, such as in dreams when we are asleep, at stressful times in symptoms of illness or psychological disturbance, or in the emergence of apparently alien impulses under the influence of drugs or alcohol. An example might be the quiet student who appears easygoing and unassertive, but under the influence of alcohol becomes ready to argue with her shadow and is loud and quite aggressive. Drugs like alcohol are disinhibitors, and unconscious urges are more likely to emerge into our consciousness. Freud compared the content of mind to an iceberg, describing conscious and preconscious thought as the small sections above the surface.

Related to these levels of consciousness, Freud suggested that different thought processes are at work within the various levels. Dreams exemplify this well. Freud (1901/1953) suggested that the function of dreams is to preserve sleep by representing wishes as fulfilled. Worries that we have may disappear in the dream, or problems may be represented as

solved. Or desires that are unacceptable to our conscious mind may find expression in our dreams. Freud argued that representing these desires as fulfilled in our dreams helps to preserve sleep, as we are no longer trying to solve our problems or worrying about a situation as it is fixed in the dream.

Freud believed that dreams were a direct route into the patient's unconscious. He considered that there were two important elements to dreams – the manifest content and the latent content. The **manifest content** is the description of the dream as recalled by the dreamer. However, he felt that this was not a true representation of the unconscious mind, as the dreamer unconsciously censors some of the true meaning of the dream or uses symbols to represent key elements to avoid becoming too disturbed by their recall of the dream. The task of the analyst was to identify what Freud called the **latent content** of the dream. He felt that skilled interpretation was often necessary to get at the real meaning of the dream. In line with the thrust of his theory, as we shall see later, he suggested that much of the unconscious content of dreams was sexual in nature. While most symbols used in dreams have a personal meaning for the dreamer, Freud (1901/1953) identified some commonly occurring dream symbols. He suggested that snakes and knives symbolise the penis; a staircase or ladder, sexual intercourse; baldness or tooth extraction, castration fears; robbers, a father figure and so on. Hence, a dream with a latent content of climbing a ladder is actually about sexual intercourse (latent content). Freud used dreams as a way to explore the patient's unconscious conflicts. He would get patients to keep dream diaries. During treatment sessions, the patient would report the manifest content of the dream, and Freud would analyse this material to uncover the latent content. In this way, he could access the patient's unconscious mind.

Freud (1940/1969) claimed that different styles of thinking were associated with different levels of consciousness. Dreams, for example, represented what he called **primary process thinking**. This is essentially irrational mental activity. Dreams exemplify this activity by the way in which events are often oblivious to the categories of time and space, extreme contradiction is tolerated and events are displaced and condensed in impossible ways. The logically impossible becomes possible in our dreams. Freud claimed that it was a result of our being governed partly by what he called the **pleasure principle** – an urge to have our drives met. This is not a desire to actively seek pleasure, but rather an instinct to avoid displeasure, pain and upset. It is about preserving equilibrium within the organism in the face of internal and/or external attacks. Thus, the irrational thinking of dreams (primary process thinking) serves the function of keeping us asleep by presenting our unconscious desires as being fulfilled (pleasure principle).

Primary process thinking is contrasted with **secondary process thinking**. This is rational thought, which is logical and organised. Secondary process thinking is gov-

erned by the **reality principle**. This means that we operate according to the actual situation in the external world and the facts as we see them. Secondary process thinking is characteristic of conscious and preconscious thought. Freud suggests that the pleasure principle is an innate, primitive instinct driving our behaviour while the reality principle is learnt as we grow up. Daydreaming, imaginative thought, creative activities, and emotional thinking are claimed to involve a mixture of both primary and secondary process thinking (Freud, 1940/1969).

## The nature of human beings and the source of human motivation

As we discussed in Chapter 1, personality theory aims to address several questions about human nature; the biggest

of these is arguably what motivates us as human beings? For Freud (1901/1965), the answer to this question lies in the way that personality is structured and in how it develops. When Freud began his work on the development of personality, it was within a scientific culture where Darwin's evolutionary theory was dominant. The human infant was seen to be somewhere between apes and human adults in terms of development, hence it was assumed that the same basic biological drives would be shared by human infants and other animals. Hunger and sexuality were seen to be the most important drives for animals and for human infants also.

Linked to Darwinism, there was great interest in explaining how specific behaviour arose and in explaining how behaviour was energised. Freud (1901/1965) assumed that each child was born with a fixed amount of mental

## Profile



### Sigmund Freud

Sigmund Freud was born in 1856 to a Jewish family in Freiberg, Moravia, now the Czech Republic. He was his mother's first child. His mother had seven more children, the youngest of whom died aged 8 months. Later in life, Freud reported experiencing great guilt over the death of this sibling as he had resented having to share his mother with his baby brother. He was his mother's favourite, and they had a very close relationship, while relations with his father were colder and sometimes hostile. Freud reported having guilt feelings about his relationship with his father. Shortly after his father died, he began to psychoanalyse himself to deepen his understanding of his own unconscious feelings.

When Freud was three years old, his family moved to Vienna. He was very able and studied physiology and medicine at the University of Vienna. As a medical student, he went to work for Ernst Brücke, one of the greatest physiologists of the nineteenth century. Brücke was the first physiologist to suggest that the laws of physics and chemistry applied to human beings and to describe living organisms as dynamic systems. By this, he meant that organisms were constantly in a state of movement and change, constantly energised. Freud was greatly taken with this conceptualisation of human beings. He graduated from medicine in 1881, but he never intended to become a doctor; instead, he specialised in research on the nervous system. However, this work was not well paid, and financial pressures created by the wish to marry and support a family resulted in him beginning to practise medicine. Given his interests, Freud decided to specialise in nervous disorders in his practice. At this time, there was little treatment available for the mentally ill, as we saw in the last chapter.

Freud heard of the work of Jean Charcot, a French doctor who was using hypnosis as a treatment method with

some success, particularly with patients with hysteria. Hysteria is a condition where the patient reports physical symptoms of illness, but no evidence of a physical condition is present; the cause of the condition is therefore thought to be psychological. Nowadays we call these psychosomatic conditions. Charcot would hypnotise patients; when they were under hypnosis, he would tell them that they no longer suffered from their symptoms and that they had overcome their illness. Freud studied hypnosis with Charcot in Paris between 1885 and 1886. Although initially enthusiastic about hypnosis, Freud came to feel that its effects were only short lived and did not address the roots of the individual's problem. He was more interested in what drove patients to develop hysterical symptoms in the first place. Returning to Vienna, he met a Viennese doctor, Joseph Breuer, who had developed a system of encouraging his psychiatric patients to talk about their problems while the doctor listened. Freud adopted this approach, and it is from this time that he truly became a psychological researcher and began to develop his own theory.

Freud spent much of the 1890s undertaking what he termed a self-analysis of his own unconscious process. He studied his own dreams and got his patients to report their dreams to him. He developed Breuer's approach of encouraging patients to talk about their problems, expanding it to embrace what is termed free association. Free associations are thoughts that come spontaneously into one's mind. Freud encouraged patients to report these thoughts to him as they occurred. He examined his own free associations and compared them with those of his patients. From this emerged his theory of how the personality was created and functioned.

Freud was a prolific writer; he produced 21 books between 1900 and 1931 and hundreds of journal articles

and lectures. These books mainly chronicled his scientific theorising about how the mind worked. His extensive writing resulted in him becoming the most frequently cited psychologist of the twentieth century. He was invited to lecture in the United States in 1909. His books attracted great interest and provoked many debates amongst intellectuals both outside and within medical and psychological circles. He was careful to write for a lay audience as well as the scientific community. His books – *The Psychopathology of Everyday Life*, *Three Essays on Sexuality* and *The Interpretation of Dreams* – contributed to his fame, and it became fashionable for the rich to be psychoanalysed.

Freud spent almost eighty years in Austria, only being driven out by the increasing power of the Nazis. His books were publicly burnt in Berlin in 1933. In 1938 when Hitler invaded Austria, Freud fled to London with his family. For the last 16 years of his life he suffered from cancer of the jaw and was frequently in great pain, but he continued to work. He died in London in 1939, aged 83. Freud had six children, the youngest of whom, Anna Freud, continued her father's work by becoming a psychoanalyst working extensively with children. There are conflicting opinions about Freud's own personality. He was

essentially a very private person. In appearance, he was neat and well turned out, describing himself as having an obsessive personality that required routine and dedication to work. He smoked compulsively and despite his diagnosis with cancer, he could not give up smoking. He was obstinate and intolerant of those who disagreed with his ideas, and this helps to explain his numerous splits from colleagues. As a doctor, his professional life was not beyond reproach. In 1884, Ernst Fleiss, a friend of Freud's, had become addicted to morphine to help him cope with a painful illness. Freud recommended that Fleiss use cocaine instead to control his pain, describing it as a harmless substitute and writing an article proposing cocaine for the management of chronic pain.

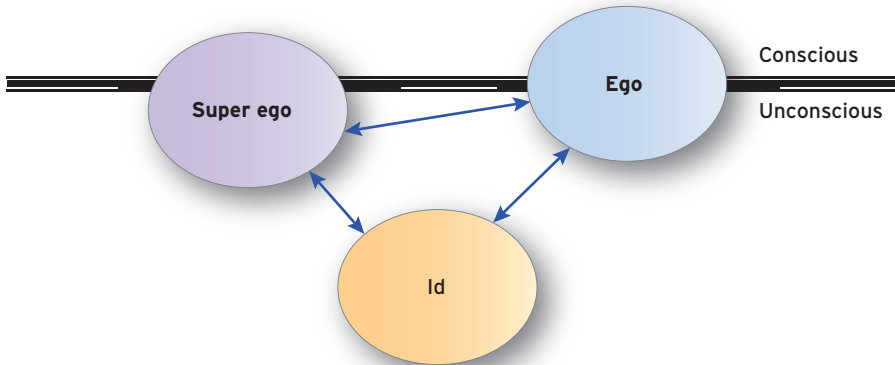
Freud regularly treated patients for eight or nine hours each day, then wrote each evening and on Sundays. Although offered opportunities to become rich, he had simple tastes, never owning more than three sets of clothes. In 1924, he turned down a contract worth \$100,000 to advise on a project to make films about famous love stories for Samuel Goldwyn. He also turned down lucrative deals to write for and be interviewed by popular magazines, claiming no wish for celebrity for himself but only wishing to be known for his ideas – something he certainly achieved.



Freud's thinking was influenced by events going on in the world at the time of his writings.

Source: Hulton Archive/Getty Images

energy. He called this energy the **libido**. This libido, after development, will in time become the basis of the adult sexual drives. We will examine this concept in more detail later in the chapter. In his approach to development, Freud emphasised not only the child's biological inheritance in terms of instinctual drives – libido and the pleasure principle, for example – but also the child's environmental factors, such as developmental experiences. All behaviour was energised by fundamental instinctual drives. Freud initially described two types of drives or instincts. There were the sexual drives energised by the libido, as we have just discussed. Then there were life-preserving drives, including hunger and pain. Both of these drives can be conceptualised as being positive and leading to prolongation of life and renewal of life. Later in the 1920s Freud introduced the death instinct, sometimes termed Thanatos, which is thought to be a response to the First World War. He suggests that human beings also possess a self-destructive instinct. It is different from an aggressive instinct, as the emphasis is not on destroying another but on wiping out oneself. Hence, to Freud (1920/1977), the human species appeared to possess a death instinct. It could be observed both at the group and the individual level. Human motivation is explained by our attempts throughout our lives to satisfy these basic instinctual drives. The form taken by this gratification of our instinctual needs typically changes with age, as we shall see.



**Figure 2.1** Freud's structural model of the mind.

## The structure of the personality

Freud's theory includes a concept of a mental apparatus consisting of three basic structures of personality that assist us in gratifying our instincts. This apparatus can be thought of as the anatomy of the personality and consists of the id, the ego, and the superego (Freud, 1901/1965; 1923/1960). They develop in the order stated, and we shall discuss each one in turn (also see Figure 2.1).

The **id** can be thought of as the basic storehouse of raw, uninhibited, instinctual energy. It is the source of all cravings, of all impulses and of all mental energy. All our survival drives for food, warmth and safety, plus our sexual drives for satisfaction and reproduction, our aggressive drives for domination and our self-destructive instincts originate in the id. Freud thought that only the id was present in the baby at birth and that because of this, infants try to gratify their needs very directly. The pleasure principle with related-primary process thinking operates in the id.

Babies cry loudly when they are hungry, uncomfortable or in pain. They want to be seen to immediately. Any delay in feeding hungry babies, and they will simply cry more lustily. Infants have no sense of what is termed **delayed gratification**, that is, the notion that if you wait patiently your needs will be met. Delayed gratification is something that the child has to acquire as they develop. (See Stop and think: Id instincts and advertising.)

These instinctual demands from the id become socialised during development as the expression of id impulses often runs counter to the wishes of the outside world. We also learn that gratification of our id impulses can frequently be achieved more successfully by planning, requesting, delaying gratification and other techniques.

As the child develops, libido energy transfers from the id; and the part of the personality called the **ego** develops. The ego can be thought of as the executive part of the personality. In Freud's model, it is the planning, thinking, and organising part of the personality. The ego operates according to the

## Stop and think



### Id instincts and advertising

The id instinct demanding immediate gratification does remain with us throughout our lives, and advertisements are often directed at this instinct. Walk around any shopping mall or along any high street and notice the number of stores that advertise instant credit.

'Buy what you like! £500 instant credit with our new store card.'

'Buy now, pay nothing till 2020.'

The whole concept of credit cards plays to our instinctual need for immediate gratification. Why save up for something if you can have it now? It encourages primary process thinking. When the time will come to pay, somehow we believe the money will be there. Reality is distanced and postponed for our immediate gratification. In this way, we can see how the instinctual needs of the id continue to shape our behaviour even in adulthood. I am sure you can recall other examples.



reality principle with related secondary process thinking. The ego becomes the mediator between the child and the outside world. The child is still trying to get what they want, but now they are taking into account social realities in achieving this. Mummy will not give them a drink if they simply shout that they are thirsty; but if they ask nicely and remember to say please and add a smile, they are more likely to get it.

Finally, the third structure of personality develops, the **superego**. This can roughly be conceived of as being the conscience of the child. It helps the child make judgements about what is right or wrong and which behaviours are permissible. It is thought to be composed of internalised parental attitudes and evaluations. The superego acts in opposition to the id, helping the ego to rechannel immoral id impulses. Also, if the ego is seen to allow the expression of bad instinctual demands, the superego turns against the ego. As Freud describes it, these three parts of the personality can be seen as being in conflict with each other. The id says, 'I want it now'. The ego says, 'You can have it later; or do a, b and c, and then you can have it'. The superego says, 'you can't have it' or 'that way's wrong, you must find another way'. There will be elements of social prescription contained within the superego, as what is internalised from parents will depend on the values of the family. Similarly, different societies will promote different values, as will religious and educational institutions.

These interactions between the three structures of personality create what is termed intra-psychic conflict (Freud, 1965). The outcome of this conflict can be observed as symptoms of mental upset or disturbance. The basic symptom, which we are all thought to experience, is anxiety. An example will help to clarify this. Suppose you really want to go to an old school friend's party on Friday night, but the friend lives a two-hour train journey away. When you check the train times, you realise that you will have to miss a laboratory class on Friday afternoon to get there in time. You already missed a class this semester; and besides, the lab is on a topic that really interests you. You are really torn and don't know what to do. The id instinct is saying, 'Go to the party, have a good time'. The ego is saying, 'Perhaps we can find a way round it, you can download the notes and get the results from a friend'. Your superego is saying, 'That is wrong, you can't go. You already skipped a practical for no good reason. You want to do well at this, and it is a topic that interests you'. The competing demands have made it difficult to decide; and whatever the decision, there will be some anxiety about the path you take. This is the basic anxiety that Freud talks about. If you do go, you will feel guilty about missing the practical; if you don't go, you will feel guilty about disappointing your friend and so on. We will see later how we attempt to deal with this basic anxiety, but first we will look at how the personality develops.

## The development of personality

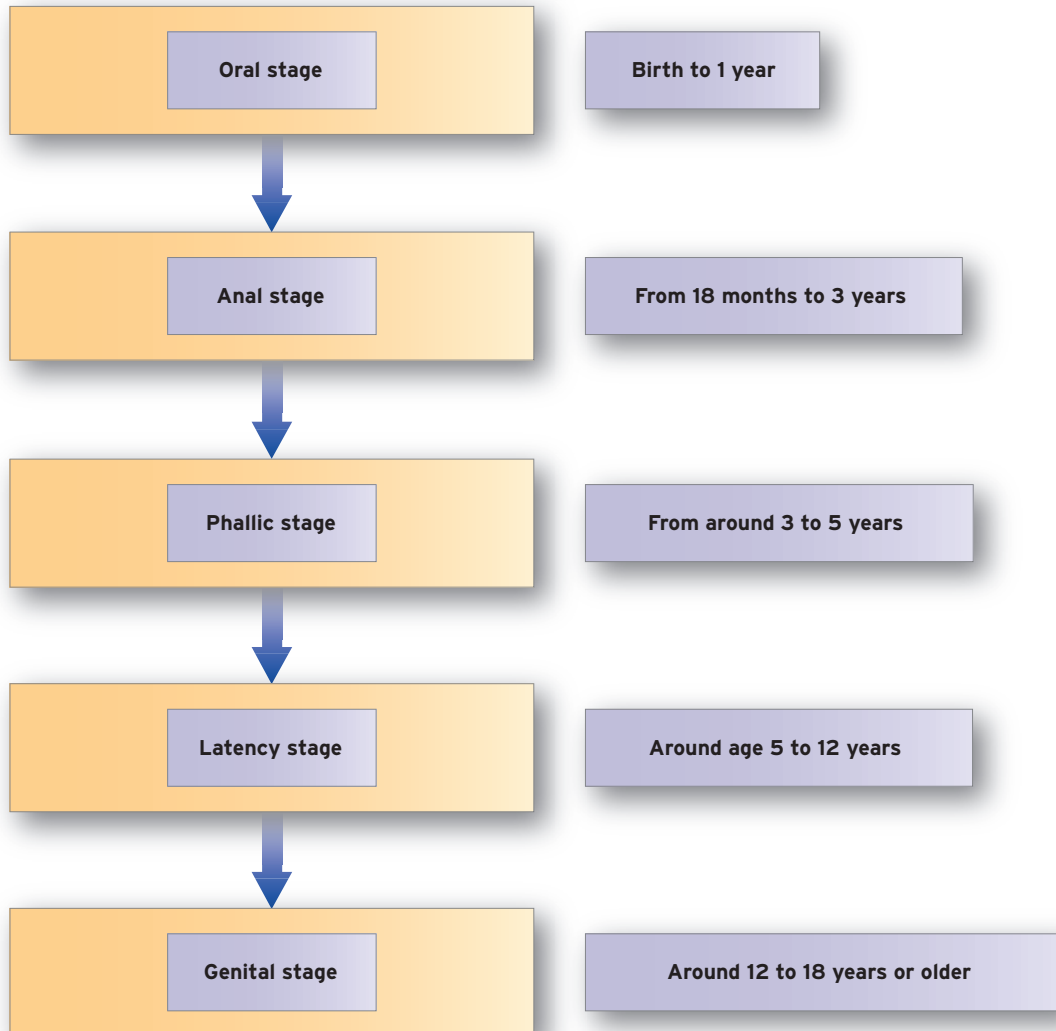
Freud (1940/1969) described the personality as developing through five distinct stages (see Figure 2.2). His theory is described as a theory of psychosexual development, as he is concerned primarily with the development of the sexual drives. He suggested that at each stage the libido or energy source is invested in a single part of the body, which he called the **erogenous zone**. The areas of the body selected at any one stage are supposedly determined by the child's biological development. It is argued that the erogenous zone, at any time, is the area that is most sensitive to stimulation and the focus of pleasure and the source of gratification. Freud believed that biological factors were the main influence in development and paid little attention to social factors. We will look at each stage in turn, with examples to clarify the process.

### Oral stage – birth to 1 year

Freud (1901/1965) argued that during infancy the earliest pleasure is focused on feeding, so that the baby's energies or libidos are centred on satisfying their needs for nourishment. The baby's mouth, lips and tongue are said to be the erogenous zones. Events around feeding are the most important sources of gratification, meeting the drive for self-preservation and thus providing sensual pleasure to the infant. All of the events around feeding are said to be pleasurable, even thumb sucking in the absence of food. Thus, Freud conceptualised babies as deriving pleasure from stimulation of the erogenous zone even without food.

According to Freud, when babies are being fed and cared for, some of their libidinal energy becomes focused on the person providing the gratification, frequently the mother. This is claimed to be the source of their first human attachment. This process of investing libidinal energy in the mother is an example of what Freud (1901/1965) called **cathexis**. It describes how some of the infant's libidinal energy becomes invested in the pleasure provider. For normal development, infants must receive sufficient oral stimulation so that their needs are met. Having their needs met in this first relationship allows the child to develop trust in the adult caregiver. This basic trust is a necessary prerequisite for all relationships. Every time you meet someone new, you trust that what they tell you is true, that they are not setting out to deceive or hurt you. The infant whose needs are met develops this basic trust in others, while the child whose needs are not met develops a sense of mistrust.

While the amount of oral stimulation required for normal development is not specified, the results of under- or over-stimulation are clearly described. In either case the baby will be fixated on oral gratification and continue to seek oral stimulation in later life. Freud describes fixation as an internal resistance to transferring the libidinal energy



**Figure 2.2** Freud's theory of psychosexual development.

to a new set of objects and activities. Fixation can occur at any of the stages of psychosexual development and is an indication that the child has failed to progress satisfactorily through that stage. Evidence of fixation can be observed in the personality and behaviour of affected adults, according to Freud (1901/1965). It is claimed that fixation at the oral stage is linked to the seeking of excessive oral stimulation in adulthood such as smoking, chewing gum or excessive eating. The adult who was overindulged at the oral stage is described as having an **oral receptive character**, being overly dependent on other people for gratification of their needs, being trusting, accepting and gullible (Blum, 1953). Oral under-indulgence can lead to the **oral aggressive personality**, where the individual has an exploitative attitude towards others and tries to get as much as possible

from them. In extreme cases they have sadistic attitudes, envying others and always trying to dominate (Fenichel, 1945). Freud argues that the child who has received sufficient oral stimulation will transfer their libidinal energy to the next stage.

### **Anal stage – 18 months to 3 years**

As the child matures, the lower trunk becomes physiologically more developed and comes under increased voluntary control. Freud (1901/1965) suggests that the baby comes to receive sensual pleasure from bowel movements. At the same time, parents begin to emphasise toilet training and reward the child when they demonstrate control of their bladder and bowel. These two developments come together



and help to shift the child's attention from oral stimulation and the mouth area to the anal region, and this becomes the new erogenous zone. At this stage, toilet training is the issue that has to be handled appropriately by parents; otherwise, fixation may result. Toilet training can involve the child and the parent in interpersonal conflict, if the parents make demands on the child to become toilet trained. The child may resist these demands, and a battle of wills can commence. Freud suggested that this experience of conflict with demanding carers may lead individuals to rebel against authority figures throughout their lives.

When toilet training is handled badly, fixation at the anal stage can occur, resulting in the anal retentive personality. This personality type is described as having a constipated orientation, in that they are very orderly, stingy, stubborn, with a tendency to hoard things and to delay gratification until the last possible moment (Freud, 1901/1969). These behaviour patterns are thought to come from meeting parental exhortations and delaying their bowel movements until their parents deemed it appropriate. The opposing type resulting from anal fixation is the anal-expulsive personality. These individuals resist others' attempts to control them, in the same way that they resisted their parents' attempts at toilet training. They are untidy, disorganised and disregard accepted rules about cleanliness and appropriate behaviour. The appropriate approach for the parents to adopt is to be relaxed about the child's preferences and positively reward successes. This is thought to foster positive self-esteem and encourages the child to move on smoothly to the next psychosexual stage.

### Phallic stage – from around 3 to 5 years

As the child's genitals become more sensitive as a result of physiological maturity, the libidinal energy moves from the anal region to the genital area as the genitals are now the source of pleasure for the child. Freud (1920/1977) claimed that gratification at this stage is gained from masturbation. This stage is thought to be particularly difficult for girls as they become aware that while boys have penises they do not. This realisation of their deficiency is thought to make girls jealous of boys, experiencing what Freud calls **penis envy**. This leads to feelings of deficiency in girls and a wish to possess a penis. Boys respond to the girls' lack of a penis by becoming anxious about the thought of losing their own penis, and Freud terms this **castration anxiety**. These developments are accompanied by changes in the children's relationships with their parents. Boys are thought to intuitively become aware of their mothers as sexual objects (Rapaport, 1960). This leads to the boy developing a sort of sexual attachment to his mother and to regard his father as a sexual rival. This is termed the **Oedipal complex** after the mythical Ancient Greek, Oedipus Rex, who killed his father and married his mother. The

boy is envious of the father as he has access to the mother that the boy is denied in that he sleeps with her and so on. The boy also perceives the father to be a powerful, threatening figure, someone with the power to castrate the boy. The boy is thus trapped between his desire for his mother and his fear of his father. This causes the boy to experience anxiety. To resolve his anxiety, the boy begins to identify with his father. The suggestion is that by trying to become as like his father as possible, the boy not only reduces the likelihood of attack by his father but also takes on some of his father's power. This 'inner father' comes to serve as the core of the child's superego.

A parallel process, the Electra complex, is thought to occur in girls, but Freud did not spell this out in quite so much detail, reflecting the lesser importance of women within his theory. Girls are thought to develop the same intuitive awareness of the father as a sex object as boys do for the mother. For girls, the mother is seen as a rival for the father's love; the mother is also seen to possess some power, although not as much as the father. The wish for the father and the fear of the mother creates anxiety in the girl, although at a lower level as the mother is less powerful, having already lost her penis. Girls resolve this conflict by identifying with their mother, although less strongly than boys identify with their father. The girl also wishes to identify with her father in the hope of obtaining the missing penis from him. Thus, for girls, the Electra complex cannot be satisfactorily resolved. According to Freud (1901/1965), this conflict results in girls having weaker ego functioning, which makes it more difficult for them to balance the competing demands of the id and reality.

Fixation at this stage again is thought to result in problems that will be apparent in adulthood. The male may become promiscuous, seeking the sexual gratification that was refused him when he was a child. The other alternative is that the male fails to adopt masculine characteristics; he develops feminine characteristics and may become attracted to men. Similarly, women who are fixated at this stage may develop masculine traits and be attracted to women. This then is how Freud explains the process of children being socialised into male and female roles. Boys, by identifying with their father, become like him; and similarly, girls become like their mothers. Freud also saw the root cause of homosexuality in the unsatisfactory resolution of the phallic stage.

### Latency stage – around age 5 to 12 years

This stage is described as a resting period in the child's psychosexual development. The child's energies are taken up in socialisation and learning. Freud (1901/1965) suggested that peer group interaction during this phase was predominantly with same-sexed children. Identification with same-sexed parent was followed by identification with

## Stop and think



### Observational example

Try to observe a toddler having a temper tantrum. This can often be observed in a supermarket, or you may see it on some of the reality television shows about bringing up children. The toddler wants something, and the parent or carer says that they can't have it. The ferocity of the child's emotions is truly amazing when their wishes are frustrated. In Freudian terms, the child's id instincts are being denied. They want whatever it is with a passion, and they want it now. The role of the parent or carer is to socialise the child so that they learn not only that they cannot have everything they want exactly when they want it but also that there might be better

ways of trying to get what they want. In psychoanalytic terms, this is about encouraging the development of the child's ego, so that they learn to moderate their instinctual demands. They may initially demand sweets in the supermarket and have a tantrum when sweets are refused and they ultimately do not get the sweets, being told that being naughty (tantrum) means that they do not get sweets. The child learns that if they are good in the supermarket and then ask for sweets at the end, they are more likely to get them.

Can you think of alternative explanations for the child's behaviour?

same-sexed peers. As children learn more about the world and become more involved in social interactions, they develop defence mechanisms during this period to help them cope with the basic anxiety caused by the conflicts between the id, ego and superego that we discussed earlier. The nature of defence mechanisms will be discussed later.

### Genital stage – from around 12 to 18 years or older

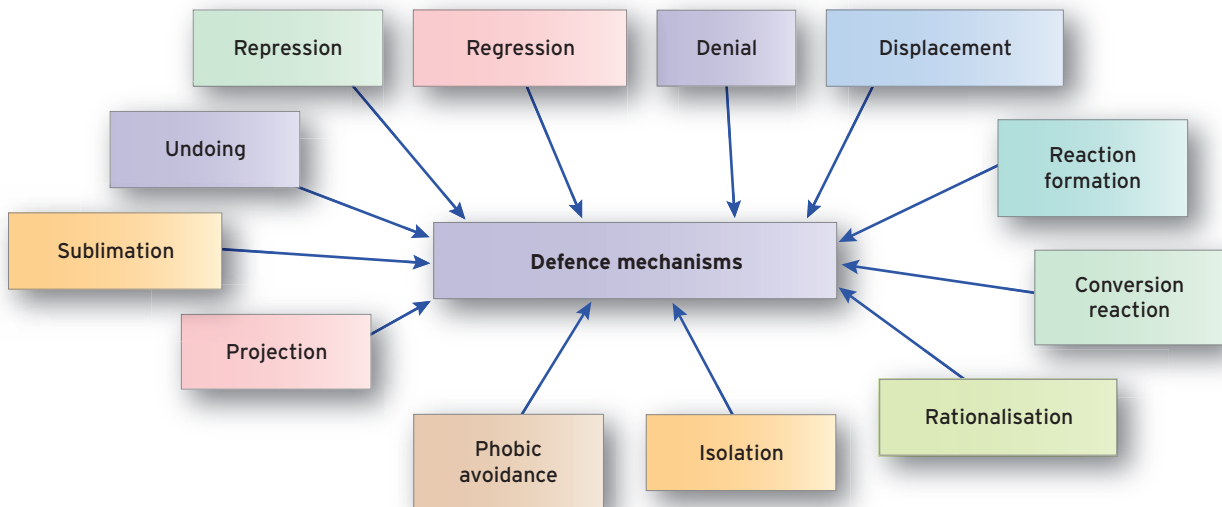
Changes in the child's body brought on by puberty are thought to reawaken the child's sexual energy or libido, and a more mature form of sexual attachment occurs. Freud (1901/1965) claimed that from the beginning of this period, the sexual objects chosen were always members of the opposite sex in normal development. However, he pointed out that not everyone works through this period to the point of achieving mature heterosexual love. Some may have conflicts left from the Oedipal or Electra stage, so they do not cope well with the resurgence of sexual energies in adolescence. Others may not have had a satisfactory oral stage and so do not have the basic foundation of trust for a love relationship, as described earlier.

Freud sees the child's personality emerging as a result of these developmental processes. The crucial stages are the earliest ones – the oral, anal and phallic – so Freud sees that by age 5, the basic adult personality is formed in the child. It is also at these ages that the process of containing the id begins, first with the development of the ego as the child learns about the world and parental discipline is applied to frustrate the child's id impulses. The young child has to learn how to increase the chances of getting their own way. (See Stop and think: Observational example for an illustration of this process.)

## Defence mechanisms

We discussed earlier how the conflicting demands of the id, ego and superego create anxiety in the individual at every age and that in the latency stage, the child is thought to develop defence mechanisms. Freud is somewhat vague about how this development occurs, seeing defence mechanisms as emerging from the socialisation that occurs at this stage. The purpose of **defence mechanisms** is to make us feel better about ourselves and to protect us from pain – in psychological terms, to protect our self-esteem. It may be something upsetting that happens to us or aspects of ourselves that we find disturbing, so we push those aspects from our conscious minds and then employ defence mechanisms to keep them in our unconscious. It is important to stress that everyone needs and uses defence mechanisms at some time. It is psychologically healthy to do so. The question is, to what extent is their use healthy and adaptive, and when is it problematic? The simple answer given by Freud is that defence mechanisms become unhelpful when they are used inappropriately or indiscriminately. Examples will make this statement clearer as each defence mechanism is described.

The first defence mechanism that Freud described was repression. He observed this being used when he was studying patients suffering from hysteria. Freud continued to identify defence mechanisms being used by patients in his clinical practice, so that by 1936 his daughter, Anna Freud, who had also become a psychoanalyst, described 11 defence mechanisms identified by her father: repression, denial, projection, reaction formation, rationalisation, conversion reaction, phobic avoidance, displacement, regression, isolation and undoing (see Figure 2.3). Anna Freud (1966) added a twelfth defence mechanism, sublimation, and



**Figure 2.3** Common defence mechanisms.

others have been added since then by later psychoanalysts, as we shall see. Although each defence is described separately, the examples included will illustrate how frequently several defence mechanisms may operate together.

## Repression

As discussed previously, at times we all suppress inconvenient or disagreeable feelings. We push unacceptable thoughts, feelings or impulses into our unconscious. We act as if what we can't recall can't hurt us. An American research study by Morokoff (1985) measured levels of sexual guilt in women, identifying a group high in guilt and a group low in guilt. The women were then shown an erotic video while physiological measures of their levels of sexual arousal were taken and verbal self-reports of arousal level were given. In women high in sexual guilt, the reported levels of arousal were significantly less than their physiological levels of arousal, while in women low in sexual guilt, the two measures were closely matched. In the high sexual guilt group, the guilt associated with sexual arousal was causing the women to repress their experienced arousal.

There is nothing pathological about repression unless it is carried to extremes such as, for example, the person who claims never to be angry. Anger is a natural human response on occasions for everyone, so what is likely to be happening is that the individual is not allowing themselves to be angry for some reason; their anger is repressed. Repression can be compared to a dam holding back the flow of a river. If the volume of water becomes too great, a problem arises, and similarly with repression. Excess use of

repression results in individuals being out of touch with their true feelings, and this makes honest relationships with others impossible (Freud, 1901/1965).

## Denial

We deny unpleasant events or the reality of a situation. Consider the individual who refuses to open the bank statement month after month, even though they know they should keep track of their finances. They suspect it may be bad news, so the letter always goes unopened to the bottom of the pile. An extreme form of denial is seen in the phenomenon of experiencing a phantom limb after amputation, especially as the experience is most common after unexpected amputation. The most extreme form is seen in amnesia (loss of memory) following traumatic events. This has been observed quite frequently in troops in times of war.

## Projection

The defence known as **projection** involves us blaming our friends, neighbours, other nations and so on for our own shortcomings. We externalise unacceptable feelings and then attribute them to others. In an argument with a partner, for example, we deny that we are jealous. Instead, we claim that it is our partner who is jealous or angry. We project our jealousy or anger onto the other person. We are saying, 'I am not the problem – you are'. Regrettably, projection is a normal human defence; but in extreme forms, it can lead to the individual becoming paranoid.





How much are attempts to ban smoking in the workplace and public places a repression of the oral stage?

Source: Photofusion Picture Library/Alamy Images

## Reaction formation

We use **reaction formation** to overcome impulses that are unacceptable to us, gaining mastery over the initial impulse by exaggerating the opposing tendency. A good example of this is the character Monica in the television programme *Friends*. Monica comes across as obsessively tidy and organised. However, it is revealed that she keeps a locked cupboard that is incredibly messy and disorganised. This mess is hidden from her friends. In Freudian terms, she deals with her impulses to be untidy by becoming obsessively tidy, but her reaction formation is not totally successful, as the impulse is expressed via her untidy cupboard. In its extreme form, reaction formation can develop into obsessive neurosis (Freud, 1901/1965). In this condition, the individual may become obsessed with cleanliness, for example, and be unable to function normally because of all the cleaning rituals they have to follow. They may have to wash everything they touch and so on.

## Rationalisation

**Rationalisation** is the process whereby the reasons for a course of action are given after it has happened. The reasons given not only justify the action but also conceal its true meaning. Someone may go eagerly for a job interview and seem to really want the position. However, they are not appointed; and then they say that they did not really want the job and/or that it was not a very good position. This

example shows that denial can be useful in helping us to save face and, in so doing, it can protect our self-esteem. Much easier to say that you did not want the job than to say that you really wanted it but you were not good enough. Denial in these situations is useful in protecting us from disappointments, and it can give us the courage to try again at things we may not have succeeded at first time round.

## Conversion reaction

A **conversion reaction** is observed when unacceptable thoughts or emotions are converted into physical symptoms, as in hysterical symptoms or psychosomatic symptoms. Many of Freud's patients presented with hysterical symptoms – as in the famous case of Anna O, who presented with paralysis of her arms, for which no physical cause could be found (Freud and Breuer, 1966). Anna O had unconsciously converted her psychological distress into paralysis of her arms, which also meant that she could do nothing. Nowadays hysterical conversion reactions are rarer, as people have become more psychologically sophisticated; but psychosomatic disorders are on the increase. These are conditions in which no physical illness is identified, although the patient presents with physical symptoms. Back pain is reported in many cases to be psychosomatic in origin. The person who hates their job but does not admit it instead has to have large amounts of time off work due to back pain. The wish not to go to work has been converted into a physical symptom that then prevents the individual working.

## Phobic avoidance

To some extent, we all try to avoid places and situations that arouse unpleasant emotions in us. This may be public speaking, the site of an accident and so on. **Phobic avoidance** is an extreme form of this. Situations or events that arouse anxiety or other unpleasant emotions are avoided at all costs. The intensity of the anxiety experienced even at the thought of an encounter is totally out of proportion to the situation. Phobic avoidance is different from phobias of spiders or other animals; such phobias are relatively common and can be explained on the basis of learning theory.

## Displacement

**Displacement** is a defence mechanism that occurs when we are too afraid to express our feelings directly to the person who provoked them, so we deflect them elsewhere. It is summarised by the common expression of 'kicking the cat' when we come home annoyed by our boss, for example. We take our frustration out on someone lower down the pecking order or less likely to complain. This defence mechanism can be useful in preventing unwise conflict with powerful others; but when heavily used, it is not conducive to good interpersonal relationships (Freud, 1901/1965).

## Regression

The defence mechanism called **regression** occurs when we are trying to avoid anxiety by returning to an earlier, generally simpler, stage of our life. Where individuals regress to is determined by the existence of fixation points in their development. We have discussed this previously. At times, regression is normal and a healthy response. For example, going on holiday can be conceptualised as a form of regression. You leave the normal cares of everyday living behind. You play games, are often looked after, give up your

daily responsibilities and generally enjoy yourself in a way that is more reminiscent of the carefree days of childhood. More seriously, a young child who has achieved toilet training may start wetting the bed after the birth of a new sibling. This is seen as regression to an earlier age before the birth of the other child, when the elder child felt no anxiety about competing for attention with the new sibling. Often adults when they are traumatised become much more dependent and helpless in a similar way.

## Isolation

**Isolation** occurs when the anxiety associated with an event or threat is dealt with by recalling the event without the emotion associated with it. The feelings that would normally be associated with the event are separated and denied. Freud (1965) called this intellectualisation, where thoughts and emotions are separated into watertight compartments. Such individuals come across as extremely unemotional, merely reporting facts with no feeling.

## Undoing

The defence mechanism called **undoing** frequently accompanies isolation. It has an almost magic appeal to it, as ritualistic behaviours are adopted that symbolically negate the thoughts or actions that the person had earlier, and felt guilty about having (Freud, 1901/1965). Children sometimes indulge in such ritualistic behaviour, and childhood incidences are good examples. Where I grew up, there was a commonly held belief among young children that seeing an ambulance was associated with bad luck; but this bad luck was avoided if you then held your collar until you saw a dog. The negative emotion associated with anticipating 'bad luck' was neutralised by the collar holding, and seeing the dog negated the whole incident. Very anxious, disturbed individuals may adopt all sorts of rituals to protect themselves in this way.

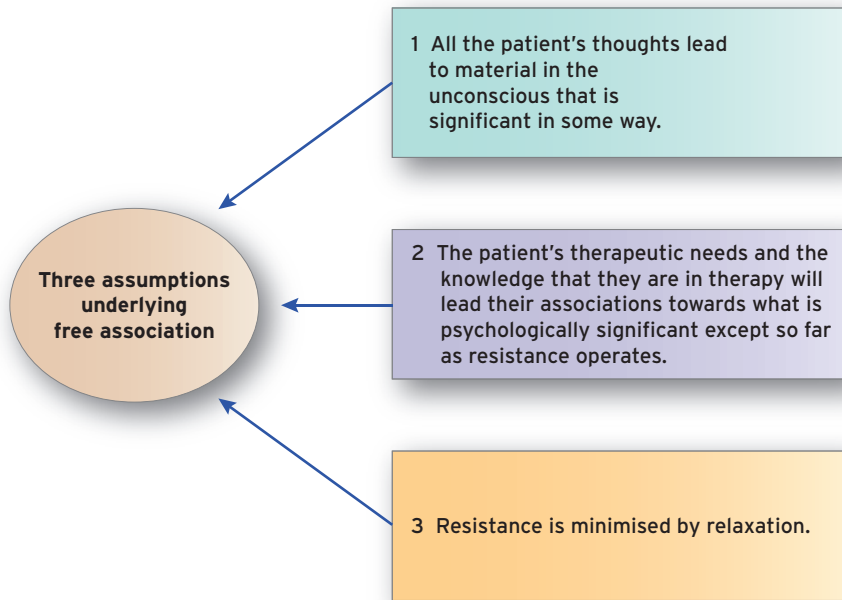
## Stop and think



### Psychoanalytic explanation of mental illness

Within the psychoanalytic model, it is suggested that we all have unresolved conflicts left over from our childhood. For the most part, we use our defence mechanisms to keep these conflicts in our unconscious. However, situations may arise in life that reactivate the early conflict. The individual who had dependency/independence conflicts with parents may find that leaving home raises the feelings associated with these earlier conflicts. The

anxiety is such that the defence mechanism can no longer keep the worries out of consciousness. The individual may then become very anxious and psychologically unwell. Mental illness then results from a breakdown of defence mechanisms. In these situations, the defence mechanisms come to be used inappropriately and/or applied rigidly. This causes more problems, as we saw in the discussion of the various defences.



**Figure 2.4** Three assumptions underlying free association.

## Sublimation

Anna Freud (1966) described **sublimation** as the most advanced and mature defence mechanism, as it allows partial expression of unconscious drives in a modified, socially acceptable and even desirable way. The instinctual drives are diverted from their original aim and channelled into something seemingly socially desirable. For example, individuals who set themselves up to protect society from pornography in films or television may actually spend quite a lot of their time watching pornography so that they can then protest about the decisions made by the official censors. In Freudian terms, they have sublimated their strong desire to watch pornography, sexual voyeuristic drives, and expressed them in what can be perceived as a socially desirable form. Some of the psychoanalytic examples here are amusing, such as firemen conceptualised as having sublimated their urethral drives (i.e., the urge to urinate publicly) and gastroenterologists (surgeons who deal with digestion and the bowel) as sublimating their anal fixations. Art and music are often cited as examples of successful sublimations of the instinctual drives. These will help you remember sublimation. Both Freud and his daughter Anna saw healthy levels of sublimation as enriching society.

## Clinical applications of Freudian theory

By now you will have gathered that Freud was interested in exploring the patient's unconscious, as this was where the root of the patient's problems lay. The traditional analytic approach developed by Freud (1940/1969) involved the patient lying on a couch while the psychoanalyst sat in a chair behind the patient. The treatment was not about a social relationship between patient and analyst. The analyst sat behind the patient so he was not visible to the patient; the patient thus received no non-verbal cues from the analyst, and any possible social interactions were minimised. The consulting room should be relatively impersonal for the same reason.

The analyst aims to locate where fixations have occurred in the individual's development and to help the individual understand these issues and resolve the emotional conflicts associated with them within the therapy session. The physical expression of emotion is termed **catharsis** and is a crucial, if not the crucial, element of the psychoanalytic method of treatment. The term 'catharsis' literally means purging. Patients were encouraged to discharge the emotions associated with their conflicts within the therapy session, and this was called an **abreaction**. Initially, abreaction



was thought to be sufficient for a cure; but Freud was later convinced that patients also needed to understand the nature of their conflicts.

We have seen that to access the unconscious, Freud used free association and recounts of patients' dreams. There are three assumptions underlying free association (see Figure 2.4):

- All the patient's thoughts lead to material in the unconscious that is significant in some way.
- The patient's therapeutic needs and the knowledge that they are in therapy will lead their associations towards what is psychologically significant except so far as resistance operates. Resistance is the reluctance of the patient to allow unconscious material to become conscious. It may also be demonstrated when the patient refuses to accept the analyst's interpretation of their conflicts.
- Resistance is minimised by relaxation, hence the patients had to lie down on a couch; and it is maximised by concentration, so they had only the ceiling to distract them.

The analyst would listen uncritically to the patient and then offer interpretations of the patient's problems to help the patient gain insight to their problems. The essential characteristic of the relationship between the patient and the analyst is its emotionality, although the relationship is considered one-sided as the analyst is expected to remain detached from the patient. The key concept in this relationship is **transference**. This is the process where a patient displaces onto his analyst feelings that derive from previous figures in his life. Freud (1913/1950) saw it as an essential part of therapy. The relationship that the patient has with the analyst becomes a central phenomenon that has to be analysed. To put it simply, within the analysis the patient projects their needs and desires onto the analyst. At times, the analyst may be receiving projections as if they were the patient's mother, father, hated sibling, and so on. Within the therapy session, the patient then resolves these conflicts by discharging the emotion associated with them (abreaction). This is thought to be possible as the therapist provides a more articulate, insightful yet emotionally detached encounter than was possible in the original relationship.

A related phenomenon termed **counter-transference** may also occur. This is where the analyst transfers some of their own emotional reactions onto the patient. It may be that the analyst gets annoyed with the patient at a particular point. The patient may have 'touched a raw nerve' in the analyst and reawakened some of the analyst's conflicts. All analysts will have undergone their own psychoanalysis as part of their training, to make them aware of and help them to resolve their own unfinished conflicts. This training will help them to recognise when counter-transference is occurring, and they will have been trained to use it to further their understanding of the patient. Analysts also have to be supervised regularly to ensure that they are

operating effectively and that they will bring any counter-transference issues to discuss with their supervisor. Analytic sessions typically last for 50 minutes, the 'therapy hour', to allow a break between patients. Treatment tends to be open ended, and it is not unusual for analysis to continue for several years.

## Evaluation of Freudian theory

We will now evaluate Freud's theory using the eight criteria we identified in Chapter 1: description, explanation, empirical validity, testable concepts, comprehensiveness, parsimony, heuristic value and applied value (though in this section we combine empirical validity and testable concepts).

### Description

Freud's theory is based on evidence gathered from his patients. However, to protect the anonymity of his patients, he published very few actual case studies. Rather, he presented arguments for his theorising accompanied by clinical illustrations from his patients. He did not annotate most of his case studies in very much detail, rather focusing on what he felt were interesting aspects of the case and often writing up his case notes retrospectively from memory (Storr, 1989). This does not constitute good qualitative data as currently understood within psychology, and it raises questions about the validity of some of the data underpinning his descriptions.

Freud addressed a wide range of phenomena, as evidenced in his collected works. However, he often revised his ideas, which can make his work difficult to follow. He provides good descriptions of his conceptualisation of personality developing, how it is structured and the complexity of its functioning in terms of unconscious motivation, defence mechanisms and basic anxiety. However, we can query whether it is appropriate to produce descriptions of normal behaviour and normal development based on observations of mainly neurotic individuals.

He did address the complexity of human behaviour, demonstrating that similar motives may lead to different behaviour and that similar motives may underpin quite different behaviour. His theorising led psychologists to debate what are the important issues for the development of personality. His work on defence mechanisms, continued by his daughter Anna, provides us with some excellent descriptions of how we function psychologically. There is some debate about the originality of Freud's ideas; many of his concepts came from his teachers or had been around previously but were popularised by Freud (Sulloway, 1992).

## Explanation

Although Freud produced theories of normal development, there is some vagueness in his theory of psychosexual development about exactly what is required for normal development. He talks about sufficient oral stimulation, for example, without detailing what that might be. He is stronger on the explanation of the development of pathology. This is perhaps understandable given that most of his data came from patients with psychological disturbance. For many, including some of his fellow psychoanalysts, his theory of psychosexual development seems to overly stress sexual drives as being at the heart of human development. We will return to this issue when considering the empirical validity of Freud's theorising.

Regarding Freud's model of the structure of personality, it has face validity in that we are all aware of the conflicts that making choices creates in our lives and the anxiety that this can cause. Even with things we want to do, by enjoying doing *a*, we may feel guilty about not doing *b*. However, the notion of these conflicts providing the psychic energy to help motivate our behaviour is questioned by current cognitive theorists (Dalglish and Power, 1999). The concept of defence mechanisms is one of Freud's most valuable contributions. They appear to offer good explanations of commonly observed behaviour, as evidenced by their common use as descriptors of behaviour (Brewin and Andrews, 2000).

## Empirical validity and testable concepts

For over 80 years, researchers have attempted to evaluate some of the various concepts described by Freud. Some of the areas that have been addressed are outlined in the following subsections. However, as we have already discussed, for traditional Freudian analysts, the only evidence they require comes from their treatment of patients (Power, 2000). We will now examine some of the psychological research that has been undertaken to assess the theory.

### Research on the unconscious

Research has examined subliminal perception, suggesting that it provides evidence for the existence of a dynamic unconscious. Subliminal perception occurs when participants register stimuli without being consciously aware of them. The subliminal stimuli are shown to affect subsequent behaviour, thus demonstrating the existence of unconscious motivational effects on the behaviour produced. Erdelyi (1984) showed participants emotionally threatening words and neutral words and measured their anxiety levels. Participants showed physiological anxiety responses to the emotionally toned words before they

could identify what the stimulus word was. This demonstrated that individuals defend themselves against the anxiety associated with emotional stimuli without being aware of it. Silverman (1976) presented participants with upsetting messages relating to emotional wishes or conflicts subliminally, and this stimulus was shown to affect their subsequent behaviour. For example, women with eating disorders were presented with neutral and emotionally upsetting subliminal messages and were shown to eat more after the upsetting subliminal messages (Patton, 1992).

There is also a body of research on parapraxes, that is, slips of the tongue, forgetting names and misreading words. Freud felt that these were all unconsciously motivated. However, cognitive psychologists such as Norman (1981) and Reason (1990, 1979; Reason and Lucas, 1984), while acknowledging that so-called Freudian slips occur, suggest that they are due to cognitive and attentional errors. It may be due to a lack of attention, or emotional arousal resulting in a word that the individual more commonly uses or has recently used being produced rather than the correct word (see the Stop and think box on Parapraxes). However, Reason (2000) concludes that Freud was correct in conceptualising Freudian slips as representing unconscious processing that interrupts our conscious processing. For Reason (2000), the unconscious refers to our automatic mental processing rather than Freud's dynamic unconscious, although he acknowledges that they can reveal suppressed emotions. As part of the current debate about the precise nature of the unconscious, Kihlstrom (1999) suggests that a cognitive unconscious exists that links more closely with our thought processes and is not qualitatively different from conscious thought in terms of how it functions. Reason (2000) concludes that Freud was almost correct when he makes these links between cognitions and emotions and the unconscious.

### Research on the component structures of personality

The one aspect of Freud's personality structures that has been systematically investigated is the ego. There are many studies focused on the functioning of the ego, and several measures of ego functioning have been created. The argument here appears to be that if you can consistently measure something called ego functioning, then it must exist. Loevinger developed a Sentence Completion Test (Loevinger and Wessler, 1970), which measures the development of the ego in individuals and individual differences in development in adults. Barron (1953) developed a scale to measure individual differences in ego strength. Block and his colleagues developed measures of ego control and ego resiliency (Block, 1993; Block and Block, 1980; Funder and Block, 1989). They have identified common characteristics typical of individuals with high ego

## Stop and think



### Parapraxes (Freudian slips)

Freud (1901/1965) believed that we do not make unintentional mistakes in our lives; rather, errors are the result of mainly unconscious motivators. One example of this is parapraxes, in everyday language we call them Freudian slips. An American psychologist, Motley (1985, 1987), designed studies to investigate the effects that unconscious forces have on our behaviour and produced empirical examples of parapraxes (Freudian slips). Pairs of words were flashed on a screen, and male participants had to say them aloud. Three conditions were compared. In the first, participants were told that they might receive electric shocks during the experiment. In the second condition, the researcher was a provocatively dressed woman. The third condition, the control condition, had no threat of electric shocks, and the researcher was dressed sedately. In the electric shock threat group, participants made specific types of errors saying, 'cursed wattage' instead of 'worst cottage' and 'damn shock' instead of 'sham dock'. The group with the provocatively dressed researcher

reported mistakes like 'nude breasts' instead of 'brood nests' and 'fast passion' instead of 'past fashion'. The control group did not make errors related to electricity or that were sexual in nature. Motley (1985, 1987) suggested that these systematic errors demonstrated the effects of unconscious motivation. Individuals threatened with electric shocks displayed their anxiety in the errors that they made (e.g., making references to the electric shock threat). Participants with the sexually provocative researcher demonstrated unconscious expression of sexual thoughts (e.g. by making sexual references).

To what extent do you think the findings from this study present support for Freudian theory of the unconscious? Or do you think that a possible explanation of the findings is that these parapraxes are the result of lack of attention, or emotional arousal resulting in a word that the individual more commonly uses or has recently used being produced rather than the correct word?

strength. Qualities such as high stress tolerance, the ability to delay gratification of needs, to tolerate frustration, the skill to have good personal relationships and a solid sense of self are common to all the measures.

Fisher and Greenberg (1996) conducted a detailed review of existing research on Freudian concepts, concluding that there is empirical evidence to support the concepts of oral and anal personalities. However, they found only weak evidence to support Oedipal conflicts and no evidence to support any differential impact on the development of women from the Electra complex. Hunt (1979) reviews research on the psychosexual stages and concludes that while anal characteristics could be observed in adults, their development did not seem to be related to toilet-training practices.

### Research on defence mechanisms

There are over seventy years of research on aspects of the defence mechanisms (Madison, 1961). Significant research evidence has accrued for projection (Newman, Duff, and Baumeister, 1997), denial (Steiner, 1966; Taylor and Armor, 1996) and many others (Madison, 1961). Of particular interest and relevance is the research on repression as it is assumed that traumatic memories that have been repressed can be recovered in therapy or under hypnosis. Cognitive

psychologists agree that there are mechanisms for excluding unwanted material from consciousness (Conway, 1997). Myers (2000) has identified a group of individuals who have a repressive coping style. Such individuals consistently underreport feelings of anxiety even when physiological measures indicate that they are very anxious. The contention that traumatic memories can be repressed has led to court cases with adult children accusing parents and others of sexual abuse, based on memories recovered in therapy. Brewin and Andrews (1998) reviewed the research in this area and concluded that between 20 and 60 per cent of therapy clients who had suffered sexual abuse in childhood reported not being able to recall the abuse for considerable periods of their lives. Brewin and Andrews (2000) point out that current cognitive therapies (Borkovec and Lyonfields, 1993; Salkovskis, 1985) have identified a concept that they label cognitive avoidance, which appears to be very similar to Freud's concept of defence mechanism and to operate in a similar way to protect individuals from anxiety.

### Evidence for dream content

Solms (1997) outlines current research on the neuropsychology of dreaming, showing that activation of instinctual and emotional mechanisms in the centre of the brain initiates



dreaming. The manifest content of the dream is then projected backwards onto the perceptual areas of the brain. Solms (2000) claims that this evidence is compatible with many aspects of Freudian dream theory. Dreaming becomes impossible only if the cognitive and visuospatial areas of the brain are destroyed. Panksepp (1999) has identified a system in the brain that initiates goal-seeking behaviour and is involved in behavioural cravings and in dreaming. Solms (2000) points out that this involvement of instinctual mechanisms in dreaming was originally described by Freud although the detail of the structures was unknown. Solms (2000) concludes his review by suggesting that Freud's dream theory is on the right track according to current findings in neuropsychology; even the idea of censorship in dreaming may be compatible with current research (Hobson, 1999).

### Concluding comments on the research evidence

There are undoubtedly methodological difficulties with some studies, but the conclusion is that there is support for some of the main concepts that it has been possible to operationalise and that others need to be modified in the light of this research (Brewin and Andrews, 2000). However, large areas of Freud's work remain untested.

### Comprehensiveness

Freud's theory is fairly comprehensive. The theory addresses both normal and abnormal behaviour, and demonstrates that the psychological processes underlying both are fundamentally the same. In addition to the material covered here, Freud addressed a wealth of other topics. He has groundbreaking work on the importance of slips of the tongue, humour, marriage, death, friendship, suicide, creativity, competition, importance of culture, society, war and many others.

### Parsimony

Given the range of behaviour – both normal and abnormal – that Freud attempts to cover, his theory is relatively parsimonious. There are not huge numbers of concepts within the various theories, and all seem to have relevance in terms of explaining commonly observed normal and abnormal behaviour. Where the theory does not meet the parsimony criteria is in terms of its explanation of the motivational basis of behaviour. Sexual and aggressive instincts are identified as the sole motivators underlying all behaviour, and this view is too restricted to account for the complexity of human behaviour.

### Heuristic value

Undoubtedly Freud's work has had an enormous impact, and it still provokes debate and research nearly 70 years after his death. Freud introduced exciting, novel ideas about the psychology of human beings. Studying Freud's theory has led theorists to develop their own theories or modifications of Freud's theory, and this work continues. In terms of approaches to treatment, Freud's work has provoked enormous interest and debate. It has led to breakaway schools of psychoanalysis and has motivated other therapists to develop alternative approaches to psychoanalysis, as you will see in this book. His work has also influenced many other disciplines, such as literature and art.

### Applied value

As regards applied value, Freud's work has again resulted in huge advances in treatment of mental patients. It was at the forefront of developments to treat mental patients more humanely. It stressed the importance of allowing patients to talk and then really listening to what they had to say; it is the forerunner of all the current approaches to counselling and therapy. Debates about the effectiveness of psychoanalysis as a treatment still rage. The most famous of these was led by Hans Eysenck, the British psychologist, who carried out a sustained attack on psychoanalysis (Eysenck, 1952, 1963, 1965b, 1986). Eysenck savagely attacked the effectiveness of all therapies, claiming that the only effective therapy was behaviour therapy. However, Eysenck's statistics were queried, and it was claimed that he was overstating the case to provoke debate. More recently, the International Psychoanalytic Society undertook a review of research on the efficacy of psychoanalysis (Fonagy *et al.*, 1999). This review concluded that while there were methodological problems with some of the studies, there was some support for the effectiveness of psychoanalysis, but it was not unequivocal. Psychoanalysis is shown to be beneficial to patients with mild neurotic disorders but to be less so for patients with more serious conditions. It is agreed that traditional psychoanalysis as practised by Freud is time consuming and consequently very expensive. However, key concepts from his theory are still at the core of many of the newer, briefer versions of psychoanalytic therapy.

### Final comments

Freud is rightly criticised for having a narrow motivational basis to explain behaviour. Does it seem feasible that sexual and aggressive drives are the major motivators of human behaviour? Freud totally ignores the social world in which

## Stop and think



### Experimental research and Freudian theory: 'It can do no harm'?

There is some controversy about how psychoanalytic theory is conceptualised and therefore how it should be evaluated. Psychoanalysts suggest that the only valid evidence is the clinical experience of practitioners (Grünbaum, 1993). Freud himself devalued the experimental examination of his theory and methods with some disdain. One well known example is that when Saul Rosenzweig, an experimenter, presented studies testing Freud's assertions, Freud wrote back, saying 'I have examined your experimental studies for the verification of the psychoanalytic assertions with interest. I cannot put much value on the confirmations because the wealth of reliable observations on which these assertions rest makes them independent of experimental verification. Still, it can do no harm' (quoted in Grünbaum, 1993, p. 101).

Psychoanalysts who suggest that the only valid evidence is the clinical experience of practitioners present

a somewhat circular argument. To truly understand psychoanalysis you need to be an analyst, according to this argument. These analysts see the traditional empirical and experimental evidence of psychology as being irrelevant. To put it bluntly, they demonstrate a total commitment to the psychoanalytic approach and see no real need for empirical evidence other than the experiences of their patients while they are undergoing therapy. Criticisms from the wider psychology and psychotherapy community are put down to a lack of understanding of psychoanalysis due to the critics not having been trained as analysts. Despite these attitudes, empirical evidence in support of psychoanalytic theory does exist in many areas.

What do you think? Is the experimental testing of Freud's ideas important? Why?

## Stop and think



### Objectivity

When reviewing this research, pay careful attention to the measures employed and the samples used, as these are not always directly comparable across studies. The objectivity of some of the psychoanalytic studies is

sometimes questioned, as studies sometimes seem designed to collect evidence that confirms Freud's theory, rather than seeking to assess a process.

individuals operate. He was not particularly interested in the current life problems of his patients, except in relation to the way they reflected their earlier fixations. He also presents a very pessimistic, one-sided view of human nature, with his concept of Thanatos (Freud, 1901/1965). Although he acknowledged that human beings could act

rationally, he then appeared to focus almost exclusively on the irrational side of human nature in his writing (Blum, 1953). The status accorded to women in Freudian theory is also problematic (Fisher and Greenberg, 1996). In the next chapter, we will examine some of the theorists who challenged aspects of Freud's theorising.

## Summary

- The psychoanalytic approach to personality was developed by Sigmund Freud. It is a clinically derived theory based on case studies of patients and Freud's introspection about his own behaviour. The theory postulates that most of our behaviour is driven by unconscious motives.
- Mind is conceptualised as being composed of three levels: conscious thought, preconscious thought and the unconscious. The unconscious is the largest part of the mind and exerts the strongest influence on our behaviour. Material is kept in our unconscious (repressed) as it causes us anxiety.
- Dreams are seen as a direct route into the unconscious mind. A distinction is made between the manifest content, what the dreamer recalls, and the latent content, which is the true meaning that becomes apparent only after it has been interpreted by the psychoanalyst.



- Freud claimed that different styles of thinking were associated with the different levels of consciousness. Primary process thinking is driven by the pleasure principle. This contrasts with secondary process thinking, defined as rational thought governed by the demands of the external world and termed the reality principle.
- Freud held that biological drives were the primary motivators of human behaviour, namely the sexual drive for reproduction and life-preserving drives, including hunger and pain. Later he added a self-destructive instinct, the death instinct (Thanatos).
- The personality is composed of three structures that we use to gratify our instincts: the id, ego and superego.
- Behaviour is energised by the conflicts created by the interaction of the id, ego and superego. These conflicts create anxiety, and we all use defence mechanisms to help deal with this anxiety.
- A number of defence mechanisms were identified by Freud and by his daughter, Anna Freud. These are repression, denial, projection, reaction formation, rationalisation, conversion reaction, phobic avoidance, displacement, regression, isolation, undoing and sublimation.
- Personality develops through five distinct stages, sometimes called psychosexual stages. The stages are the oral stage, anal stage, phallic stage, latency stage and genital stage.
- Children require sufficient appropriate satisfaction of their instinctual needs at each stage of their psychosexual development, or fixation occurs. Fixation can lead to distortions in personality development and may also lead to problems in later life.
- Freud outlined a clear method of treatment, termed psychoanalysis. It involved using free association, dream analysis and psychoanalytic interpretation by the analyst to uncover the problems located in the patient's unconscious.
- An evaluation of the theory is provided, demonstrating that there is significant support for many aspects of Freud's theory and that a considerable amount of work is still being undertaken in this area. There are methodological weaknesses in some studies, particularly in the older evaluations of psychoanalysis.



## Connecting up

Chapter 3 outlines the work of a number of psychoanalytic theorists who follow chronologically on from Freud. These theorists are Adler, Jung and Horney.



## Critical thinking

### Discussion questions

- How well do you think Freud's theory explains your own behaviour or that of your friends?
- How valid was the evidence that Freud used when developing his theory?
- Does Freud's theory go any way towards addressing gender differences?
- Would you like to be psychoanalysed?
- Had Freud's mother not been young and beautiful, would he have described the Oedipal complex or Electra complex?
- How important do you think unconscious motivation is in explaining our behaviour?

- How does Freud account for mental illness? Does his conceptualisation seem adequate?
- Critically discuss Freud's conception of women.
- How adequately does Freud explain human motivation?

### Essay questions

- Critically discuss Freud's theory of personality.
- Critically discuss the contribution made by Sigmund Freud to our understanding of personality.
- Discuss the major influences on Freud's theory of development.
- Discuss whether there is any evidence for Freud's theory of development.

- Critically examine Freud's theory of defence mechanisms.
- 'We all carry elements of neurosis from our developmental experiences.' Critically discuss with reference to our use of defence mechanisms.
- Outline the crucial elements of psychoanalysis and comment on its effectiveness as a therapy.



## Going further

### Books

- Freud, S. (1986). *The essentials of psychoanalysis*. Harmondsworth: Pelican Books or Freud, S. (2005) (edited by Anna Freud). *The essentials of psychoanalysis*. New York: Vintage. This book provides an excellent, relatively short introduction to a selection of Freud's major works. It includes an introduction by his daughter Anna, setting the work in context. I would always advise you to read some of the Freud's actual writing to get a flavour of his style.
- Rycroft, C. (1972). *A critical dictionary of psychoanalysis*. Harmondsworth: Penguin Books. This short dictionary is invaluable as it provides definitions for the complex terminology employed in psychoanalytic theory.
- Storr, A. (1989). *Freud*. Oxford: Oxford University Press. This is an easily accessible, concise overview of Freud by a prominent psychoanalyst.
- Chessick, R. D. (1980). *Freud teaches psychotherapy*. Cambridge: Hackett Publishing Company. Read this book if you are keen to explore the art of psychoanalysis further. It is written by a clinician and teacher and provides an excellent introduction to the theory as it is applied.
- Hall, C. S. (1954). *A primer of Freudian psychology*. This is a classic text written by a psychologist who studied Freud for 30 years. It is short and presents an accurate but concise summary of Freud's work.
- Eysenck, H. J. (1986). *Decline and fall of the Freudian empire*. London: Penguin. Eysenck's critique of psychoanalysis.

### Journals

A good place to start may be with two special issues of *The Psychologist* on Freudian theory in the light of modern research and reading. You can find *The Psychologist* on the British Psychological Society Website (<http://www.bps.org.uk/>). *The Psychologist* (2000), Vol. 13, No. 12 (Guest Editors Bernice Andrews and Chris R. Brewin). This is an issue dedicated to evaluating the status of Freudian theory in the light of current knowledge in psychology. It makes interesting reading. Moreover, it is

freely available online. Most recently a series of articles in September 2006, *The Psychologist* (2006), Vol. 19, No. 9 discuss Freud's influence in terms of personal and professional perspectives, particularly in the domains of neuropsychology, social psychology and memory.

Also worth looking at is Silverman, L. H. (1976). Psychoanalytic theory: The reports of my death are greatly exaggerated. *American Psychologist*, 31, 621–637. This article gives a balanced view of the influence of psychoanalytic thought.

Relevant research studies can be found in a range of journals, including the normal personality and individual differences journals, psychotherapy and counselling journals. Good terms to use in any online library database (e.g., Web of Science; PsycINFO) are 'ego' and 'defence mechanisms' (or defense mechanisms).

One journal that your university is likely to hold and that deals with Freudian and psychoanalytic themes is *Psychology and Psychotherapy – Theory Research and Practice*, which is published by the British Psychological Society, Leicester. It is available online via IngentaConnect and SwetsWise.

In you really want to delve into the world of psychoanalysis, there are some dedicated journals to psychoanalytic theory. It is less likely you can gain access to these articles unless your university subscribes to the print or online edition because they fall outside of mainstream psychology. However, if your university does have subscriptions, it is worth looking at these journals:

- ***The International Journal of Psychoanalysis***. Publishes contributions on methodology, psychoanalytic theory and technique, the history of psychoanalysis, clinical contributions, research and life-cycle development, education and professional issues, psychoanalytic psychotherapy, and interdisciplinary studies (<http://www.ijpa.org/>).
- ***The Psychoanalytic Quarterly***. Represents all contemporary psychoanalytic perspectives on the theories, practices, research endeavors and applications of adult and child psychoanalysis (<http://www.psaq.org/journal.html>).



- **Journal of the American Psychoanalytic Association.** Publishes original articles, plenary presentations, panel reports, abstracts, commentaries, editorials and correspondence in psychoanalysis. There is a special issue on Freudian theory in the 2005 Vol. 53, No. 2 edition (<http://www.apsa.org/japa/index.htm>).

## Web links

- The Freud museum in Vienna can be accessed online (<http://www.freud-museum.at/e/>). This site includes pictures of Freud's consulting room as well as material relating to his practice in Vienna.
- The London house where Freud lived and his daughter Anna continued to practise after his death is now a museum and can be accessed online (<http://www.freud.org>).
- Information on the International Psychoanalytic Society is located online (<http://www.ipa.org>).
- The British Psychoanalytic Society is online (<http://www.psychanalysis.org.uk>).



## Film and literature

Freud's ideas have also influenced many areas of Western life, including drama, theatre, literature, political campaigning, advertising and even religion (Fisher, 1995). Some examples of Freudian influences on films and literature are included here.

- Pinocchio is a character that first appeared in the book *The Adventures of Pinocchio* published in 1833 by Carlo Collodi. However Pinocchio is best known for the portrayal in Walt Disney's second animated feature *Pinocchio* (1940, Directed by Hamilton Luske and Ben Sharpsteen). Pinocchio, a living puppet, must prove himself worthy to become a real boy. There are many Freudian themes presented in the film. The most obvious Freudian theme is that of the super-ego, which is represented as a cricket who acts as his conscience in guiding Pinocchio through his life.
- Director Alfred Hitchcock's films are full of Freudian themes; notably the Oedipus complex in *Psycho* (1960), repressed memory in *Marni* (1964) and psychoanalysis in *Spellbound* (1945).
- ***Bram Stoker's Dracula***. If you are looking for a story of the time which mirrors many aspects of Freudian theory, *Bram Stoker's Dracula* is that novel. Written in 1897, the story of Dracula deals with the intertwining themes of sex, sexual taboos and repression, life and death. Dracula has been the basis for countless films. The two films that most closely follow the plot of the original novel are *Nosferatu* (1922, directed by F. W. Murnau) and *Bram Stoker's Dracula* (1992, produced and directed by Francis Ford Coppola and starring Gary Oldman, Winona Ryder, Keanu Reeves and Anthony Hopkins).
- ***Pollock*** (2002, directed by Ed Harris). We mentioned, in the section on defence mechanisms, the defence mechanism termed sublimation. Anna Freud (1966) described this as the most advanced and mature defence mechanism; it allows partial expression of unconscious drives in a modified, socially acceptable and even desirable way. Art and music are often cited as examples of sublimations of the instinctual drives. One film that shows how inner conflicts might make their way into art is *Pollock*, the biopic about Jackson Pollock.
- ***Neurotic Behaviour*** (Educational Resource Film). Illustrates several varieties of neurotic behaviour and classical defence mechanisms. McGraw-Hill, USA. Concord Video and Film Council, United Kingdom.



Explore the website accompanying this text at [www.pearsoned.co.uk/maltby](http://www.pearsoned.co.uk/maltby) for further resources to help you with your studies. These include multiple-choice questions, essay questions, weblinks and ideas for advanced reading.